CENTER *for* **STUDYING**

HEALTH

SYSTEM

CHANGE

**Community Tracking Study
Household Survey Instrument
(Round One)**

Technical Publication No.

4

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COMMUNITY TRACKING STUDY HOUSEHOLD SURVEY

The Community Tracking Study is designed to track changes in the health system and their effects on people. The Community Tracking Study Household Survey was conducted to provide information to track insurance coverage, access to care, service use, and satisfaction with care. The survey was designed to be representative of the civilian non-institutionalized population in the 60 communities included in the Community Tracking Study as well as the nation. While the survey was administered primarily by telephone, some in-person interviews were included to represent families without working telephones. The survey was fielded between July 1996 and July 1997. The total sample will consist of about 33,000 families and 60,000 individuals. Families are defined as insurance units, or all individuals in a family that can be covered by a typical private health insurance policy (usually spouses and other dependents less than age 18). Questions were asked about all adults in the family as well as one randomly sampled child.

The survey instrument includes sections of health insurance (including type of coverage, characteristics of coverage and insurance offerings through employers), health services utilization, access to care, satisfaction with care, physician trust, health status, tobacco use and employment. A family informant (usually a parent) provided information on health insurance coverage, health services utilization and employment for all family members as well as access to care, satisfaction and health status for children. Other adults in the family were directly asked questions on access to care, satisfaction, physician trust, health status and tobacco use through a self-response module (administered after the core interview was completed with the family informant). The self-response module was designed to include questions (mostly subjective in nature) that cannot be reliably answered by proxy respondents. A Spanish version of the instrument was designed for use with families who spoke primarily Spanish.

Under the direction of the Center for Studying Health System Change, Mathematica Policy Research, Inc., was the primary contractor involved with the survey design, instrument development and most of the interviewing. Survey Research Associates, Inc., and CODA, Inc. also assisted with the telephone interviewing. Additional information about the design of the survey and the Community Tracking Study is available in two technical documents: Site Definition and Sample Design for the Community Tracking Study. C. Metcalf, P. Kemper, L. Kohn, J. Pickreign. Center for Studying Health System Change, Technical Publication No. 1, Washington, DC, October 1996; and "The Design of the Community Tracking Study." P. Kemper et al. Inquiry 33:195-206 (Summer 1996).

OVERVIEW OF TOPICS COVERED
IN HOUSEHOLD SURVEY

1. HEALTH INSURANCE (Section B)

Private insurance coverage
    Covered by employer- or union-related private insurance
    Covered by other private insurance:
        Directly purchased
            Premium for directly purchased private insurance
        Provided by someone not in household
Public insurance coverage
    Covered by Medicare
        Covered by both Medicare and supplemental private insurance
            Premium for supplemental private insurance
        Covered by both Medicare and Medicaid
    Covered by Medicaid
    Covered by other public insurance (military; Indian Health Service; other state and local)
Uninsured
    Not covered by public or private insurance
Continuity of coverage/changes in coverage
    Currently insured; lost coverage in past 12 months
    Currently uninsured; gained coverage in past 12 months
    Uninsured during all of past 12 months
    Uninsured at some point in past 12 months
    Reasons for losing health insurance coverage
    Any type of change in health coverage:
        Changed private insurance plans
            Reasons for changing private plans
                Whether previous plan was HMO/non-HMO
        Changed from public or private plans
        Gained or lost coverage
Denial of coverage
    Ever denied insurance coverage in past 2 years because of poor health
Insurance plan attributes
    Whether plan requires signing up with primary care doctor or clinic for routine care
    Whether plan requires approval or referral to see a specialist
    Whether plan requires choosing a doctor or clinic from a book, directory, or list
    Whether plan is a HMO
    Whether plan will pay any costs for out-of-network care
Other insurance variables
    Ever enrolled in a HMO
        Number of total years enrolled in a HMO

2. ACCESS TO HEALTH CARE

Usual source of care (Section D)
> Currently has/does not have a usual source of care
>> Type of place of usual source of care
>> Type of professional seen at usual source of care
>> Reasons for not having a usual source of care

Travel/waiting time for physician visit (Section E)
> * Lag time between making appointment and seeing doctor at last physician visit
> * Travel time to physician's office at last visit
> * Time spent in waiting room before seeing medical person at last physician visit

Difficulty getting needed services (Section C)
> * Did not get needed services
> * Delayed getting needed services
>> * Reasons for delaying or not getting needed services

Perceived changes in access (Section C)
> Getting needed medical care is easier/harder compared to 3 years ago

3. SERVICE USE

Use of ambulatory services in past 12 months (Section C)
> Number of physician visits
> Number of emergency room visits
> Number of visits to non-physician providers (nurse practitioner, physician assistant, midwife)
> Whether there were any mental health visits
> Whether there were any home health visits
> Number of surgical procedures

Use of inpatient services in past 12 months (Section C)
> Number of overnight hospital stays
>> Number of overnight hospital stays excluding delivery/birth
> Number of inpatient surgical procedures
> Total number of nights spent in hospital

Preventive service use (Section C)
> Whether person has had flu shot has been received in past 12 months
> Whether person has ever had mammogram (asked of women)
>> If yes, time elapsed since last mammogram

Nature of last physician visit (Section E)
> * Reason for last visit:
>> Illness or injury
>> Checkup, physical exam, other preventive care
> * Type of physician seen at last visit (PCP or specialist)
> * Whether last visit was to usual source of care
> Total family out-of-pocket expenses for health care in past 12 months

4. SATISFACTION AND QUALITY

General satisfaction (Section E)
> Overall satisfaction with health care received by family
> * Satisfaction with choice of primary care doctors
> * Satisfaction with choice of specialists

Satisfaction with last doctor visit (Section E)
> * Satisfaction with thoroughness and carefulness of exam
> * Satisfaction with how well doctor listened
> * Satisfaction with how well doctor explained things

Patient's trust in physicians (Section D)
> * Agree/disagree that doctor may not refer to specialist when needed
> * Agree/disagree that doctor may perform unnecessary tests or procedures
> * Agree/disagree that doctor is influenced by health insurance company rules
> * Agree/disagree that doctor puts patient's medical needs above all other considerations

Smoking cessation interventions (Section E)
> * Whether person has smoked at least 100 cigarettes in lifetime
> * Whether currently smoking cigarettes every day, some days, or not at all
> * Whether stopped smoking one day or longer in past 12 months, in effort to quit
> * Whether doctor advised smoker to stop smoking in past 12 months

5. EMPLOYMENT AND EARNINGS

Employment status and characteristics (Section F)
> Whether adult respondent has the following characteristics:
>> Owned a business or farm
>> Worked for pay or profit in the past week
>> Had more than one job or business
>> Worked for private company/government/self-employed/family business
> Average hours worked per week, at primary job and at other jobs
> Size of firm (number of employees), at site where respondent works and at all sites
> Type of industry

Earnings (Section F)
> Earnings, from primary job and from all jobs

Health insurance options at place of employment (Sections B and F)
> Whether eligible for health insurance coverage by employer
>> Reasons for ineligibility
> Whether offered health insurance coverage by employer
>> Reasons for declining coverage (if eligible but not covered)
> Whether offered multiple plans
> Whether offered HMO
> Whether offered non-HMO

6. GENERAL AND OTHER VARIABLES

Demographics (Section A)
  Age
  Gender
  Highest education level completed
  Race

Health status (Section E)
  * Overall health status (5-point scale from excellent to poor)
  * SF-12 scores: Physical Component Summary; Mental Component Summary

Family income (Section G)

Consumer preferences (Section B)
  * Whether person would be willing to accept limited provider choice in order to save on
    out-of-pocket expenses

Risk behaviors (Section E)
  * Whether person agrees that he/she is more likely to take risks than the average person

---

* Also included in the Self-Response Module

CORE INTERVIEW

_____

INTRODUCTION SCREEN: [1]

>a0<   Hello, my name _____. I=m calling to offer you [$xx] to help us with a major health study.
        It=s sponsored by a non-profit foundation and is supported by state health departments
        throughout the country, [including (fill state health department)].

        We=re not selling anything or asking for donations; we just want to hear about your opinions
        and concerns on health issues, and as I mentioned, we will pay your family [$xx] for helping
        us with the survey.

        Since the survey is about health issues, I would like to speak with an adult who lives here and
        is familiar with the health care of family members. Let's begin...

[r] OPTIONAL:
        C   We=re doing the study because health care has changed so much in recent
                years, and we don=t know how these changes are affecting people like you.

        C   The questions are very basic -- things like AAre you satisfied with your
                health care? How long does it take you to get to the doctor? Have you had
                a flu shot in the last 12 months?@

        C   The interview is strictly confidential and you don=t have to answer any
                questions you don=t want to.

        C   The study is funded by The Robert Wood Johnson Foundation, a non-profit
                organization whose sole mission is to improve health care. The foundation is
                not associated with any political party or private company. Since 1972, the
                foundation has given more than $2 billion in grants to train doctors and
                nurses, to make sure children get their shots against diseases, and to help
                meet health needs of the elderly.

_____

[1] The survey introduction and accompanying responses to respondent questions were modified several times
during the course of the survey. The version included here, which was developed to effectively use monetary
incentives, was used for approximately the last half of the data collection period. Also note that interviewers were
given additional materials on appropriate responses to use in response to a larger range of respondent inquires or
concerns than could be represented on computer screens.

<g> CONTINUE [PUT CODES ON NEXT PAGE]

SCREEN FOR RESPONSE CODES [USE TRADITIONAL CODES]

>a1<   ADDITIONAL QUESTIONS SCREEN [ADDITIONAL TEXT ON ANSWERS TO
        VARIOUS QUESTIONS IS INCLUDED IN THE ATTACHMENT]

RWJF: The RWJF is a non-profit organization whose sole purpose is to improve health care.
It is not associated with any political party or private company.

CONTACT: If you would like to find out more about the study or the foundation, you can call
Maureen Michael at 1-800-719-9419.

PURPOSE: We are doing this study because health care has changed so much in recent
years and we don≠t really know how people are being affected by these changes. This study
will help (NAME OF STATE HEALTH DEPT/state health departments) and others
responsible for health care answer important questions. For example, the study will help us
understand what types of health plans best cover different families≠ needs, how satisfied
people are with their insurance plans and medical providers, whether people can afford the
health care they need, and how we can help people who don≠t have health insurance or may
lose it. We are not proposing particular solutions to these problems. Our goal is to get
accurate information about people≠s health concerns and views and to use this information to
improve health care in communities throughout the country.

WHY ME/US: Your telephone number was randomly generated by a computer to represent
many others in your community. For our results to be accurate, it is very important that we
interview the households we select.

CONFIDENTIALITY: All of your answers are confidential. The answers you give will be
combined with answers from other people in your community. Your name will not be linked
with the answers.

>a2<   To begin, what are the first names of the people who are living or staying here. Begin with one of the people who owns or rents this home, and then other people in the household. Be sure to include yourself.

INTERVIEWER: 1) IF R. IS RELUCTANT TO GIVE FIRST NAMES: We are asking for first names because the survey includes questions about the health care of family members. The only reason we need first names is so that we≡ll have some way to tell family members apart. If you≡d rather not give names, we can take relationships or some other way to tell family members apart.

2) Persons who reside at a vacation residence, that is not their usual residence, in institutions (see manual), or in other group quarters (10 or more unrelated persons living together) are ineligible for this study.

<v>   VACATION RESIDENCE, INSTITUTION, GROUP QUARTERS (SEE TRAINING MANUAL)

<1>   [fill NAME]

<2>   [fill NAME]

<3>   [fill NAME]

<4>   [fill NAME]

<5>   [fill NAME]

<6>   [fill NAME]

<7>   [fill NAME]

<8>   [fill NAME]

<n>   NO OTHER HOUSEHOLD MEMBERS

===>

>a21< Have I missed any babies or small children, anyone who usually lives here but is away at present traveling, in school, or in a hospital, or any foster children, lodgers, boarders, and roommates?

IF YES: What are their first names?
IF NO: CODE A9"

ENTER TEXT FOR ADDITIONAL PERSONS, WITH A   MAXIMUM OF 8 PER HOUSEHOLD

PROBE IF R. ASKS ABOUT STUDENTS: Include household members less than 23 years old who are away at school or college, regardless of whether they are living in a dorm or off-campus apartment.

<1>   [fill NAME]

<2>   [fill NAME]

<3>   [fill NAME]

<4>   [fill NAME]

<5>   [fill NAME]

<6>   [fill NAME]

<7>   [fill NAME]

<8>   [fill NAME]

<9>   NO OTHER HOUSEHOLD MEMBERS
===>

>a301< Beginning with [fill HOUSEHOLDER], what is his/her/your age?

INTERVIEWER: (1) REMEMBER THAT THIS IS THE HOUSEHOLDER.
(2) R. IS UNCERTAIN, PROBE FOR BEST ESTIMATE.
(3) IF R. IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.

<16-96>
===>

>a401<   ... and sex?

(sex1)   **INTERVIEWER:** CODE WITHOUT ASKING IF KNOWN

        <1>   MALE

        <2>   FEMALE
        ===>
        [If a301 lt 23 go to a501; else go to a601]

>a501<   [Is HOUSEHOLDER/are you] a full-time student?

        PROBE: The definition of a full-time student should be based on [fill NAME=s] school.

        <1>   YES

        <0>   NO

        <8>   DON=T KNOW
        ===>

>a601<   What is the highest grade or year of school [fill HOUSEHOLDER/you] completed?

        PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

        INTERVIEWER: IF R. GIVES DEGREE, CODE AS FOLLOWS:

            HIGH SCHOOL/GED = 12
            JUNIOR COLLEGE/ASSOCIATES DEGREE = 14
            B.A./B.S. = 16
            M.A./M.S. = 17
            M.P.H./M.B.A/M.P.A. = 18
            JD/LAW = 19
            MD/PHD = 20

        <0-20>

        <98>   DON=T KNOW

        <99>   REFUSED
        ===>

>a701< [IF age ge 18 and lt 65] [Is fill HOUSEHOLDER/Are you] on active duty in the military at this time?

        <1>   YES

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>a302< What is [fill SECOND PERSON=S NAME] age?

      INTERVIEWER: (1) CODE A0" IF LESS THAN SIX MONTHS.
                              (2) CODE A1@ IF LESS THAN ONE YEAR BUT MORE THAN SIX MONTHS
                              (3) IF R. IS UNCERTAIN PROBE FOR BEST ESTIMATE.
      PROBE IF R. IS RELUCTANT: This information is needed only to   understand differences in health care for people in different age groups.

      <0-96>

      ===>

>a402< ... and sex?

      INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

      <1>   MALE

      <2>   FEMALE

      ===>

test: [if a302 ge 16 and lt 23 go to a502; else go to test a602]

>a502< Is [fill NAME] a full-time student?

      PROBE: The definition of a full-time student should be based on [fill NAME=s] school.

      <1>   YES

      <0>   NO

      <8>   DON=T KNOW

      ===>

>**test a602<**   [if a302 lt 18 go to a802]

>a602<   What is the highest grade or year of school [fill NAME] completed?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

INTERVIEWER: IF R. GIVES DEGREE, CODE AS FOLLOWS:

HIGH SCHOOL/GED = 12
JUNIOR COLLEGE/ASSOCIATES DEGREE = 14
B.A./B.S. = 16
M.A./M.S. = 17
M.P.H./M.B.A/M.P.A. = 18
JD/LAW = 19
MD/PHD = 20

<0-20>

<98>   DON=T KNOW

<99>   REFUSED

===>

>a702<   [IF age ge 18 and lt 65] Is [fill NAME] on active duty in the military at this time?

<1>   YES

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

===>

>a802<   What is [fill NAME=S] relationship to [fill HOUSEHOLDER]?

<1>   HUSBAND

<2>   WIFE

<3>   OWN SON/DAUGHTER

<13>   ADOPTED SON/DAUGHTER[2]

---

[2]Adopted child is treated the same as child for all questions, except ethnicity (which is skipped for own child).

<4>   STEP SON/DAUGHTER

<5>   GRAND SON/DAUGHTER

<6>   PARENT

<7>   BROTHER/SISTER

<8>   SON/DAUGHTER-IN-LAW

<9>   MOTHER/FATHER-IN-LAW

<10>   OTHER RELATIVE

<11>   FOSTER CHILD

<12>   NON RELATIVE/UNMARRIED PARTNER

===>

Repeat a302-a802 for each person.

test: [if any person is > 18 and relationship to householder is <8>, <9>, <10> or <12> and at least one person, other than householder or spouse, is > 14 and different sex from (this/these) persons; go to a90; else go to test after a901.

>a90<   Is [fill NAME] married to anyone who currently lives here?

INTERVIEWER: CODE ANO@ FOR COHABITEE

<1>   YES

<0>   NO [go to next person or next test]

===>

>a901< To whom is [fill NAME] married?

<1>   [fill NAME]

<2>   [fill NAME]

<3>   [fill NAME]

<4>   [fill NAME]

<5>   [fill NAME]

<6>   [fill NAME]

<7>   [fill NAME]

<8>   [fill NAME]

===>

tests: **(1) Verify that spouses are opposite sexes and at least 14 years of age.**

(2) Repeat for each person ge 18 and relationship to householder is <8>, <10> or <12>.

(3) If any person lt 18 and relationship to householder is not equal to <3>, <4>, <11>, or <13> then go to a902; else go to family formation.

===>

>a902< Is anyone who lives here the parent or guardian of [fill NAME]?

<1>   YES

<0>   NO [go to next child or next test]

===>

>a903< Who is [fill NAME]≡s parent or guardian?

CODE ONLY ONE

INTERVIEWER: If child has two parents/guardians code mother or female guardian.

<1>   [fill NAME]

<2>   [fill NAME]

<3>   [fill NAME]

<4>   [fill NAME]

<5>   [fill NAME]

<6>   [fill NAME]

<7>   [fill NAME]

<8>   [fill NAME]

===>

Repeat for others meeting test before a902.

Form interviewing units using the following rules:[3]

(1)   If no one other than householder or householder and spouse is 18 and older, then the household consists of one family.

(2)   Assign persons whose relationship to householder is parent, and any children linked to them, to a separate family.

(3)   Assign persons whose relationship to householder is mother/father-in-law, and any children linked to them, to a separate family.

(4)   Assign additional married persons, and any children linked to them, to a separate family.

(5)   If any remaining (unmarried) person=s relationship to householder is child or step-child, he or she is 18 to 22, and a full time student, assign that person, and any children linked to that person, to householder=s family.

(6)   Assign any remaining, unmarried persons 18 and older who are not full time students (and any children linked to them) to separate family units.

(7)   If householder or householder=s spouse is under 18 and not a student, then he or she and his or her spouse and/or children are eligible. The householder and spouse (if under 18) should be treated as adult(s) during the interview.

(8)   Exclude a person as ineligible if:

      (1) Person is unmarried fulltime student, 16-22 years of age, and is not a child or ward of householder.

      (2) Person is under 18, not a householder, relationship to householder is not equal to spouse or child, and no one in household is parent or guardian.

      (3) Person is active military; however that person can act as survey informant for family interview, and his or her income should be included in income module.

(9)   Exclude interviewing unit as ineligible if all persons 18 and older assigned to the unit are active military.

NOTE: (1)THE PROGRAM WILL FORM INTERVIEWING UNITS AND THE INTERVIEWER WILL BEGIN WITH THE HOUSEHOLDER=S UNIT.

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[3]The interviewing unit is defined to reflect an insurance unit, including the household head, spouse, and their dependent children up to but not including age 18, or up to but not including age 23 if they are in school. This definition represents conventional practice in the private insurance market and is similar to the filing unit used by Medicaid and state subsidized insurance programs. The census family (U.S. Bureau of the Census, 1992) sometimes comprises more people than the insurance family. Examples of people typically included in the same census unit, but in different insurance units, are adult children and their families living in the homes of their parents; adult siblings living together; and parents living in the home of their adult children. These persons will form separate interviewing units.

SECTION B
HEALTH INSURANCE

The rest of the interview is about [fill FAMILY MEMBERS NAMES, INCLUDING RANDOMLY SELECTED CHILD].

[IF MULTI-FAMILY HH: I will call the other adults who live here to schedule separate interviews with them.]

>b1<   Next, I will list several types of health insurance or health coverage obtained through jobs, purchased directly, or from government programs. For each one, please tell me if (you/either of you/any of you) are currently covered by that type of plan.

>**test b1a<**   **[IF ALL FAMILY MEMBERS ARE 65 AND OLDER, GO TO b1d.]**

>b1a<   (Are you/either of you/any of you) covered by a health insurance plan from (your/any of your/either of your) current or past employers or unions. [CPS][4]
IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE OR MEDIGAP OR OTHER PRIVATE POLICIES FOR ANYONE 65 AND OLDER HERE. NOTE THAT A FEW PEOPLE 65 AND OLDER MAY NOT BE COVERED BY MEDICARE, BUT HAVE PRIVATE COVERAGE: DO NOT INCLUDE HERE; ENTER THIS COVERAGE IN bli1 (OTHER PLANS).

PROBES: (1) Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents.
(2) Include health insurance plans provided by colleges and universities to students.

    <1>   [fill NAME] [fill AGE]

    <2>   [fill NAME] [fill AGE]

    <3>   [fill NAME] [fill AGE]

    <4>   [fill NAME] [fill AGE]

    <5>   [fill NAME] [fill AGE]

    <6>   [fill NAME] [fill AGE]

    <7>   [fill NAME] [fill AGE]

    <8>   [fill NAME] [fill AGE]

---

[4]If the family includes both persons 65 and older and persons less than 65, the program will not permit the interviewer to code a person 65 or older in questions on private health plans (b1a,b,c). See interviewer instruction.

<0>   NO ONE/NO ONE ELSE

===>

>test b1a<   **[IF ALL FAMILY MEMBERS ARE COVERED BY PRIVATE HEALTH
PLANS IN b1a GO TO b1d]**

>b1b<   (Are you/either of you/any of you) covered by a health insurance plan bought on your own.
[BRFQ]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE OR MEDIGAP OR
OTHER PRIVATE POLICIES FOR ANYONE 65 AND OLDER HERE. NOTE THAT A
FEW PEOPLE 65 AND OLDER MAY NOT BE COVERED BY MEDICARE, BUT
HAVE PRIVATE COVERAGE: DO NOT INCLUDE HERE; ENTER THIS COVERAGE
IN bli1 (OTHER PLANS).

PROBES: (1) Include insurance plans purchased through a professional association or trade
group.

(2) Do not include plans that only provide extra cash while in the hospital or plans
that pay for only one type of service, such as dental care, vision care, nursing
home care or accident.

<1>   [fill NAME] [fill AGE]

<2>   [fill NAME] [fill AGE]

<3>   [fill NAME] [fill AGE]

<4>   [fill NAME] [fill AGE]

<5>   [fill NAME] [fill AGE]

<6>   [fill NAME] [fill AGE]

<7>   [fill NAME] [fill AGE]

<8>   [fill NAME] [fill AGE]

<0>   NO ONE/NO ONE ELSE

===>

>test b1b<   **[If all family members are covered by private health plans in b1a and b1b go to
b1d]**

>b1c< (Are you/either of you/any of you) covered by a health insurance plan provided by someone who does not live in this household. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE OR MEDIGAP OR OTHER PRIVATE POLICIES FOR ANYONE 65 AND OLDER HERE. NOTE THAT A FEW PEOPLE 65 AND OLDER MAY NOT BE COVERED BY MEDICARE, BUT HAVE PRIVATE COVERAGE: DO NOT INCLUDE HERE; ENTER THIS COVERAGE IN bli1 (OTHER PLANS).

PROBE: Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care or accidents.

<1> [fill NAME] [fill AGE]

<2> [fill NAME] [fill AGE]

<3> [fill NAME] [fill AGE]

<4> [fill NAME] [fill AGE]

<5> [fill NAME] [fill AGE]

<6> [fill NAME] [fill AGE]

<7> [fill NAME] [fill AGE]

<8> [fill NAME] [fill AGE]

<0> NO ONE/NO ONE ELSE

===>

>b1d< (Are you/any of you/either of you) covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities. [CPS] IF YES: Who is covered?

PROBE: Include HMO plans, as well as the traditional Medicare plan.

INTERVIEWER: INCLUDE IF COVERED BY PART A OR PART B.

<1> [fill NAME] [fill AGE]

<2> [fill NAME] [fill AGE]

<3>   [fill NAME] [fill AGE]

<4>   [fill NAME] [fill AGE]

<5>   [fill NAME] [fill AGE]

<6>   [fill NAME] [fill AGE]

<7>   [fill NAME] [fill AGE]

<8>   [fill NAME] [fill AGE]

<0>   NO ONE/NO ONE ELSE

===>

**>test b1d<   [IF PERSON IS GE 65 AND NOT COVERED BY MEDICARE GO TO b1d1;
ELSE GO TO test b1e]**

>b1d1< PERSON AGE 65 AND **NOT** COVERED BY MEDICARE ASK: I noted that [fill NAME]
is [fill AGE], but is not covered by Medicare. Is that correct or did I make a mistake?

<1>   CORRECT
:jb b1d TO CORRECT MEDICARE
:jb [INSERT AGE FIELD] TO CORRECT AGE

===>

**>test b1e<   [IF ALL FAMILY MEMBERS ARE COVERED BY PRIVATE HEALTH
PLANS (see b1a, b1b, b1c) OR MEDICARE (b1d), GO TO b1f; ELSE GO
TO b1e.]**

>b1e<   (Are you/any of you/either of you) covered by [Medicaid /fill STATE NAME][5], the
government assistance program for people in need. [CPS, NHIS] IF YES: Who is covered?

---

[5]State fills for Medicaid

MED-CAL: California
WELFARE: Oregon
MEDIKAN: Kansas

MEDICAL ASSISTANCE:

Alaska	Kentucky	Oklahoma
Arkansas	Louisiana	Pennsylvania
Colorado	Maine	Rhode Island
Delaware	Maryland	South Carolina
District of Columbia	Massachusetts	Texas
Georgia	Michigan	Virginia
Hawaii	Minnesota	Washington
Idaho	New Jersey	Wisconsin

<1>   [fill NAME] [fill AGE]

<2>   [fill NAME] [fill AGE]

<3>   [fill NAME] [fill AGE]

<4>   [fill NAME] [fill AGE]

<5>   [fill NAME] [fill AGE]

<6>   [fill NAME] [fill AGE]

<7>   [fill NAME] [fill AGE]

<8>   [fill NAME]

<0>   NO ONE/NO ONE ELSE

===>

>test b1f<   **[IF ALL FAMILY MEMBERS ARE COVERED BY MEDICAID GO TO TEST b1g]**

>b1f<   (Are you/any of you/either of you) covered by CHAMPUS, CHAMP-VA, TRICARE, VA, or some other military health care. [NHIS]
IF YES: Who is covered?

<1>   [fill NAME]

<2>   [fill NAME]

<3>   [fill NAME]

<4>   [fill NAME]

<5>   [fill NAME]

<6>   [fill NAME]

<7>   [fill NAME]

<8>   [fill NAME]

<0>   NO ONE/NO ONE ELSE

===>

>test b1f1<   **[IF b1f = NO ONE, GO TO b1g; ELSE GO TO b1f1]**

>b1f1<   Which plan is that C CHAMPUS, CHAMP-VA, TRICARE STANDARD OR PRIME, VA, or some other military health plan?

INTERVIEWER: CODE WITHOUT ASKING IF REPORTED IN b1f

INTERVIEWER: IF R IS UNSURE TRICARE STANDARD AND PRIME, CODE A3@ STANDARD.

      <1>   CHAMPUS

      <2>   CHAMP-VA

      <3>   TRICARE STANDARD

      <4>   TRICARE PRIME

      <5>   VA

      <6>   OTHER [SPECIFY]

      <8>   DON=T KNOW TYPE

      <9>   REFUSED
      ===>

>test b1g<   **[IF ALL FAMILY MEMBERS ARE COVERED BY ONE OR MORE HEALTH PLANS, GO TO test b1j; ELSE, go to blg.]**

>b1g<   (Are you/any of you/either of you) covered by the Indian Health Service. IF YES: Who is covered?

      <1>   [fill NAME] [fill AGE]

      <2>   [fill NAME] [fill AGE]

      <3>   [fill NAME] [fill AGE]

      <4>   [fill NAME] [fill AGE]

      <5>   [fill NAME] [fill AGE]

      <6>   [fill NAME] [fill AGE]

      <7>   [fill NAME] [fill AGE]

      <8>   [fill NAME] [fill AGE]

      <0>   NO ONE/NO ONE ELSE
      ===>

>test b1h<   **[IF ALL FAMILY MEMBERS ARE COVERED BY ONE OR MORE HEALTH PLANS, GO TO test b1j; ELSE, IF STATE HAS HEALTH PLAN, GO TO b1h; ELSE GO TO test b1i.]**

>b1h<   (Are you/any of you/either of you) covered by [INSERT STATE-SPECIFIC PLAN].[6] IF YES: Who is covered?

        <1>   [fill NAME]

        <2>   [fill NAME]

        <3>   [fill NAME]

        <4>   [fill NAME]

        <5>   [fill NAME]

        <6>   [fill NAME]

        <7>   [fill NAME]

        <8>   [fill NAME]

        <0>   NO ONE/NO ONE ELSE

        ===>

>test b1i<   **[IF ALL FAMILY MEMBERS ARE COVERED BY ONE OR MORE HEALTH PLANS, GO TO test b1j; ELSE, CONTINUE.]**

---

[6]Fills for State-specific health insurance programs for low-income uninsured individuals. [1995 CPS; Joanne calling for changes]

Arizona............Medically Indigent Programs	Minnesota........... Minnesota Care
California.........AIM (Access for Infants and Mothers)	Mississippi...........Mississippi subsidized insurance coverage
Colorado..........Children=s Health Plan	Missouri.............. Missouri=s coverage for unemployed
Connecticut..... Healthy Steps	New Hampshire.. Healthy Kids
Delaware......... Nemours Child Program	New Jersey..........Health Access New Jersey
Florida............. Healthy Kids	New York........... Child Health Plus
Hawaii............ Hawaii HealthQUEST	Ohio.................... Children=s Health Care Program
Iowa................ Iowa coverage for unemployed workers	Oregon................ Oregon Health Plan
Kansas............. Kansas Caring Program for Kids	Pennsylvania........ Children=s Health Insurance Program
Maine.............. Maine Health Program	Rhode Island.........Rite Care
Maryland......... AIDS Insurance Assistance Program	Tennessee............ TennCare
Massachusetts.. Healthy Kids, CenterCare Program, or Medical Security Plan	Washington.......... Children=s Health Plan, or Basic Health Pla
Michigan......... Caring for Children	Wisconsin............. Healthy Start

>bli1< (Are you/any of you/either of you) covered by a health insurance plan that I have not mentioned. IF YES: What is the name of the plan?

   INTERVIEWER: (1) INCLUDE PRIVATE PLANS HELD BY PERSONS 65 AND OLDER WHO DO NOT HAVE MEDICARE COVERAGE. (2) BE SURE TO OBTAIN THE COMPLETE NAME.

   <1>   YES [SPECIFY]

   <0>   NO [go to test blj]

   ===>

>bli2< Who is covered by [fill NAME SPECIFIED]?

   <1>   [fill NAME]

   <2>   [fill NAME]

   <3>   [fill NAME]

   <4>   [fill NAME]

   <5>   [fill NAME]

   <6>   [fill NAME]

   <7>   [fill NAME]

   <8>   [fill NAME]

   <0>   NO ONE/NO ONE ELSE

   ===>

>test b1j<   [IF A FAMILY MEMBER WAS NOT COVERED UNDER SOME PLAN, GO TO bij; ELSE GO TO TEST blk]

>bij< INTERVIEWER: READ FOR FIRST PERSON ONLY (According to the information we have, [Fill NAME] does not have health care coverage of any kind). Does (he/she) have health insurance or coverage through a plan I might have missed?
   INTERVIEWER: REVIEW PLANS IF INFORMANT IS UNSURE.

   <0>   NO/NOT COVERED BY ANY PLAN

   <1>   HEALTH INSURANCE PLAN FROM A CURRENT OR PAST EMPLOYER/UNION/SCHOOL

<2>   A HEALTH INSURANCE PLAN BOUGHT ON HIS/HER OWN/PROF. ASSN.

<3>   A PLAN BOUGHT BY SOMEONE WHO DOES NOT LIVE IN THIS HOUSEHOLD

<4>   MEDICARE

<5>   MEDICAID/STATE NAME

<6>   CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY

<7>   INDIAN HEALTH SERVICE

<8>   [fill STATE PLAN]

<9>   OTHER PLAN

<98>   DK

<99>   REF

===> [GO TO NEXT UNINSURED PERSON OR GO TO test b1k]

>test b1k<   **[PROGRAM WILL DISPLAY A TABLE SHOWING TYPES OF PLANS AND PERSONS ASSIGNED TO THEM. FOR COMPLEX INSURANCE UNITS, INTERVIEWER WILL VERIFY WITH INFORMANT TO REDUCE ERROR AND CORRECTIONS IN SUBSEQUENT QUESTIONS; FOR SIMPLE UNITS (ONE PLAN), VERIFICATION IS UNNECESSARY.]**

>test b2<   **IF AT LEAST ONE FAMILY MEMBER IS PRIVATELY INSURED (b1a, b1b, or b1c ge1) AND IS NOT COVERED BY MEDICARE (b1d) GO TO b2; ELSE, GO TO Test b401].**

>b2< In how many different health plans (obtained through current or past employers/(or) that you purchased directly/(or) were provided by someone who does not live in your household) are [fill NAMES OF FAMILY MEMBERS LISTED IN b1a, b1b or b1c WHO ARE NOT COVERED BY MEDICARE] enrolled?

PROBE: Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents.

<1-3>

<0> [go back to b1 and correct]
===>

>b211< What is the complete name of the [FIRST] plan?

PROBE: IF R. HAS DIFFICULTY RECALLING NAME, ASK: Do you have an insurance card or something else with the (first) plan name on it?

[ALLOW 72 CHARACTERS]

<98> DON=T KNOW [fill Athis plan@ in subsequent questions]

<99> REFUSED [fill Athis plan@ in subsequent questions]
===>

>b221< INTERVIEWER: CODE WHETHER DOCUMENT USED. [NO ERASE]

<1> INSURANCE CARD

<2> CLAIMS FORM

<3> INSURANCE POLICY

<0> NO DOCUMENT USED
===>

>b231< Health insurance plans are usually obtained in one person=s name even if other family members are covered. That person is called the policyholder. [NHIS]

In whose name is this plan?[7]

INTERVIEWER: CODE NON-SPECIFIED POLICY HOLDER IN AOTHER.@

<1> [fill NAME]

---

[7]The program only permits family members with private coverage and persons GE 65 to be coded as policy holders; the program also lists adults in other family units within the household for policy holder questions.

<2>   [fill NAME]

<3>   [fill NAME]

<4>   [fill NAME]

<5>   [fill NAME]

<6>   [fill NAME]

<7>   [fill NAME]

<8>   [fill NAME]

<9>   OTHER [SPECIFY]

===>

>test b24<   **[if b2 gt <1>, go to b241; else go to test b25]. It is unnecessary to ask b241 if the family has only one plan because coverage was obtained in b1a, b1b, or b1c.**

>b241<   Who is covered by [fill PLAN NAME]?

[READ ASTERISKED NAMES IF NECESSARY.]

<1>   [fill NAME]

<2>   [fill NAME]

<3>   [fill NAME]

<4>   [fill NAME]

<5>   [fill NAME]

<6>   [fill NAME]

<7>   [fill NAME]

<8>   [fill NAME]

===>

>test b25<   **[if b1b ge <1> or b1c ge <1> go to b251; else store <1> in b251 and go to b261]. This question does not need to be asked if the only private plans are employer-based.**

>b251< Was this plan originally obtained through a current or past employer or union?

>   <1>   YES [go to b261]

>   <0>   NO

>   <8>   DON=T KNOW

>   <9>   REFUSED

>   ===> [go to b27]

>b261< And what is the name of the employer or union who provides this plan?

>   **PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION NAME**:
>   We won=t be contacting your employer or union. We are trying to understand differences in
>   insurance plans and how the benefits offered by a particular insurance company vary by
>   employer/union.

>   [72 CHARACTERS]

>   <98> DON=T KNOW

>   <99> REFUSED

>   ===>

>test b27<   [if b221 >0 go to b271; else go to b291]

>b271< **IF DOCUMENT USED:** The plan number identifies the type of insurance coverage you
>   have. Is there a plan or group number on the [fill DOCUMENT TYPE]?

>   **RESPONSE TO CONFIDENTIALITY ISSUES:** The plan number is different from your
>   personal ID number. We want the plan number so we can contact your health plan to learn
>   more about the plan=s benefits and relationships with doctors. However, we will not be asking
>   about your individual coverage. Your name will not be used when we contact the insurer.

>   <1>   YES [go to b281]

>   <0>   NO

>   <8>   DON=T KNOW

>   <9>   REFUSED

>   ===> [go to b291]

>b281< What is the plan or group number?

[ALLOW 12]

<98> DON=T KNOW

<99> REFUSED

===>

>b291< [Did (you/either of you/any of you/PERSON NAME) enroll in [NAME OF PLAN] in the past 12 months, that is after [FILL DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in [FILL PLAN] in the past 12 months?

INTERVIEWER: DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.

<1> [Fill NAME] [go to b301]

<2> [Fill NAME] [go to b301]

<n> NO ONE

<8> DON=T KNOW

<9> REFUSED

===> [go to test b311]

>b301< How many months ago did [fill NAME] enroll in [fill PLAN NAME]?

INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.

<0-11> MONTHS

===> [REPEAT b301 FOR EACH PERSON ENROLLED IN PAST 12 MONTHS]

>test b311<   [if b251 ne <1> go to b311; else go to b331]

>b311<   NON-EMPLOYER AND NON-UNION PLANS:

How much is the insurance premium for this policy?

<0>   NONE

$<10-9997> [go to b321]

<8>   DON=T KNOW

<9>   REFUSED

===> [go to b331]

>b321<   **INTERVIEWER:** CODE TIME PERIOD.

<1>   WEEK

<2>   EVERY OTHER WEEK

<3>   TWICE A MONTH

<4>   MONTH

<5>   QUARTER

<6>   SEMI-ANNUAL

<7>   ANNUAL

===>

>b331<   Does (PLAN NAME) require (you/members)[8] to sign up with a certain primary care doctor, group of doctors, or clinic, which (you/they) must go to for all of your routine care?

PROBE: Do not include emergency care or care from a specialist you were referred to.

<1>   YES

<0>   NO

---

[8]Substitute "members" if informant is not covered.

<8>   DON=T KNOW

<9>   REFUSED
===>

>b341<   Under [fill PLAN NAME], do (you/members) need approval or a referral to see a specialist or
get special care?

PROBE: Do not include emergency care.

<1>   YES

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED
===>

>b351<   Is there a book, directory, or list of doctors associated with the plan?

<1>   YES

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

===>

>b361<   Is (PLAN NAME) an HMO, that is, a Health Maintenance Organization?

PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise,
the expense is not covered unless you were referred by the HMO or there was a
medical emergency. [NHIS DEF]

<1>   YES

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED
===>

>test b371<   **[IF b351 eq <1> OR b361 eq <1> GO TO b371; ELSE GO TO test b381]**
                      FILL

>b371<   If (you/members) do not have a referral, will [fill PLAN NAME] pay for any of the costs of visits to doctors who are not [associated with the plan (b351 = 1)/part of the HMO (b361 = 1)]?

         <1>   YES

         <0>   NO

         <8>   DON=T KNOW

         <9>   REFUSED

         ===>

>test b381<   **[IF b251 = <0>, <8> or <9>, go to test b401; Else, go to, b381]**

>b381<   Does [EMPLOYER NAME/this employer] offer more than one health insurance plan to its employees?

         <1>   YES   [go to b391]

         <0>   NO

         <8>   DON=T KNOW

         <9>   REFUSED

         ===> [go to test b401]

>b391<   Does [EMPLOYER NAME/this employer] offer (any HMO plans/any health insurance plans other than HMO plans)?

         NOTE: IF THIS IS AN HMO PLAN, WE ASK IF EMPLOYER OFFERS NON-HMO PLAN. IF THIS IS A NON-HMO PLAN, WE ASK IF EMPLOYER OFFERS AN HMO PLAN.

         <1>   YES

         <0>   NO

         <8>   DON=T KNOW

         <9>   REFUSED

         ===>

>test b401<   IF b2>1 (MORE THAN ONE PRIVATE PLAN), ASK b212-b392 FOR
                      SECOND PLAN; IF b2=3, ASK b213-b393 FOR THIRD PLAN; ELSE, IF
                      ANY FAMILY MEMBER HAS MILITARY COVERAGE (b1f ge<1>) AND
                      AT LEASE ONE PERSON WITH MILITARY COVERAGE IS NOT
                      COVERED BY SOME OTHER HEALTH PLAN, GO TO b401; GO TO test
                      b51] [9]

>b401<   In whose name is this [fill b1f1] plan?

              NOTE: If b1f1 = <6>, <8>, or <9>, fill Amilitary health.@

              <1> [fill NAME]

              <2> [fill NAME]

              <3> [fill NAME]

              <4> [fill NAME]

              <5> [fill NAME]

              <6> [fill NAME]

              <7> [fill NAME]

              <8> [fill NAME]

              <9> NON-FAMILY MEMBER

              <0> OTHER [SPECIFY]

              ===>

>b411<   Did [fill NAMES OF POLICY-HOLDER (b401) AND PERSONS COVERED
              (b1f)] enroll in [NAME OF PLAN] in the past 12 months, that is after [FILL DATE]?

              IF MORE THAN ONE PERSON, ASK: Who enrolled in [FILL PLAN] after [FILL
              DATE]?

---

[9]Based on pretest results, we decided not to ask persons with military coverage the managed care attribute
questions. However, the managed care questions were left in the program (with a skip) to facilitate adding them if
managed care penetration expands for military health care plans.

INTERVIEWER: DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.

    <1> [Fill NAME] [go to b421]

    <2> [Fill NAME] [go to b421]

    <n> NO ONE

    <8> DON=T KNOW

    <9> REFUSED

    ===> [go to test b51]

>b421<   How many months ago did [fill NAME] enroll in [fill PLAN NAME]?

    <0-11>

    ===> [REPEAT b421 FOR EACH PERSON COVERED, THEN GO TO test b51.]

>b431<   Does (PLAN NAME) require you to sign up with a certain primary care doctor, group of doctors, or clinic, which you must go to for all of your routine care?

    PROBE: Do not include emergency care or care from a specialist you were referred to.

    <1> YES

    <0> NO

    <8> DON=T KNOW

    <9> REFUSED

    ===>

>b441<   Under [fill PLAN NAME], do you need approval or a referral to see a specialist or get special care?

PROBES: (1) Do not include emergency care.

(2) IF BENEFICIARY DOES NOT NEED APPROVAL TO SEE A SPECIALIST ON BASE, BUT DOES NEED APPROVAL/REFERRAL TO SEE SPECIALISTS OFF BASE, CODE AYES@

    <1> YES

    <0> NO

    <8> DON=T KNOW

    <9> REFUSED

    ===>

>b451<   Under [fill PLAN NAME], can you go to any doctor or clinic who will accept [fill PLAN NAME] or must you choose from a book, directory, or list of doctors?

    <1> ANY DOCTOR/CLINIC

    <2> BOOK/DIRECTORY/LIST

    <8> DON=T KNOW

    <9> REFUSED

    ===>

>b461<   Is (PLAN NAME) an HMO, that is, a Health Maintenance Organization?

    PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency.

    <1> YES

    <0> NO

    <8> DON=T KNOW

    <9> REFUSED

    ===>

>test b471<   [IF b451 eq <2> OR b461 eq <1> GO TO b471; ELSE GO TO test b51]

>b471<   If you do not have a referral, will [fill PLAN NAME] pay for any of the costs of visits to doctors who are not [associated with the plan /part of the HMO]?

    <1> YES

    <0> NO

    <8> DON=T KNOW

    <9> REFUSED
    ===>

>test b51<   Medicare [if b1d ge <1> go to b51; else go to test b61]

>b51<   According to the information I have, [fill NAMES] (is/are) covered by Medicare.

(Are you/Are they/Is he/Is she) required to sign up with a certain primary care doctor, group of doctors, or clinic, which (you/they) must go to for all of (your/their/his/her) routine care?

    PROBE: Do not include emergency care or care from a specialist you were referred to.

    <1> YES

    <0> NO

    <8> DON=T KNOW

    <9> REFUSED

    ===>

>b52<   (Do(es) (you/they/he/she) need approval or a referral to see a specialist or get special care?

    PROBE: Do not include emergency care.

    <1> YES

    <0> NO

    <8> DON=T KNOW

    <9> REFUSED

    ===>

>b53<   Can [fill NAME] go to any doctor or clinic who will accept Medicare or MUST
            (he/she/you/they) choose from a book, directory, or list of doctors?

            <1> ANY DOCTOR/CLINIC

            <2> BOOK/DIRECTORY/LIST

            <8> DON=T KNOW

            <9> REFUSED
            ===>

>b54<   Are [fill NAMES] signed up with an HMO, that is, a Health Maintenance
            Organization?

            INTERVIEWER: IF HUSBAND AND WIFE ARE BOTH ON MEDICARE,
            AND ONLY ONE IS IN AN HMO, CODE <2> or <3>.

            PROBE: With an HMO, you must generally receive care from HMO doctors;
            otherwise, the expense is not covered unless you were referred by the HMO or there
            was a medical emergency. [NHIS DEF]

            <1> YES--MEDICARE BENEFICIARIES IN HMO [go to b55a]

            <2> YES--TWO BENEFICIARIES AND ONLY HUSBAND SIGNED UP
                 WITH HMO [go to b55a]

            <3> YES - TWO BENEFICIARIES AND ONLY WIFE SIGNED UP WITH
                 HMO [go to b55a]

            <0> NO/NONE

            <8> DON=T KNOW

            <9> REFUSED

            ===> [go to test b56]

>b55a<   What is the name of the HMO plan?

              PROBE: IF R. HAS DIFFICULTY RECALLING NAME, ASK: Do you have an
              insurance card or something else with the plan name on it?

              [PLAN NAME - 72 CHARACTERS]

              <98> DON=T KNOW [fill Athis plan@]

              <99> REFUSED [fill Athis plan@]
              ===>

>b55b<   INTERVIEWER: CODE TYPE OF DOCUMENT USED. [NO ERASE]

              <1> INSURANCE CARD

              <2> CLAIMS FORM

              <3> INSURANCE POLICY

              <0> NO DOCUMENT USED
              ===>

>b55c<   Was this HMO plan obtained through a current or past employer or union?

              <1> YES

              <0> NO

              <8> DON=T KNOW

              <9> REFUSED
              ===>

>test b56<   [IF b53 eq <2> OR b54 eq <1> GO TO b56; ELSE GO TO b57]

>b56<   If (you/he/she) do not have a referral, will [fill PLAN NAME] pay for any of the costs
              of visits to doctors who are not [associated with the plan /part of the HMO]?

              <1> YES

              <0> NO

              <8> DON=T KNOW

              <9> REFUSED
              ===>

>b57<   Did [fill NAMES OF MEDICARE ENROLLEES] enroll in [b55a PLAN
         NAME/Medicare] in the past 12 months, that is, after [fill DATE]?

         IF MORE THAN ONE PERSON, ASK: Who enrolled in [fill PLAN] in the past 12
         months?

         <1> [fill NAME] [go to b58]

         <0> [fill NAME] [go to b58]

         <n> NO ONE

         <8> DON=T KNOW

         <9> REFUSED

         ===> [go to b59]

>b58<   How many months ago did [fill NAME] enroll in [fill PLAN NAME in
         b55a/Medicare]?

         INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS
         QUESTION AND DELETE PERSON.

         <0-11> MONTHS

         ===> [REPEAT FOR EACH MEDICARE BENEFICIARY ENROLLED IN PAST
         12 MONTHS]

>b59<   (Are/Is) [fill NAMES OF MEDICARE ENROLLEES] covered by Medicare
         supplemental or Medigap policies? These policies are designed to cover the costs of
         health care that are not covered by Medicare.

         IF MORE THAN ONE PERSON, ASK: Who is covered by these policies.

         <1> [fill NAME] [go to b59a]

         <2> [fill NAME] [go to b59a]

         <n> NONE

         <8> DON=T KNOW

         <9> REFUSED

         ===> [go to b60]

>b59a<   FOR EACH PERSON CODED IN b59, ASK: Was [fill NAME]=s policy obtained through a current or past employer or union?

                        <1> YES

                        <0> NO [go to b59b]

                        <8> DON=T KNOW

                        <9> REFUSED

                        ===> [go to b60]

>b59b<   How much is the insurance premium for this supplemental or Medigap policy?

                        $<10-9997> [go to b59c]

                        <8> DON=T KNOW

                        <9> REFUSED

                        ===> [go to b60]

>b59c<   **INTERVIEWER**: CODE TIME PERIOD.

                        <1> WEEK

                        <2> EVERY OTHER WEEK

                        <3> TWICE A MONTH

                        <4> MONTH

                        <5> QUARTER

                        <6> SEMI-ANNUAL

                        <7> ANNUAL

                        ===>

>b60<   (Are/Is) [fill NAMES OF MEDICARE ENROLLEES] covered by [Medicaid/fill
              STATE NAME], the government assistance program for people in need?

              IF YES: Who is covered?

              <1> [fill NAME]

              <2> [fill NAME]

              <n> NONE

              <8> DON=T KNOW

              <9> REFUSED
              ===>

>test b61<   Medicaid [if b1e ge <1> go to b61; else go to test b70]

>b61<   According to the information I have, [fill NAMES OF MEDICAID ENROLLEES]
              (is/are) covered by [Medicaid/fill State Name].

              (Are you/Are they/Is he/Is she) required to sign up with a certain primary care doctor,
              group of doctors, or clinic, which (you/they/he/she) must go to for all of (your/their/his
              her) routine care?

              PROBE: Do not include emergency care or care from a specialist you were referred
              to.

              <1> YES

              <0> NO

              <8> DON=T KNOW

              <9> REFUSED
              ===>

>b62<   (Do(es) (they/he/ she/you) need approval or a referral to see a specialist or get special
              care?

              PROBE: Do not include emergency care.

              <1> YES

              <0> NO

              <8> DON=T KNOW

              <9> REFUSED
              ===>

>b63<   Can [fill NAMES] go to any doctor or clinic who will accept (Medicaid/STATE
              NAME) or MUST (he/she/you/they) choose from a book, directory or list of doctors?

              <1> ANY DOCTOR/CLINIC

              <2> SELECT FROM BOOK/LIST/DIRECTORY

              <8> DON=T KNOW

              <9> REFUSED
              ===>

>b64<   Under (Medicaid/STATE NAME) (are/is) [fill NAMES] signed up with an HMO, that
              is, a Health Maintenance Organization?

              PROBE: WITH an HMO, you must generally receive care from HMO doctors;
              otherwise, the expense is not covered unless you were referred by the HMO or there
              was a medical emergency. [NHIS DEF]

              <1> YES [go to b65a]

              <0> NO

              <8> DON=T KNOW

              <9> REFUSED

              ===> [go to test b66]

>b65a<   What is the name of the HMO plan?

              PROBE: Do you have an insurance card or something else with the plan name on it?

              [PLAN NAME - 72 CHARACTERS]

              <98> DON=T KNOW [fill Athis plan@]

              <99> REFUSED [fill Athis plan@]
              ===>

>b65b<   **INTERVIEWER**: CODE TYPE OF DOCUMENT. [NO ERASE]

              <1> INSURANCE CARD

              <2> CLAIMS FORM

              <3> INSURANCE POLICY

              <0> NO DOCUMENT USED
              ===>

test b66<   **[IF b63 eq <2> OR b64 eq <1> GO TO b66; ELSE GO TO b67]**

>b66<   If (you/members) do not have a referral, will [fill PLAN NAME] pay for any of the
              costs of visits to doctors who are not [associated with the plan /part of the HMO]?

              <1> YES

              <0> NO

              <8> DON=T KNOW

              <9> REFUSED
              ===>

>b67<   Did [fill NAMES OF MEDICAID BENEFICIARIES] enroll in [HMO
              NAME/STATE NAME/Medicaid] in the past 12 months, that is, after [fill DATE]?

              IF MORE THAN ONE PERSON, ASK: Who enrolled in the past 12 months?

              INTERVIEWER: DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY
              WERE COVERED BY PLAN SINCE BIRTH.

              <1> [fill NAME] [go to b68]

              <2> [fill NAME] [go to b68]

              <n> NO ONE

              <8> DON=T KNOW

              <9> REFUSED

              ===> [go to test b70]

>b68<   How many months ago did [fill NAME] enroll in [fill PLAN NAME]?

           INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS
           QUESTION AND DELETE PERSON.

           <0-11> MONTHS

           ===> [REPEAT b68 FOR EACH MEDICAID BENEFICIARY ENROLLED IN
           PAST 12 MONTHS]]

>**test b70**<   **State Specified Insurance Plans [if b1h ge <1> or b1i ge <1> go to b71; else
                  go to testb80]**

>b71<   Health insurance plans are usually obtained in one person=s name even if other family
           members are covered. That person is called the policyholder.

           In whose name is [fill NAME OF STATE PROGRAM]?

           INTERVIEWER: CODE NON-SPECIFIC POLICY HOLDER IN AOTHER.@

           <1> [fill NAME]

           <2> [fill NAME]

           <3> [fill NAME]

           <4> [fill NAME]

           <5> [fill NAME]

           <6> [fill NAME]

           <7> [fill NAME]

           <8> [fill NAME]

           <9> OTHER [SPECIFY]

           ===>

>b72<   Does (fill PLAN NAME) require (you/members) to sign up with a certain primary
           care doctor, group of doctors, or clinic, which (you/members) must go to for all of your
           routine care?

           PROBE: Do not include emergency care or care from a specialist you were referred
           to.

<1> YES

<0> NO

<8> DON=T KNOW

<9> REFUSED

===>

>b73<   Under [PLAN NAME], do (you/members) need approval or a referral to see a
          specialist or get special care?

          PROBE: Do not include emergency care.

          <1> YES

          <0> NO

          <8> DON=T KNOW

          <9> REFUSED

          ===>

>b74<   Can (you/members) go to any doctor or clinic who will accept [fill PLAN NAME] or
          must (he/she/you/they) choose from a book, directory, or list of doctors?

          <1> ANY DOCTOR/CLINIC

          <2> BOOK/DIRECTORY/LIST

          <8> DON=T KNOW

          <9> REFUSED

          ===>

>b75<   Is this plan an HMO, that is, a Health Maintenance Organization?

          PROBE: WITH an HMO, you must generally receive care from HMO doctors;
          otherwise, the expense is not covered unless you were referred by the HMO or there
          was a medical emergency. [NHIS DEF]

          <1> YES [go to b75a]

          <0> NO

<8> DON=T KNOW

<9> REFUSED

===>

>b75a<   What is the name of the HMO plan?

                PROBE: Do you have an insurance card or something else with the plan name on it?

                [PLAN NAME - 72 CHARACTERS]

                <98> DON=T KNOW [fill Athis plan@]

                <99> REFUSED [fill Athis plan@]

                ===>

>b75b<   **INTERVIEWER**: CODE TYPE OF DOCUMENT.

                <1> INSURANCE CARD

                <2> CLAIMS FORM

                <3> INSURANCE POLICY

                <0> NO DOCUMENT USED

                ===>

>test b76<   **[IF b74 eq <2> OR b75 eq <1> GO TO b76; ELSE GO TO b77]**

>b76<   If (you/members) do not have a referral, will [fill PLAN NAME] pay for any of the
                costs of visits to doctors who are not [associated with the plan /part of the HMO]?

                <1> YES

                <0> NO

                <8> DON=T KNOW

                <9> REFUSED

                ===>

>b77<   Did [fill NAMES OF PLAN MEMBERS] enroll in [NAME OF PLAN] in the past 12 months, that is, after [fill DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in the past 12 months?

INTERVIEWER: DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.

<1> [fill NAME] [go to b78]

<2> [fill NAME] [go to b78]

<n> NO ONE

<8> DON=T KNOW

<9> REFUSED

===> [go to test b80]

>b78<   How many months ago did [fill NAME] enroll in [fill PLAN NAME]?

INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.

<0-11> MONTHS

===> [REPEAT b78 FOR PERSON ENROLLED IN PAST 12 MONTHS]

CURRENTLY UNINSURED

>test b80<   [IF ONE OR MORE FAMILY MEMBERS IS CURRENTLY UNINSURED GO TO b80; ELSE GO TO TEST b85]

>b80<   At any time during the past 12 months [was fill NAME/were you] covered by [Medicaid/fill STATE NAME], [fill STATE PROGRAM], or a health insurance plan obtained through work, a union, or purchased directly?

<1> YES [go to b81]

<0> NO

<8> DON=T KNOW

<9> REFUSED

===> [go to next uncovered person or test b85]

>b81<   Just before becoming uninsured, what type of health insurance coverage did ([fill NAME]/you) have? Was it...

INTERVIEWER: CODE ONLY ONE.

<1>a health insurance from an employer or union or purchased directly from an insurance company [go to b82]

<2> Medicaid/fill state name [go to b82]

<3> [fill state plan] [go to b82]

<4> Champus, Champ-VA, Tricare, VA, or other military coverage

<5> Indian health service

<0> NONE

<8> DON=T KNOW

<9> REFUSED

===> [go to next uncovered person or test b85]

>b82<   Was this plan an HMO, that is, a Health Maintenance Organization?

PROBE: WITH an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]

<1> YES

<0> NO

<8> DON=T KNOW

<9> REFUSED

===>

>b83< In what month did [fill NAME=S/your] health insurance coverage under this plan stop?

<1> JAN   <7> JULY   <98> DON=T KNOW
<2> FEB   <8> AUG   <99> REFUSED
<3> MAR   <9> SEPT
<4> APR   <10> OCT   ===>
<5> MAY   <11> NOV
<6> JUNE   <12> DEC

>b84< Why did [fill NAME]=s health insurance coverage stop?

INTERVIEWER: CODE ALL THAT APPLY; READ RESPONSES IF NECESSARY.

<1> LOST JOB OR CHANGED EMPLOYERS

<2> SPOUSE/PARENT LOST JOB OR CHANGED EMPLOYERS

<3> GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT

<4> BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL

<5> EMPLOYER STOPPED OFFERING COVERAGE

<6> CUT BACK TO PART TIME/BECAME TEMPORARY EMPLOYEE

<7> BENEFITS FROM EMPLOYER/FORMER EMPLOYER RAN OUT

<8> COULDN=T AFFORD TO PAY THE PREMIUMS

<9> INSURANCE PLAN RAISED COST OF PREMIUMS

<10> INSURANCE COMPANY REFUSED COVERAGE

<11> OR SOMETHING ELSE [SPECIFY]

<98> DON=T KNOW

<99> REFUSED

===>

REPEAT b80 - b84 FOR EACH CURRENTLY UNINSURED PERSON.

CURRENTLY INSURED

>test b85< [IF ONE OR MORE FAMILY MEMBERS ARE CURRENTLY INSURED
AND COVERAGE BEGAN LESS THAN 12 MONTHS AGO, GO TO b851;
ELSE GO TO TEST b90]

>b851< During the month just before [fill NAME]≒s coverage with [fill CURRENT PLAN
NAME] began, what type of health insurance coverage did [you/he/she] have? Was
it..

INTERVIEWER: CODE ONLY ONE.

<1> health insurance from an employer or union or directly purchased from an
     insurance company

<2> [Medicaid/fill state name]

<3> [fill state plan]

<4> Champus, Champ-VA, Tricare or other military coverage

<5> Indian health service

<6> a different Medicare plan[a] [SUPPRESS IF PERSON LT 65]

<0> or did (he/she/you) not have any health insurance coverage [go to test 852]

<7> NOT APPLICABLE [NEWBORN/FOREIGN COVERAGE][go to test 852]

<8> DON≒T KNOW [go to test 852]

<9> REFUSED [go to test 852]

===>

>test b861< [IF THERE ARE OTHER CURRENTLY INSURED FAMILY MEMBERS
WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO, GO TO
B861; ELSE GO TO TEST B871]

_____
[a] Can capture prior coverage of Medicare beneficiaries who had changes in last 12 months here.

>b861<   Were [fill NAMES OF OTHER CURRENTLY INSURED FAMILY MEMBERS
          WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO] covered under
          this plan?

          <1> [fill NAME]

          <2> [fill NAME]

          <3> [fill NAME]

          <4> [fill NAME]

          <5> [fill NAME]

          <6> [fill NAME]

          <7> [fill NAME]

          <8> [fill NAME]

          <0> NO ONE

          ===>

>test b871<   **[b851 le <4> or b851 eq <6>, GO TO b871; ELSE GO TO TEST b852]**

>b871<   Was [fill NAME]≠s last health insurance plan before [fill CURRENT PLAN NAME]
          an HMO, that is, a Health Maintenance Organization?

          PROBE: With an HMO, you must generally receive care from HMO doctors;
                     otherwise, the expense is not covered unless you were referred by the
                     HMO or there was a medical emergency. [NHIS DEF]

          <1> YES

          <0> NO

          <8> DON≠T KNOW

          <9> REFUSED

          ===>

>test b881<   **[If b851 eq <1> and current coverage is private (bla, blb or blc)
               go to b881; ELSE GO TO test b852]**

>b881< Why did [fill NAME/you] change insurance plans at that time?

CODE ALL THAT APPLY.

<1> OWN/SPOUSE JOB CHANGE

<2> EMPLOYER OFFERINGS CHANGED

<3> CURRENT PLAN IS LESS EXPENSIVE

<4> CURRENT PLAN HAS BETTER SERVICES: PREFERRED DOCTORS, BETTER QUALITY, CONVENIENT LOCATION, ETC.

<5> OTHER [SPECIFY]

<8> DON=T KNOW

<9> REFUSED

===>

>test b852< [IF THERE ARE OTHER CURRENTLY INSURED FAMILY MEMBERS WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO, AND WHO WERE NOT CITED IN b851 or b861, ASK b852; ELSE GO TO TEST b90] .

>b852< During the month just before [fill NAME]=s coverage with [fill CURRENT PLAN NAME] began, what type of health insurance coverage did [you/he/she] have? Was it..

INTERVIEWER: CODE ONLY ONE.

<1> health insurance from an employer or union or directly purchased from an insurance company

<2> [Medicaid/fill state name]

<3> [fill state plan]

<4> CHAMPUS, CHAMP-VA, TRICARE or other military coverage

<5> Indian health service

<6> a different Medicare plan [SUPPRESS IF PERSON LT 65]

<0> or did (he/she/you) not have any health insurance coverage [go to next insured person whose coverage began LT 12 months ago or test b90]

<8> DON=T KNOW [go to next insured person whose coverage began LT 12

months ago or test b90]

<9> REFUSED [go to next insured person whose coverage began LT 12 months ago or test b90]

===>

>**test b872<**   **[b852 le <4> or b852 eq <6>, GO TO b872; ELSE GO TO TEST b882]**

>b872<   Was [fill NAME]≠s last health insurance plan before [fill CURRENT PLAN NAME] an HMO, that is, a Health Maintenance Organization?

PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]

<1> YES

<0> NO

<8> DON≠T KNOW

<9> REFUSED

===>

>**test b882<**   **[If b852 eq <1> and current coverage is private (bla, blb or blc) go to b882; ELSE GO TO test b90]**

>b882<   Why did [fill NAME/you] change insurance plans at that time?

CODE ALL THAT APPLY.

<1> OWN/SPOUSE JOB CHANGE

<2> EMPLOYER OFFERINGS CHANGED

<3> CURRENT PLAN IS LESS EXPENSIVE

<4> CURRENT PLAN HAS BETTER SERVICES: PREFERRED DOCTORS, BETTER QUALITY, CONVENIENT LOCATION, ETC.

<5> OTHER [SPECIFY]

<8> DON≠T KNOW

<9> REFUSED
===>

>test b90<   **[IF INFORMANT HAS BEEN IN HMO IN LAST YEAR GO TO b901; ELSE GO TO b921]**

>b901<   [INFORMANT ONLY] Altogether, for about how many years have you been enrolled in HMO plans?

       PROBE: Your best estimate is fine.

       <0>   LESS THAN SIX MONTHS

       <1-20>   YEARS

       <98>   DON=T KNOW [go to b911]

       <99>   REFUSED
       === >   [go to test b902]

>b911<   Would that be less than two years, two to five years, or more than five years?

       <1> LESS THAN TWO YEARS

       <2> TWO TO FIVE YEARS

       <3> MORE THAN FIVE YEARS

       <8> DON=T KNOW

       <9> REFUSED
       ===> [go to test b902]

>b921<   Have you ever been enrolled in an HMO?

       <1> YES [go to b931]

       <0> NO

       <8> DON=T KNOW

       <9> REFUSED

       ===> [go to test b902]

>b931<   Altogether, for about how many years have you been enrolled in HMO plans?

      PROBE: Your best estimate is fine.

        <0>   LESS THAN SIX MONTHS

        <1-20> YEARS

        <98> DON=T KNOW [go to b941]

        <99> REFUSED

        === [go to test b902]

>b941<   Would that be less than two years, two to five years, or more than five years?

        <1> LESS THAN TWO YEARS

        <2> TWO TO FIVE YEARS

        <3> MORE THAN FIVE YEARS

        <8> DON=T KNOW

        <9> REFUSED

        ===>

>test b902< **[IF INFORMANT IS MARRIED, GO TO test b90 AND ASK b902... b942 FOR SPOUSE, SUBSTITUTING [Fill NAME] FOR [YOU], ELSE, IF NO SPOUSE, GO TO b951.]**

>b951<   In choosing among alternative health plans, some people have concerns that are especially important to them.

      Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement: I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.[10]

      PROBE: CODE A7@IF R. SAYS THE STATEMENT DOES NOT APPLY.

      <1> STRONGLY AGREE

---

[10] Source: Royal, Kenneth, et al, **The Gallup Arizona Health Care Poll**. P.18, The Gallup Organization, 1995. Distributions by coverage available.

<2> SOMEWHAT AGREE

<3> NEITHER AGREE NOR DISAGREE

<4> SOMEWHAT DISAGREE

<5> STRONGLY DISAGREE

<7> NOT APPLICABLE

<8> DON=T KNOW

<9> REFUSED
===>

>b98<   During the past two years, (have you/has anyone in your family) been denied health insurance or limited in the kind of health insurance (you/they) could buy because of poor health?

<1> YES [go to b99]

<0> NO

<8> DON=T KNOW

<9> REFUSED
===> [go to c101]

>b99<   Who was that?

<1> [fill NAME]

<2> [fill NAME]

<3> [fill NAME]

<4> [fill NAME]

<5> [fill NAME]

<6> [fill NAME]

<7> [fill NAME]

<8> [fill NAME]

<9> [NON-SELECTED PERSON]

<0> NO ONE
===>

SECTION C
RESOURCE USE DURING THE LAST 12 MONTHS

>c101<   Since [DATE 12 MONTHS AGO], were [fill NAMES OF FAMILY MEMBERS] a
             patient in a hospital overnight?

             PROBE: DO NOT INCLUDE ANY OVERNIGHT STAYS IN THE
             EMERGENCY ROOM.

             <1>   YES [go to c11]

             <2>   NO

             <8>   DON=T KNOW

             <9>   REFUSED

             ===> [go to test c20]

>c11<   Who was in a hospital overnight? (Anyone else?)

             <1>   [fill NAME]

             <2>   [fill NAME]

             <3>   [fill NAME]

             <4>   [fill NAME]

             <5>   [fill NAME]

             <6>   [fill NAME]

             <7>   [fill NAME]

             <8>   [fill NAME]

             <0> NO ONE

             ===>

>test c121<   [ASK FOR EACH PERSON WITH A HOSPITAL STAY]

>c121<　　　　　How many different times did [fill NAME] stay in any hospital overnight or longer during the past 12 months?

　　　　　　　　PROBE: Your best estimate is fine.

　　　　　　　　<1-20>　TIMES

　　　　　　　　<98>　　DON=T KNOW

　　　　　　　　<99>　　REFUSED

　　　　　　　　==>

>test c131<　　**[if (FEMALE AND GE 12 AND LE 45) or (CHILD LE 1) go to c131; else go to c151]**

>c131<　　　　　MOTHER: Were any of these hospital stays for delivery of a baby?

　　　　　　　　CHILD: Did [fill CHILD LE 1] stay in the hospital overnight at birth?

　　　　　　　　<1>　YES [go to c141]

　　　　　　　　<0>　NO

　　　　　　　　<8>　DON=T KNOW

　　　　　　　　<9>　REFUSED

　　　　　　　　===> [go to c151]

>c141<　　　　　Have you included this hospitalization in the number of hospital stays you gave me for [fill NAME]?

　　　　　　　　<1>　YES

　　　　　　　　<0>　NO

　　　　　　　　<8>　DON=T KNOW

　　　　　　　　<9>　REFUSED

　　　　　　　　==>

>c151<   [For how many of the [fill c121] times [fill NAME] stayed in the hospital] (was/were) (he/she/you) admitted through the emergency room?

<0-20>TIMES

<98> DON=T KNOW

<99> REFUSED

NOTE: NUMBER MUST BE LE # ADMISSIONS IN c121.

===>

>c161<   For [fill NAME=]s [fill c121] hospital stay(s) during the past 12 months, how many nights was (he/she) in the hospital altogether?

<001-366>   001-366 NIGHTS

<998>   DON=T KNOW

<999>   REFUSED

===>

REPEAT FOR OTHER FAMILY MEMBERS WITH HOSPITAL STAYS. THEN ASK REMAINING RESOURCE USE QUESTIONS FOR EACH FAMILY MEMBER, BEGINNING WITH INFORMANT.

>**test c20<**   **[SELECT WORDING BASED ON WHETHER PERSON HAD ER VISIT RESULTING IN HOSPITAL ADMISSION]**

>c211<   ER/HOSPITAL ADMISSION: [The next questions are about [fill NAME]][11]. Not counting [fill NAME=]s [fill c151] emergency room visits you told me about, has [fill NAME] gone to a hospital emergency room in the past 12 months to get medical treatment?

NO ER/HOSPITAL ADMISSION: [The next questions are about [fill NAME]].[14] During the past 12 months, has [fill NAME] gone to a hospital emergency room to get medical treatment?

PROBE: Count all visits to the ER, including visits where you received a brief exam, but were sent elsewhere.

---

[11]Delete phrase for one person family.

<1>   YES [go to c221]

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

===> [go to c311]

>c221<   During the past 12 months, how many times has [fill NAME] gone to a hospital emergency room?

PROBE: Count all visits to the ER, including visits where you received a brief exam, but were sent elsewhere.

PROBE: Your best estimate is fine.

<1-20>TIMES

<98>   DON=T KNOW [go to c231]

<99>   REFUSED

===> [go to c311]

>c231<   Would you say one, two or three, four to nine, ten to twelve, or thirteen or more?

<1>1

<2>2-3

<3>4-9

<4>10 - 12

<5>13 OR MORE

<8>DON=T KNOW

<9>REFUSED

===>

>c311<   Since [insert MONTH/YEAR 12 months ago], about how many times has [fill NAME] seen a doctor? Do not count doctors seen while an overnight patient in a hospital or in the emergency room.

   PROBES: (1) Include osteopathic doctors and psychiatrists.
                     (2) Include outpatient visits.
                     (3) Exclude dentists visits, chiropractor visits, and telephone calls
                           to doctors.
                     (4) Your best estimate is fine.

   <0-96> [go to c331]

   <98>DON=T KNOW [go to c321]

   <99>REFUSED [go to test c411]
   ===>

>c321<   Would you say one, two or three, four to nine, ten to twelve, or thirteen or more?

   <1> 1

   <2> 2-3

   <3> 4-9

   <4> 10 - 12

   <5> 13 OR MORE

   <8> DON=T KNOW [go to test c411]

   <9> REFUSED [go to test c411]
   ===>

>c331<   [Not counting [fill NAME=S] [fill c311] doctor visits you already told me about,] has [fill NAME] seen a nurse practitioner, physician assistant, or midwife during the last 12 months?

   IF YES: How many times has [fill NAME] seen a nurse practitioner, physician=s assistant or midwife during the last 12 months?

   INTERVIEWER: READ Amidwife@ FOR FEMALE RESPONDENTS.

   PROBES:
   (1) Your best estimate will be fine.
   (2) Include times you got a shot, but did not see the doctor.
   (3) Do not include visits where [FILL NAME] saw only a registered nurse.

<0>   NO/NONE [go to test c411]

<1-96> VISITS [go to test c411]

<98>   DON=T KNOW

<99>   REFUSED [go to test c411]
===>

>c341<   Would you say one, two or three, four to nine, ten to twelve, or thirteen or more?

<1> 1

<2> 2-3

<3> 4-9

<4> 10 - 12

<5> 13 OR MORE

<8> DON=T KNOW

<9> REFUSED

===>

>test c411<   [IF NO HOSP/ER/PHYS./OTHER PROVIDER VISITS, GO TO c511][12]

>c411<   During the past 12 months has [fill NAME] had **surgery** or other surgical procedures
       either in the hospital or in a doctor=s office?

       PROBE: This includes both major surgery and minor surgery and procedures such as
       setting broken bones, stitches, or removing growths.

       <1>YES [go to c421]

       <0>NO

       <8>DON=T KNOW

       <9>REFUSED

       ===> [go to c511]

---

[12] Even if respondent recalled no encounters with health system, he or she could have obtained a flu shot and not
considered it a visit with medical personnel.

>c421<   Altogether, **how many different times** has [fill NAME] had surgery during the past 12 months?

             <1-96> TIMES [go to test c431]

             <98> DON=T KNOW

             <99> REFUSED

             ===> [go to c511]

>test c431<   [IF PERSON HAS HAD AT LEAST ONE HOSPITAL STAY GO TO c431; ELSE GO TO c511]

>c431<   And how many of these [fill c411] surgeries were in the hospital when [fill NAME] stayed overnight or longer?

             <0-96> TIMES

             <97> ALL

             <98> DON=T KNOW

             <99> REFUSED

             ===>

>c511<   During the past 12 months, that is since [fill 12-MONTH DATE], has [fill NAME] seen or talked to a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

             <1> YES

             <0> NO

             <8> DON=T KNOW

             <9> REFUSED

             ===>

>c521<　　　　　During the past 12 months, did [fill NAME] receive care at home from a nurse or other health care professional?

　　　　　　　　<1> YES

　　　　　　　　<0> NO

　　　　　　　　<8> DON=T KNOW

　　　　　　　　<9> REFUSED
　　　　　　　　===>

>test c530<　　[IF PERSON GE 18 GO TO c531; ELSE GO TO TEST c600]

>c531<　　　　　During the past 12 months, has [fill NAME] had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

　　　　　　　　<1> YES

　　　　　　　　<0> NO

　　　　　　　　<8> DON=T KNOW

　　　　　　　　<9> REFUSED
　　　　　　　　===>

>test c600<　　[IF PERSON IS FEMALE AND GE 40 GO TO c611; ELSE GO TO c811]

>c611<　　　　　A mammogram is an x-ray of the breast to look for breast cancer. Has [fill NAME] ever had a mammogram?

　　　　　　　　<1> YES [go to c621]

　　　　　　　　<0> NO

　　　　　　　　<8> DON=T KNOW

　　　　　　　　<9> REFUSED

　　　　　　　　===> [go to c811]

>c621<   How long has it been since [fill NAME] had (her/your) last mammogram?

<1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)

<2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)

<3> WITHIN THE PAST 3 YEARS (2 TO 3 YEARS AGO)

<4> WITHIN THE PAST 5 YEARS (3 TO 5 YEARS AGO)

<5> 5 OR MORE YEARS AGO

<8> DON=T KNOW

<9> REFUSED

===>

UNMET NEED

>c811<   [INFORMANT SELF RESPONSE] Next, during the past 12 months, was there any time when you didn=t get the medical care you needed?

              <1>YES

              <0>NO

              <8>DON=T KNOW

              <9>REFUSED

              ===>

>c821<   [INFORMANT SELF RESPONSE] And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?

              <1>YES
              <0>NO

              <8>DON=T KNOW
              <9>REFUSED
              ===>

>**test c831<**   **[IF c811 EQ <1> OR <8> OR c821 EQ <1> OR <8> GO TO c831; ELSE GO TO c21..., NEXT PERSON; ELSE GO TO C90]**

>c831<   [INFORMANT SELF RESPONSE] Did you not get or postpone getting medical care for any of the following reasons?

              CODE ALL THAT APPLY.

              INTERVIEWER: READ RESPONSE CATEGORIES SLOWLY TO RESPONDENT, ENTERING RESPONSES AS THEY ARE GIVEN.

              <1>Worry about the cost

              <2>The doctor or hospital wouldn=t accept your health insurance

              <3>Your health plan wouldn=t pay for the treatment

              <4>You couldn=t get an appointment soon enough

              <5>You couldn=t get there when the doctor=s office or clinic was open

<6>It takes too long to get to the doctor=s office or clinic from your house or work

<7>You couldn=t get through on the telephone

<n>Or any other reason I haven=t mentioned [SPECIFY]

<0>NONE CITED

<8>DON=T KNOW

<9>REFUSED

===>

>test c90< [ASK c21...c62...FOR NEXT PERSON[13]; THEN GO TO c90]

>c90< Compared with three years ago, is getting the medical care (you/your family) need(s) becoming easier, harder, or has it stayed the same?

<1>EASIER

<2>HARDER

<3>STAYED THE SAME

<8>DON=T KNOW

<9>REFUSED

===>

>c92< During the past 12 months, about how much did (you/your family) spend out-of-pocket for medical care? Do not include the cost of dental care, health insurance premiums, or any costs that are paid by your health insurance.

PROBES: (1) Your best estimate is fine.

(2) Include out-of-pocket expenses for prescription drugs, co-payments, and deductibles, but do not include health insurance premiums, dental costs, or any other costs paid by your health insurance.

READ CATEGORIES IF NECESSARY.

---

[13]Include unmet need (c81c...c83c) for child, substituting child's home for second person.

<0> NONE

$<10-96,000>

<8>DON=T KNOW [go to c93]

<9>REFUSED

===> [go to d101]

>c93<   Would that be less than $500, $500 to $2,000, $2,000 to $3,000, $3,000 to $5,000, or
             $5,000 or more?

             READ CATEGORIES IF NECESSARY.

             $<0-96,000>

             <0>NONE

             <1>LESS THAN $500

             <2>$500 TO $1,999

             <3>$2,000 TO $2,999

             <4>$3,000 TO $4,999

             <5>$5,000 OR MORE

             <8>DON=T KNOW

             <9>REFUSED

             ===>

SECTION D
USUAL SOURCE OF CARE/PATIENT TRUST

BEGIN WITH FAMILY INFORMANT

>d100<   The next questions are about places people go to for their health problems.

>d101<   Is there a place that [fill NAME] USUALLY goes to when (you/he/she) (is/are) sick or
            need(s) advice about your health?

            PROBE: IF R. IS UNSURE IF ONE PLACE OR MORE THAN ONE PLACE:
            When [fill NAME] is sick or needs advice about (his/her/you) health, does (he/she/you)
            go to one place or more than one place?

            <1>YES [go to d111]

            <0>NO, THERE IS NO PLACE [go to d201]

            <3>NO, THERE IS MORE THAN ONE PLACE [go to d111]

            <8>DON=T KNOW [go to d201]

            <9>REFUSED [go to d201]
            ===>

>d111<   If (d101 = 1) then read:
            What kind of place is it - a doctor=s office, an HMO, a hospital outpatient clinic, some
            other clinic or health center, an emergency room, or some other place?

            Else (d101 = 3) read:
            What kind of place (do/does) [fill NAME] go to most often - a doctor=s office, an HMO,
            a hospital outpatient clinic, some other clinic or health center, an emergency room, or
            some other place?

            <1>DOCTOR=S OFFICE

            <2>HMO

            <3>HOSPITAL OUTPATIENT CLINIC

            <4>OTHER CLINIC OR HEALTH CENTER

            <5>HOSPITAL EMERGENCY ROOM

            <6>SOME OTHER PLACE

            <8>DON=T KNOW

            <9>REFUSED
            ===>

>d121< When (you/fill [NAME]) go(es) there, do(es) (you/he/she) usually see a doctor, a nurse, or some other type of health professional?

INSTRUCTION: IF R. SAYS DOCTOR AND NURSE, CODE DOCTOR.

<1> DOCTOR

<2> NURSE

<3> OTHER (SPECIFY)

<8> DON=T KNOW [go to d141]

<9> REFUSED [go to d141]

===>

>d131< Do(es) [you/fill NAME] usually see the same (doctor/nurse/provider) each time (you/he/she) go(es) there?

<1> YES

<0> NO

<8> DON=T KNOW

<9> REFUSED

===>

>d141< At any time in the past 12 months did [fill NAME] change the [fill PROVIDER/PLACE][14] you/he/she) **usually** go(es) to for health care?

<1> YES [go to d151]

<0> NO

<8> DON=T KNOW

<9> REFUSED

===> [go to test d301]

---

[14]Fill hierarchically: if d121 answered and d131=1 - (1) doctor,(2) nurse,(3) health professional; else fill d111 if d111 5; else place.

>d151<   Was this change mainly related to health insurance, the quality of care [fill NAME] received, or was it for some other reason?

        <1>HEALTH INSURANCE

        <2>QUALITY OF CARE

        <3>OTHER [SPECIFY]

        <8>DON=T KNOW

        <9>REFUSED

        ===> [go to test d301]

>d201<   I am going to read some reasons people have given for not having a usual source of medical care. For each one, please tell me whether that is a reason in [fill NAME=S] case.

        ROTATE RESPONSES

        <1>There is no reason to have a usual source of care because (I/he/she) seldom or never get sick.

        <2>(I/he/she) recently moved into the area.

        <3>(My/his/her) usual source of medical care in this area is no longer available.

        <4>(I/he/she) (don=t/doesn=t) have health insurance. [END ROTATION]

        <5>Anything else (SPECIFY)

        <0>NO

        <8>DON=T KNOW

        <9>REFUSED
        ===>

END ROTATION

>test d301<   **[IF MORE THAN ONE PERSON; REPEAT d10n...-d20n... FOR EACH PERSON.]**

>test d302<   **[IF INFORMANT HAS USUAL SOURCE OF CARE WHO IS A PHYSICIAN (d121 eq <1>) OR HAD GE ONE PHYSICIAN VISITS IN THE LAST 12 MONTHS ($1 \leq C311 \leq 96$ OR $1 \leq c321 \leq 5$) GO TO d311; ELSE GO TO test e10.]**

>d311<   Please think about the doctor you usually see when you are sick or need advice about your health. For each of the following statements, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. [NOTE, NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT IS NOT READ. ROTATE d311-341.] [15]

I think my doctor may not refer me to a specialist when needed.

(1) CODE A7@IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE A8.@

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4>   SOMEWHAT DISAGREE

<5>   STRONGLY DISAGREE

<7>   NOT APPLICABLE

<8>   DON=T KNOW

<9>   REFUSED

===>

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

>d321<   I trust my doctor to put my medical needs above all other considerations when treating my medical problems.

(1) CODE A7@IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE A8.@

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

---

[15] The next four questions (d311-d341) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

<4>   SOMEWHAT DISAGREE

<5>   STRONGLY DISAGREE

<7>   NOT APPLICABLE

<8>   DON=T KNOW

<9>   REFUSED
===>

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

>d331<   I think my doctor is strongly influenced by health insurance company rules when making decisions about my medical care.

(1) CODE A7@IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE A8.@

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4>   SOMEWHAT DISAGREE

<5>   STRONGLY DISAGREE

<7>   NOT APPLICABLE

<8>   DON=T KNOW

<9>   REFUSED

===>

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

>d341<   I sometimes think that my doctor might perform unnecessary tests or procedures.

(1) CODE A7@ IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE A8.@

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4>   SOMEWHAT DISAGREE

<5>   STRONGLY DISAGREE

<7>   NOT APPLICABLE

<8>   DON=T KNOW

<9>   REFUSED

===>

THIS SECTION WILL BE COMPLETED FOR INFORMANT AND CHILD AND (EXCEPT FOR FAMILY LEVEL QUESTIONS] IS INCLUDED IN SELF-RESPONSE MODULE FOR OTHER ADULTS.

>test e10<   **[IF FAMILY HAS HAD ANY PROVIDER, OR HOSPITAL VISITS IN LAST 12 MONTHS (c101 = 1, or c211 = 1, or 1 $\leq$ c311 $\leq$ 96, or 1 $\leq$ c321 $\leq$ 5, or 1 $\leq$ c331 $\leq$ 96, or 1 $\leq$ c341 $\leq$ 5) GO TO e101, ELSE GO TO e121]**

>e101<   The next questions are about your satisfaction with health care.

All things considered, have you been satisfied **or** dissatisfied with [(the health care you have received/the health care you and your family have received)] **during the last 12 months**?

PROBE: If you did not receive services that you felt you needed, please consider that too.

<1>   SATISFIED [go to e111]

<2>   DISSATISFIED [go to e111]

<3>   NEITHER SATISFIED NOR DISSATISFIED

<8>   DON=T KNOW

<9>   REFUSED

===> [go to e121]

>e111<   Would that be very (dis)satisfied or somewhat (dis)satisfied?

<1>   VERY

<2>   SOMEWHAT

<8>   DON=T KNOW

<9>   REFUSED

===>

>e121< Now I would like to ask you about satisfaction with your choice of doctors.

First primary care doctors, such as family doctors, [pediatricians],[16] or general practitioners, who treat a variety of illnesses and give preventive care.

Are you satisfied or dissatisfied with the choice you personally have for primary care doctors?

PROBE: Most people go to a primary care doctor first when they have a sickness or injury they have not had before.

<1>   SATISFIED [go to e131]

<2>   DISSATISFIED [go to e131]

<3>   NEITHER SATISFIED NOR DISSATISFIED

<8>   DON=T KNOW

<9>   REFUSED
===>   [go to e141]

>e131< Would that be very (dis)satisfied or somewhat (dis)satisfied?

<1>   VERY

<2>   SOMEWHAT

<8>   DON=T KNOW

<9>   REFUSED
===>

>e141< During the past 12 months, have you personally needed or seen a specialist?

PROBE: Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.

<1>   YES [go to e151]

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

---

[16]Exclude for adults.

===> [go to test e161]

>e151< Are you satisfied or dissatisfied with the **choice** you have for specialists?

        <1>   SATISFIED [go to e15a]

        <2>   DISSATISFIED [go to e15a]

        <3>   NEITHER SATISFIED NOR DISSATISFIED

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>   [go to test e16]

>e15a< Would that be very (dis)satisfied or somewhat (dis)satisfied?

        <1>   VERY

        <2>   SOMEWHAT

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>test e161<   **[IF PERSON HAS HAD ANY PHYSICIAN VISITS IN LAST 12 MONTHS (1 $\leq$ C311 $\leq$ 96 OR 1 $\leq$ C321 $\leq$5), GO TO e161; ELSE, GO TO SF12 (e401)]**

>e161< Since [fill DATE 12 MONTHS AGO], did [fill NAME] visit a doctor for care of sickness, injury, or other health problems?

    PROBE: (1) Other health problems include follow up or check up visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc.

                (2) Do not include visits to physicians=assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

        <1>   YES [go to e171]

        <0>   NO

        <8>   DON=T KNOW

<9>   REFUSED

===> [go to e201]

>e171<   In what month was (fill NAME)=s **most recent** visit for sickness or injury?[17]

        INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN BELOW WITH AN
        ASTERISK. SICK VISIT DATE MUST BE WITHIN LAST 12 MONTHS (SINCE [fill
        DATE]).

<1> JUNE/95	<8> JAN/96	<15> AUG/96	<22> MAR/97
<2> JULY/95	<9> FEB/96	<16> SEPT/96	<98> DON=T KNOW
<3> AUG/95	<10> MAR/96	<17> OCT/96	<99> REFUSED
<4> SEPT/95	<11> APR/96	<18> NOV/96	===>
<5> OCT/95	<12> MAY/96	<19> DEC/96	
<6> NOV/95	<13> JUNE/96	<20> JAN/97	
<7> DEC/95	<14> JULY/96	<21> FEB/97	

>e181<   Since that visit in MONTH, has [fill NAME] visited a doctor for a general check up, physical
        examination, [FEMALES OVER 12 - gynecological [or pregnancy][18] check up, or other
        preventive care not related to a health problem?

        PROBE: (1) Do not include visits to physicians= assistants, nurse practitioners,
                        alternative medicine specialists, or other providers who are not medical
                        doctors.

        <1>   YES [go to e191]

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED

        ===> [go to test e221]

---

[17]In this and related questions with 12 month recall, the last 12 months are asterisked. The interviewer cannot enter a value outside of the recall period.

[18]Limit pregnancy to women between 12 and 50.

>e191< In what month was [fill NAME]≥s **most recent** visit for a check-up or physical exam?

INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN BELOW WITH AN
ASTERISK. PREVENTIVE CARE VISIT MUST BE LATER THAN SICK VISIT [fill
DATE].

<1> JUNE/95   <8> JAN/96   <15> AUG/96   <22> MAR/97
<2> JULY/95   <9> FEB/96   <16> SEPT/96   <98> DON≥T KNOW
<3> AUG/95   <10> MAR/96   <17> OCT/96   <99> REFUSED
<4> SEPT/95   <11> APR/96   <18> NOV/96   ===>
<5> OCT/95   <12> MAY/96   <19> DEC/96
<6> NOV/95   <13> JUNE/96   <20> JAN/97
<7> DEC/95   <14> JULY/96   <21> FEB/97

**>test e191<   [VERIFY THAT MONTH IN e191 IS SAME MONTH OR FOLLOWS
MONTH IN e171; THEN GO TO test e221]**

>e201< ASKED IF PERSON HAS NOT HAD A SICK VISIT.

During the last 12 months, did [fill NAME] visit a doctor for a general check up, physical
examination, [FEMALES OVER 12 - gynecological or pregnancy check up], or other
preventive care not related to a health problem?

<1>   YES [go to e211]

<0>   NO [go to e901]

<8>   DON≥T KNOW

<9>   REFUSED

===> [go to SF12 (e401)]

>e211< In what month was [fill NAME]≥s **most recent** visit?

INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN WITH AN ASTERISK.

<1> JUNE/95   <8> JAN/96   <15> AUG/96   <22> MAR/97
<2> JULY/95   <9> FEB/96   <16> SEPT/96   <98> DON≥T KNOW
<3> AUG/95   <10> MAR/96   <17> OCT/96   <99> REFUSED
<4> SEPT/95   <11> APR/96   <18> NOV/96   ===>
<5> OCT/95   <12> MAY/96   <19> DEC/96
<6> NOV/95   <13> JUNE/96   <20> JAN/97
<7> DEC/95   <14> JULY/96   <21> FEB/97

>e901<   Earlier I noted that you had [fill # IN c311 OR c321] doctor visit(s) in the last 12 months. Is that correct or incorrect?

CORRECT [jb e161 TO OBTAIN LAST DOCTOR VISIT]

<1> INCORRECT [go to SF12 (e401)]

===>

<test e221<   **[IF PERSON HAD SICK AND WELL VISIT (e161 = 1 and e181 = 1), SELECT MOST RECENT FOR e221. IF SAME MONTH FOR BOTH, FILL WELL VISIT (e181) SINCE IT WAS MORE RECENT]**

>e221<   Please think about [fill NAME]=s visit [for preventive care or a check up/for care of sickness or injury] in [fill MONTH].

Was the doctor [fill NAME] saw a family doctor, who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?

PROBE: Family doctors usually are in general or family practices or are internists or pediatricians who treat a variety of illnesses and problems.

<1>   FAMILY DOCTOR

<2>   SPECIALIST, INCLUDING OB/GYN

<8>   DON=T KNOW

<9>   REFUSED
===>

>test e241<   **[IF PERSON HAS USC (d101 = 1) GO TO e241; ELSE GO TO e24e]**

>e241<   Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need advice about your health?

<1>   YES [go to e251]

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

===>

>e241< Was this visit to an emergency room?

        <1>   YES [go to e291]

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>e251< For this visit in [fill MONTH], did you have an appointment ahead of time or did (you/he/she) just walk in?

        <1>   APPOINTMENT [go to e261]

        <0>   WALK IN

        <8>   DON=T KNOW

        <9>   REFUSED

        ===> [go to e281]

>e261< For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?

        INTERVIEWER: (1)   CODE A0@ FOR SAME DAY.
                        (2)   ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

        <0-30> [go to e271]

        <88>   DON=T KNOW

        <99>   REFUSED
        ===> [go to e281]

>e271< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e261].

        <1>   DAYS

        <2>   WEEKS

        <3>   MONTHS
        ===>

>e281< How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

<1-240> [go to e28t]

<998> DON=T KNOW

<999> REFUSED

===> [go to e291]

>e28t< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e281]

<1> MINUTES

<2> HOURS

===>

>e291< For this visit, how long did it take [fill NAME] to get to the (doctor=s office/emergency room)?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

<1-60> [go to E291]

<88> DON=T KNOW

<99> REFUSED

===> [go to e301]

ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e291]

<1> MINUTES

<2> HOURS

===>

>e301<   Still thinking about this visit in [fill MONTH], how would you rate the thoroughness and carefulness of the examination and treatment you received? Would you say it was....

                    <1>   poor

                    <2>   fair

                    <3>   good

                    <4>   very good

                    <5>   excellent

                    <7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

                    <8>   DON=T KNOW

                    <9>   REFUSED

                    ===>

>e311<   How would you rate how well your doctor listened to you? Would you say it was...

                    <1>   poor

                    <2>   fair

                    <3>   good

                    <4>   very good

                    <5>   excellent

                    <7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

                    <8>   DON=T KNOW

                    <9>   REFUSED

                    ===>

>e321<   How would you rate how well the doctor explained things in a way you could understand.   Would you say it was....

                    <1>   poor

                    <2>   fair

                    <3>   good

                    <4>   very good

<5>   excellent

<7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

<8>   DON=T KNOW

<9>   REFUSED

===>

>e401<   Now, I have a few questions about (your/his/her) health. [19]

In general, would you say your health is:

<1>   Excellent

<2>   Very Good

<3>   Good

<4>   Fair or

<5>   Poor

<8>   DON=T KNOW

<9>   REFUSED

===>

>e411<   Next, I=m going to read a list of activities that you might do during a typical day. As I
read each item, please tell me if your health now limits you a lot, limits you a little, or
does not limit you at all in these activities. [NOTE: WE USED WORDING FOR
INTERVIEWER-ADMINISTERED VERSION PROVIDED BY MEDICAL
OUTCOMES TRUST]

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or
playing golf?

Does your health now limit you a lot, limit you a little, or not limit you at all?

---

[19]   SF-12[TM] Standard US Version 1.0, Copyright 1994 The Health Institute; New England Medical Center.
Distributed by: Medical Outcomes Trust. For Spanish speaking respondents, an interviewer-administered version of
the U.S.-Spanish SF-12 was reviewed and approved by the New England Medical Center (agreement 10/26/97).

PROBE: If R says s/he does not do activity: Is that because of your health?

      <1>   YES, LIMITED A LOT

      <2>   YES, LIMITED A LITTLE

      <0>   NO, NOT LIMITED AT ALL

      <8>   DON=T KNOW

      <9>   REFUSED

      ===>

>e421<   Climbing **several** flights of stairs?

Does your health now limit you a lot, limit you a little, or not limit you at all?

PROBE: If R says s/he does not do activity: Is that because of your health? AND REPEAT QUESTION.

      <1>   YES, LIMITED A LOT

      <2>   YES, LIMITED A LITTLE

      <0>   NO, NOT LIMITED AT ALL

      <8>   DON=T KNOW

      <9>   REFUSED

      ===>

>e431<   The next two questions ask about your physical health and your daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

      <1>   YES

      <0>   NO

      <8>   DON=T KNOW

      <9>   REFUSED

      ===>

>e441<   During the past 4 weeks, were you limited in the kind of work or other regular daily
           activities you do as a result of your physical health?

           <1>   YES

           <0>   NO

           <8>   DON=T KNOW

           <9>   REFUSED

           ===>

>e451<   The next two questions ask about your emotions and your daily activities.

           During the past 4 weeks, have you accomplished less than you would like as a result
           of any emotional problems, such as feeling depressed or anxious?

           <1>   YES

           <0>   NO

           <8>   DON=T KNOW

           <9>   REFUSED

           ===>

>e461<   During the past 4 weeks, did you not do work or other regular activities as carefully
           as usual as a result of any emotional problems, such as feeling depressed or anxious?

           <1>   YES

           <0>   NO

           <8>   DON=T KNOW

           <9>   REFUSED

           ===>

>e471<　　　　　During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...

　　　　　　　　<1>　　　not at all

　　　　　　　　<2>　　　a little bit

　　　　　　　　<3>　　　moderately

　　　　　　　　<4>　　　quite a bit

　　　　　　　　<5>　　　extremely

　　　　　　　　<8>　　　DON=T KNOW

　　　　　　　　<9>　　　REFUSED

　　　　　　　　===>

>e481<　　　　　During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...

　　　　　　　　<1>　　　all of the time

　　　　　　　　<2>　　　most

　　　　　　　　<3>　　　some

　　　　　　　　<4>　　　a little

　　　　　　　　<5>　　　or none of the time

　　　　　　　　<8>　　　DON=T KNOW

　　　　　　　　<9>　　　REFUSED
　　　　　　　　===>

>e491< The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?

How much of the time during the past 4 weeks have you felt calm and peaceful?

READ CATEGORIES SLOWLY.

<1>   all of the time

<2>   most

<3>   some

<4>   a little, or

<5>   none of the time

<8>   DON=T KNOW

<9>   REFUSED

===>

>e501< How much of the time during the past 4 weeks did you have a lot of energy?

READ CATEGORIES SLOWLY.

<1>   all of the time

<2>   most

<3>   some

<4>   a little, or

<5>   none of the time

<8>   DON=T KNOW

<9>   REFUSED

===>

>e511<   How much of the time during the past 4 weeks have you felt downhearted and blue?

READ CATEGORIES SLOWLY.

<1>   all of the time

<2>   most

<3>   some

<4>   a little, or

<5>   none of the time

<8>   DON=T KNOW

<9>   REFUSED

===>

>e521<   Now, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement. I=m more likely to take risks than the average person.

INTERVIEWER: (1) NEITHER AGREE NOR DISAGREE IS NOT READ, BUT IS CODED IF OFFERED.

(2) PROBE BY ASKING: In general, ... OR Whatever you think of as risks....

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4>   SOMEWHAT DISAGREE

<5>   STRONGLY DISAGREE

<8>   DON=T KNOW

<9>   REFUSED

===>

>e601<   These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

        <1>   YES

        <0>   NO [go to test e16c]

        <8>   DON=T KNOW [go to test e16c]

        <9>   REFUSED [go to test e16c]

        ===>

>e611<   Do you now smoke cigarettes every day, some days or not at all?

        <1>   EVERYDAY [go to e621]

        <2>   SOME DAYS [go to e631]

        <3>   NOT AT ALL [go to e651]

        <8>   DON=T KNOW

        <9>   REFUSED

        ===> [go to test e16c]

>e621<   On the average, how many cigarettes do you now smoke a day?

        INTERVIEWER: IF R. GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESPONDING # CIGS. AND ENTER NUMBER.

        <1-96> Cigarettes

1 PACK	= 20 cigarettes
1.5 PACKS	= 30 cigarettes
2 PACKS	= 40 cigarettes
2.5 PACKS	= 50 cigarettes
3 PACKS	= 60 cigarettes
3.5 PACKS	= 70 cigarettes
4 PACKS	= 80 cigarettes

        <98>   DON=T KNOW
        <99>   REFUSED

        ===> [go to e661]

>e631<   On how many of the past 30 days did you smoke a cigarette?

             <0>   NONE [go to e651]

             <1-31>   DAYS [go to e641]

             <98>   DON=T KNOW [go to e661]

             <99>   REFUSED [go to e661]

             ===>

>e641<   On the average, when you smoked during the past 30 days, about how many
             cigarettes did you smoke a day?

             INTERVIEWER: IF R. GIVES ANSWER IN PACKS, CHECK TABLE FOR
             CORRESPONDING # CIGS. AND ENTER NUMBER.

             <1-96> Cigarettes

1   PACK = 20 cigarettes
1.5 PACKS = 30 cigarettes
2   PACKS = 40 cigarettes
2.5 PACKS = 50 cigarettes
3   PACKS = 60 cigarettes
3.5 PACKS = 70 cigarettes
4   PACKS = 80 cigarettes

             <98>   DON=T KNOW
             <99>   REFUSED

             ===> [go to e661]

>e651<   How long has it been since you quit smoking cigarettes?

             READ IF NECESSARY.

             <1>   WITHIN THE PAST MONTH [go to test e671]

             <2>   MORE THAN ONE MONTH BUT WITHIN THE PAST 3 MONTHS
                      [go to test e671]

             <3>   MORE THAN 3 MONTHS BUT WITHIN THE PAST 6 MONTHS [go
                      to test e671]

             <4>   MORE THAN 6 MONTHS BUT WITHIN THE PAST YEAR [go to
                      test e671]

                                                          <5>   MORE THAN ONE YEAR BUT WITHIN THE PAST 5 YEARS

                <6>   MORE THAN 5 YEARS BUT WITHIN THE PAST 15 YEARS

                <7>   MORE THAN 15 YEARS AGO

                <8>   DON=T KNOW

                <9>   REFUSED

                ===> [go to test e16c]

>e661<   During the past 12 months, have you stopped smoking for one day or longer, because you were trying to quit smoking?

                <1>   YES

                <0>   NO

                <8>   DON=T KNOW

                <9>   REFUSED

                ===>

>test e671<   **[IF PERSON HAS HAD ONE OR MORE PHYSICIAN VISITS IN LAST 12 MONTHS ($1 \le c311 \le 96$ or $1 \le c321 \le 5$), GO TO e671; ELSE GO TO test e16c]**

>e671<   During the past 12 months, did any medical doctor advise you to stop smoking?

                <1>   YES

                <0>   NO

                <8>   DON=T KNOW

                <9>   REFUSED

                ===> [go to test e16c]

>test e12c<   **[IF FAMILY HAS CHILD GO TO e12c, ELSE GO TO test e801]**

>e12c<   Next, I would like to ask you about satisfaction with your choice of doctors for [fill CHILD=S NAME].

First primary care doctors, such as pediatricians, family doctors, or general practitioners, who treat a variety of illnesses and give preventive care.

Are you satisfied or dissatisfied with your choice of primary care doctors for [fill CHILD=S NAME]?

PROBE: Most people go to a primary care doctor first when they have a sickness or injury they have not had before.

      <1>   SATISFIED [go to e13c]

      <2>   DISSATISFIED [go to e13c]

      <3>   NEITHER SATISFIED NOR DISSATISFIED

      <8>   DON=T KNOW

      <9>   REFUSED

      ===>   [go to e14c]

>e13c<   Would that be very (dis)satisfied or somewhat (dis)satisfied?

      <1>   VERY

      <2>   SOMEWHAT

      <8>   DON=T KNOW

      <9>   REFUSED
      ===>

>e14c<   During the past 12 months, has [fill CHILD=S NAME] needed or seen a specialist?

PROBE:: Specialists include such doctors as surgeons, allergists, (obstetric ians,) (gynecologists,) orthopedists, cardiologists, and dermatologists? Specialists mainly treat just one type of problem.

      <1>   YES [go to e15c]

      <0>   NO

<8>   DON=T KNOW

<9>   REFUSED

===> [go to test e16c]

>e15c<   Are you satisfied or dissatisfied with your choice of specialists for [fill CHILD=S NAME]?

<1>   SATISFIED [go to E15c]

<2>   DISSATISFIED [go to E15c]

<3>   NEITHER SATISFIED NOR DISSATISFIED

<8>   DON=T KNOW

<9>   REFUSED
===> [go to test e16c]

>E15c<   Would that be very (dis)satisfied or somewhat (dis)satisfied?

<1>   VERY

<2>   SOMEWHAT

<8>   DON=T KNOW

<9>   REFUSED

===>

>test e16c<   **[IF CHILD HAD GE ONE PHYSICIAN VISIT(S) IN LAST 12 MONTHS (1 ≤ c 31... ≤ 96 or 1 ≤ c 32.. ≤ 96), GO TO e16x; ELSE GO TO test e40c]**

>e16x<   Who went with [fill NAME] to the doctor on (his/her) most recent visit?

INTERVIEWER: CODE Ayou,@ IF RESPONDENT AND SPOUSE TOOK CHILD TO DOCTORS.

<1>   RESPONDENT [go to e16c]
<2>   [FILL NAME]
<3>   [FILL NAME]
<4>   [FILL NAME]
<0>   NON-FAMILY MEMBER/NO ONE

<8>   DON=T KNOW

<9>   REFUSED

===> [go to e40c]

IF PERSON ACCOMPANYING CHILD IS OTHER ADULT FAMILY MEMBER, QUESTIONS WILL BE ADDED TO HIS/HER SELF-RESPONSE MODULE. IF NON-FAMILY MEMBER ACCOMPANIED CHILD, WE WILL ONLY ASK FOR GENERAL HEALTH STATUS.

>e16c<   Since [fill DATE 12 MONTHS AGO], did [fill NAME] visit a doctor for care of sickness, injury, or other health problems?

PROBE: (1) Other health problems include follow up visits or check ups for chronic problems such as asthma, diabetes, etc.

(2) Do not include visits to physicians= assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

<1>   YES [go to e17c]

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

===> [go to e20c]

>e17c<   In what month was (fill NAME)=s **most recent** visit for sickness or injury?

<1> JUNE/95	<8> JAN/96	<15> AUG/96	<22> MAR/97
<2> JULY/95	<9> FEB/96	<16> SEPT/96	<98> DON=T KNOW
<3> AUG/95	<10> MAR/96	<17> OCT/96	<99> REFUSED
<4> SEPT/95	<11> APR/96	<18> NOV/96	===>
<5> OCT/95	<12> MAY/96	<19> DEC/96	
<6> NOV/95	<13> JUNE/96	<20> JAN/97	
<7> DEC/95	<14> JULY/96	<21> FEB/97	

>e18c< Since that visit in MONTH, has [fill NAME] visited a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological check up] or other preventive care not related to a health problem?

PROBE: (1) Do not include visits to physicians=assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

      <1>   YES [go to e19c]

      <0>   NO

      <8>   DON=T KNOW

      <9>   REFUSED
      ===> [go to test e22c]

>e19c< In what month was [fill NAME]=s **most recent** visit for a check up or physical exam?

<1> JUNE/95	<8> JAN/96	<15> AUG/96	<22> MAR/97
<2> JULY/95	<9> FEB/96	<16> SEPT/96	<98> DON=T KNOW
<3> AUG/95	<10> MAR/96	<17> OCT/96	<99> REFUSED
<4> SEPT/95	<11> APR/96	<18> NOV/96	===>
<5> OCT/95	<12> MAY/96	<19> DEC/96	
<6> NOV/95	<13> JUNE/96	<20> JAN/97	
<7> DEC/95	<14> JULY/96	<21> FEB/97	

>test e19c<   [VERIFY THAT MONTH IN e19c IS SAME MONTH OR AFTER MONTH IN e17c; THEN GO TO test e22c.]

>e20c< During the last 12 months, did [fill NAME]=s visit a doctor for a general check up, physical examination [FEMALES OVER 12 - gynecological check up] or other preventive care not related to a health problem?

PROBE: (1) Do not include visits to physicians=assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

      <1>   YES [go to e21c]

      <0>   NO [go to e90c]

      <8>   DON=T KNOW

      <9>   REFUSED
      ===> [go to e40c]

>e21c<   In what month was [fill NAME]≒s **most recent** visit?

<1> JUNE/95	<8> JAN/96	<15> AUG/96	<22> MAR/97
<2> JULY/95	<9> FEB/96	<16> SEPT/96	<98> DON≒T KNOW
<3> AUG/95	<10> MAR/96	<17> OCT/96	<99> REFUSED
<4> SEPT/95	<11> APR/96	<18> NOV/96	===>
<5> OCT/95	<12> MAY/96	<19> DEC/96	
<6> NOV/95	<13> JUNE/96	<20> JAN/97	
<7> DEC/95	<14> JULY/96	<21> FEB/97	

>e90c<   Earlier I noted that [fill NAME] had [fill #] doctor visits in the last 12 months. Is that correct or incorrect?

CORRECT [jb el6c]

<1> INCORRECT [go to e40c]

===>

>test e22c<   [IF CHILD HAD SICK AND WELL VISIT, SELECT MOST RECENT FOR e22c. IF SAME MONTH, FILL WELL VISIT IN e22c]

>e22c<   Please think about [fill NAME]≒s visit for [preventive care or a check up/care of sickness or injury] in [fill MONTH].

Was the doctor [fill NAME] saw a family doctor or pediatrician who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?

PROBE: Family doctors usually are in general or family practices or are pediatricians who treat a variety of illnesses and problems.

<1>   FAMILY DOCTOR/PEDIATRICIAN

<2>   SPECIALIST

<8>   DON≒T KNOW

<9>   REFUSED

===>

>test 24c< **[IF CHILD HAS USC (d10... = 1), GO TO e24c; ELSE GO TO e24e]**

>e24c< Was this visit to the place you usually take [FILL NAME] when (he/she) is sick or you need advice about (his/her) health?

        <1>   YES [go to e25c]

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>e24e< Was this visit to a hospital emergency room?

        <1>   YES [go to e29c]

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED
        ===>

>e25c< For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?

        <1>   APPOINTMENT [go to e26c]

        <2>   WALK IN

        <8>   DON=T KNOW

        <9>   REFUSED
        ===> [go to e28c]

>e26c< For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?

        INTERVIEWER: CODE A0@ FOR SAME DAY.
        INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

        <0-30> [go to e27c]

        <98>   DON=T KNOW

<99>   REFUSED

===> [go to e28c]

>e27c<   ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e26c]

<1>   DAYS

<2>   WEEKS

<3>   MONTHS

===>

>e28c<   How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

<1-240> [go to e28x]

<998> DON=T KNOW

<999> REFUSED
===>   [go to e29c]

>e28x<   ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e28c]

<1>   MINUTES

<2>   HOURS
===>

>e29c<   For this visit, how long did it take you to get to the (doctor=s office/emergency room)?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

<1-60> [go to e29x]

<98>   DON=T KNOW

<99>   REFUSED
===>   [go to e30c]

>e29x<   ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e29c]

        <1>   MINUTES

        <2>   HOURS
        ===>

>e30c<   Still thinking about this visit, how would you rate the thoroughness and carefulness of
              the examination and treatment (fill CHILD) received? Would you say it was....

        <1>   poor

        <2>   fair

        <3>   good

        <4>   very good

        <5>   excellent

        <7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

        <8>   DON=T KNOW

        <9>   REFUSED
        ===>

>e31c<   How would you rate how well the doctor listened to you?
              Would you say it was...

        <1>   poor

        <2>   fair

        <3>   good

        <4>   very good

        <5>   excellent

        <7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

        <8>   DON=T KNOW

        <9>   REFUSED
        ===>

>e32c<   How would you rate how well the doctor explained things in a way you could
              understand?   Would you say it was....

              <1>   poor

              <2>   fair

              <3>   good

              <4>   very good

              <5>   excellent

              <7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

              <8>   DON=T KNOW

              <9>   REFUSED
              ===>

>e40c<   In general, would you say [fill NAME]=s health is:

              <1>   Excellent

              <2>   Very Good

              <3>   Good

              <4>   Fair

              <5>   Poor
              ===>

**>test e801<   [IF THERE ARE OTHER ADULTS (> 18) IN FAMILY BESIDES
              INFORMANT GO TO e801; ELSE GO TO f10]**

>e801<   Now, I have one question about the health of ([fill NAME]/other adults in your
              family).
              NOTE: SUBSTITUTE AOther adults in your family@ IF TWO OR MORE OTHER
              ADULTS.
              In general, would you say [fill NAME]=s health is:

              <1>   Excellent

              <2>   Very Good

              <3>   Good

              <4>   Fair

              <5>   Poor
              ===> [REPEAT FOR EACH ADULT; THEN GO TO f10]

>f10<　　This next series of questions is about jobs and earnings. Answers to these questions are particularly important to our survey because they help explain whether people can afford the health care they need.

　　　　　　===>

>f101<　(Next), Do(es) [fill NAME] have a business or farm?

　　　　INTERVIEWER: CODE ⌐YES⌐ IF R. SAYS HE/SHE IS SELF-EMPLOYED.

　　　　<1>　YES

　　　　<0>　NO

　　　　<8>　DON⌐T KNOW

　　　　<9>　REFUSED

　　　　　===>

>f111<　Last week, did [fill NAME] do any work (either) for pay (or profit)?[20]

　　　　INTERVIEWER: CODE ⌐YES⌐ IF R. WAS ON VACATION FROM HIS/HER JOB.

　　　　<1>　YES [go to f121]

　　　　<0>　NO

　　　　<8>　DON⌐T KNOW

　　　　<9>　REFUSED

　　　　===>　[go to NEXT PERSON or g10]

---

[20] Include parenthetical phrases if f101=1.

>f121< Last week did [fill NAME] have more than one job (or business), including part time, evening, or weekend work?

<1>   YES

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED
===>

>f131< **ONE JOB (f121 = 0):** How many hours per week (do you/do(es) [fill NAME]) usually work at this job?

MORE THAN ONE JOB (f121 ne 0): On (your [fill NAME]=s) main job, that is, the job where (he/she/you) work(s) the most hours, how many hours per week (do you/do(es) [fill NAME]) usually work?

PROBE: If (you/[fill NAME]) usually works overtime hours include them.

<0-96> HOURS WORKED

<97>   HOURS VARY [go to f13x]

<98>   DON=T KNOW

<99>   REFUSED

===> [go to test f141]

NOTE: Test will verify values less than 20 hours.

>f113x< (Do you/Does [fill NAME]) usually work more than 35 hours per week or less than 35 hours per week (at this job/at the job where (he/she/you) work(s) the most hours)?

<1>   MORE

<2>   LESS

<8>   DON=T KNOW

<9>   REFUSED

===>

>testf141<   **[IF f121 eq <1> GO TO f141; ELSE GO TO f201]**

>f141< How many hours per week (do you/do(es) [fill NAME]) usually work at (his/her/your) other jobs?

PROBE: If [fill NAME] worked overtime hours include them.

<0-96> HOURS WORKED AT OTHER JOBS

<97> HOURS VARY/CAN=T ESTIMATE

<98> DON=T KNOW

<99> REFUSED
===>

>f201< [On (his/her/your) main job], (is/are) [fill NAME/you] employed by a private company, is (is/are) (you/he/she) a federal, state, or local government employee, self-employed, or working without pay in a family business or farm?

INTERVIEWER: CODE NOT-FOR-PROFIT/FOUNDATION AS PRIVATE COMPANY.

NOTE: PARENTHETICAL PHRASE USED IF MORE THAN ONE JOB

<1> PRIVATE COMPANY

<2> FEDERAL GOVERNMENT

<3> STATE GOVERNMENT

<4> LOCAL GOVERNMENT

<5> SELF-EMPLOYED

<6> FAMILY BUSINESS OR FARM

<8> DON=T KNOW

<9> REFUSED
===>

>f211< [On (your/his/her) main job], about how many people are employed at the location where [fill NAME] work(s)?

PROBES: (1) How many people work for your employer in the building or buildings in the factory, store, or office complex where you work?
             (2) Your best estimate is fine.

<1> ONE

<2> 2-4

<3> 5-9

<4> 10-24

<5> 25-49

<6> 50-99

<7> 100-249

<8>   250-499

<9>   500-999

<10>   1000 OR MORE

<98>   DON≠T KNOW

<99>   REFUSED
===>

test f221:   [if f201 eq 2, 3, or 4 go to f241] TEST SKIPS f221 FOR GOVERNMENT EMPLOYEES.

>f221<   (Does your employer/Do(es) fill NAME) operate in more than one location?

NOTE: Fill is for self-employed and farmers.

<1>   YES [go to f231]

<0>   NO

<8>   DON≠T KNOW

<9>   REFUSED
===> [go to f241]

>f231<   About how many people are employed by (fill NAME/your employer) at all locations?
PROBE: Your best estimate is fine.

<1>   ONE

<2>   2-4

<3>   5-9

<4>   10-24

<5>   25-49

<6>   50-99

<7>   100-249

<8>   250-499

<9>   500-999

<10>   1000 OR MORE

<98>   DON≠T KNOW

<99>   REFUSED
===>

>f241<   What kind of business or industry is this?

PROBE: What do they make or do there?

<1>   SPECIFY

<8>   DON≠T KNOW

<9>   REFUSED
===>

>f301<   For (your/his/her) (main) job, what is the easiest way for you to report (his/her/your) total earnings: hourly, per week, every two weeks, twice a month, monthly, or annually?

PROBES: (1) I understand these questions may be sensitive. We are asking them to help understand differences in people≠s health care problems and needs.

(2) INTERVIEWER: IF R. RESPONDS IN A NON-SPECIFIED PAY PERIOD, CONVERT TO MONTHLY OR ANNUAL.

<1>   HOURLY

<2>   PER WEEK

<3>   BI-WEEKLY/EVERY TWO WEEKS

<4>   TWICE MONTHLY

<5>   MONTHLY

<6>   ANNUAL

<8>   DON≠T KNOW [go to test f331]

<9>   REFUSED [go to test f401]

===>

>f321<   **Hourly:** What is [fill NAME]≡s hourly rate of pay on this job?

Weekly, Monthly: What are [fill NAME]≡s usual [fill f301 RATE] earnings on this job, before taxes or other deductions?

Bi-Weekly, Twice Monthly: What are [fill NAME]≡s usual earnings per pay period on this job, before taxes or other deductions?

Annual: What is [fill NAME]≡s annual salary in this job, before taxes and other deductions?

PROBE: (1) I understand that these questions may be sensitive.   We are asking these questions to help understand differences in people≡s health care problems and needs.
(2) IF RESPONDENT ASKS: Include overtime pay, tips, or commissions that you usually receive on this job.

$ <3.00 to 300.00> HOURLY

$ <20-500,000> OTHER PAY PERIODS

<8>   DON≡T KNOW [go to f331]

<9>   REFUSED [go to test f401]

===> [go to test f341]

>f331<   Which of the following ranges is closest to ([fill NAME≡S]/your) annual salary, before taxes and other deductions? -- less than $10,000, $10,000 to $14,000, $14,000 to $20,000, $20,000 to $30,000, or more than $30,000?

<1>   LESS THAN $10,000

<2> $10,000 - $14,000

<3> $14,001 - $20,000

<4> $20,001 - $30,000

<5>   MORE THAN $30,000

<8>   DON≡T KNOW

<9>   REFUSED

===>

>test f341<   [TEST FOR OUTLIERS:]

HOURLY:	**LE 5.00; GE 100.00**
WEEKLY:	**LE 50; GE 500.00**
BI-WEEKLY:	**LE 100; GE 10,000**
TWICE MONTHLY:	**LE 100; GE 10,000**
MONTHLY:	**LE 200; GE 20,000**
ANNUALLY:	**LE 3,000; GE 200,000]**

>f341<   I recorded that your usual earnings on this job are

$[INSERT f321] per [INSERT f301]. Is that correct?

<1>   YES [go to test f401]

NO   :jb f321

===>

test f401:   **[IF PERSON IS POLICY HOLDER FOR EMPLOYER-BASED PLAN [PERSON LISTED IN b231 AND b251 = 1] AND HAS MORE THAN ONE JOB [f121=1], GO TO f401; ELSE GO TO TEST f50]**

>f401<   Is [fill PERSON NAME]₌s insurance with [fill INSURANCE PLAN NAME] from (his/her/your) main job or business?

<1>   YES

<0>   NO

<8>   DON₌T KNOW

<9>   REFUSED

===>

>test f50<   **[IF PERSON IS NOT SELF-EMPLOYED (f201 = 1, 2, 3 or 4) AND IS NOT A POLICY HOLDER FOR AN EMPLOYER/UNION BASED PLAN (PERSON NOT LISTED IN b231, OR IF LISTED, b251 … 1) AND IS LT 65 YEARS OLD, GO TO f501; ELSE GO TO NEXT PERSON OR g10]**[21]

>f501<   Does [fill NAME]₌s employer or union offer a health insurance plan to any of its employees?

INTERVIEWER: THIS QUESTION APPLIES TO [fill NAME₌S] LOCATION.

<1>   YES [go to f511]

<0>   NO

<8>   DON₌T KNOW

<9>   REFUSED
===> [go to next person or g10]

---

[21]Skipped self-employed.

>f511<   Is [fill NAME] eligible to participate in (his/her/your) employer≥s health insurance plan?

     <1>   YES [go to test f521]

     <0>   NO [go to f531]

     <8>   DON≥T KNOW [go to next person or g10]

     <9>   REFUSED [go to next person or g10]
     ===>

>test f521<   **[IF PERSON HAS INSURANCE COVERAGE UNDER ANY OTHER PLANS, GO TO f541; IF UNINSURED GO TO f521].**

>f521<   Is [fill NAME] not participating in (his/her/your) employer≥s health insurance plan because the plan costs too much, because (he/she/you) do(es) not need health insurance, or for some other reason? (CODE MAIN REASON.)

     <1>   COSTS TOO MUCH

     <2>   DON≥T NEED HEALTH INSURANCE

     <3>   OTHER (SPECIFY)

     <8>   DON≥T KNOW

     <9>   REFUSED

     ===> [go to f541]

>f531<   Is [fill NAME] ineligible because (you/he/she) (have/has) not worked long enough, because (you/he/she) (don≥t/doesn≥t) work enough hours, because (you/he/she) (are/is) on-call, because of medical problems, or for some other reason? [CODE ONLY ONE]

     <1>   HAVEN≥T WORKED LONG ENOUGH

     <2>   DON≥T WORK ENOUGH HOURS

     <3>   ON-CALL

     <4>   MEDICAL PROBLEM

     <5>   OTHER [SPECIFY]

     <8>   DON≥T KNOW

     <9>   REFUSED

     ===>

>f541<   Does [fill NAME]≡s employer offer only one health insurance plan or more than one health
         insurance plan to its employees?

        <1>   ONE PLAN

        <2>   MORE THAN ONE PLAN

        <8>   DON≡T KNOW [go to NEXT PERSON or g10]

        <9>   REFUSED [go to NEXT PERSON or g10]

        ===>

>f551<   Does [fill NAME]≡s employer offer an HMO plan to its employees?

        PROBE: With an HMO, you must generally receive care from HMO doctors;
                          otherwise, the expense is not covered unless you were referred by the
                          HMO or there was a medical emergency. [NHIS DEF].

        <1>   YES

        <0>   NO

        <8>   DON≡T KNOW

        <9>   REFUSED

        ===>

>test 561<   **[IF f541 eq <2> AND f551 eq <1> GO TO f561; ELSE GO TO NEXT
                  PERSON OR g10]**

>f561<   And does [fill NAME]≡s employer also offer a non-HMO health insurance plan to its
         employees?

        <1>   YES

        <0>   NO

        <8>   DON≡T KNOW

        <9>   REFUSED

        ===> [go to NEXT PERSON or g10]

SECTION G
FAMILY INCOME

>g10<   The next questions are about income that (your family [insert names if multiple family household]) received during 1995. During 1995, what was your family=s total income from all sources, before taxes and other deductions?

PROBES:

---

(1)   We are asking these questions to find out whether people can afford the health care they need.

(2)   Total income includes wages and salaries from jobs, net income from farms or businesses, interest or dividends, pensions or social security, income from rental property, estates, or trusts, public assistance or welfare, social security, child support, and other sources.

(3)   Your best estimate would be fine.

(4)   Include the 1995 income of all current family members, (including active military), even if you weren=t living together then.

<0> NONE

$ <10 - 999999>

<7> $1,000,000 OR MORE

<8> DON=T KNOW [go to g11]

<9> REFUSED

===> [go to test g20]

>g11<   Which of the following income ranges is closest to your family=s 1995 total income from all sources?

PROBE: Your best estimate would be fine.

<1> Less than $5,000

<2> $5,000 to less than $10,000

<3> $10,000 to less than $20,000

<4> $20,000 to less than $30,000

<5> $30,000 to less than $40,000

<6> $40,000 to less than $50,000

<7> $50,000 to less than $100,000

<8> Over $100,000

<98> DON=T KNOW

<99> REFUSED

===>

>**test g20<**   **[REPEAT g20-g221 FOR EACH PERSON; HOWEVER, SKIP FOR INFORMANT=S OWN CHILD OR GRANDCHILD.]**

>g20<   (Do you/Does [fill NAME] consider (yourself/himself/herself) to be of Hispanic origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.

<1> YES

<0> NO

<8> DON=T KNOW

<9> REFUSED

===>

>g221<What race (does/do) [fill NAME] consider (himself/herself/yourself) to be?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.

INTERVIEWER: (1) READ CATEGORIES IF NECESSARY; CODE RESPONDENT-OFFERED CATEGORIES IN AOTHER@

(2) CODE MIXED RACE IN OTHER.

<1> WHITE

<2> AFRICAN AMERICAN OR BLACK

<3> NATIVE AMERICAN (AMERICAN INDIAN) OR ALASKA NATIVE

<4> ASIAN OR PACIFIC ISLANDER

<5> OTHER [SPECIFY]

<8> DON=T KNOW

<9> REFUSED

===>

>test g23< [IF FAMILY HAS MORE THAN ONE ADULT, GO TO g23; ELSE GO TO test h10]

>g23< INTERVIEWER: THERE WILL BE A SELF RESPONSE MODULE FOR THIS CASE

<g> CONTINUE

===>

SECTION H
CLOSING (Family)

>test h10<   [IF RESPONDENT PAYMENT, GO TO h10; ELSE GO TO h11]

>h10<   As a token of our appreciation for your help, we would like to send (you/your family) a check for ($15/25/35). Could you please give me your (and your (husband/wife))∍s[22] and your full name and address?

      PROBE: Your name and address are confidential and will only be used if we call you for another interview.

      <Enter First and Last Name>[23]

      <Enter Street Address>

      <Enter City/State>

      <Enter Zip Code>

      ===> [go to test h30]

>h11<   It is possible that we may want to conduct another interview to understand changes in people∍s health care. So that we could include your family in a followup survey, could you give me your full name and address?[24]

      PROBE: Your name and address are confidential and will only be used if we call you for another interview.

      <Enter Name>

      <Enter Street Address>

      <Enter City/State>

      <Enter Zip Code>

      ===>

---

[22]   Use husband/wife if informant is married.

[23]   Enter first name before last name.

[24]   Purpose is to verify address for listed families who may be reinterviewed.

>h30<   Do you have any other telephone numbers in your household besides [fill phone number]? IF YES: How many?

PROBE: We need this information so that households are correctly represented in our sample.

<0> [go to h32]

<1-4> OTHER TELEPHONE NUMBERS

<9> REFUSED [go to end]

===>

>h31<   (Is this/Are these) other phone numbers for...

<1> home use

<2> business and home use, or

<3> business use only

<8> DON=T KNOW

<9> REFUSED

====>

>h32<   During the past 12 months, was there any time when you did not have a working telephone in your household for two weeks or more?

<1> YES [go to h33]

<0> NO

<8> DON=T KNOW

<9> REFUSED

====> [go to end]

>h33<   For how many of the past 12 months did you not have a working telephone?

        <0-12> MONTHS

        <91> DON=T KNOW [go to end]

        <99> REFUSED [go to end]

        ===>

>h34<   What was the main reason you did not have telephone services? [Keeter, POQ, Summer 1995, P. 203]

        <1> COST
        <2> MOVED [COST NOT MENTIONED]
        <3> PERSONAL PREFERENCE
        <4> SERVICE NOT AVAILABLE
        <8> DON=T KNOW
        <9> REFUSED
        ===>

>h35<   [IF PUBLISHED] DID HOUSEHOLD RECEIVE LETTER/BROCHURE? (8/5/96)

        <1> YES

        <0> NO

        <8> DON=T KNOW

        ===>

>test< **[IF NO SELF RESPONSE MODULE, GO TO fin; ELSE GO TO h23]**

>fin< Thank you again for your time and interest in this important survey.

>h23< [SELF RESPONSE MODULE] Now, I would like to speak with [fill NAME] for about five to ten minutes. I need to ask (him/her) a few questions about (his/her) health and opinions. Can I speak with [fill NAME] now or would it be more convenient to set up an appointment?

IF NECESSARY, ADD: I need to speak with(him/her) because it is hard to get opinions on how people feel about their own health, even from a family member.

<1> R. COMES TO PHONE [THANK INF. FOR HIS/HER TIME; GO TO SELF RESPONSE MODULE]

<0> R. IS NOT AVAILABLE [THANK INF. AND GO TO CALLBACK][25]

<2> INFORMANT WILL PROXY: R. IS CHRONICALLY ILL

<3> INFORMANT WILL PROXY: R. IS AWAY AT SCHOOL

<4> INFORMANT WILL PROXY: R. SPEAKS NEITHER ENGLISH NOR SPANISH

<5> REFUSAL; REFUSAL CONVERTERS ONLY:

<R> R REFUSES; INFORMANT REFUSES TO PROXY [GO TO REFUSAL ITEMS][23]

<U> R IS UNABLE (CHRONIC ILLNESS, AWAY AT SCHOOL, OR LANGUAGE BARRIER); INFORMANT REFUSES TO PROXY [GO TO REFUSAL ITEMS][23]

<fin> Thank you again for your time and interest in this important survey.

---

[23]   These question sequences are only shown in the CATI program.

SELF-RESPONSE MODULE

SELF RESPONSE MODULE

>self<   The main part of the interview has already been completed by [fill NAME]. I have
only a few questions about your health and opinions, [, and [fill CHILD=S NAME] last
visit to the doctor]. I need to ask you these questions because it is hard to ask other
people, even family members, about how you feel about your health. (I am asking you
about [fill CHILD NAME] last doctor visit because [fill SPOUSE NAME] mentioned
that you took [fill CHILD NAME] to the doctor on (his/her) last visit.)

IF NECESSARY READ PROBE: The study is supported by [fill STATE
AGENCY] and is being funded by The Robert Wood Johnson Foundation. We are
doing this study so that communities in [STATE] and other states will have accurate
information about peoples= health needs.

IF INCENTIVE REMINDER NEEDED: Because (your/your family=s)
participation is very important to our study, we will send (you/your family)
$AMOUNT for helping us with the survey.

<1> CONTINUE [goto test b94]

SET UP APPOINTMENT [GOTO CALLBACK ROUTINE]
===>

test b94<   **[IF PERSON IS FAMILY INFORMANT=S SPOUSE GOTO b932[26] else goto
c812]**

>b932<[1]   In choosing among alternative health plans, some people have concerns that are
especially important to them.

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree
with the following statement: I would be willing to accept a limited choice of
physicians and hospitals if I could save money on my out-of-pocket costs for health
care.[27]

PROBE: CODE A7@ IF R. SAYS THE STATEMENT DOES NOT APPLY.

<1> STRONGLY AGREE

<2> SOMEWHAT AGREE

<3> NEITHER AGREE NOR DISAGREE

<4> SOMEWHAT DISAGREE

<5> STRONGLY DISAGREE

<7> NOT APPLICABLE

---

[1]Note that this question is parallel to b951 in the main interview, we will use b95n as the variable name in the
analysis file.

[2] Source: Royal, Kenneth, et al., **The Gallup Arizona Health Care Poll.** P.18, The Gallup Organization, 1995.
Distributions by coverage available.

<8> DON≠T KNOW

<9> REFUSED

===>

>c812<   Next, during the past 12 months, was there any time when you didn≠t get the medical
              care you needed?

<1> YES

<0> NO

<8> DON≠T KNOW

<9> REFUSED

===>

>c822<   And was there any time during the past 12 months when you put off or postponed
              getting medical care you thought you needed?

<1> YES

<0> NO

<8> DON≠T KNOW

<9> REFUSED

===>

**>test c832<   [IF c812 EQ <1> OR <8> OR c822 EQ <1> OR <8> GOTO c832; ELSE
                    GOTO test 302]**

>c832<   Did you not get or postpone getting medical care for any of the following reasons?

              CODE ALL THAT APPLY.

<1> Worry about the cost

<2> The doctor or hospital wouldn≠t accept your health insurance

<3> Your health plan wouldn≠t pay for the treatment

<4> You couldn≠t get an appointment soon enough

<5> You couldn=t get there when the doctor=s office or clinic was open

<6> It takes too long to get to the doctor=s office or clinic from your house or work

<7> You couldn=t get through on the telephone

<n> Or any other reason I haven=t mentioned [specify]

<0> NONE CITED

<8> DON=T KNOW

<9> REFUSED

===>

>test d302<   [IF d122 eq <1> OR PERSON HAS HAD GE 1 PHYSICIAN VISITS IN
THE LAST 12 MONTHS (1 $\leq$ C312 $\leq$ 96 OR 1 $\leq$ C322 $\leq$ 5) GOTO d312;
ELSE GOTO e122.]

>d312<   Please think about the doctor you usually see when you are sick or need advice about
your health. For each of the following statements, tell me whether you strongly
agree, somewhat agree, somewhat disagree, or strongly disagree. [NOTE,
NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT
IS NOT READ].[3]

ROTATE d312...d342.

I think my doctor may not refer me to a specialist when needed.

INTERVIEWER: (1) CODE A7@ IF R. SAYS THE STATEMENT DOES NOT
APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING,
RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER
YOU REREAD QUESTION, CODE A8.@

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4>   SOMEWHAT DISAGREE

---

[3] The next four questions (d312-d342) concerning patient's trust in their physicians were selected from an
instrument developed by Dr. Paul Cleary of Harvard University.

<5>   STRONGLY DISAGREE

<7>   NOT APPLICABLE

<8>   DON=T KNOW

<9>   REFUSED

===>

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

>d322< I trust my doctor to put my medical needs above all other considerations when treating my medical problems.

(1) CODE A7@IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE A8.@

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4>   SOMEWHAT DISAGREE

<5>   STRONGLY DISAGREE

<7>   NOT APPLICABLE

<8>   DON=T KNOW

<9>   REFUSED

===>

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

>d332< I think my doctor is strongly influenced by health insurance company rules when making decisions about my medical care.

(1) CODE A7@IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE A8.@

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4>   SOMEWHAT DISAGREE

<5>   STRONGLY DISAGREE

<7>   NOT APPLICABLE

<8>   DON=T KNOW

<9>   REFUSED

===>

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

>d342< I sometimes think that my doctor might perform unnecessary tests or procedures.

(1) CODE A7@IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE A8.@

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4> SOMEWHAT DISAGREE

<5> STRONGLY DISAGREE

<7> NOT APPLICABLE

<8> DON=T KNOW

<9> REFUSED
===>

>e122<   Now I would like to ask you about satisfaction with your choice of doctors.

First, primary care doctors, such as family doctors, [pediatricians,][4] or general practitioners, who treat a variety of illnesses and give preventive care.

Are you satisfied or dissatisfied with the choice you personally have for primary care doctors?

PROBE: Most people go to a primary care doctor first when they have a sickness or injury they have not had before.

<1> SATISFIED [goto e132]

<2> DISSATISFIED [goto e132]

<3> NEITHER SATISFIED NOR DISSATISFIED

<8> DON=T KNOW

<9> REFUSED
===>   [goto e142]

>e132<   Would that be very (dis)satisfied or somewhat (dis)satisfied?

<1> VERY

<2> SOMEWHAT

<8> DON=T KNOW

<9> REFUSED
===>

---

[4] Exclude for adults.

>e142< During the past 12 months, have you personally needed or seen a specialist?

PROBE:: Specialists include such doctors as surgeons, allergists, obstetricians, gynecologists, orthopedists, cardiologists, and dermatologists? Specialists mainly treat just one type of problem.

        <1>   YES [goto e152]

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED

        ===> [goto test e162]

>e152< Are you satisfied or dissatisfied with the choice you have for specialists?

        <1>   SATISFIED [goto e15b]

        <2>   DISSATISFIED [goto e15b]

        <3>   NEITHER SATISFIED NOR DISSATISFIED

        <8>   DON=T KNOW

        <9>   REFUSED

        ===> [goto test e162]

>e15b< Would that be very (dis)satisfied or somewhat (dis)satisfied?

        <1>   VERY

        <2>   SOMEWHAT

        <8>   DON=T KNOW

        <9>   REFUSED
        ===>

>test e162<   **[IF PERSON HAS HAD PHYSICIAN VISITS IN LAST 12 MONTHS ($1 \leq$ c312 $\leq$ 96 OR $1 \leq$ c321 ≤ 5), GOTO e162; ELSE GOTO e402]**

>e162< Since [fill DATE 12 MONTHS AGO], did you visit a doctor for care of sickness, injury, or other health problems?

        PROBE: (1) Other health problems include follow up or check up visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc.

                              (2) Do not include visits to physicians=assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

       <1>   YES [goto e172]

       <0>   NO

       <8>   DON=T KNOW

       <9>   REFUSED

       ===>   [goto e202]

>e172< In what month was (fill NAME)=s **most recent** visit for sickness or injury?

       INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN BELOW WITH AN ASTERISK. SICK VISIT DATE MUST BE WITHIN LAST 12 MONTHS (SINCE [fill DATE]).

<1> JUNE/95	<8> JAN/96	<15> AUG/96	<22> MAR/97
<2> JULY/95	<9> FEB/96	<16> SEPT/96	<98> DON=T KNOW
<3> AUG/95	<10> MAR/96	<17> OCT/96	<99> REFUSED
<4> SEPT/95	<11> APR/96	<18> NOV/96	===>
<5> OCT/95	<12> MAY/96	<19> DEC/96	
<6> NOV/95	<13> JUNE/96	<20> JAN/97	
<7> DEC/95	<14> JULY/96	<21> FEB/97	

>e182< Since that visit in MONTH, has [fill NAME] visited a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological [or pregnancy] check up], or other preventive care not related to a health problem?

        PROBE: (1) Other health problems include follow up or check up visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc.
                              (2) Do not include visits to physicians=assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

<1>   YES [goto e192]

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

==> [goto test e222]

>e192<   In what month was [fill NAME]=s **most recent** visit for a check up or physical?

INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN BELOW WITH AN ASTERISK.
 PREVENTIVE CARE VISIT MUST BE LATER THAN SICK VISIT [fill DATE].

<1> JUNE/95   <8> JAN/96   <15> AUG/96   <22> MAR/97
<2> JULY/95   <9> FEB/96   <16> SEPT/96   <98> DON=T KNOW
<3> AUG/95   <10> MAR/96   <17> OCT/96   <99> REFUSED
<4> SEPT/95   <11> APR/96   <18> NOV/96   ===>
<5> OCT/95   <12> MAY/96   <19> DEC/96
<6> NOV/95   <13> JUNE/96   <20> JAN/97
<7> DEC/95   <14> JULY/96   <21> FEB/97

>test e192<   [VERIFY THAT MONTH IN e192 IS SAME MONTH OR FOLLOWS e172;
                THEN GOTO test e222]

>e202<   ASKED IF PERSON HAS NOT HAD A SICK VISIT.

During the last 12 months, did you visit a doctor for a general check up, physical examination,
[FEMALES OVER 12 - gynecological or pregnancy check up], or other preventive care not
related to a health problem?

<1>   YES [goto e212]

<0>   NO [goto e902]

<8>   DON=T KNOW

<9>   REFUSED

===> [goto SF12-e402]

>e212< In what month was [fill NAME]∍s **most recent** visit?

INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN WITH AN ASTERISK.

<1> JUNE/95   <8> JAN/96   <15> AUG/96   <22> MAR/97
<2> JULY/95   <9> FEB/96   <16> SEPT/96   <98> DON∍T KNOW
<3> AUG/95   <10> MAR/96   <17> OCT/96   <99> REFUSED
<4> SEPT/95   <11> APR/96   <18> NOV/96   ===> [goto test 222]
<5> OCT/95   <12> MAY/96   <19> DEC/96
<6> NOV/95   <13> JUNE/96   <20> JAN/97
<7> DEC/95   <14> JULY/96   <21> FEB/97

>e902< [Fill INFORMANT] noted that you had [fill # IN c311 or c321] doctor visits in the last 12 months. Was that correct or incorrect?

 CORRECT: [jb e162 TO OBTAIN LAST DOCTOR VISIT]

<1> INCORRECT [goto SF12 (e402)]
===>

>test e222<   [IF PERSON HAD WELL AND SICK VISIT (e162=1 and e182=1), SELECT
                 MOST RECENT FOR e222. IF SAME MONTH FOR BOTH, FILL SICK
                 VISIT SINCE IT WAS MORE RECENT]

>e222< Please think about your visit for [preventive care/for care of sickness or injury] in [fill MONTH].

Was the doctor you saw a family doctor, who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?

<1>   FAMILY DOCTOR

<2>   SPECIALIST, INCLUDING OB/GYN

<8>   DON∍T KNOW

<9>   REFUSED

===>

>test e242<   [IF PERSON HAS USC (d102=1) GOTO e242; ELSE GOTO e24e]
>e242<   Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need
         advice about your health?

         <1>   YES [goto e252]

         <0>   NO

         <8>   DON=T KNOW

         <9>   REFUSED
         ===>

>e24e<   Was this visit to an emergency room?

         <1>   YES [goto e292]

         <0>   NO

         <8>   DON=T KNOW

         <9>   REFUSED
         ===>

>e252<   For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk
         in?

         <1>   APPOINTMENT [goto e262]

         <0>   WALK IN

         <8>   DON=T KNOW

         <9>   REFUSED

         ===> [goto e282]

>e262<   For this visit, how long did you have to wait between the time you made the appointment and the
         day you actually saw the doctor?

         <0-30>
         ===>

>e272<   ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e261].

      <1>   DAYS

      <2>   WEEKS

      <3>   MONTHS
      ===>

>e282<   How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?

      <1-240> [goto e28t]

      <998> DON=T KNOW

      <999> REFUSED
      ===> [goto e292]

>e282t<   ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e281]

      <1>   MINUTES

      <2>   HOURS

      ===>

>e292<   For this visit, how long did it take you to get to the (doctor=s office/emergency room)?

      <1-60>

      ===>

>e292t<   ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e291]

      <1>   MINUTES

      <2>   HOURS

      ===>

>e302<   Still thinking about this visit in [fill MONTH], how would you rate the thoroughness and carefulness of the examination and treatment you received? Would you say it was....

        <1>   poor

        <2>   fair

        <3>   good

        <4>   very good

        <5>   excellent

        <7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>e312<   How would you rate how well your doctor listened to you? Would you say it was...

        <1>   poor

        <2>   fair

        <3>   good

        <4>   very good

        <5>   excellent

        <7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>e322< How would you rate how well the doctor explained things in a way you could understand. Would you say it was....

        <1>   poor

        <2>   fair

        <3>   good

        <4>   very good

        <5>   excellent

        <7>   DOES NOT APPLY (NOT EXAMINED OR TREATED)

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>e402< Now, I have a few questions about (your/his/her) health.[5]

In general, would you say your health is:

        <1>   Excellent

        <2>   Very Good

        <3>   Good

        <4>   Fair or

        <5>   Poor

        ===>

>e412< I=m going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.[5]

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

Does your health now limit you a lot, limit you a little, or not limit you at all?

---

[5] SF-12™ Standard US Version 1.0, Copyright 1994 The Health Institute; New England Medical Center. Distributed by: Medical Outcomes Trust. For Spanish speaking respondents, an interviewer-administered version of the U.S.-Spanish SF-12 was reviewed and approved by the New England Medical Center (agreement 10/26/97).

PROBE: If R says s/he does not do activity: Is that because of your health?

<1>   YES, LIMITED A LOT

<2>   YES, LIMITED A LITTLE

<0>   NO, NOT LIMITED AT ALL

<8>   DON=T KNOW

<9>   REFUSED
===>

>e422<   Climbing **several** flights of stairs?

Does your health now limit you a lot, limit you a little, or not limit you at all?

PROBE: If R says s/he does not do activity: Is that because of your health? AND REPEAT QUESTION.

<1>   YES, LIMITED A LOT

<2>   YES, LIMITED A LITTLE

<0>   NO, NOT LIMITED AT ALL

<8>   DON=T KNOW

<9>   REFUSED

===>

The next two questions ask about your physical health and daily activities.

>e432<   During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

<1>   YES

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

===>

>e442< During the past 4 weeks, were you limited in the kind of work or other regular daily activities you
        do as a result of your physical health?

        <1>   YES

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED
        ===>

>e452< The next two questions ask about your emotions and your daily activities.

        During the past 4 weeks, have you accomplished less than you would like as a result of any
        emotional problems, such as feeling depressed or anxious?

        <1>   YES

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED
        ===>

>e462< During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a
        result of any emotional problems, such as feeling depressed or anxious?

        <1>   YES

        <0>   NO

        <8>   DON=T KNOW

        <9>   REFUSED
        ===>

>e472<　During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere...

        <1>   not at all

        <2>   a little bit

        <3>   moderately

        <4>   quite a bit

        <5>   extremely

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>e482<　During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...

        <1>   all of the time

        <2>   most

        <3>   some

        <4>   a little

        <5>   or none of the time

        <8>   DON=T KNOW

        <9>   REFUSED

        ===>

>e492<　The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?

How much of the time during the past 4 weeks have you felt calm and peaceful?

REPEAT CATEGORIES IF NECESSARY.

        <1>   All of the time

<2>   most

<3>   some

<4>   a little, or

<5>   none of the time

<8>   DON≠T KNOW

<9>   REFUSED

===>

>e502<   How much of the time during the past 4 weeks did you have a lot of energy?

READ CATEGORIES SLOWLY.

<1>   All of the time

<2>   most

<3>   some

<4>   a little, or

<5>   none of the time

<8>   DON≠T KNOW

<9>   REFUSED

===>

>e512<   How much of the time during the past 4 weeks have you felt downhearted and blue?

READ CATEGORIES SLOWLY.

<1>   All of the time

<2>   most

<3>   some

<4>   a little, or

<5>   none of the time

<8>   DON≠T KNOW

<9>   REFUSED

===>

>e522<   Now, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement. I=m more likely to take risks than the average person.

[NOTE: NEITHER AGREE NOR DISAGREE IS NOT READ, BUT IS CODED IF OFFERED.]

<1>   STRONGLY AGREE

<2>   SOMEWHAT AGREE

<3>   NEITHER AGREE NOR DISAGREE

<4>   SOMEWHAT DISAGREE

<5>   STRONGLY DISAGREE

<8>   DON=T KNOW

<9>   REFUSED

===>

The last questions are about cigarette smoking.

>e602<   Have you smoked at least 100 cigarettes in your entire life?

<1>   YES

<2>   NO [goto end]

<8>   DON=T KNOW [goto test e16c]

<9>   REFUSED [goto test e16c]

===>

>e612<   Do you now smoke cigarettes every day, some days or not at all?

<1>   EVERYDAY [goto e622]

<2>   SOME DAYS [goto e632]

<3>   NOT AT ALL [goto e652]

<8>   DON=T KNOW

<9>   REFUSED

===> [goto test e16c]

>e622< On the average, how many cigarettes do you now smoke a day?

INTERVIEWER: IF R GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESPONDING # CIGS. AND ENTER #.

<1-96> Cigarettes

1	PACK	= 20 cigarettes
1.5	PACKS	= 30 cigarettes
2	PACKS	= 40 cigarettes
2.5	PACKS	= 50 cigarettes
3	PACKS	= 60 cigarettes
3.5	PACKS	= 70 cigarettes
4	PACKS	= 80 cigarettes

<98>   DON=T KNOW

<99>   REFUSED

===> [goto e662]

>e632< On how many of the past 30 days did you smoke a cigarette?

<0>   NONE [goto e652]

<1-31> DAYS [goto e642]

<98>   DON=T KNOW [goto e642]

<99>   REFUSED [goto e662]

===>

>e642<   On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

   INTERVIEWER: IF R GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESPONDING # CIGS. AND ENTER #.

   <1-96> Cigarettes

1 PACK	= 20 cigarettes
1.5 PACKS	= 30 cigarettes
2 PACKS	= 40 cigarettes
2.5 PACKS	= 50 cigarettes
3 PACKS	= 60 cigarettes
3.5 PACKS	= 70 cigarettes
4 PACKS	= 80 cigarettes

   <98>   DON=T KNOW

   <99>   REFUSED

   ===> [goto e662]

>e652<   How long has it been since you quit smoking cigarettes?

   READ IF NECESSARY.

   <1>   WITHIN THE PAST MONTH [goto test e672]

   <2>   MORE THAN ONE MONTH BUT WITHIN THE PAST 3 MONTHS [goto test e672]

   <3>   MORE THAN 3 MONTHS BUT WITHIN THE PAST 6 MONTHS [goto test e672]

   <4>   MORE THAN 6 MONTHS BUT WITHIN THE PAST YEAR [goto test e672]

   <5>   MORE THAN ONE YEAR BUT WITHIN THE PAST 5 YEARS

   <6>   MORE THAN 5 YEARS BUT WITHIN THE PAST 15 YEARS

   <7>   MORE THAN 15 YEARS AGO

   <8>   DON=T KNOW

   <9>   REFUSED

   ===> [goto test e16c]

>e662< During the past 12 months, have you stopped smoking for one day or longer, because you were trying to quit smoking?

<1>   YES

<2>   NO

<8>   DON=T KNOW

<9>   REFUSED

===>

>test e672<   [IF PERSON HAD PHYSICIAN VISIT IN LAST 12 MONTHS (1 < C312 LE< 96 OR 1<C322<5) GOTO e672; ELSE GOTO test e16c]

>e672< During the past 12 months, did any medical doctor advise you to stop smoking ?

<1>   YES

<0>   NO

<8>   DON=T KNOW

<9>   REFUSED

===> [goto test e16c]

>test e16c<   [IF THIS PERSON ACCOMPANIED CHILD ON LAST VISIT INCLUDE CHILD=S LAST VISIT QUESTIONS.] [e16c-e40c]