



**Community Tracking Study
Household Survey
Interviewer Training Manual**

Technical Publication No.

5

June 1998

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Center for Studying Health System Change

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This is one of a series of technical documents that have been done as part of the Community Tracking Study being conducted by the Center for Studying Health System Change. The study will examine changes in the local health systems and the effects of those changes on the people living in the area.

The Center welcomes your comments on this document. Write to us at 600 Maryland Avenue, SW, Suite 550, Washington, DC 20024-2512 or visit our web site at www.hschange.com.

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COMMUNITY TRACKING STUDY HOUSEHOLD SURVEY INTERVIEWER TRAINING MANUAL

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.

This document contains the detailed instructions, definitions, and other clarifications that were provided for the interviewers for each question on the household survey instrument. (The survey instrument itself is available from the Center for Studying Health System Change as Technical Publication No. 4.) The household survey includes sections on 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). The survey instrument is also available as a technical document: Community Tracking Study Household Survey Instrument, Center for Studying Health System Change, Technical Publication No. 4, Washington, DC, October 1997.

CORE INTERVIEW

INTRODUCTION AND SCREENING

A0-a1 These questions reproduce the introduction and responses to questions you will see on your CATI screens. As noted earlier, households with published telephone numbers will have received a letter and brochure before the initial call. However, we cannot mail advance materials to households with unlisted telephone numbers. The program identifies the best respondent for the survey, namely: "An adult who lives in the household and is familiar with the health care of family members".

The CATI program provides screens for various outcomes, such as no answer, answering machine, callback, refusal, etc.

NOTE:

- C We are not interviewing 1) people who live in group homes or institutions such as nursing homes, dormitories, or prisons; 2) people staying at their vacation residence; or 3) people who are currently staying at the household but have a usual place of residence elsewhere. The appendix describes ineligible residences in considerable detail; the CATI program also provides instructions in several places to remind you of the types of residences that are not eligible for the survey. You may refer to the appendix as a reference; however, nearly all of the telephone numbers you call will clearly be either household residences or businesses. Ask your supervisor for help if you are uncertain.
- C Answers to respondent's questions about the survey are included in the CATI program and on the brochures mailed to households with known addresses.

SECTION A HOUSEHOLD COMPOSITION

- a2 This question asks for the **first names** of all persons usually living or staying in the household. You begin by recording the name of a household member who actually owns or pays rent for the home. Be sure to include the household respondent's name. If two people have the same name, include a middle initial or initial of the last name. No one usually living or staying in the household is excluded from this question. The type of household members varies but can include spouses, unmarried children, married children, grandchildren, parents, other relatives, and lodgers or other non-related persons. If there are more than eight household members, write down their names and ages and speak to a supervisor before continuing.

As previously noted, people living in a vacation residence, institutions (i.e., nursing homes, prisons, hospitals), or group quarters (i.e., group homes for special need groups) are ineligible and excluded. The appendix provides a detailed description of these ineligible categories; the main exclusions are summarized below.

- (1) **Families with two or more homes**--Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the person spends the largest part of the calendar year.
- (2) **Persons in vacation homes, tourist cabins, and trailers**--Interview persons living in vacation
- (3) homes, tourist cabins, and trailers if they usually live there, or if they have no usual residence
- (4) anywhere else. Do not include them if they usually live elsewhere.
- (5) **Citizens of foreign countries temporarily in the United States**--List citizens of foreign countries and members of their families who are living in the unit in the United States, but not on the premises of an Embassy, Ministry or Consulate. This applies only if they have no usual place of residence elsewhere in the United States. However, do not consider as household members foreign citizens merely visiting or traveling in the United States.
- (6) **Persons living in institutions**--Persons who live in certain types of institutions at the time of the interview (prisons or other correctional facilities, nursing homes, and other facilities for persons who require long term care or treatment) should not be included as members of the sample unit. They are usual residents at the institution.
- (7) **Group quarters** -- Persons in settings where there are 10 or more unrelated persons living together should be excluded. Examples include rooming houses, group homes that provide support services, halfway houses, and off campus college quarters (for 10 or more unrelated persons).

- (8) **Other non-institutional group quarters** -- Persons living in military barracks or other non-institutional group settings are ineligible for the survey. We are not including college dormitories in the survey; however, full time college students under 23 years of age should be included as part of the family unit, even if the students are living at school at the time of the survey. We are making this exception because these students are typically included under their parents health insurance plans.

a21 This question acts as a probe so that babies and other persons are not excluded.

a301 Enter the age as of the date of the interview for each household member enumerated. If the respondent is uncertain, ask his or her best estimate. Age is a critical variable, make sure you record an answer for each member. If there is an infant less than one year of age enter "0" if the infant is six months or less and enter "1" if over six months of age.

a401 Enter the sex of each household member enumerated. Verify sex as you read each name aloud to the respondent.

a501 Enter whether any household member less than 23 years old is a full-time student. The definition of full-time status should be based on the person's school.

a601 Record the number of years of school completed for each household member; the display on the screen explains the relationship between academic degrees and years of schooling.

a701 Consider a household member to be on active military duty if he or she is in uniform and is working in service full-time at any location (i.e., locally or away in a foreign country). This question is asked of every adult up to 65 years of age.

a302-a702 Demographic questions are repeated for each household member.

a802 Pay close attention to what the respondent says here and be sure to code the answer accurately. The rest of the interview depends on the accuracy of this information.

Relationships to the householder are generally based upon the definitions used by the U.S. Census. Note that "cohabitees" are not coded or treated the same as spouse. Since insurance companies typically do not recognize coverage for cohabitees, they will be assigned to their own family units and be interviewed separately for this survey. Cohabitees, boyfriends and girlfriends of the householder living in the household will be recorded as (12) Non-Relative/Unmarried Partner. If the respondent SAYS the relationship is a common law marriage, code the case as husband/wife; however, keep in mind that **Living together** doesn't count as a common law marriage.

Great-grandchildren should be recorded under (5) Grandchild. Put half brothers and half sisters in the Sibling Category (7). Put roomers and hired hands in with the Non-Relative/Unmarried Partner category (12). An adopted child (if offered by the respondent) is coded (13). The relationship question is repeated for each member of the household.

a901 These questions identify the marital relationships of other household members, besides the householder and spouse.

- a90 Tests: Tests are logical checks to determine if previous answers meet logical requirements. These checks are programmed and will be automatically taken care of for the interviewer.
- a902 For any child in the household that is under 18 years of age and is not coded as the householder's own/adopted child, stepchild, or foster child, this question determines the child's parent or guardian so the child is assigned to the correct family unit.
- a903 This question obtains the name of the parent or guardian identified in a902.

After you obtain information on the demographic characteristics and relationships of household members, the computer forms interviewing units (i.e., the family insurance unit), based on the rules shown in the questionnaire (1 through 9). About 10 percent of the households you interview will have more than one interviewing unit. The persons included in the interviewing unit will be identified at the beginning of module b.

Resp A CATI screen (not shown in the word processing version in this manual) will show you the members of the household as you have entered them into CATI. This screen will also show you how the household has been divided into families. **Focus on the following:**

- 1) Since there are some important questions in the remainder of the interview which are based on age and sex, glance at those two columns for errors you may have made while entering the responses. For example, **Male = 1, Female = 2**. For age, have you entered 81 instead of 18, or 06 instead of 60? **A quick glance at this information will give you the opportunity to use the jb or b command to go back and correct the information.**
- 2) **Each person in the household is delineated by codes 1-8 which appear in the far left hand column.** Before leaving this screen, you must enter the code of the person to whom you are speaking. That person is the family informant, who will be asked the remaining questions for his or her family unit, except for the questions in the self-response module asked of each adult.

SECTION B HEALTH INSURANCE

Intro This section begins by identifying the names of the persons in the family unit; remember that only one randomly selected child will be interviewed in each family unit.

b1 In the introduction to the health insurance module, you will tell the respondent that you will be asking who in the family is covered by various types of health insurance plans obtained through employers, purchased directly, or from government programs.

b1a The first question asks about coverage from a health insurance plan from a current or past employer or union. Most families receive their health insurance through employers or unions. If the answer is Yes, ask, Who is covered?

Note the instructions and probes. We ask about military coverage later in this section, so do not include it here. **Also note that we do not ask about medigap and supplemental coverage offered to Medicare recipients. We do not want to capture private insurance from Medicare recipients because Medicare is still their PRIMARY carrier.** If all family members are 65 and older, the question will be skipped. However, you can have a family where one person is 65 and older and receiving Medicare and his or her spouse is under 65 and receiving private coverage through a job. In that case, we will ask this section, but the CATI program is designed not to accept a Yes response for a person 65 and older. In addition, the age of the respondent is shown.

Also note that some universities provide limited health insurance coverage to students. Students who are less than 23 will be included with their parent's unit; however, some graduate students or older undergraduates, who are not employed by the university but who have limited health insurance coverage through these plans, will fall into the survey. These plans should be included. COBRA plans should also be included here.

However, plans that provide only one type of service, such as accident, vision, dental, or nursing home coverage, should not be included. Usually, these plans are riders or additions to full service plans, so this should rarely come up as a question.

This question also contains a computer programming necessity that you may find distracting. The screen will display the ages of all household members, even if some of these household members are not in the family unit you are currently interviewing. Just ignore these ages and ask questions only about the family members whose **names** appear on the screen.

b1b This question asks about coverage from a health insurance plan bought on your own. Also include any type of group plan which is purchased through a professional association or trade group.

Again, if yes and there is more than one person in the family, ask who is covered.

Name and age are CATI fills.

This question will not be asked if all family members are covered by employer or union based health insurance plans.

- b1c This question asks about coverage from a plan purchased by someone who does not live in this household. For example, a parent may purchase a plan for a newly married daughter and her husband or a divorced parent covering their non-custodial children. Name and age are CATI fills.

This question will not be asked if all family members are covered by employer or union based health insurance plans.

- bld This question asks about coverage from Medicare; name and age are CATI fills.

Medicare - Refers to the Federal health insurance coverage most common for persons 65 years and over. In certain rarer situations, people under 65 may be covered because of disability benefits (SSI). People receiving Medicare may also receive other benefits, including supplemental private coverage, which are called medigap policies, Medicaid, or military coverage benefits. However, Medicare is the primary insurer. The program is designed so that persons covered by Medicare are asked about Medicaid and supplemental private benefits in a separate series of questions.

- bld1 A verification screen appears to check that any person in the family unit who is 65 years old and older and who is not listed as receiving Medicare, was not a mistaken omission. There are a very small number of persons 65 and older who are not receiving Medicare, but this will be very rare.

- b1e This question asks about coverage under Medicaid.

Medicaid Refers to a medical assistance program that provides health care coverage to low income and disabled persons. The Medicaid program is a joint federal-state program which is administrated by the states. Some states use names other than Medicaid, these are noted in the footnote, **and will automatically be displayed on the CATI or CAPI screen.**

Within a family unit, it is possible that only some members will be covered by Medicaid. For example, children may be covered by Medicaid and adults excluded from coverage. Pregnant mothers may have coverage during the pregnancy and up to one month after birth, and then, depending on their family situation, they may become ineligible. Accept the answers given to you by the family informant.

- b1f The question asks about coverage provided by the military. Definitions of specific terms follow:

Military Health Care -- Refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

CHAMPUS -- (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability.

CHAMP-VA -- (Pronounced Champ V-A) (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

TRICARE -- (Pronounced Tr Care) A relatively new program expected to grow in use over the next decade. Several military health plans are offered to active duty personnel, their families, and retirees. Choices offered under TRICARE are varied, including health maintenance plans, as well as other plans with a range of managed care and indemnity options.

VA -- (Pronounced VA) The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

b1f1 The question obtains the type of military coverage offered family members. Most responses will be obvious. However, some respondents may not recognize the have TRICARE or not be sure whether it is TRICARE STANDARD OR PRIME. If the respondent has TRICARE, but is unsure whether it is standard or prime, code standard. If the respondent describes a form of military coverage that is not listed, record it under “other.”

b1g The question on coverage by the Indian Health Service will be asked if there are family members who were not covered by other health insurance plans. Only Native Americans in tribal settings re covered by this type of insurance.

b1h This question refers to coverage provided to members of the family insurance unit under a health insurance plan offered by particular states; many states now offer health insurance programs for low-income and other individuals and families who cannot obtain private health insurance coverage.

The CATI and CAPI programs will fill in program names for states offering these plans; persons living in states not offering any of these plans will be skipped over this question. Also, this question is only asked if there are family members who were not covered by any of the previously mentioned plans.

bli1 This question asks about coverage from some other state-sponsored or public program that has not been mentioned. The purpose is to capture any programs that were missed in bih, either because the name by which the respondent knows a program is different from the ones which were precoded or because there are additional programs which were missed.

Again, this question is only asked if there are family members who were not covered by any of the previously mentioned plans.

bli2 Asks who is covered by any program specified in bli1.

bij This question verifies whether any person in the family unit who was not listed as being covered by any insurance plan is in fact uninsured. All of the health insurance plans previously listed are included as answer categories. Interviewers should read the answer categories if the informant seems to be unsure. The question will be repeated for any person in the family unit who does not have insurance coverage. The phrase “According to the information we have” is in parentheses because it should only be read for the first person in the family who appears to be uninsured. When asking about additional

people who may be uninsured, ignore the phrase in parentheses and simply ask “Does (name) have health insurance or coverage through a plan I might have missed?”

b2 Most families have only one health insurance plan; however about 15 percent are expected to have more than one private plan; the most common reason is that a husband and wife have separate plans through their employers. The family informant is asked how many **different** health plans were obtained through different sources; the program will fill the source -- current or past employers, purchased directly, or provided by someone not living in the household -- based on previously reported answers. It is particularly important to answer this question correctly because the answer determines how many sets of questions on private health insurance plans will be asked.

b211 Beginning with the first private health insurance plan, this question asks for a complete and accurate name of each plan.

Name of Plan: It’s critical that the respondent is as specific as possible. For example, if the respondent says the name of the plan is “Cigna” ask them for a more specific name. Plans have all kinds of names, and each name usually signifies particular features of the coverage. Notice the probe that asks respondents to refer to an insurance document if necessary. Also, record the specific name of a Health Maintenance Organization (HMO) or Individual Practice Association (IPA). Do not accept the general **type** of plan (such as family plan, major medical) for the **name** of the plan; probe for a specific name. Enter the name of the health insurance plan and verify the spelling with the informant. The program allows 72 characters for each plan name. These plan names may be matched against a master list and coded, so it is important that they be as complete as possible.

1) If: A generic name is reported such as family plan or major medical:

Then: Probe for and record only the full name of the insurance plan, for instance, Aetna High Option, Blue Cross/Blue Shield Federal Employee Plan, etc. Also, record the specific name of a Health Maintenance Organization, like Kaiser HMO Plus. Do **not** abbreviate, (except for Blue Cross/Blue Shield which may be recorded as "BC/BS"), unless that is all the respondent can report, in which case note that the full name is unknown.

2) If: If the respondent does not know the name of the plan,

Then: Always ask for use of an insurance card or other document.

3) If: An insurance card or policy is not available, but the respondent tells you the plan is provided through a union, fraternal group, employer, etc.,

Then: Enter the name of the group, being as specific as possible (for example, in the plan is through a union, get the number of the local union) and indicate "DK name" of the plan.

4) If: If the respondent indicates he/she has a Blue Cross plan and a Blue Shield plan,

Then: Consider as one plan and enter Blue Cross/Blue Shield (or BC/BS). However **do not** add Blue Shield (BS) to the name if only Blue Cross is reported.

b221 Record whether the respondent used an insurance card or other document; code 0" if no document was used.

- b231 This question ascertains the name of the policy holder for each plan listed. Even when multiple family members are covered, there is usually only one person who is the policy holder. The program will list adults in the family who were recorded as having private and persons 65 and older, since they may have private plans that cover other family members. If the policy holder is not listed (for example, if a plan is held by someone not in the family unit, code in “other”).
- b241 This question is asked only if the family has more than one private health insurance plan. If the family has only one plan, then the persons covered were identified earlier.
- b251 This question asks if the plan listed was originally obtained through a current or past employer or union. It will only be asked if the current plan was purchased directly or provided by someone outside of the family.
- b261 This question asks for the name of the employer or union who provides this plan. A probe is provided to respond to questions concerning why this question is being asked. When gathering this information, be as specific as possible. This information will be critical in a later study of respondents’ insurance and often the employer’s name is a critical link. If the coverage is through a union, get the specific local chapter number, and the type of employee covered (eg: clerical, manual...) if possible. Again, notice the probe that asks respondents to refer to a document if necessary, and the second probe that stresses the confidentiality of this information.
- b271 The question ascertains the plan number; it is asked only if the respondent used a document (insurance card, form, or policy) in reporting the name of the insurance plan. When asking for this information, you may find that some insurance documents sometimes show both a plan number and an individual’s ID number. Ask for the plan, group or coverage code, not the individual’s personal ID or social security number. If no number is on the document except for the personal ID, ask for some other name that seems to uniquely identify the insurance product.
- Again, a probe is provided to respond to questions concerning confidentiality.
- b281 Enter the plan number if available, up to 12 digits are allowed.
- b291 This question determines if each plan's coverage was continuous for the last 12 months. Note that if more than one family member was covered by the plan, you should ask who enrolled in the past 12 months.
- b301 For each person who enrolled in the past 12 months, the program asks how many months ago the person enrolled. The screen will display a list of months; the valid months will have an asterisk next to them. If the respondent tells you a month that is **not** marked with an asterisk, verify whether the person has enrolled in the past 12 months. If not, go back to b291 and correct the respondent’s answer.
- b311 This question asks the amount of the premium for non-employer and non-union plans. The premium is the cost of the regular payments for health insurance coverage only, not for health care services.

The amount can be entered for one of seven periods listed in the next question. Enter the amount and unit at the respective arrows; best estimates are fine. Enter the dollar amount and hit the “enter” key. The next screen will prompt you to enter the time period (e.g.: per week, month, year...)

- b321 The code for the unit of the time period for which the premium is paid is entered on this screen.
- b331 This question asks if there is a requirement to sign up with a certain primary care doctor, group of doctors, or clinic which the respondent must go to for routine care. Note the probe, excluding emergency care and care from a specialist to which the patient had been referred.
- b341 This question asks about the need for approval or referral from a primary care doctor to see a specialist. If the answer is conditional, sometimes yes and sometimes no, provide the answer which applies most often in this person's use of specialists.
- b351 The point of this question, as with several others in this series, is to ascertain if the insurance plan restricts the choice of physicians. In b351, the person is asked whether he or she is restricted to doctors listed in a book, directory, or a list associated with the plan. Persons who belong to plans with these restrictions typically belong to a preferred provider organization; however, we are not using this term in the survey because many respondents may not understand it.
- b361 The question asks if the plan is an HMO; a probe is provided for respondents who are unsure if their plan is a health maintenance organization. You should use the definition in the instrument; however additional information on HMOs follows:

Health Maintenance Organization (HMO) -- A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis.

There are three basic types of HMOs:

- **A Group/Staff HMO** -- Delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.
- **An Individual Practice Association (IPA)** -- Makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.
- **Network HMO** -- Contracts with two or more group practices to provide health services.

- b371 This question asks if there is no referral, will the plan pay the costs of visits to doctors who are not associated with the plan or HMO. It is asked of persons who indicated that the plan is an HMO or indicated that the plan limits choice through a book, list, or directory of doctors (which will typically be a preferred provider organization).
- b381 This question asks if the employer offers more than one health insurance plan to its employees.
- b391 This question determines whether employers offering more than one plan offer both HMO and non-HMO plans. Note that the fill includes the type of insurance product that the respondent does NOT have.

B401-471 NOTE: WE HAVE LEFT QUESTIONS ON CHARACTERISTICS OF MILITARY COVERAGE PLANS IN THE QUESTIONNAIRE; HOWEVER WE WILL BE SKIPPING OVER THEM DURING THIS SURVEY SINCE VERY FEW MILITARY COVERAGE PLANS HAVE HEALTH MAINTENANCE ORGANIZATIONS OR PREFERRED PROVIDER ORGANIZATIONS AT THIS TIME.

b51 Families reporting Medicare coverage will be asked questions about their plans that are similar to those asked of persons with private coverage. Medicare recipients can participate in HMO plans. Nationally, only about seven percent of Medicare beneficiaries are in HMOs, but penetration is much higher in some areas of the country. Although persons sign up for Medicare as persons rather than as families, it is very rare for a married couple to choose different plans (one choosing an HMO and one choosing a traditional indemnity plan). The interview is designed only to ask one set of questions about Medicare per family. In the unlikely case that you interview a family in which one person has an HMO and the other an indemnity plan, you should report the characteristics of the HMO plan. You will be able to identify this situation in b54.

b52-b53 These questions are similar to those asked of persons with private health insurance coverage.

b54 As note above, very few families in which there are two Medicare beneficiaries will have different plans -- one HMO and one traditional indemnity. However, if this happens, you should record which family member is in the HMO, using options <2> or <3>. If there is only one Medicare beneficiary and he or she is covered by an HMO or there are two Medicare beneficiaries and both are covered by an HMO, enter <1>; if no one is covered by a Medicare HMO (which will be true for over 90 percent of Medicare beneficiaries), code <0>.

b55a-b Medicare beneficiaries in HMOs are asked for the name of their plans; these questions are similar to those asked for private health insurance plans.

b55c Some Medicare HMOs are obtained through the beneficiary's current or former employer.

b56 This question is asked for participants who said they were in Medicare HMOs or those who may be in HMOs because they believe they are restricted to selecting their doctors from a directory or list

b57-b58 These questions identify Medicare recipients who have been enrolled in their plans for less than a year. Note that the fill will substitute the name of the HMO for beneficiaries currently enrolled in HMOs. It is possible, for example, that the person could have been enrolled in a Medicare HMO for the last six months and been in a traditional Medicare plan before that. In that case, we want to note the enrollment in the HMO six months ago.

b59 Here, we ask whether Medicare beneficiaries have supplemental private health insurance policies to cover costs not covered by Medicare.

b59a-b59c These questions determine whether medigap or supplemental Medicare policies were obtained through a current or past employer or union and, if not, what was the premium for policies purchased directly. We do not need to ask for premiums for employer-based policies because we will be getting this information from another survey.

- b60 This question asks Medicare recipients whether they also receive benefits from Medicaid; some elderly people receive benefits from both programs.
- b61-62 Families in which person members receive Medicaid as their primary insurer are asked a series of questions about their plans, which are similar to those asked about private health insurance plans. Note that Medicare beneficiaries are skipped over these questions (we only ask b60) and persons with private health insurance coverage are not eligible for Medicaid. So family members will not be asked detailed questions about private and government health insurance plans.
- b63-b68 These questions, which are asked about Medicaid plans, are similar to those asked about private health insurance coverage.
- b71-b72 As noted above, some states offer health insurance plans to low income and other persons who cannot obtain private health insurance coverage. These plans are sometimes offered in cooperation with private insurers, but are usually packaged under particular plan names which we included in the CATI/CAPI screening questions earlier in this section. Questions about these plans are similar to those asked about private and Medicaid plans.
- b73-b78 This question, which is asked for participants in state plans, is similar to one asked about other private health insurance or Medicaid plans.
- b80 This question is asked about each currently uninsured family member and is used to determine whether he or she had insurance coverage at any time during the past 12 months.
- b81 Currently uninsured persons who lost their health insurance coverage during the last 12 months are asked what type of health insurance coverage the person had JUST prior to becoming uninsured. Code only one answer. If the person had more than one type of coverage during the year, ask him or her what plan he or she had JUST prior to becoming uninsured.
- b82 The question ascertains if the previous coverage was an HMO. The probe is the same as the one used for other questions about HMOs.
- b83 This question ascertains that month (during the past year) that the previous coverage stopped. Enter the number listed next to the month.
- b84 This question determines the reasons why the previous coverage stopped. It is only asked of currently uninsured persons who lost their coverage during the last 12 months. It is not necessary to read the responses here; you should fit the respondent's answers into the coded categories, coding all the reasons that apply. Most people will fit into the first three categories.

Example:

A person who lost his or her insurance coverage when he or she was terminated will receive code 1.

Example:

A person who loses employer-paid coverage due to divorce will be coded in 3.

b851 The next series of questions are designed to determine prior health insurance coverage, if any, for family members who are currently insured but have been insured under their current plan(s) for less than a year. This first question asks for the type of coverage prior to current one.

The answer categories reflect the type of coverage asked throughout the questionnaire. Code only one answer. Choose option <0> below to indicate that the person was not covered by any plan during the month before his or her current coverage began. Note that option <3> is blank if the state does not offer an insurance plans and <6> is blank if the person is less than 65 years of age.

b861 This question asks if other currently insured family members (whose coverage began less than 12 months ago) were covered under this plan. By identifying all family members covered by a previously held plan, we only have to ask plan-level questions once.

b871 This question is asked to determine if the previous plan was an HMO.

b881 The question asks about the reason for changing insurance plans. It is not necessary to ready the answer categories; rather, you should code the respondent's answer into these categories. Code all of the answers that apply.

b852 This question is asked about other currently insured family members whose coverage began less than 12 months ago, who were not covered by the first plan. The program will identify such persons for you.

b872 This question will appear only if family members had two different policies during the month just prior to their current plan(s). This should occur very rarely.

b882 This question only applies to families that had two different policies during the month just prior to their current plan(s).

b901 This question asks the informant how many years s/he has been enrolled in a HMO in his or her entire life. It is asked only of the informant if s/he has been enrolled in a HMO in the last year. The respondent's best estimate is fine.

b911 If the respondent to b901 says "don't know", then this probe will appear on the interviewer's screen. It is one of several probes used to get an estimate using broad ranges when the respondent is unable to provide a more precise estimate.

b921 This question is asked if the informant has not been enrolled in a HMO during the last year.

b931 If the respondent is not currently enrolled in an HMO but has been enrolled in an HMO in the past, this question obtains the number of years the respondent has been enrolled in a HMO in his or her entire life.

b941 Again, this question is a probe for those answering "don't know" to b931.

b951 This questions is asked only of the family informant here; it is included in the self-response module for other adults in the family. The respondent is asked to rate his or her level of agreement on a 1 to 5 scale with "1" being the strongest level of agreement.

Read the question slowly to ensure the respondent clearly hears the options. Remember that we are asking the respondent's opinion here; there are no right or wrong answers. Note the probe to code "7" if the respondent states that the question does not apply to him or her.

b98 This question asks if anyone in the family has been denied health insurance or been limited in the kind of health insurance they could buy because of poor health. It is a family level question.

b99 If b98 were answer "yes," this question determines who was denied coverage because of poor health.

SECTION C

RESOURCE USE DURING THE LAST 12 MONTHS

This marks the beginning of the section on use of health care resources during the last 12 months. The informant is asked all questions about him or herself and the randomly selected child (if any). The informant is also asked questions about any other adult in the family unit, with the exception of the questions on unmet need. Other adults are asked these unmet need questions directly in the self response module. The reference period for the following questions is "during the last 12 months." If the interview date is July 12, 1996, then the reference period is from July 13, 1995, to July 12, 1996. Resource use is asked by category of health care -- i.e., hospitalizations, emergency room use, physician encounters, selected non-physician encounters, surgical procedures, home health care, and some preventive care (flu shots and mammograms). Asking people about their use of health care resources one category at a time has been shown to improve the accuracy of reporting.

- c101 An event is considered a "hospital stay" if the person spent at least one **night** in the hospital. If a person is admitted and released on the same day, do not count this as an overnight stay. If the person spent the night in the hospital **emergency room**, do not count this as a "hospital stay" Exclude any overnight stays where family members stay with an admitted person. Exclude overnight stays in an outpatient clinic. The date 12 months prior to the interview date automatically appears in the question..
- c11 This question asks for the first name(s) of any family member who stayed in the hospital **overnight**. Remember to read the **probe "anyone else"**.
- c121 This question determines the number of different hospital stays for each family member hospitalized during the past year. Again, a "hospital stay" refers to a hospital admission that resulted in at least one overnight stay in the hospital. The question refers to **separate** stays of one or more nights in a hospital, not the total number of nights in the hospital. If a person is moved from one hospital to another hospital, it would be counted as 2 stays. Record the number of times. Read the probe to encourage the informant to give his or her best estimate, if necessary.
- c131 This question is asked about any female between 12 and 45 years of age or any child less than 1 year old. For an adult female, the question determines if any of the hospital stays were for the delivery of a baby. For a child, the question determines if the (or any) hospital stay was at birth. The CATI/CAPI program will select the correct wording.
- c141 If "yes" to c131, this questions asks if the hospital stay was included in the previous number of hospital stays reported earlier (in question c121).
- c151 For those family members who had a hospital stay in the last 12 months, this question determines the number of times he or she was **admitted** through the emergency room. Enter the number. The program will verify that the number of times is less than or equal to the number of hospital admissions in c121.

c161 For those family members who had a hospital stay in the last 12 months, this question determines the **total number of nights** he or she stayed in the hospital over the entire 12 months. The informant is asked to estimate the number of nights for each stay and then sum the nights across stays. Often people include or count **days** in the hospital. The question is restricted to the number of **nights** spent in the hospital after admission.

The remaining resource questions are asked for each family member.

c211 This question determines if any family member, beginning with the informant, has used a hospital emergency room to get medical treatment during the last 12 months. If the informant has told you about an emergency room visit in the previous questions on hospital stays, a phrase will appear before the main question that says “not counting the emergency room visits you told me about...” A simple yes/no answer is recorded.

c221 For those family members who visited an emergency room in the last 12 months (from c211), this question determines the **number of times** he or she has gone to the emergency room. Accept the informant’s best estimates.

c231 If the informant answers “don’t know” to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren’t exactly sure of something can choose from a range.

c311 This question asks the informant to report the number of times each family member has seen a doctor during the last 12 months. Include primary care doctors and specialists, such as osteopathic doctors (D.O.s) and psychiatrists. Also include doctors seen during outpatient visits at clinics. **Exclude** doctors seen while an overnight patient in the hospital or doctors seen in an emergency room. Also **exclude** dentist visits and telephone calls to doctors. The date 12 months prior to the interview date automatically appears in the question.

Doctor visits potentially have the highest frequency of resource use over the past 12 months. The informant may need extra time to think back over the past year to estimate the number of doctor visits. Respondents sometimes forget about visits and under-report the number of doctor visits. Pause and encourage the informant to think back, but encourage the **best estimate** when precise numbers cannot be remembered.

Also review the two decision rules below:

- 1 Two or more doctors seen on same visit** -- If two or more doctors are seen on the **same** visit, each doctor seen counts as a separate visit. Situations of this kind may occur when a person visits a clinic where he/she sees doctors with different specialties; for example, a dermatologist in one office and an internist in another office. It might also occur when a person visits his/her family doctor who, in the course of the same visit, calls in a specialist to examine or treat the person.

2 Doctors and assistants seen on same visit -- A visit in which the person sees both a doctor and one or more non-physician assistant(s) who work under **this** doctor's supervision should be counted as only **one** doctor visit. For example, if the person sees a nurse and then the doctor who supervises that nurse, count this as only one visit.

- c321 If the informant answers “don’t know” to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren’t exactly sure of something can choose from a range.
- c331 This question determines the number of times each family member has seen a nurse practitioner, physician assistants or midwives during the last 12 months. Typical visits include pregnant mothers seen by midwives, family members who see nurses for immunizations or allergy shots, or patients receiving various types of therapy. The program will exclude doctor visits reported in the previous question. Note, psychiatrist visits are reported in c311 and psychologists and other mental health visits are reported here in c331. **Do not include** any previous doctor visits reported. **Exclude** home care visits, dental visits and alternative medical providers such as acupuncturists or herbalists. Also **exclude** telephone calls to providers.
- c341 If the informant answers “don’t know” to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren’t exactly sure of something can choose from a range.
- c411 This question asks if any family member had surgery or other surgical procedures in the last 12 months. The surgery or procedures would have taken place in a hospital or in a doctor's office. “Doctor's office” is defined broadly to include outpatient clinics and outpatient surgical centers. Note the probe indicating that both major and minor surgery and procedures are included. A simple yes/no answer is recorded.
- c421 This question asks how many different times surgery or procedures were performed for each family member during the past 12 months. Because surgeries are infrequent, major events in most people’s lives, some respondents may include surgeries that happened **before** the reference period began. Emphasize that the reference period is limited to the 12-month period.
- c431 For those family members who had surgery or procedures in the last 12 months (from c411), this question determines how many of the surgeries involved an overnight or longer stay in the hospital. Enter the number.
- c511 This question determines if any family member saw a mental health professional in the past year. The mental health professional could be a psychiatrist (M.D.), a psychologist, a psychiatric nurse, or a clinical social worker. A simple yes/no answer is recorded. Unlike most other questions in this section, a subsequent frequency question on the number of **times** seen during the past 12 months is **NOT** asked.
- c521 This question asks whether any family member received care at home from a nurse or other health professional during the past 12 months. A simple yes/no answer is recorded. Unlike most other questions in this section, a subsequent frequency question on the number of **times** during the past 12 months is **NOT** asked.

- c531 This question asks if any family member received a flu shot in the past 12 months. Read the definition of flu shot given as a follow-up statement to the question. A simple yes/no answer is recorded.
- c611 This question is asked about every female family member who is 40 years of age or older. It asks if the person has **ever** had a mammogram. Read the statement and question as worded. A mammogram is an X-ray procedure used to detect breast cancer at an early stage. It can detect smaller growths that go undetected by physical examination.
- c621 For those family members who have ever had a mammogram (from c611), this question determines how long it has been since the last mammogram. Read the five answer categories which present time periods carefully to yourself. They are not read to the respondent unless it is necessary.

A series of questions about unmet needs for health care during the last 12 months now begins. The informant is asked these questions about him or herself first, and then about the randomly-selected child (if applicable). Other adults in the family unit (if any) are asked these questions directly in the self-response module.

- c811 The purpose of the question is to ascertain if the family member did not get any needed medical care for any reason during the last 12 months.
- c821 The purpose of the question is to ascertain if the family member postponed or had any delays in getting needed medical care for any reason during the last 12 months.
- c831 For any family member whose answer was “yes” or “don’t know” to the previous questions on not getting or delaying needed care, the purpose of this question is to ascertain the **reasons** for not getting needed care (c811) or the **reasons** for delays in getting care (c821). Code all reasons that apply. **Read the response categories slowly to respondent**, pausing at the end of each one. Enter “yes” responses as you read the categories. Code all that apply.
- c90 This question is asked only of the informant. The purpose of this question is to compare the ease of getting medical care today with the ease of getting care three years ago. It helps to document change over time.
- c92 The purpose of this question is to provide an estimate of out-of-pocket expenditures paid by the family during the past year. **Include** expenses for prescription drugs, but note the **exclusions**:
- dental care
 - health insurance premiums
 - any costs paid by health insurance

Some respondents may need time to answer. Give the respondent time to think, and accept a best estimate.

- c93 If the informant answers “don’t know” to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren’t exactly sure of something can choose from a range.

SECTION D USUAL SOURCE OF CARE/PATIENT TRUST

The following questions ask the informant about each family member's usual source of health care. The informant is also asked to answer a series of questions about patient/physician trust. Since these trust questions are highly subjective, a family informant is not expected to answer accurately for other family members, these questions will be included in the self-response module.

d101 The question asks if each family member has a usual source of health care. As noted, emphasize the word **USUALLY** in the question. If the person is unsure if they have a usual source of care, read the probe. Respondents sometimes have trouble answering this question if they go to more than one place for care or if they are infrequent health care users.

d111 For any family member who is reported to have at least one usual source of care (from d101), the purpose of this question is to ascertain the kind of place the **usual** source of care is. If a family member has more than one usual source of care, this question refers to the source of care used **most often**. Definitions for the answer categories follow:

Doctor's Office -- An office maintained by a doctor or a group of doctors practicing together; generally, the patient makes an appointment to see a particular physician.

Health Maintenance Organization (HMO) -- A clinic, staffed by physicians, nurses, and technicians for the sole use of members of the HMO.

Hospital Outpatient Clinic -- A facility connected with a hospital, providing health and medical services (including health education and health maintenance, preventive services, diagnosis, treatment, and rehabilitation) to individuals who receive services from the hospital but do not require hospitalization or institutionalization. Examples of outpatient clinics include well-baby clinics; obesity clinics; eye, ear, nose, and throat clinics; family planning clinics; alcohol and drug abuse clinics; physical therapy clinics; and radiation therapy clinics.

Other Clinic or Health Center -- Includes company/industrial clinics operated for employees; a school clinic operated for students; a military-based clinic, a drug abuse clinic, a family planning clinic, a walk-in center, an Indian Health clinic, or a Community Health Center.

Hospital Emergency Room -- A unit of a hospital where persons may receive medical care, usually of an urgent nature.

Some Other Place -- Any usual source of health care not provided in categories 1 through 5.

d121 For any family member who has a usual source of care (from d101), this question determines what type of health professional is seen. The choices are either a doctor, nurse, or other (specify type). If two types of health professionals are usually seen, choose the more senior health professional. For example, if the patient sees both a doctor and nurse, choose doctor.

- d131 For any family member who has a usual source of care (from d101), the purpose of this question is to determine if the same individual is usually seen at the usual source of care. Even if a patient has a usual source of care, the patient may see a different health professional each time he or she visits.
- d141 For any family member who has a usual source of care (from d101), this question determines if there was a change in the usual place of health care during the past 12 months.
- d151 For any family member who has changed his or her usual source of care (from d141), this question determines the reason for the change. Read the question and answer choices carefully.
- d201 This question is asked for any family member who does not have a usual source of care. Read each reason listed to the respondent and code all that apply. The first four answer categories are rotated automatically by the computer program so that respondents have an equal chance of hearing each answer first. Be sure to read the "anything else - specify" option.
- d311 A series of questions on physician-patient trust now begins. These questions are asked only of the informant. These are subjective questions with a five-point scale for answer categories. Read the statements EXACTLY as worded. Do not reword any statement. If a respondent is confused, reread the statement as is. These statements are person-level and self-responded.

Note category <7> NOT APPLICABLE. This might be used when a doctor has not been seen for several years or when the respondent feels the statement does not apply to his or her circumstance.

DO NOT OVERPROBE THESE QUESTIONS, (d311-d341), ESPECIALLY WITH THE ELDERLY.

If a respondent is confused after rereading the question and answer choices, accept a "don't know" answer.

- d321- A series of questions on physician-patient trust now begins. These questions are asked only d331 of the informant. These are subjective questions with a five-point scale for answer categories. Read the statements EXACTLY as worded. Do not reword any statement. If a respondent is confused, reread the statement as is. These statements are person-level and self-responded.

Note category <7> NOT APPLICABLE. This might be used when a doctor has not been seen for several years or when the respondent feels the statement does not apply to his or her circumstance.

DO NOT OVERPROBE THESE QUESTIONS, (d311-d341), ESPECIALLY WITH THE ELDERLY.

If a respondent is confused after rereading the question and answer choices, accept a "don't know" answer.

d341 A series of questions on physician-patient trust now begins. These questions are asked only of the informant. These are subjective questions with a five-point scale for answer categories. Read the statements EXACTLY as worded. Do not reword any statement. If a respondent is confused, reread the statement as is. These statements are person-level and self-responded.

Note category <7> NOT APPLICABLE. This might be used when a doctor has not been seen for several years or when the respondent feels the statement does not apply to his or her circumstance.

DO NOT OVERPROBE THESE QUESTIONS, (d311-d341), ESPECIALLY WITH THE ELDERLY.

If a respondent is confused after rereading the question and answer choices, accept a "don't know" answer.

SECTION E
FAMILY LEVEL SATISFACTION / LAST VISIT PROCESS
AND SATISFACTION / SF12 / RISK BEHAVIORS

A series of satisfaction questions begins at e101 and ends at e151. The reference period for these questions is “during the last 12 months.” They are subjective questions about various aspects of health care. There is one global, family level question. If there is a child in the family unit, the informant will respond on his or her behalf. All other adults are asked these questions directly in the self-response module.

e101- The program will select the correct wording based on family size. Review the probe indicating that the respondent should consider services he or she felt were needed but were not received.

e121-e131 Read the question. Note the probe indicating that a primary care doctor is defined as the one you call first in the case of sickness or injury.

e141 Read the question determining if the respondent has personally needed or seen a specialty doctor over **the past 12 months**. Note the probe listing examples of specialty doctors.

e151-e15a Read the question as worded asking about the level of satisfaction with the choice of specialty doctors.

A series of questions now begin to identify the family member’s last doctor's visit. Once this visit is identified, we will ask a series of “process of care” questions about the last visit. The last doctor's visit is chosen to make it easier for the respondent to recall the detailed aspects of the visit.

e161 This question determines if the person visited a doctor in the last 12 months for sickness, injury, or other health problems. Other health problems are defined in the probe to include visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc. A simple yes/no answer is recorded.

e171 For any family member who had a doctor visit for sickness or injury (from e161), this question determines the **month** of that visit. Enter the number next to the appropriate month. Valid months are marked with an asterisk. The computer will not permit you to enter a month that is previous to the 12 month reference period. Give the respondent time to think back. Encourage best estimates. You may want to remind the respondent of the reference period.

e181 For any family member who had a doctor visit for sickness or injury (from e161), this question determines if the family member visited a doctor **since that visit** for a general check-up or other preventive care. Visits for immunizations and mammograms can be included **only** if a doctor was seen. This question is asked because people sometimes forget visits for preventive care. A simple yes/no answer is recorded.

e191 For any family member who had a doctor visit for general check-up or other preventive care (from e181), this question determines the **month** of that visit. Enter the number next to the appropriate month. Valid months are marked with an asterisk. The computer will not permit you to enter a month that is previous to the 12-month reference period. Give the respondent time to think back. Encourage best estimates.

- e201 If any family member did not have a visit for sickness or injury, this question is asked. The wording is slightly different from e181-191. The question asks if the family member had a doctor visit for a general check-up or other preventive care. Visits for a pregnancy check-up are included, and visits for immunizations and mammograms can be included **only** if a doctor was seen. A simple yes/no answer is recorded.
- e211 For any family member who had a doctor visit for a general check-up or other preventive care (from e201), this question determines the **month** of that visit. Enter the number next to the appropriate month. Valid months are marked with an asterisk. The computer will not permit you to enter a month that is previous to the 12-month reference period. Give the respondent time to think back. Encourage best estimates.
- e901 This is a consistency check that will appear on your screen when an inconsistent answer was given. For example, if an informant said that a person had 3 doctor visits in the last year and now the respondent says there were no visits, the original number needs to be corrected. The interviewer will verify the answers as correct or incorrect and take the appropriate action as directed on the screen.

These questions (e221 - e321) refer to the family member's **last doctor visit** for sickness or injury or for a general check-up.

- e221 To keep the respondent focused on the visit we want to ask about, the month of the last visit and a phrase indicating whether this visit was for sickness or preventive care appears on the screen. This question determines the **type** of doctor seen at the last visit. Read the probe if the respondent is unsure of what is meant by "family doctor" and "specialist."
- e241 This question determines if the place where the respondent was seen by a doctor on the last visit was the place he or she usually goes for health care.
- E241 For family members whose answer to the previous question (e241) was "no," this question determines if the last visit was to an emergency room.
- e251 This question determines if the person had an appointment or just walked in to the last visit to the doctor. If someone calls a doctor and needs to be seen immediately, and the person is given an actual time (even one hour later) that same day, consider it an appointment. However, if the person is told to come right away and they will be "fit" into the schedule, consider it a walk-in.
- e261-e271 This question determines the amount of time between contacting the doctor to schedule an appointment, and the date or time actually scheduled. The answer can be recorded in EITHER days, weeks, or months; only one unit can be chosen. Notice the probe. After you enter the number the respondent gives you, the next screen will prompt you to enter the units (days, weeks, etc.)

- e281-e28t The question determines the amount of waiting time spent in the waiting room prior to seeing a medical person for this visit. If more than one medical person is seen (for example, a nurse takes blood pressure and then a doctor conducts an examination), include the time waiting to see the first medical person with whom the family member has scheduled the visit. The amount of time can be entered as EITHER minutes or hours, but not both. Notice the probe. After you enter the number the respondent gives you, the next screen will prompt you to enter the units (days, weeks, etc.)
- e291-E29t This question determines the amount of time it took to get to the doctor's office (or emergency room) from wherever the person came (home or office). The question is still asking about the **most recent visit**, not visits in general. The amount of time can be entered in EITHER minutes or hours, but not both units. Notice the probe. After you enter the number the respondent gives you, the next screen will prompt you to enter the units (days, weeks, etc.)
- e301-e32t A series of subjective questions now begins regarding different aspects of the doctor-patient relationship during the last visit. Ratings are coded on a five-point scale from poor to excellent. Sometimes the question does not apply (for example, if the person was not examined or treated). In this case, choose category <7>.
- Read the answer categories related to the scale (1-5).
- e401 This question asks about overall health status. The five-point scale is rated from excellent to poor. Read the answer categories to the respondent.
- e411-e42t These two questions ask if the person's health limits him or her from doing certain activities that a person might do on a typical day. The question has a three-point scale indicating that the person is limited a lot, limited a little, or not limited at all. Read the questions and probes carefully. The first question includes examples of what is meant by "moderate activities." Although these are meant as examples, read them exactly as worded; do not provide other examples yourself.
- Note that if the respondent says he or she does not do an activity, read the probe, "Is this because of your health?" And repeat the question.
- e431-e44t These two questions ask about **physical health** and daily activities. Notice the reference period for these questions is **the past 4 weeks**.
- e451-e46t These two questions ask about **emotions** and daily activities. The reference period is still **the past 4 weeks**.
- e471-e48t These two questions ask how much pain, physical health and emotional problems have interfered with normal activities over **the past 4 weeks**. However, a five-point scale is used ranging from "not at all" to "extremely". Read the answer categories to the respondent, give the respondent time to answer and repeat the question and response categories if necessary.

- e501 These questions ask how often the person feels a certain way. The answer choices are a five-point scale which range from all of the time to none of the time. Read the introduction and each question carefully. NOTE the direction to READ THE CATEGORIES SLOWLY so that the respondent has time to hear and understand the categories.
- e511 This question asks how often the person feels downhearted and blue. Again, the answer choices are a five-point scale which range from all of the time to none of the time.
- e521 Read the statement and record the level of agreement or disagreement. Respondents may initially respond by saying, “well, it depends.” If this happens, stress generality with a probe such as “well, overall” or “in general.” As previously mentioned, do not interpret subjective questions for the respondent. If there is a pause or expressions of confusion, simply reread the statement or question.

A series of questions now begin regarding cigarette smoking. They are self-responded. The series determines if the person ever smoked at least 100 cigarettes per day; whether he or she currently smokes; if yes, how many cigarettes are smoked and on how many days during the last 30 days he or she has smoked. If the person has quit smoking, the length of time since quitting is asked. Whether a medical doctor advised the person to quit smoking is asked for anyone who has had a doctor's visit during the past 12 months.

- e601 Self-explanatory.
- e611 For family members who said they've smoked at least 100 cigarettes in their entire life, this question how often they now smoke--everyday, some days or not at all. Enter the answer carefully, since other questions will be asked depending on the answer here.
- e621 For family members who smoke every day, this question asks how many cigarettes are smoked per day. Note the probe indicating that **a pack equals 20 cigarettes**. The conversion chart for packs and the number of cigarettes will appear on the computer screen. Take a minute to become familiar with the chart. Enter the number of cigarettes (not packs).
- e631 For family members who smoke “some days” this question determines the number of days they smoked during the past 30 days.
- e641 For family members who smoke “some days” this question asks how many cigarettes are smoked. Note the probe indicating that **a pack equals 20 cigarettes**. The conversion chart for packs and the number of cigarettes will appear on the computer screen. Take a minute to become familiar with the chart. Enter the number of cigarettes (not packs).
- e651 This question is asked for those persons who do NOT currently smoke but have in the past. It determines when they quit smoking. Review the long list of categories. Read the categories ONLY IF NECESSARY.
- e661 Self-explanatory
- e671 Asked of those who have had a doctor's visit during the past 12 months and who currently smoke.

e90c The following questions are asked if a family has a sampled child who had at least one physician visit in the last 12 months. The family informant responds for the child.

e12c-e13c Read the statement. Review the probe indicating that the respondent should consider services he or she felt were needed but were not received.

e14c Determines if the child saw a specialist in the last 12 months. Refer to the probe for examples of “specialist” doctors.

e15c-E15c Same as the choice of specialty doctor satisfaction question asked of adults.
This is asked for the selected child.

e16x This question determines the name(s) of adult(s) who went with the child to her/his most recent doctor visit.

If the name of an adult family member other than the informant is given here, questions regarding the child's last doctor visit will be added to that adult's self-response module. Otherwise, questions to determine the child's most recent visit and process of care questions are now asked of the family informant about the child. The computer program automatically makes these determinations for the interviewer.

e16c-e21c Same as adult questions, but asked about the selected child.
Review directions for those questions if necessary.

e90c Verification question. Same as question asked of adults.

e22c-e24c Same as questions asked of adults.
These questions are asked in reference to the sampled child.

e27c Same process of care questions asked of adult.
These questions refer to the sampled child.

e28c-e30c Same as questions asked of adults.
These questions refer to the sampled child.

e31c-e40c Same questions asked of adults.
These questions refer to the sampled child.

e801 Same as question asked of adults. This question refers to the sampled child.

SECTION F EMPLOYMENT

The following questions ask about employment and earnings for each adult 18 years of age and older who is listed as part of the family insurance unit. The questions are asked of the family informant.

f10 The introduction reminds individuals about the importance of the answers to these questions, since employment status and earnings help to explain **whether people can afford the health care they need.**

f101 This question determines if each adult family member has a business or farm; questions asked of self-employed people are worded differently from others. Rely on the respondent's definition of whether he or she has a business or farm. However, we have provided definitions below:

Business -- A business exists when one or more of the following conditions are met:

- a. Machinery or equipment of substantial value in which the person has invested capital is used by him/her in conducting the business. Hand rakes, manual lawn mowers, hand shears, and the like would not meet the "substantial value" criteria.
 - b. An office, store, or other place of business is maintained.
 - c. There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.
- Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, magazines, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.
 - Do **not** consider domestic work in other persons' homes, casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business. This is considered as wage work. Whether or not the person is considered as having a job is described above.
 - Do **not** consider the sale of personal property as a business.

f111 This question determines if the individual did any work **last week** for pay or profit. For **pay** means employed for wages, salary, or commissions. For **profit** means money as the result of self-employment. It is very unlikely that you will have to probe on this question. However, we have provided definitions below:

Employee for wages, salary, or commission -- Working for a private or government employer for wages, salary, commission, or other compensation such as tips, piece-rates, or pay-in-kind. This category also includes **paid** work for settlement houses, churches, union, and other nonprofit organizations and work for private organizations doing contract work for government agencies.

Self-Employed -- Persons working for profit or fees in their **own** business, shop, office, farm, etc. **Include** persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers. This does **not** apply to superintendents, foremen, managers, or other executives hired to manage a business or farm, salesmen working for commission, or officers of corporations. Such persons are considered as employees of private companies.

f121 This question determines if the individual had more than one job (or business) last week. It includes full-time, part-time, evening and weekend work.

f131 This question asks for the number of hours per week the person **usually** works at this job. If he or she **usually works overtime hours, include those hours in the total** number of hours. **Half hours** should be **rounded**. If the person's schedule of work is erratic, ask the respondent to give his or her best estimate.

If the person works at more than one job, the program automatically provides an alternative question which asks for the number of hours per week the person works at his or her **main** job -- the one the person works at for the most hours.

If the person's hours vary so much from one week to the next that they are unable to estimate, code <97> as a last resort.

f113x If you coded <97> to the previous question because the person's work schedule was too varied to estimate usual hours, this question determines if the person usually works more or is less than 35 hours per week. This enables us to determine whether the person is a full-time or part-time worker.

f141 For those working at more than one job (or business), this question determines the number of hours per week **usually** worked at jobs other than the main one. The hours for the main job were reported in f131. Round hours to the nearest whole hour.

f201 The question determines the type of employer for the person's main job. The program will fill the appropriate language based on answers to previous questions. Note that a not-for-profit organization or a foundation is coded as a private company. Read the answer categories only if necessary.

f211 Please note that this questions asks for the **number of employees at the location where the person works**, that is the building or buildings in the factory, store, or office where he or she works. The answer is coded into broad categories, so an exact response is not necessary.

f221 This question asks if the employer operates in more than one location. It will not be asked if the employer is a local, state, or federal government. The question will read employer or use an alternative fill for those who are self-employed or farmers.

f231 If there is more than one location, this question asks for the **total employees at all locations**. Explain that the respondent's best estimate is satisfactory. Note that if 1,000 or more employees work at the worker's location, this question is unnecessary and is not asked.

f241 This open-ended question refers to the **type of business or industry** in which the individual is employed at his or her main job. We do not want the name of the company; rather, we need a **description of the main product or service produced by the branch or part of the company for which this individual worked**. Try to get a clear description of what the employer makes or does -- for example, pencil manufacturer, wholesale grocery, retail bookstore, road construction, shoe repair service. The words "manufacturer," "wholesale," "retail," "construction," and "repair service" show the general function. The words "pencil," "grocery," "bookstore," "road," and "shoe" describe the specific product or service performed.

f301 This question determines the easiest way to report the person's earnings: hourly, weekly, bi-weekly/every two weeks, twice monthly, monthly, and annually. A probe is provided for respondents who are concerned about confidentiality. In the unlikely case that the respondent offers a time period that is not listed, ask for monthly or annual earnings.

f321 The computer program selects the appropriate time period based on the answer to the previous question.

All questions refer to **how much the person usually earns before deductions**.

If the person is paid by piece rate (pay is based on the number of items produced), ask for **usual** earnings per whatever time period the respondent chooses (week, month, year, etc.). Again the importance of the question is explained and the respondent is reminded about confidentiality. The respondent should include overtime pay/commissions and tips that are usually received.

f331 This question is a probe to get an estimate in broad categories if the respondent could not provide a specific answer to the previous question.

f341 If you entered an amount that is extremely high or low, the program will ask you to verify it. If the amount is not correct, it must be corrected by backing up to the earnings question.

f401 If the person is a policy holder for an employer-based plan and has more than one job, this question determines if the person's insurance plan is from his/her main job or business.

f501 If the person was not listed as the policyholder of an employer/union based plan, is under 65 (not on Medicare), and is employed, we ask here whether the person's employer or union offers health insurance to its employees.

f511 If the employer or union offers health insurance, this question asks if this person is eligible to participate in the health insurance plan.

f521 This question is asked if the person is uninsured but his or her employer offers a health insurance plan for which the person is eligible. It determines the main reason the person is not participating in his/her employer's health insurance plan. Code only the **MAIN** reason.

f531 The question is asked to determine why the person is ineligible for insurance through his or her employer. Code only one answer here. As with other questions with various wording choices based on previous questions and whether the subject of the question is the informant or another family member, the program will select appropriate fills.

- f541 This question determines how many insurance plans are offered to employees; this question and the two that follow are skipped for employer-based plans we asked about earlier in the interview.
- f551 This question determines if an HMO is offered to employees. A brief definition of an HMO (used in other questions) is included as a probe.
- f561 If the employer offers more than one plan, including an HMO option, this question determines if non-HMO plans also are offered.

SECTION G FAMILY INCOME

The next two questions are about family income. The first question asks for total income; if the respondent cannot estimate family income, then we ask for income in broad categories.

- g10 The question asks for the **family's total income from all sources for 1995, before taxes and other deductions**. See probe (2) for a list of sources. Information on income, as well as employment, is important in understanding whether people can afford the health care they need. If necessary, emphasize “before taxes and other deductions.”

Note that the names of family members will be specified if the family was part of a multiple family household; otherwise the program will simply reference the “family.” The question includes several probes, designed to allay concerns about the purpose of the question, confidentiality, the definition of the components of income, and our willingness to accept estimates.

Review the content of the four probes carefully. Note that those family members active in the military are included in the estimate of family income, even though we are not including them in any of the questions about individual persons. The survey is about the “**civilian non-institutionalized population**,” however, we want to include income from all family members contributing to the household.

- g11 This question is a probe for respondents answering "Don't Know" in g10. It provides a choice of ranges of family income for those unable to provide a single number as an estimate. Encourage the respondent by assuring them that their best estimate is fine. Read the categories until one is selected.
- g20 Two questions are asked to classify adults (and any adopted children) by ethnicity. We do not ask these questions for the selected (natural) child. The first question asks which, if any, family members are of Hispanic origin. Read the probe if the informant is reluctant to answer. The answers are used for research purposes only; individuals are never identified.
- g221 The question determines the race of each person. Read the categories and the probe, if necessary. As noted, code any "mixed race" under category <5> OTHER.
- g23 This is a transition to the self-response module. Read the introduction, as worded. Names of other adult family members for whom we need the self response module will be filled by the program. There will be few cases (about five percent of families), where you will need to schedule more than one self-response module. In many cases, you will be able to complete the self response module as part of the interview. If you cannot complete the self response module, the program will take you to the callback routine to set up a time to call back for the information. Once all self-response modules or appointments are scheduled, the program will take you to the closing.

SECTION H CLOSING

h10 Families will be offered \$15 payments if the interview (1) was part of the experiment to test the effect of incentives on responses, (2) was a refusal conversion, or (3) was with a household with a unpublished telephone number and the family will be selected for a re-interview. We are offering a payment in the third case because we need the household's address to contact them again in two or three years for another interview; many families with unpublished telephone numbers will be reluctant to give their addresses to you without the commitment implied by an incentive. Enter information on names and addresses very carefully; this information will be very important if we conduct a follow-up interview in a few years.

Also, note that the program will fill "husband and wife" if a couple completed the interview.

h11 This statement appears for respondents who are not offered payments.

h30-34 Please note that this series of questions about telephone usage provides information which is ONLY used as for statistical purposes to ensure that the sample is representative.

h30 This question determines if there are ANY other telephone numbers in this household besides the one called for the survey. If so, it asks for how many. Note that the actual telephone numbers are not recorded.

h31 This question determines the type of usage (home, business and home, or business) the other phone numbers are used for. Again, this information is used only for statistical purposes.

h32 This question determines if there was any time during the past 12 months when there was NO working telephone in the household.

h33 This question is asked if there was a "yes" answer to h32. It determines for how many the past 12 months the household was without a working telephone.

h34 This question determines the main reason the household did not have a working telephone.

fin This is the ending statement for the survey.

h35 After the interview(s) is completed, record whether or not the respondent said they received a letter and brochure.

SELF-RESPONSE MODULE

SELF-RESPONSE MODULE

The following questions are asked of each adult in the family; the self-response module averages 10 minutes per person. The questions include opinions and recall of events that the informant is unlikely to know. The topics are summarized below. Since all of the questions were asked earlier, we have not repeated the question-by-question specifications.

- C Preferences between cost savings and freedom of choice in choosing health insurance plans
- C Unmet need in obtaining medical services
- C Opinions concerning various aspects of trust between doctors and patients
- C Satisfaction with choice of physicians
- C Questions about the last visit to the doctor during the past 12 months
- C Health status (SF-12)
- C Cigarette smoking
- C If this person took the sampled child to the doctor on the child's last visit, questions about that visit

APPENDIX

APPENDIX

INSTITUTIONS AND GROUP QUARTERS

Persons who are contacted in vacation residences that are not their usual source of residence, in institutions, or in other group quarters (places where there are 10 or more unrelated persons living together) will not be interviewed. The following lists of institutions and group quarters have been adapted from the Census Bureau.¹ Refer to this list if you are uncertain if the telephone number is in one of these dwellings.

I. Types of Institutions

- A. Correctional Institutions** - Includes prisons, Federal detention centers, military stockades and jails, police lockups, halfway houses, local jails, and other confinement facilities, including work farms.
1. **Prisons** - Where persons convicted of crimes serve their sentences.
 2. **Federal Detention Centers** - Operated by the Immigration and Naturalization Service (INS) and the Bureau of Prisons. These facilities include detention centers used by the Park Police; Bureau of Indian Affairs Detention Centers; INS Centers, such as the INS Federal Alien Detention Facility; INS Processing Centers; and INS Contract Detention Centers used to detain aliens under exclusion or deportation proceedings, as well as those aliens who have not been placed into proceedings, such as custodial required departures; and INS Detention Centers operated within local jails, and State and Federal prisons.
 3. **Military Stockades, Jails** - Operated by military police and used to hold persons awaiting trial or convicted of violating military laws.
 4. **Local Jails and Other Confinement Facilities** - Includes facilities operated by counties and cities that primarily hold persons beyond arraignment, usually for more than 48 hours. Also included in this category are work farms used to hold persons awaiting trial or serving time on relatively short sentences and jails run by private businesses under contract for local governments (but *not* by State governments).
 5. **Police Lockups** - Temporary-holding facilities operated by county and city police that hold persons for 48 hours or less only if they have not been formally charged in court.
 6. **Halfway Houses** - Operated for correctional purposes and include probation and restitution centers, pre-release centers, and community-residential centers.

¹ U.S. Bureau of the Census, *Census of Population and Housing, 1990: Summary Tape File 3 Technical Documentation*, Washington, DC, 1991.

7. Other Types of Correctional Institutions - Privately operated correctional facilities and correctional facilities specifically for alcohol/drug abuse.

- B. Nursing Homes** - Comprises a heterogeneous group of places. Included in this category are skilled-nursing facilities, intermediate-care facilities, long-term care rooms in wards or buildings on the grounds of hospitals, or long-term care rooms/nursing wings in congregate housing facilities. Also included are nursing, convalescent, and rest homes, such as soldiers', sailors', and religious homes for the aged, with or without nursing care.
- C. Mental (Psychiatric) Hospitals** - Includes hospitals or wards for the criminally insane not operated by a prison, and psychiatric wards of general hospitals and veterans' hospitals. Patients receive supervised medical/nursing care from formally-trained staff.
- D. Hospitals for Chronically Ill** - Includes hospitals for patients who require long-term care, including those in military hospitals and wards for the chronically ill located on military bases; or other hospitals or wards for the chronically ill, which include tuberculosis hospitals or wards, wards in general and Veterans' Administration hospitals for the chronically ill, neurological wards, hospices, wards for patients with Hansen's Disease (leprosy) and other incurable diseases, and other unspecified wards for the chronically ill.
- E. Schools, Hospitals, or Wards for the Mentally Retarded** - Includes those institutions, such as wards in hospitals for the mentally retarded and intermediate-care facilities for the mentally retarded, that provide supervised medical/nursing care from formally-trained staff.
- F. Schools, Hospitals, or Wards for the Physically Handicapped** - Includes three types of institutions: institutions for the blind, those for the deaf, and orthopedic wards and institutions for the physically handicapped. Institutions for persons with speech problems are classified with "institutions for the deaf." The category "orthopedic wards and institutions for the physically handicapped" includes those institutions providing relatively long-term care to accident victims and to persons with polio, cerebral palsy, and muscular dystrophy.
- G. Hospitals and Wards for Drug/Alcohol Abuse** - Includes hospitals and hospital wards in psychiatric and general hospitals. These facilities are equipped medically and designed for the diagnosis and treatment of medical or psychiatric illnesses associated with alcohol or drug abuse. Patients receive supervised medical care from formally-trained staff.
- H. Wards in General and Military Hospitals for Patients Who Have No Usual Home Elsewhere** - Includes maternity, neonatal, pediatric (including wards for boarder babies), military, and surgical wards of hospitals, and wards for persons with infectious diseases.

- I. Juvenile Institutions** - Includes homes, schools, and other institutions providing care for children (short- or long-term care). Juvenile institutions include the following types:
- 1. Homes for Abused, Dependent, and Neglected Children** - Includes orphanages and other institutions which provide long-term care (usually more than 30 days) for children.
 - 2. Residential Treatment Centers** - Includes those institutions which primarily serve children who, by clinical diagnosis, are moderately or seriously disturbed emotionally. Also, these institutions provide long-term treatment services, usually supervised or directed by a psychiatrist.
 - 3. Training Schools for Juvenile Delinquents** - Includes residential training schools or homes and industrial schools, camps, or farms for juvenile delinquents.
 - 4. Public Training Schools for Juvenile Delinquents** - Usually operated by a State agency (for example, department of welfare, corrections, or a youth authority). Some are operated by county and city governments. These public training schools are specialized institutions serving delinquent children, generally between the ages of 10 and 17 years old, all of whom are committed by the courts.
 - 5. Private Training Schools** - Operated under private auspices. Some of the children they serve are committed by the courts as delinquents. Others are referred by parents or social agencies because of delinquent behavior. One difference between private and public training schools is that, by their administrative policy, private schools have control over their selection and intake.
 - 6. Detention Centers** - Includes institutions providing short-term care (usually 30 days or less) primarily for delinquent children pending disposition of their cases by a court. This category also covers diagnostic centers. In practice, such institutions may be caring for both delinquent and neglected children pending court disposition.

II. Types of Non-institutional Group Quarters

A. Group quarters if 10 or more unrelated persons

- 1. Rooming Houses** - Includes persons residing in rooming and boarding houses and living in quarters with 10 or more unrelated persons.
- 2. Group Homes** - Includes “community-based homes” that provide care and supportive services. Such places include homes for the mentally ill, mentally retarded, and physically handicapped; drug/alcohol halfway houses; communes; and maternity homes for unwed mothers.

3. **Homes for the Mentally Ill** - Includes community-based homes that provide care primarily for the mentally ill. Homes which combine treatment of the physically handicapped with treatment of the mentally ill are counted as homes for the mentally ill.
4. **Homes for the Mentally Retarded**- Includes community-based homes that provide care primarily for the mentally retarded. Homes which combine treatment of the physically handicapped with treatment of the mentally retarded are counted as homes for the mentally retarded.
5. **Homes for the Physically Handicapped**- Includes community-based homes for the blind, for the deaf, and other community-based homes for the physically handicapped. Persons with speech problems are classified with homes for the deaf.
6. **Homes or Halfway Houses for Drug/Alcohol Abuse** - Includes persons with no usual home elsewhere in places that provide community-based care and supportive services to persons suffering from a drug/alcohol addiction and to recovering alcoholics and drug abusers. Places providing community-based care for drug and alcohol abusers include group homes, detoxification centers, quarterway houses (residential treatment facilities that work closely with accredited hospitals), halfway houses, and recovery homes for ambulatory, mentally competent recovering alcoholics and drug abusers who may be re-entering the work force.
7. **Maternity Homes for Unwed Mothers** - Includes persons with no usual home elsewhere in places that provide domestic care for unwed mothers and their children. These homes may provide social services and post-natal care within the facility or may make arrangements for women to receive such services in the community. Nursing services are usually available in the facility.
8. **Other Group Homes** - Includes persons with no usual home elsewhere in communes, foster care homes, and job corps centers with 10 or more unrelated persons. These types of places provide communal living quarters, generally for persons who have formed their own community in which they have common interests and often share or own property jointly.
9. **Religious Group Quarters** - Includes primarily group quarters for nuns teaching in parochial schools and for priests living in rectories. It also includes other convents and monasteries, except those associated with a general hospital or an institution.
10. **College Quarters Off Campus** - Includes privately owned rooming and boarding houses off campus if the place is reserved exclusively for occupancy by college students and if there are 10 or more unrelated persons.

B. Group quarters if any number of unrelated persons

- 1. College Dormitories** - Includes college students in dormitories (provided the dormitory is restricted to students who do not have their families living with them), fraternity and sorority houses, and on-campus residential quarters used exclusively for those in religious orders who are attending college. Students in privately-owned rooming and boarding houses off campus are also included if the place is reserved exclusively for occupancy by college-level students and if there are 10 or more unrelated persons.
- 2. Military Quarters** - Includes military personnel living in barracks and dormitories on base, in transient quarters on base for temporary residents (both civilian and military), and on military ships. However, patients in military hospitals receiving treatment for chronic diseases or who had no usual home elsewhere and persons being held in military stockades were included as part of the institutional population.
- 3. Agricultural Workers' Dormitories** - Includes persons in migratory farm workers' camps on farms, bunkhouses for ranch hands, and other dormitories on farms, such as those on "tree farms."
- 4. Other Workers' Dormitories** - Includes persons in logging camps, construction workers' camps, firehouse dormitories, job-training camps, energy enclaves (Alaska only), and nonfarm migratory workers' camps (for example, workers in mineral and mining camps).
- 5. Emergency Shelters for Homeless Persons (with sleeping facilities)** - Permanent and temporary emergency housing, missions, hotels/motels, and flophouses charging \$12 or less (excluding taxes) per night; Salvation Army shelters, hotels, and motels used *entirely* for homeless persons regardless of the nightly rate charged; rooms in hotels and motels used *partially* for the homeless; and similar places known to have persons who have no usual home elsewhere staying overnight.
- 6. Shelters for Runaway, Neglected, and Homeless Children** - Includes shelters/ group homes which provide *temporary* sleeping facilities for juveniles.
- 7. Shelters for Abused Women (Shelters Against Domestic Violence or Family Crisis Centers)** - Includes community-based homes or shelters that provide domiciliary care for women who have sought shelter from family violence and who may have been physically abused. Most shelters also provide care for children of abused women. These shelters may provide social services, meals, psychiatric treatment, and counseling.
- 8. Dormitories for Nurses and Interns in General and Military Hospitals** - Includes group quarters for nurses and other staff members. It excludes patients.

9. **Crews of Maritime Vessels** - Includes officers, crew members, and passengers of maritime U.S. flag vessels. All ocean-going and Great Lakes ships are included.
10. **Staff Residents of Institutions** - Includes staff residing in group quarters on institutional grounds who provide formally-authorized, supervised care or custody for the institutionalized population.
11. **Other Non-household Living Situations** - Includes YMCAs, YWCAs, youth hostels, commercial and government-run campgrounds, campgrounds at racetracks, fairs, and carnivals, and similar transient sites.
12. **Living Quarters for Victims of Natural Disasters** - Includes living quarters for persons temporarily displaced by natural disasters.