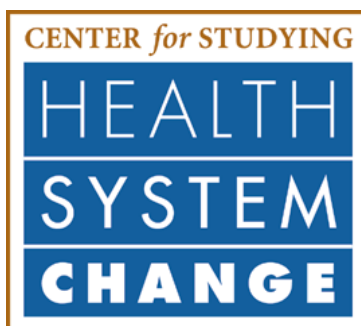


Community Tracking Study
Household Survey Instrument
1998-99 (Round Two)



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COMMUNITY TRACKING STUDY (CTS)

The Center for Studying Health System Change (HSC) documents changes in health care systems over time and tracks the effects of those changes on people. Through surveys and site visits, HSC seeks to describe and analyze how the interactions of providers, insurers, policy makers and others determine the accessibility, cost, and quality of locally delivered health care. The core of these efforts is HSC's Community Tracking Study (CTS), a set of periodic surveys and site visits that allows researchers to analyze information about local markets and the nation as a whole. Because health care delivery is primarily local, both the surveys and site visits are centered around communities in the U.S. In addition, because the focus of the CTS is on change as well as communities, the study is longitudinal.

CTS HOUSEHOLD SURVEY

The CTS includes a periodic national survey of households. The survey samples are concentrated in 60 communities that were randomly selected to provide a representative profile of change across the U.S. Among these communities, 48 are "large" metropolitan areas (with populations greater than 200,000), from which 12 communities were randomly selected to be studied in depth. Those 12 communities have larger survey samples and also comprise the communities used for the site visits. The survey data can be used to draw conclusions for the nation and for individual communities.

Each round of the Household Survey contains information on approximately 32,000 families and 60,000 individuals and is nationally representative of the civilian, non-institutionalized population. The survey is conducted by telephone; to ensure proper representation, households without telephones are visited by survey staff providing mobile telephones so that those households can be included in the survey. The survey is conducted by Mathematica Policy Research, Inc. Household Survey topics include type of health insurance coverage, utilization of medical services (e.g., number of physician visits and number of emergency room visits), usual source of care, satisfaction with health care, health status and employer health insurance offerings.

The first three household surveys were conducted in 1996-97 (Round One), 1998-99 (Round Two) and 2000-01 (Round Three). The fourth survey is being conducted in calendar year 2003.

ADDITIONAL INFORMATION

For more information on the CTS Household Survey and related HSC Technical Publications, please visit the HSC web site (www.hschange.org). Note that the appendices of the user's guides for the 1998-99 Household Survey (HSC Technical Publications No. 21 and No. 23) contain a brief (16-page) summary of this survey instrument.

This is one in 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 (HSC), which is funded exclusively by The Robert Wood Johnson Foundation and is affiliated with Mathematica Policy Research, Inc.

CONTENTS

<u>Section</u>	<u>Page</u>
Section A: Introduction, Demographics, and Screening	1
Section B: Health Insurance	26
Private insurance coverage	
Public insurance coverage	
Continuity of coverage/changes in coverage	
Insurance plan attributes	
Reason uninsured	
Section C: Resource Use and Unmet Need	66
Hospital use	
Emergency room use	
Office visits (doctors and nonphysician providers)	
Mental health visits	
Postponing or not obtaining needed medical care	
Out-of-pocket spending for medical care	
Section D: Usual Source of Care; Patient Trust in Physician	78
Section E: Health Care Satisfaction and Health Status	84
Satisfaction with health care	
Satisfaction with choice of physicians	
Preventive care	
Waiting time to obtain appointment	
Waiting time in doctor's office	
Travel time to doctor's office	
Ratings of doctor visit (e.g., thoroughness)	
Health status (including chronic conditions)	
Smoking	
Section F: Employment	122
Employment status	
Employer characteristics	
Earnings	
Employer health insurance offerings	
Section G: Family Income and Race/Ethnicity	132
Self-Response Module	140

**Community Tracking Study
1998-99 (Round 2) Household Survey**

INTRODUCTIONS

REINTERVIEW SAMPLE

>pA0< Hello, this is NAME with the Community Tracking Study, the health care study that your household participated in [DATE OF LAST INTERVIEW]. [IF LETTER/BROCHURE SENT: We recently mailed you a brochure describing some of our findings, which we hope you found interesting.] Now, we are conducting a follow-up study to understand how managed care and other changes are affecting the quality of care people receive. As a token of appreciation for your help, we'll send you a check for \$[INCENTIVE].

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

[IF LETTER/BROCHURE NOT SENT: IF R WANTS TO KNOW MORE, SUMMARIZE FINDINGS FROM BROCHURE.]

IF NECESSARY, ADD: Your household's participation in this followup survey, which has the support of state health departments throughout the country [IF STATE SUPPORT: including [fill NAME] will make a real contribution toward efforts to provide high quality and affordable health care.] Let's begin . . .

TYPE <g> TO CONTINUE [GO TO A2]

TO BREAKOFF/ADDITIONAL INFORMATION.....b [GO TO A2]
R CLAIMS HOUSEHOLD NOT IN ROUND 1x [GO TO DEL2]
==>

FOR NEW SAMPLE (VERSION 1 — LETTER)

>paa2< Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We recently sent your household a brochure describing our project. Did you receive it?

YES.....1 [GO TO paa3]
NO0 [GO TO paa4]
==>

>paa3<

As we pointed out in the brochure, the purpose of the Community Tracking Study is to see how the shift to managed care and other health care changes are affecting people in your community. As a token of appreciation for your help, we'll send you \$25 for helping us with our project. May I speak with an adult here who is familiar with the health care of family members.

MORE IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people. The questions are very basic--things like "Are you satisfied with your health care and choice of doctors? Do you have health insurance? Have you had a flu shot in the last 12 months?" The interview is strictly confidential and you don't have to answer any questions you don't want to.

TYPE <g> TO CONTINUE ==> [GO TO A2]

>paa4<

The purpose of the Community Tracking Study is to see how the shift to managed care and other health care changes are affecting people in your community. We are not selling anything or asking for money. As a token of appreciation for your help, we'll send you \$25 for helping us with our project. May I speak with an adult here who is familiar with the health care of family members.

MORE IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people's lives. The questions are very basic--things like "Are you satisfied with your health care and choice of doctors? Do you have health insurance? Have you had a flu shot in the last 12 months?" The interview is strictly confidential and you don't have to answer any questions you don't want to.

TYPE <g> TO CONTINUE ==> [GO TO A2]

FOR NEW SAMPLE (VERSION 2-- NO LETTER):

>s1< Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We're not selling anything or asking for money. This is a study for a private foundation about health issues. As a token of appreciation for your help, we'll send you \$25 for participating in a brief interview. May I speak with an adult at least 18 years old who lives here and is familiar with the health care of family members.

ADDITIONAL TEXT IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people. The questions are very basic--things like "Are you satisfied with your health care and choice of doctors? Do you have health insurance? Have you had a flu shot in the last 12 months?" The interview is strictly confidential and you don't have to answer any questions you don't want to.

LENGTH: The interview will only take about half an hour and we will send you \$25 for helping us with the study.

TYPE <g> TO CONTINUE ===> [GO TO A2]

FOR REFUSAL PREPAYS

>pap1< Hello, my name is _____, calling from Mathematica. Last week, we sent a letter to your household about a study concerning the health care needs of adults and children. As a token of our commitment, we enclosed a check for \$[fill chka].

- Got check, continue..... 1
 - Did not receive check2 [GO TO pap3]
 - CALL BACK3 [GO TO callback]
- ===>

>pap2< I hope the letter and brochure answered your questions about our research study.

PAUSE, AND ANSWER ANY QUESTIONS. IF NO QUESTIONS, CONTINUE

I can conduct the interview with an adult who is familiar with the health care of the people who live here. Let's begin.

TYPE <g> TO CONTINUE

- CALL BACK 1 [GO TO callback]
- ===> [GO TO a2]

>pap3<

I'm calling to ask you to take part in a major health study, and I'd like to resend you a check for \$[fill chka] for helping us with the survey. By sharing your concerns and opinions about health care, you will help answer important questions about how changes in health care are affecting the well being of adults and children in your community.

IF NECESSARY ADD: The interview will only take about a half hour.

I can conduct the interview with an adult who is familiar with the health care of the people who live here. Let's begin.

TYPE <g> TO CONTINUE [GO TO A2]

NEEDS CHECK FIRST 1 [GO TO pap4]
====>

FOR SECOND REFUSALS THAT ARE NOT PREPAY

>cold<

As a token of our good will, I would like to send you a check for \$[fill chka] before you complete the survey.

READ IF NECESSARY: I can send the check and call you back in a few weeks or we could complete the interview now and I can send the check when we are done.

By sharing your concerns and opinions about health care, you will help answer important questions about how changes in health care are affecting the well being of adults and children in your community. This study supported by state health departments throughout the country, and it is funded by the Robert Wood Johnson Foundation.

TO BEGIN INTERVIEW: JUMP BACK ONE SCREEN

TYPE <g> TO GET CHECK INFORMATION [GO TO pap4]

NO, REFUSES r
====> [refusal]

>pap4<

So that we can send you a check for \$[fill chka], could you please give me your full name and address?

ENTER <1> TO CONTINUE
====>

>pap5<

READ AFTER NAME AND ADDRESS OBTAINED: Your name and address are confidential and will only be used if we call you for another interview.

ENTER <g> TO CONTINUE
====> [GO TO callback]

>A2<

CONTINUE WITH INTERVIEW

SPEAKER IS 18 OR OLDER 1 [GO TO a4]
WILL CALL SOMEONE 18 OR OLDER
TO THE PHONE 2
WANTS MORE INFORMATION..... 9 [GO TO a3]

CALLBACK

NO PERSON 18 OR OLDER HOME NOW 3
CALLBACK 10

PROBLEM

PROBABLE MENTAL IMPAIRMENT 5
LANGUAGE BARRIER 6 [GO TO lang]
SUPERVISOR REVIEW 11

REFUSAL

HOUSEHOLD REFUSAL 7
HUNG UP DURING INTRODUCTION..... 12

INELIGIBLE

NO PERSON 18 OR OLDER
LIVES IN THE HOUSEHOLD 4
NOT A RESIDENCE (BUSINESS/
NON-RESIDENCE/GROUP QUARTERS/
INSTITUTION/VACATION HOME) 8
====>

FOLLOW UP RESPONSES FOR ALL SAMPLES

>a3< SPONSOR: The project is sponsored by the Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care. It is not associated with any political party or private company.

LENGTH: For most families the interview averages about 30 to 40 minutes; it is about 15 to 20 minutes for single persons.

CONTACT: If you would like to find out more about the study or the foundation, you can call [Maureen Michael] at [fill phone number].

MORE ON PURPOSE IF NEEDED: We are doing this study because fundamental changes are taking place in health care today, but little information is available on how these changes are affecting people. For example, the project will help us understand whether people are getting the health care they need, their satisfaction with choice of physicians and quality of care, and how we can help children and adults who don't have health insurance or may lose it.

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

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

TYPE <g> TO CONTINUE ==> [GO TO A2]

Section A. DEMOGRAPHICS AND SCREENING

If new sample start at question hhld
If reinterview sample start at question DEL

HOUSEHOLD COMPOSITION

IF RE-INTERVIEW SAMPLE:

>DEL< To begin, I'm going to list the people who were part of this household when we interviewed in [fill MO/YR]. As I read, tell me if any of them no longer live here.

I **INTERVIEWER:** DO NOT READ HOUSEHOLDER TO RESPONDENT. READ GENDER AND AGE AT LAST INTERVIEW IF NAME AND RELATIONSHIP ARE INSUFFICIENT.

DELETE? NAME RELATION SEX AGE AT LAST INTERVIEWER

- [fill NAME][RELATIONSHIP] [Sex][AGE AT R1] 1
- [fill NAME][RELATIONSHIP] [Sex][AGE AT R1] 2
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 3
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 4
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 5
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 6
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 7
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 8

ALL PREVIOUS HOUSEHOLD MEMBERS
CONFIRMED OR DELETEDg

R CLAIMS Household Not in R1 — NO MEMBERS
FROM ROUND 1 REMAIN
[reflag household as new sample]x [GO TO A210]

UNDELETE A PERSON u

UNDELETE THE ENTIRE HHe
==> [GO TO ADD]

NOTES TO >DEL<:

- 1) Entering a <x> response runs the existing deletion routine from the R1 instrument, with a *DELETED* notation appearing in the relationship column. Lines marked as deleted are then available for the interviewer to add “new” members (below). This same *DELETED* notation should appear in all household and FIU review screens in the relationship column (whether for new sample or re-interview sample) unless a “new” person is added to that “line.”
- 2) Data on relationship, sex and age at R1 are offered in the table only to aid the interviewer in verifying the household composition relative to Round 1. If the respondent offers corrections, the interviewer should say, “I’ll take that information from you in a moment,” and continue to verify household composition.

>a202< upon <g> (review complete) in >DEL<, each person still in the table should be flagged to indicate an R1 household member.

>DEL2< Can I take a minute to verify that the people we interviewed at this phone number a couple of years ago are no longer here?

INTERVIEWER: DO NOT READ HOUSEHOLDER TO RESPONDENT. READ GENDER AND AGE AT LAST INTERVIEW IF NAME AND RELATIONSHIP ARE INSUFFICIENT

DELETE?	NAME	RELATION	SEX	AGE AT R1	
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R1] 1
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R1] 2
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R1] 3
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R1] 4
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R1] 5
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R1] 6
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R1] 7
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R1] 8
	ALL PREVIOUS HOUSEHOLD MEMBERS CONFIRMED.....				g
	RESPONDENT CLAIMS HOUSEHOLD NOT IN ROUND 1 - NO MEMBERS FROM ROUND 1 REMAIN [GO TO A210].....				x
	UNDELETE				u
	UNDELETE THE ENTIRE HH				e
	===> [GO TO ADD]				

>A210<

We would still like to include your household in our study. Our goal is to see how managed care and other health care changes are affecting people in your community. The project is sponsored by a private foundation and is endorsed by state health departments throughout the country. As a token of appreciation for your help, we'll send your family \$25 for helping us with the project. Since the survey is about health issues, I would like to speak with an adult who lives here and is familiar with the health care of family members.

MORE IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people's lives. The questions are very basic--things like "Are you satisfied with your health care? Do you have health insurance? Have you had a flu shot in the last 12 months? The interview is strictly confidential and you don't have to answer an questions you don't want to.

TYPE <g> TO CONTINUEg [GO TO hhld]
REFUSAL r [GO TO Ref]
====>

>ADD<

Is there anyone that I have not mentioned who lives or stays here or who is away at college? REREAD NAMES FROM LIST IF NECESSARY.

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

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

IF NO: CODE "n"

IF YES: What are their first names?

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

IF YES: ENTER CODE FOR NEXT AVAILABLE PERSON, WITH A MAXIMUM OF 8 PER HOUSEHOLD. (PROGRAM WILL PROMPT FOR NAMES)

NAME

[fill NAME]	1
[fill NAME]	2
[fill NAME]	3
[fill NAME]	4
[fill NAME]	5
[fill NAME]	6
[fill NAME]	7
[fill NAME]	8

NO OTHER HOUSEHOLD MEMBERSn

8 OR MORE HOUSEHOLD MEMBERSe [GO TO emo1]

==>

**>test head< If Householder from Round 1 is confirmed as a current household member,
GO TO >bmol<; else go to >head<**

>head< Who owns or pays most of the rent on this house? (READ LIST IF
NECESSARY; ENTER CODE FOR PERSON MENTIONED FIRST).

NAME	RELATION	SEX	AGE
------	----------	-----	-----

- [fill NAME][RELATIONSHIP] [Sex][AGE AT R1] 1
- [fill NAME][RELATIONSHIP] [Sex][AGE AT R1] 2
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 3
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 4
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 5
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 6
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 7
- [fill NAME][RELATIONSHIP][Sex][AGE AT R1] 8

====>.....[reassign selected person and their demographic data to the
<1> householder slot] [GO TO bmol]

IF NEW SAMPLE:

>hhld< What are the first names of the people who live or stay here, or who are students away at college? Begin with one of the people who owns or pays most of the rent for this home, and then other people in the household. Be sure to include yourself.

- INTERVIEWER:** 1) IF R. IS RELUCTANT TO GIVE FIRST NAMES: We are asking for first names because the survey includes questions about the health care of family members. The only reason we need first names is so we'll have some way to tell family members apart. If you'd rather not give names, we can take relationships or some other way to tell family members apart.
- 2) Persons who reside at a vacation residence, in institutions (see help screen for definitions), or in other group quarters (10 or more unrelated persons living together) are not eligible.

[fill NAME] [HOUSEHOLDER GOES HERE] 1
[fill NAME] 2
[fill NAME] 3
[fill NAME] 4
[fill NAME] 5
[fill NAME] 6
[fill NAME] 7
[fill NAME] 8

VACATION HOME, INSTITUTION,
GROUP QUART [Ineligible]..... v
NO OTHER HOUSEHOLD MEMBERS n
DELETE A HOUSEHOLD MEMBER x
UNDELETE A HOUSEHOLD MEMBER u
8 OR MORE HOUSEHOLD MEMBERS e [GO TO emo1]
====> [GO TO more]

>more<

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

IF YES: What are their first names?

IF NO: CODE "n"

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

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

- [fill NAME] 1
- [fill NAME] 2
- [fill NAME] 3
- [fill NAME] 4
- [fill NAME] 5
- [fill NAME] 6
- [fill NAME] 7
- [fill NAME] 8

- NO OTHER HOUSEHOLD MEMBERS n
- DELETE A HOUSEHOLD MEMBER x
- UNDELETE A HOUSEHOLD MEMBER u
- 8 OR MORE HOUSEHOLD MEMBERS e [GO TO emo1]
- ===> [GO TO bmo1]

FOR ALL SAMPLE:

>emo1<

You've told me about eight people that live in this household. Do any other people live in this household?

- YES 1
- NO OTHER PEOPLE IN HOUSEHOLD
- [if reinterview sample GO TO test head;
- if new sample GO TO bmo1] n
- ===>

>emo2< How many of those additional people are 18 years old or older?

 |__|__|
 (0-99)
 ===>

>emo3< How many of those additional people are under 18?

 |__|__|
 (0-99)
 ===> [if reinterview sample GO TO test head; if new sample GO TO bmo1]

>bmo1< In what month and year was [fill HOUSEHOLDER] born?

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

- JAN 1
- FEB 2
- MARCH 3
- APRIL 4
- MAY 5
- JUNE 6
- JULY 7
- AUG 8
- SEPT 9
- OCT 10
- NOV 11
- DEC 12

DON'T KNOW d [GO TO age1]
 ===>

>byr1< [no erase]

 |__|__|__|__|
 (1880-1982)

 |__|__| YEAR
 (00-82)
 ===> [GO TO SEX1]

>age1< What is (his/her/your) age?

- INTERVIEWER:** (1) REMEMBER THAT THIS IS THE HOUSEHOLDER.
(2) R. IS UNCERTAIN, PROBE FOR BEST ESTIMATE.
(3) IF R. IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.
(4) If R. STILL REFUSES OR DOESN'T KNOW, ASK IF 18 OR OLDER OR UNDER 18 BECAUSE QUESTIONS ARE DIFFERENT FOR ADULTS AND CHILDREN.

|_|_|_|_| YEARS OLD
(16-120)

18 OR OLDER a
LESS THAN 18 c
==>

>SEX1< . . . and is [fill HOUSEHOLDER] male or female?

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

MALE m
FEMALE f
==> [If age1 lt 23 GO TO col1; else GO TO grd1]

>col1< [Is HOUSEHOLDER/are you] a full-time student?

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

YES 1
NO 0

DON'T KNOW d
REFUSED r
==>

>grd1<

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

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

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

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

|__| |__| GRADE COMPLETED
(0-20)

- DON'T KNOW d
- REFUSED r
- ====>

>mil1<

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

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r
- ====>

>bmo2<

In what month and year was [SECOND PERSON'S NAME] born?

IF R. IS UNCERTAIN PROBE FOR BEST ESTIMATE.

PROBE IF R. IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.

- JAN 1
- FEB 2
- MARCH 3
- APRIL 4
- MAY 5
- JUNE 6
- JULY 7
- AUG 8
- SEPT 9
- OCT 10
- NOV 11
- DEC 12

DON'T KNOWd [GO TO age2]
====>

>byR1<

[no erase]

|_|_|_|_|_| YEAR
(1880-1998)

|_|_|_|
(00-82) 1

DON'T KNOWd [GO TO age2]
====> [GO TO SEX2]

>age2<

What is [SECOND PERSON'S NAME'S] age?

INTERVIEWER:

- (1) CODE "0" IF LESS THAN SIX MONTHS.
- (2) CODE "1" IF LESS THAN ONE YEAR BUT MORE THAN SIX MONTHS
- (3) IF RESPONDENT IS UNCERTAIN, PROBE FOR BEST ESTIMATE
- (4) IF RESPONDENT IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.
- (5) IF R STILL REFUSES OR DOESN'T KNOW, ASK IF 18 OR OLDER OR UNDER 18 BECAUSE QUESTIONS ARE DIFFERENT FOR ADULTS AND CHILDREN.

|_|_|_| YEARS OLD
(0-120)

18 OR OLDER a
LESS THAN 18 c
====>

>SEX2<

. . . and is [SECOND PERSON'S NAME] male or female?

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

MALE m
FEMALE..... f
====>

test:

[if age2 ge 16 and lt 23 GO TO col2; else GO TO test grd2]

>col2<

Is [fill NAME] a full-time student?

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

YES 1
NO 0

DON'T KNOW d
====>

>test grd2< [if age2 lt 18 GO TO rel2]

>grd2< What is the highest grade or year of school [fill NAME] completed?

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

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

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

|__| |__| GRADE COMPLETED
(0-20)

DON'T KNOW	d
REFUSED.....	r

==>

>mil2< [IF age2 ge 18 and lt 65] Is [fill NAME] on active duty in the military at this time?

YES.....	1
NO	0

DON'T KNOW	d
REFUSED.....	r

==>

>rel2< How is [fill NAME] related to [fill HOUSEHOLDER]?

- HUSBAND..... 1
 - WIFE2
 - OWN SON/DAUGHTER.....3
 - ADOPTED SON/DAUGHTER¹ 13
 - STEP SON/DAUGHTER4
 - GRAND SON/DAUGHTER.....5
 - PARENT6
 - BROTHER/SISTER.....7
 - SON/DAUGHTER-IN-LAW.....8
 - MOTHER/FATHER-IN-LAW9
 - OTHER RELATIVE 10
 - FOSTER CHILD..... 11
 - NON RELATIVE/UNMARRIED PARTNER..... 12
- ====>

Repeat bmo2-rel2 for each person.

test: [if any person is ≥ 18 and relationship to householder is <7> <8>, <9>, <10> or <12> and at least one person, other than householder or spouse, is ≥ 14 and different sex from (this/these) persons; GO TO maR1; else GO TO test after sps2.

>maR1< Is [fill NAME] married to anyone who currently lives here?

INTERVIEWER: CODE "NO" FOR COHABITEE

- YES..... 1
 - NO0 [GO TO next person or next test]
- ====>

>sps2< To whom is [fill NAME] married?

- [fill NAME] 1
 - [fill NAME]2
 - [fill NAME]3
 - [fill NAME]4
 - [fill NAME]5
 - [fill NAME]6
 - [fill NAME]7
 - [fill NAME]8
- ====>

¹Adopted child is treated the same as child for all questions, except ethnicity (which is skipped for own child).

- tests:
- (1) Verify that spouses are opposite sexes and at least 14 years of age.
 - (2) Repeat for each person ge 18 and relationship to householder is <7>, <8>, <9>, <10> or <12>.
 - (3) If any person lt 18 and relationship to householder is not equal to <3>, <4>, <11>, or <13> then GO TO paR1; else GO TO family formation.

>par1< Is anyone who lives here the parent or guardian of [fill NAME]?

YES..... 1
 NO 0 [GO TO next child
 or next test]

====>

>who2< Who is [fill NAME]'s parent or guardian?

CODE ONLY ONE

INTERVIEWER: IF CHILD HAS TWO PARENTS/GUARDIANS CODE MOTHER OR FEMALE GUARDIAN.

[fill NAME] 1
 [fill NAME] 2
 [fill NAME] 3
 [fill NAME] 4
 [fill NAME] 5
 [fill NAME] 6
 [fill NAME] 7
 [fill NAME] 8

====>

Repeat for others meeting test before paR1.

>snow<

Do/Does (READ NAMES FROM TABLE) have another residence where (they he/she) lives more than half the year?

ENTER THE PERSON NUMBER OF PERSONS HAVING ANOTHER RESIDENCE.

NOTE: STUDENTS 16-22 ARE NOT DISPLAYED IN THE TABLE. THEY ARE PART OF THE HOUSEHOLD EVEN IF AWAY AT SCHOOL MORE THAN HALF THE YEAR.

NAME	RELATION	SEX	AGE
------	----------	-----	-----

[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]	1
[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]	2
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]	3
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]	4
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]	5
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]	6
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]	7
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]	8

DELETE A CODE.....	x
REVIEW COMPLETE	n

==>

NOTE: PERSONS WHO HAVE OTHER RESIDENCES WILL BE INCLUDED IN R1 TO TEST IMPACT ON ESTIMATES, WILL BE DELETED FOR R3.

Form interviewing units using the following rules:²

- (1) If no one other than householder or householder and spouse is 18 and older, then the household consists of one family.
- (2) Assign persons whose relationship to householder is parent, and any children linked to them, to a separate family.
- (3) Assign persons whose relationship to householder is mother/father-in-law, and any children linked to them, to a separate family.
- (4) Assign additional married persons, and any children linked to them, to a separate family.
- (5) If any remaining (unmarried) person's relationship to householder is child or step-child, he or she is 18 to 22, and a full time student, assign that person, and any children linked to that person, to householder's family.
- (6) Assign any remaining, unmarried persons 18 and older who are not full time students (and any children linked to them) to separate family units.
- (7) If householder or householder's spouse is under 18 and not a student, then he or she and his or her spouse and/or children are eligible. The householder and spouse (if under 18) should be treated as adult(s) during the interview.
- (8) Exclude a person as ineligible if:
 - (1) Person is unmarried full-time student, 16-22 years of age, and is not a child or ward of householder.
 - (2) Person is under 18, not a householder, relationship to householder is not equal to spouse or child, and no one in household is parent or guardian.
 - (3) Person is active military; however that person can act as survey informant for family interview, and his or her income should be included in income module.
- (9) ..Exclude interviewing unit as ineligible if all persons 18 and older assigned to the unit are active military.

²The interviewing unit is defined to reflect an insurance unit, including the household head, spouse, and their dependent children up to but not including age 18, or up to but not including age 23 if they are in school. This definition represents conventional practice in the private insurance market and is similar to the filing unit used by Medicaid and state subsidized insurance programs. The census family (U.S. Bureau of the Census, 1992) sometimes comprises more people than the insurance family. Examples of people typically included in the same census unit, but in different insurance units, are adult children and their families living in the homes of their parents; adult siblings living together; and parents living in the home of their adult children. These persons will form separate interviewing units.

Child Random Selection by the following rules:

- 1) Determine if sampled R1 child has been identified as an R3 FIU member and is under age 18.

IF YES: Select R1 child as R3 child and go to >resp<

IF > 1 R1 sampled child (due to FIU reformation), set a flag and pick one child of the flagged children at random.

IF NO: Sample new R1 child (demographics collected above) and go to >kdc1<

NOTE: NATIONAL SAMPLE WITHIN PSU SITES ARE CODED FOR PSU;
OTHERWISE PSU FOR NATIONAL SAMPLE =0

>test1< If PSU > 0 GO TO kdck Else GO TO kdck3

>kdck< Was [fill NAME] living in the [PSU NAME] area at any time from August 1996 THROUGH July 1997?

PROBE: We need to ask this question to know whether children selected for this survey also had a chance to be selected in the first survey.

YES..... 1
NOT YET BORN 2
ALIVE, BUT LIVING OUTSIDE AREA 3 [GO TO kdck2]

DON'T KNOW d
REFUSED r
==> [GO TO fiu formation]

>kdck2< Was [fill NAME] living in the continental United States at any time from 1996 THROUGH July 1997?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
==> [GO TO fiu formation]

>kdck3<

Was [fill NAME] living in the continental United States at any time from August 1996 THROUGH July 1997?

PROBE: We need to ask this question to know whether children selected for this survey also had a chance to be selected in the first survey.

- YES..... 1
- NOT YET BORN2
- ALIVE, BUT LIVING OUTSIDE CONTINENTAL US.....3

- DON'T KNOWd
- REFUSED r
- ====> [GO TO fiu formation]

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

NOTE: The review of household composition is done on screens organized by Family Insurance Units (FIUs).

>resp<

INTERVIEWER: ENTER THE [r]HIGHLIGHTED[n] NUMBER OF PERSON WITH WHOM YOU'RE SPEAKING (I.E. "BEST RESPONDENT").

IF RESPONDENT NOT KNOWN ASK: With whom am I speaking?

A PERSON WITH AN * IN FRONT OF THEIR NAME IS NOT ELIGIBLE.

IF YOU ARE TALKING TO A HOUSEHOLD MEMBER WHO IS NOT ELIGIBLE TO BE INTERVIEWED, ASK FOR AN ELIGIBLE HOUSEHOLD MEMBER.

INTERVIEWER: REVIEW NAME, RELATIONSHIP TO HOUSEHOLDER, SEX, AND AGE OF ALL HH MEMBERS WITH RESPONDENT

#	NAME	RELATION	SEX AGE
	[fill NAME]	[RELATIONSHIP]	[Sex][AGE] 1
	[fill NAME]	[RELATIONSHIP]	[Sex][AGE]2
	[fill NAME]	[RELATIONSHIP]	[Sex][AGE]3
	[fill NAME]	[RELATIONSHIP]	[Sex][AGE]4
	[fill NAME]	[RELATIONSHIP]	[Sex][AGE]5
	[fill NAME]	[RELATIONSHIP]	[Sex][AGE]6
	[fill NAME]	[RELATIONSHIP]	[Sex][AGE]7
	[fill NAME]	[RELATIONSHIP]	[Sex][AGE]8
	====>		

b. HEALTH INSURANCE

>bbeg< We would like to conduct the rest of the interview with you. (We will also be asking questions about READ NAMES. . .) and we will be sending you a check for \$25 for completing the interview.

INTERVIEWER: NOTE ONLY ONE CHILD IS SELECTED PER FAMILY

TYPE <g> TO CONTINUE

====>

>test b< If FIU > 1 GO TO >b<, else GO TO b1.

>b< **We also want to conduct a separate interview with READ NAMES who will receive \$25 for participating in the interview**

TYPE <g> TO CONTINUE ====>

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

>b1a<

Are READ NAMES covered by a health insurance plan from (your/any of your/either of your) current or former employers or unions. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBES:

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

CODE ALL THAT APPLY

- [fill NAME] 1
- [fill NAME] 2
- [fill NAME] 3
- [fill NAME] 4
- [fill NAME] 5
- [fill NAME] 6
- [fill NAME] 7
- [fill NAME] 8

- NONE/NO ONE/NO OTHER RESPONSES n
- NEED TO DELETE A RESPONSE x

- DON'T KNOW d
- REFUSED r
- ===>

>b1b<

Are (READ NAMES) covered by a health insurance plan bought on your or their own. [BRFQ]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBES:

- (1) Include insurance plans purchased through a professional association or trade groups.
- (2) Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care or accident.

CODE ALL THAT APPLY

- [fill NAME] 1
- [fill NAME] 2
- [fill NAME] 3
- [fill NAME] 4
- [fill NAME] 5
- [fill NAME] 6
- [fill NAME] 7
- [fill NAME] 8

NONE/NO ONE/NO OTHER RESPONSES n
 NEED TO DELETE A RESPONSE x

DON'T KNOW d
 REFUSED r
 ===>

>b1c<

Are READ NAMES covered by a health insurance plan provided by someone who does not live in this household. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

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

CODE ALL THAT APPLY

- [fill NAME] 1
- [fill NAME] 2
- [fill NAME] 3
- [fill NAME] 4
- [fill NAME] 5
- [fill NAME] 6
- [fill NAME] 7
- [fill NAME] 8

- NONE/NO ONE/NO OTHER RESPONSES n
- NEED TO DELETE A RESPONSE x

- DON'T KNOW d
- REFUSED r

==>

>b1d< Are READ NAMES covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities. [CPS]

IF YES: Who is covered?

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

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

CODE ALL THAT APPLY

[fill NAME] 1
[fill NAME] 2
[fill NAME] 3
[fill NAME] 4
[fill NAME] 5
[fill NAME] 6
[fill NAME] 7
[fill NAME] 8

NONE/NO ONE/NO OTHER RESPONSES n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r

====>

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

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

CORRECT 1
TO CORRECT MEDICARE 2 [:jb b1d]
TO CORRECT AGE 3 [:jb [INSERT AGE
FIELD]]

====>

**REVISED TEXT PERMIT PERSONS TO REPORT MEDICAID/STATE
COVERAGE AND PRIVATE COVERAGE; DUAL MEDICARE/MEDICAID
OBTAINED IN b60, AVOIDING STATE COVERAGE QUESTION FOR
MEDICARE BENEFICIARIES.**

>blex< IF STATE ONLY OFFERS MEDICAID: Are READ NAMES covered by [Medicaid/fill STATE NAME], the government assistance program that pays for health care? NOTE: WE REPLACED “for people in need” with “that pays for health care.”

YES.....1 [GO TO b1e]
NO0

DON'T KNOWd
REFUSED.....r
==> [GO TO test b1f]

>bley< IF STATE OFFERS OTHER SUBSIDIZED PROGRAMS AS WELL AS MEDICAID: Are READ NAMES covered by any of the following government assistance programs that help pay for health care: [Medicaid/fill STATE NAME; fill STATE SPECIFIC PLANS, INCLUDING CHIP], IF YES; Which program is that?

CODE ALL THAT APPLY

Medicaid/fill STATE NAME.....1 [GO TO b1e]
fill STATE SPECIFIC PLANS, INCLUDING CHIP
[BLANK IF NO STATE PROGRAM]2 [GO TO b1h]

NO ONE COVERED/NO MORE CODESn [GO TO test b1f]

SOMEONE COVERED, DON'T KNOW
WHICH PLAN.....d [GO TO b1e];
FOLLOW MEDICAID ATTRIBUTE SEQUENCE IF
CAN'T IDENTIFY PROGRAM NAME, fill Medicaid.

REFUSED.....r [GO TO test b1f]
DELETE A CODE.....x
==>

>ble<

Are READ NAMES covered by [Medicaid/fill STATE NAME]?

CODE ALL THAT APPLY

- [fill NAME] 1
- [fill NAME] 2
- [fill NAME] 3
- [fill NAME] 4
- [fill NAME] 5
- [fill NAME] 6
- [fill NAME] 7
- [fill NAME] 8

NONE/NO ONE/NO OTHER RESPONSES n
 NEED TO DELETE A RESPONSE x

DON'T KNOW d
 REFUSED r
 ===>

>b1h<

Are READ NAMES covered by fill STATE SPECIFIC PLANS, INCLUDING CHIP?

CODE ALL THAT APPLY

- [fill NAME] 1
- [fill NAME] 2
- [fill NAME] 3
- [fill NAME] 4
- [fill NAME] 5
- [fill NAME] 6
- [fill NAME] 7
- [fill NAME] 8

NONE/NO ONE/NO OTHER RESPONSES n
 NEED TO DELETE A RESPONSE x

DON'T KNOW d
 REFUSED r
 ===>

PERMITS MEDICAID AND MILITARY REPORTING, WHICH WAS NOT ALLOWED IN R1

>b1f< Are READ NAMES covered by CHAMPUS, CHAMP-VA, TRICARE, VA, or some other military health care. [NHIS]

IF YES: Who is covered?

CODE ALL THAT APPLY

[fill NAME] 1
[fill NAME] 2
[fill NAME] 3
[fill NAME] 4
[fill NAME] 5
[fill NAME] 6
[fill NAME] 7
[fill NAME] 8

NONE/NO ONE/NO OTHER RESPONSES n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r

==>

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

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

INTERVIEWER: CODE ALL THAT APPLY

INTERVIEWER: IF R IS UNSURE TRICARE STANDARD AND PRIME, CODE "3" STANDARD.

CHAMPUS 1
CHAMP-VA 2
TRICARE STANDARD 3
TRICARE PRIME 4
TRICARE EXTRA 5
VA 6
OTHER [SPECIFY] 7

DON'T KNOW TYPE d
REFUSED r

==>

PERMITS IHS AND OTHER PLANS TO BE REPORTED.

>b1g< Are READ NAMES covered by the Indian Health Service. IF YES: Who is covered?

CODE ALL THAT APPLY

- [fill NAME] 1
 - [fill NAME] 2
 - [fill NAME] 3
 - [fill NAME] 4
 - [fill NAME] 5
 - [fill NAME] 6
 - [fill NAME] 7
 - [fill NAME] 8

 - NONE/NO ONE/NO OTHER RESPONSES n
 - NEED TO DELETE A RESPONSE x

 - DON'T KNOW d
 - REFUSED r
- ===>

>test b1i1< **If all family members covered by some type of health insurance GO TO test b2, else GO TO b1i1.**

>bli1< Are READ NAMES covered by a health insurance plan that I have not mentioned. IF YES: What is the name of the plan?

- YES [SPECIFY]..... 1
 - NO 0 [GO TO test bli]

 - DON'T KNOW d
 - REFUSED r
- ===>

>bli2<

Who is covered by [fill NAME SPECIFIED]?

CODE ALL THAT APPLY

- [fill NAME] 1
 - [fill NAME] 2
 - [fill NAME] 3
 - [fill NAME] 4
 - [fill NAME] 5
 - [fill NAME] 6
 - [fill NAME] 7
 - [fill NAME] 8

 - NONE/NO ONE/NO OTHER RESPONSES 0
 - NEED TO DELETE A RESPONSE x

 - DON'T KNOW d
 - REFUSED r
- ===>

>test b1j<

[IF A FAMILY MEMBER WAS NOT COVERED UNDER SOME PLAN, GO TO bij; ELSE GO TO test b2]

>bij<

INTERVIEWER: READ FOR FIRST PERSON ONLY (According to the information we have, [fill NAME] does not have health care coverage of any kind). Does (he/she) have health insurance or coverage through a plan I might have missed?

INTERVIEWER: REVIEW PLANS IF INFORMANT IS UNSURE.

- NO/NOT COVERED BY ANY PLAN..... 0
 - HEALTH INSURANCE PLAN FROM A
CURRENT OR PAST EMPLOYER/
UNION/SCHOOL..... 1
 - A HEALTH INSURANCE PLAN BOUGHT ON
HIS/HER OWN/PROF. ASSN..... 2
 - A PLAN BOUGHT BY SOMEONE WHO
DOES NOT LIVE IN THIS HOUSEHOLD 3
 - MEDICARE 4
 - MEDICAID/STATE NAME 5
 - CHAMPUS/CHAMP-VA, TRICARE, VA,
OTHER MILITARY 6
 - INDIAN HEALTH SERVICE 7
 - [fill STATE PLAN] 8
 - OTHER PLAN [SPECIFY] 9

 - DON'T KNOW d
 - REFUSED r
- ===> [GO TO NEXT UNINSURED PERSON OR GO TO test b2]

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

>b2000< Set calln = 0 # initialize variable to keep track of which call (that is, within the three private plan "grid," which plan are we on when we make the call) to the external program.

>b2< In how many different health plans (obtained through current or past employers/(or) that you purchased directly/(or) were provided by someone who does not live in your household) are [fill NAMES OF FAMILY MEMBERS LISTED IN b1a, b1b or b1c EXCEPT FOR THOSE 65 AND NOT COVERED BY MEDICARE] enrolled?

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

|____| PLANS
(1-3)

0.....0 [go back to b1 and correct]

DON'T KNOWd

REFUSED r

====>

PROGRAM ACCESS INSURER DATABASE: IF REINTERVIEW, HARD MATCH AND ONE PRIVATE PLAN AT R1 AND R2 GO TO B204; ELSE GO TO ZB211

>b204< When we last interviewed (you/your family) on [fill MO/YR OF R1 INTERVIEW], we recorded your health insurance plan as [fill fptxt]. Do you still have this plan?

YES.....1 [GO TO b231]

NO0

DON'T NOWd

REFUSED r

====> [GO TO b205]

>b205< Did your plan change since [fill MO/YR of R1 INTERVIEW] or is [fill fptxt] incorrect?

PLAN CHANGED 1

INCORRECT NAME 2

DON'T KNOWd

REFUSED r [GO TO b231]

====> [GO TO zb211]

PROGRAM ACCESSES INSURER DATABASE MATCHING PROGRAM

>zb211< What is the complete name of [the; the SECOND; the THIRD] plan?

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

DISPLAY: Read-Only List Of 12 entity names

DON'T KNOW
[fill "this plan" in subsequent questions].....d [GO TO b231]

REFUSED
[fill "this plan" in subsequent questions]..... r [GO TO b231]
====> GO TO zb221

>zb221< **INTERVIEWER:** CODE WHETHER DOCUMENT USED. [NO ERASE]

INSURANCE CARD 1
CLAIMS FORM 2
INSURANCE POLICY 3
NO DOCUMENT USED 0

INSURANCE COMPANY NAME INCORRECT,
BACKUP AND CORRECT 9
====>

>zMb2232< **The program attempts to match the informant's policy (zb221) with insurers and their products in the insurer database:**

- 1) The text in zb221 is matched against text in the database. Non-matches are discarded.
- 2) The program then looks for insurers in the state (more than one state for sites that cross state boundaries) that match components of the text in zb221.
- 3) For possible matches, the program outputs a list of insurers and products linked to those insurers.
- 4) If there are no matches GO TO zb2240.

>zb2233< **[Insurer match within state]**

I'm going to read a list of plans offered by that company. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan (read from list of products:)

Confirmed plan is highlighted 1 **[GO TO b231]**
No match —continue..... 0 **[GO TO zb2240]**
Insurance company name incorrect --
backup and correct.....9

>zb2240< Was this insurance plan obtained in a state other than (fill STATE)?

YES..... 1
NO 0 **[GO TO b231]**
DON'T KNOWd **[GO TO b231]**
===>

>zb2241< What state is that? [NO ERASE]

{DISPLAY: Code list for states}
===>

>zb2251< **[Company or plan match within another state. Repeat process described in Mb2232 and continue with zb2251]**

Here's a list of additional plans in [fill STATE]. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan. (read from list of products:)

Confirmed plan is highlighted 1
Edit text string 2
No match — accept text string 3

====> Continue with b231

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

In whose name is this plan?³

INTERVIEWER: CODE NON-SPECIFIED POLICY HOLDER IN "OTHER."

[fill NAME] 1
[fill NAME] 2
[fill NAME] 3
[fill NAME] 4
[fill NAME] 5
[fill NAME] 6
[fill NAME] 7
[fill NAME] 8
OTHER [SPECIFY] 9

DON'T KNOW d
REFUSED r

====>

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

³The program only permits family members with private coverage and persons GE 65 to be coded as policy holders; the program also lists adults in other family units within the household for policy holder questions.

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

[READ ASTERISKED NAMES IF NECESSARY.]

CODE ALL THAT APPLY

[fill NAME] 1
[fill NAME] 2
[fill NAME] 3
[fill NAME] 4
[fill NAME] 5
[fill NAME] 6
[fill NAME] 7
[fill NAME] 8

NONE/NO ONE/NO OTHER RESPONSES n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r
===>

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

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

YES 1 [GO TO b261]
NO 0

DON'T KNOW d
REFUSED r
===> [GO TO b271]

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

DISPLAY IF REINTERVIEW: INTERVIEWER: The (employer/union) listed when we last interviewed you was [fill NAME].

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION NAME:
We are trying to understand differences in insurance plans and how the benefits offered by a particular insurance company vary by employer/union.

INTERVIEWER NOTE: BE AS SPECIFIC AS POSSIBLE. SPELL OUT INITIALS AND INCLUDE UNION CHAPTER NUMBERS.

(72 CHARACTERS)

DON'T KNOWd
REFUSED r
====> [GO TO b291]

NOTE: Included new b271 and b281.

>b271< Was this plan obtained through a state or federal government program that helps pay insurance coverage?

YES.....1 [GO TO b281]
NO0 [GO TO b291]

DON'T KNOWd [GO TO b281]
REFUSED r
====> [GO TO b291]

>b281< Do you recall the name of the program?

PROBE: Some programs that help provide health insurance include [fill STATE PROGRAMS].

[fill STATE PROGRAMS]..... 1
OTHER [SPECIFY] 9

DON'T KNOWd
REFUSED r
====>

>b291<

Did READ ASTERISKED NAMES enroll in [NAME OF PLAN] in the past 12 months, that is after [fill DATE]?

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

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

IF RESPONDENT SAYS HE/SHE STAYED WITH THE SAME PLAN DURING OPEN ENROLLMENT, CODE NO.

CODE ALL THAT APPLY

[fill NAME] 1 [GO TO b301]
[fill NAME] 2 [GO TO b301]

NO ONE n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r
==> [GO TO test b311]

>b301<

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

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

|__| |__| MONTHS
(0-11)

DON'T KNOW d
REFUSED r
==> [REPEAT b301 FOR EACH PERSON ENROLLED IN PAST 12 MONTHS]

>test b311< [if b251 ne <1> GO TO b311; else GO TO b331]

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

How much is the insurance premium for this policy?

NONE.....0

\$|_|_|_|_|_|

\$(10-9997)[GO TO b321]

DON'T KNOWd

REFUSED r

====> [GO TO b331]

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

WEEK 1

EVERY OTHER WEEK2

TWICE A MONTH3

MONTH.....4

QUARTER.....5

SEMI-ANNUAL.....6

ANNUAL7

====>

>b331< Does (PLAN NAME) require (you/members)⁴ to sign up with a certain primary care doctor, group of doctors, or clinic, which (you/they) must go to for all of your routine care?

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

YES 1

NO0

DON'T KNOWd

REFUSED r

====>

⁴Substitute "members" if informant is not covered.

>b341<

[NOTE: BASED ON CAHPS] In order to see a specialist under [fill PLAN NAME], do (you/members) need to get a referral, that is approval or permission, from your doctor **or health plan**?

PROBE: Do not include emergency care.

YES.....1
 NO0

DON'T KNOWd
 REFUSEDr

==>

>b351<

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

YES.....1
 NO0

DON'T KNOWd
 REFUSEDr

==>

>b361<

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

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

YES.....1
 NO0

DON'T KNOWd
 REFUSEDr

==>

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

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

YES.....1
NO0

DON'T KNOWd
REFUSED r
===>

>test b381< [IF b251 = <0>, <d> or <r>, GO TO test b40; Else, GO TO, b381]

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

YES.....1 [GO TO b391]
NO0

DON'T KNOWd
REFUSED r
====> [GO TO test b40]

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

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

YES.....1
NO0

DON'T KNOWd
REFUSED r
===>

>test b40< IF b2>1 (MORE THAN ONE PRIVATE PLAN), ASK b212-b392 FOR SECOND PLAN; IF b2=3, ASK b213-b393 FOR THIRD PLAN; ELSE, IF ANY FAMILY MEMBER HAS MILITARY COVERAGE (b1f ge<1>) AND AT LEAST ONE PERSON WITH MILITARY COVERAGE IS NOT COVERED BY SOME OTHER HEALTH PLAN, GO TO b40; ELSE GO TO test b51]

>b40< Next, we have some questions about military health plans.

In whose name is this [fill b1f1] plan?

NOTE: If b1f1 = <7>, <d>, or <r>, fill "military health."

- [fill NAME] 1
- [fill NAME] 2
- [fill NAME] 3
- [fill NAME] 4
- [fill NAME] 5
- [fill NAME] 6
- [fill NAME] 7
- [fill NAME] 8

- NON-FAMILY MEMBER..... 9
- OTHER [SPECIFY] 0

====>

>b41< Did [fill NAMES OF POLICY-HOLDER (b40) AND PERSONS COVERED (b1f1)] enroll in [NAME OF PLAN] in the past 12 months, that is after [fill DATE]?

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

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

[fill NAME] 1 [GO TO b421]
[fill NAME] 2 [GO TO b421]

NO ONE n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r
====> [GO TO test b51]

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

|__| |__| MONTHS AGO
(0-11)

====> [REPEAT b42a FOR EACH PERSON COVERED, THEN GO TO test b51.]

>test b51< **Medicare [if b1d ge <1> GO TO b54; else GO TO test b61]**

>b54< Does [fill NAMES] use [his/her] Medicare coverage at an HMO?

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

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

YES--MEDICARE BENEFICIARIES IN HMO 1 [GO TO b55a]
YES--TWO BENEFICIARIES AND ONLY
HUSBAND SIGNED UP WITH HMO 2 [GO TO b55a]
YES - TWO BENEFICIARIES AND ONLY
WIFE SIGNED UP WITH HMO 3 [GO TO b55a]
NO/NONE 0

DON'T KNOW d
REFUSED r
====> [GO TO b51]

>b55a<

What is the name of the HMO plan?

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

TO ENTER PLAN NAME.....

[PLAN NAME - 72 CHARACTERS]

DON'T KNOW d [fill "this plan"]

REFUSED r [fill "this plan"]

====>

>b55b<

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

INSURANCE CARD 1

CLAIMS FORM 2

INSURANCE POLICY 3

NO DOCUMENT USED 0

====>

>b55c<

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

YES 1

NO 0

DON'T KNOW d

REFUSED r

====>

>b51< [Under the HMO plan,] (are you/are they/is he/is she) required to sign up with a certain primary care doctor, group of doctors, or clinic, which (you/they) must go to for all of (your/their/his/her) routine care?

PROBES:

(1) Do not include emergency care or care from a specialist you were referred to.

(2) IF HUSBAND AND WIFE HAVE DIFFERENT MEDICARE PLANS, WITH ONE IN AN HMO AND ONE IN AN INDEMNITY PLAN, ASK FOR CHARACTERISTICS OF HMO PLAN.

NOTE: IF b54 eq <2> OR <3> PROGRAM STATEMENT IN BRACKETS.

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

>b52< [Under the HMO plan,] in order to see a specialist, (do(es) (you/they/he/she) need approval or permission, from (your/their/his/her) doctor or health plan?

PROBE: Do not include emergency care.

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

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

ANY DOCTOR/CLINIC..... 1
BOOK/DIRECTORY/LIST 2

DON'T KNOW d
REFUSED r
====>

>test b56< [IF b53 eq <2> OR b54 eq <1>, <2> or <3> GO TO b56; ELSE GO TO b57]

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

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

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

CODE ALL THAT APPLY

[fill NAME] 1 [GO TO b58]
[fill NAME] 2 [GO TO b58]
[fill NAME] 3 [GO TO b58]
[fill NAME] 4 [GO TO b58]
[fill NAME] 5 [GO TO b58]
[fill NAME] 6 [GO TO b58]
[fill NAME] 7 [GO TO b58]
[fill NAME] 8 [GO TO b58]

NONE/NO ONE/NO OTHER RESPONSES n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r
====> [GO TO b59]

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

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

|__|__| MONTHS
(0-11)

DON'T KNOW d
REFUSED r
====> [REPEAT FOR EACH MEDICARE BENEFICIARY ENROLLED IN PAST 12 MONTHS]

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

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

CODE ALL THAT APPLY

[fill NAME] 1 [GO TO b59a]
[fill NAME] 2 [GO TO b59a]

NONE.....n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r
====> [GO TO test b60]

>59a1< FOR EACH PERSON CODED IN b59, ASK: Was [fill NAME]'s policy obtained through a current or past employer or union?

YES.....1
NO0

DON'T KNOW d
REFUSED r
====>

>test b61< **ALL MEDICAID RECIPIENTS GO TO b64 [If bley eq <1> or <d>) GO TO b64; else GO TO test b70.]**

>b64<

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

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
==>

>b67<

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

IF MORE THAN ONE PERSON, ASK: Who enrolled in (STATE NAME/Medicaid) in the past 12 months?

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

[fill NAME] 1 [GO TO b68]
[fill NAME] 2 [GO TO b68]
[fill NAME] 3 [GO TO b68]
[fill NAME] 4 [GO TO b68]
[fill NAME] 5 [GO TO b68]
[fill NAME] 6 [GO TO b68]
[fill NAME] 7 [GO TO b68]
[fill NAME] 8 [GO TO b68]

NONE/NO ONE/NO OTHER RESPONSES n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r

==> [GO TO test b70]

>b68< How many months ago did [fill NAME] enroll in [STATE NAME/Medicaid]?

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

|__|__| MONTHS
(0-11)

DON'T KNOW d

REFUSED r

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

>test b70< **ATTRIBUTES ASKED IF STATE PLAN, INCLUDING CHIP, AND NO PRIVATE PLANS. [If (b2<1) and (b1e eq <2> or b1i1 eq <1>) GO TO b71; else GO TO testb80]**

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

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

INTERVIEWER: CODE NON-SPECIFIC POLICY HOLDER IN "OTHER."

- [fill NAME] 1
- [fill NAME] 2
- [fill NAME] 3
- [fill NAME] 4
- [fill NAME] 5
- [fill NAME] 6
- [fill NAME] 7
- [fill NAME] 8
- OTHER [SPECIFY] 9

==>

>b75<

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

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

YES..... 1
 NO 0

DON'T KNOW d
 REFUSED r

==>

>b77<

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

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

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

[fill NAME] 1 [GO TO b78]
 [fill NAME] 2 [GO TO b78]
 [fill NAME] 3 [GO TO b78]
 [fill NAME] 4 [GO TO b78]
 [fill NAME] 5 [GO TO b78]
 [fill NAME] 6 [GO TO b78]
 [fill NAME] 7 [GO TO b78]
 [fill NAME] 8 [GO TO b78]

NO ONE AFTER [fill DATE]/NO ONE ELSE n

DON'T KNOW d
 REFUSED r

==> [GO TO test b80]

>b78< How many months ago did [fill NAME] enroll in [NAME OF STATE PROGRAM]?

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

|__|__| MONTHS
(0-11)

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

CURRENTLY UNINSURED

>test b80< **[IF ONE OR MORE FAMILY MEMBERS IS CURRENTLY UNINSURED BUT AT LEAST ONE MEMBER IS PRIVATELY INSURED, GO TO b79 ELSE, IF ALL FAMILY MEMBERS ARE UNINSURED, GO TO b80 FOR FIRST PERSON; ELSE GO TO TEST b85]**

>b79< Is family coverage offered under [POLICY HOLDER'S] health insurance plan?

YES.....1 [GO TO b791]
NO0

DON'T KNOWd
REFUSED.....r

==> [GO TO b801 FOR FIRST UNINSURED PERSON]

>b791< (Is/Are) [fill NAMES OF UNINSURED FAMILY MEMBERS] not covered by [fill POLICY HOLDERS] plan because health insurance costs too much or was there some other reason?

COSTS TOO MUCH1
OTHER [SPECIFY]2

==> [GO TO b801 FOR FIRST UNINSURED PERSON]

>b801< At any time during the past 12 months [was fill NAME/were you] covered by [Medicaid/fill STATE NAME], [fill STATE PROGRAM], or a health insurance plan obtained through work, a union, or purchased directly?

YES.....1 [GO TO b81]
NO0

DON'T KNOWd
REFUSED.....r

==> [GO TO next uncovered person or test b85]

>b81<

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

INTERVIEWER: CODE ONLY ONE.

- a health insurance from an employer or union or purchased directly from an insurance company..... 1 [GO TO b82]
- Medicaid/fill state name 2 [GO TO b82]
- [fill state plan] 3 [GO TO b82]
- Champus, Champ-VA, Tricare, VA, or other military coverage 4
- Indian health service 5
- NONE..... 0

- DON'T KNOW d
- REFUSED r
- ====> [GO TO next uncovered person or test b85]

>b82<

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

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

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r
- ====>

>b83<

In what month did [fill NAME'S/your] health insurance coverage under this plan stop?

- JAN 1
 - FEB 2
 - MARCH 3
 - APRIL 4
 - MAY 5
 - JUNE 6
 - JULY 7
 - AUGUST 8
 - SEPT 9
 - OCT 10
 - NOV 11
 - DEC 12

 - DON'T KNOW d
 - REFUSED r
- ==>

>b84<

Why did [fill NAME]'s health insurance coverage stop?

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

- LOST JOB OR CHANGED EMPLOYERS 1
 - SPOUSE/PARENT LOST JOB OR
CHANGED EMPLOYERS 2
 - GOT DIVORCED OR SEPARATED/
DEATH OF SPOUSE OR PARENT 3
 - BECAME INELIGIBLE BECAUSE OF AGE/
LEFT SCHOOL 4
 - EMPLOYER STOPPED OFFERING COVERAGE 5
 - CUT BACK TO PART TIME/
BECAME TEMPORARY EMPLOYEE 6
 - BENEFITS FROM EMPLOYER/
FORMER EMPLOYER RAN OUT 7
 - COULDN'T AFFORD TO PAY THE PREMIUMS 8
 - INSURANCE PLAN RAISED COST OF PREMIUMS ... 9
 - INSURANCE COMPANY REFUSED COVERAGE 10
 - OR SOMETHING ELSE [SPECIFY] 11

 - NONE/NO ONE/NO OTHER RESPONSES n
 - NEED TO DELETE A RESPONSE x

 - DON'T KNOW d
 - REFUSED r
- ====>

REPEAT b80 - b84 FOR EACH CURRENTLY UNINSURED PERSON.
CURRENTLY INSURED

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

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

INTERVIEWER: CODE ONLY ONE.

- health insurance from an employer or union or directly purchased from an insurance company..... 1
 - [Medicaid/fill state name] 2
 - [fill state plan] 3
 - Champus, Champ-VA, Tricare or other military coverage 4
 - Indian health service 5
 - a different Medicare plan⁵ [SUPPRESS IF PERSON LT 65]..... 6
 - or did (he/she/you) not have any health insurance coverage 0 [GO TO test 852]
 - NOT APPLICABLE [NEWBORN/FOREIGN COVERAGE] 7 [GO TO test 852]
 - DON'T KNOW d [GO TO test 852]
 - REFUSED r [GO TO test 852]
- ====>

>test b861< [IF THERE ARE OTHER CURRENTLY INSURED FAMILY MEMBERS WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO, GO TO b861; ELSE GO TO TEST b871]

⁵Can capture prior coverage of Medicare beneficiaries who had changes in last 12 months here.

>b861<

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

CODE ALL THAT APPLY

[fill NAME] 1
 [fill NAME] 2
 [fill NAME] 3
 [fill NAME] 4
 [fill NAME] 5
 [fill NAME] 6
 [fill NAME] 7
 [fill NAME] 8

NONE/NO ONE/NO OTHER RESPONSES n
 NEED TO DELETE A RESPONSE x

DON'T KNOW d
 REFUSED r
 ===>

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

>b871<

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

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

YES 1
 NO 0

DON'T KNOW d
 REFUSED r
 ===>

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

>b881<

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

CODE ALL THAT APPLY.

OWN/SPOUSE/PARENT CHANGE JOB 1
EMPLOYER OFFERINGS CHANGED 2
CURRENT PLAN IS LESS EXPENSIVE 3
CURRENT PLAN HAS BETTER SERVICES:
PREFERRED DOCTORS, BETTER QUALITY,
CONVENIENT LOCATION, ETC..... 4
OTHER [SPECIFY] 5

NONE/NO ONE/NO OTHER RESPONSES n
NEED TO DELETE A RESPONSE x

DON'T KNOW d
REFUSED r

==>

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

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

INTERVIEWER: CODE ONLY ONE.

- health insurance from an employer or union or directly purchased from an insurance company..... 1
 - [Medicaid/fill state name] 2
 - [fill state plan] 3
 - CHAMPUS, CHAMP-VA, TRICARE or other military coverage 4
 - Indian health service 5
 - a different Medicare plan [SUPPRESS IF PERSON LT 65]..... 6
 - or did (he/she/you) not have any health insurance coverage 0 [GO TO next insured person whose coverage began LT 12 months ago or test b90]
 - DON'T KNOW d [GO TO next insured person whose coverage began LT 12 months ago or test b90]
 - REFUSED r [GO TO next insured person whose coverage began LT 12 months ago or test b90]
- ====>

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

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

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
==>

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

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

CODE ALL THAT APPLY.

OWN/SPOUSE/PARENT CHANGED JOB..... 1
EMPLOYER OFFERINGS CHANGED 2
CURRENT PLAN IS LESS EXPENSIVE 3
CURRENT PLAN HAS BETTER SERVICES:
PREFERRED DOCTORS, BETTER QUALITY,
CONVENIENT LOCATION, ETC. ⁶ 4
OTHER [SPECIFY] 5

DON'T KNOW d
REFUSED r
==>

⁶Frequency for particular services is too low to justify burden and cost of separate coding.

>test b90< [IF INFORMANT HAS BEEN IN HMO IN LAST YEAR GO TO b911; ELSE GO TO b901]

>b901< Have you ever been enrolled in an HMO?

- YES..... 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ==>

>b911< [INFORMANT ONLY] Altogether, for about how many years have you been enrolled in HMO plans?

PROBE: Your best estimate is fine.

- LESS THAN SIX MONTHS 0
 - (1-20) YEARS 1

 - DON'T KNOW d [GO TO b921]
 - REFUSED r
- ==> [GO TO test b902]

>b921< Would that be less than two years, two to five years, or more than five years?

- LESS THAN TWO YEARS 1
 - TWO TO FIVE YEARS 2
 - MORE THAN FIVE YEARS 3

 - DON'T KNOW d
 - REFUSED r
- ==> [GO TO test b902]

>test b902< [IF INFORMANT IS MARRIED, GO TO test b90 AND ASK b902 ... b922 FOR SPOUSE, SUBSTITUTING [fill NAME] FOR [YOU], ELSE, IF NO SPOUSE, GO TO b951.]

>b951<

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

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement: I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.⁷

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

- STRONGLY AGREE 1
- SOMEWHAT AGREE 2
- NEITHER AGREE NOR DISAGREE 3
- SOMEWHAT DISAGREE 4
- STRONGLY DISAGREE 5

- DON'T KNOW d
- REFUSED r

⁷Source: Royal, Kenneth, et al, **The Gallup Arizona Health Care Poll**. P.18, The Gallup Organization, 1995. Distributions by coverage available.

c. RESOURCE USE DURING THE LAST 12 MONTHS

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

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

YES.....1 [GO TO c11]
NO0

DON'T KNOWd
REFUSED r
====> [GO TO test c20]

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

[fill NAME] 1
[fill NAME] 2
[fill NAME] 3
[fill NAME] 4
[fill NAME] 5
[fill NAME] 6
[fill NAME] 7
[fill NAME] 8

NONE/NO ONE/NO OTHER RESPONSESn
NEED TO DELETE A RESPONSE x

DON'T KNOWd
REFUSED r
====>

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

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

PROBE: Your best estimate is fine.

|__|__| TIMES
(1-20)

DON'T KNOWd
REFUSED r
====>

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

>c131< FEMALE, 12-45 YEARS OLD: [Were any of these hospital stays/was this hospital stay] for delivery of a baby?

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

YES..... 1 [GO TO c141]
NO 0

DON'T KNOW d
REFUSED r
====> [GO TO c151]

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

PROBE: Was [fill NAME's] stay in the hospital overnight for delivery.

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

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

|__|__| TIMES
(0-20)

DON'T KNOW d
REFUSED r

NOTE: NUMBER MUST BE LE # ADMISSIONS IN c121.
====>

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

|_|_|_|_| NIGHTS
(1-366)

DON'T KNOW d
REFUSED r
===>

NOTE: c161 MUST BE GE c121; ELSE VERIFY.

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

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

>c211< ER/HOSPITAL ADMISSION: [The next questions are about [fill NAME]⁸. Not counting [fill NAME]'s [fill c151] emergency room visits you told me about, [have/has] [fill NAME] gone to a hospital emergency room in the past 12 months to get medical treatment?

NO ER/HOSPITAL ADMISSION: [The next questions are about [fill NAME]].¹ During the past 12 months, [have/has] [fill NAME] gone to a hospital emergency room to get medical treatment?

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

YES 1 [GO TO c221]
NO 0

DON'T KNOW d
REFUSED r
===> [GO TO c311]

⁸Delete phrase for one person family.

>c221<

[Again, not counting the [fill 151] emergency room visits you told me about,]
During the past 12 months, how many times has [fill NAME] gone to a hospital
emergency room?

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

PROBE: Your best estimate is fine.

|__|__| TIMES
(1-20)

DON'T KNOW d [GO TO c231]
REFUSED r
===> [GO TO c311]

>c231<

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

1 1
2-3 2
4-9 3
10 - 12 4
13 OR MORE 5
DON'T KNOW d
REFUSED r
===>

>c311<

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

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

NO/NONE 0 [GO TO c331]

|__|__| VISITS [GO TO c3p1]
(1-96)

DON'T KNOW d [GO TO c321]
REFUSED r [GO TO test c411]
===>

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

1..... 1
2-3..... 2
4-9..... 3
10 - 12..... 4
13 OR MORE 5

DON'T KNOW d [GO TO test c411]

REFUSED r [GO TO test c411]

==>

>c3p1< [ASK OF ALL PERSONS] (Were any of these visits/Was this visit) for routine preventive care such as a physical examination (well-child if child <5) or check up?

YES..... 1 [GO TO c331]

NO 0

DON'T KNOW d

REFUSED r

==> [GO TO c3c1]

>c3c1< (Were any of these visits/Was this visit) for a routine check up for an ongoing health problem?

PROBE: Examples of ongoing health problems include asthma, diabetes, heart conditions, hypertension, cancer, etc.

YES..... 1

NO 0

DON'T KNOW d

REFUSED r

==>

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

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

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

NO/NONE0 [GO TO test c411]

|__|__| VISITS [GO TO test c351]
(1-96)

DON'T KNOWd

REFUSED r [GO TO test c411]

====>

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

1 1

2-3 2

4-9 3

10 - 12 4

13 OR MORE 5

DON'T KNOW d

REFUSED r

====>

>test c351< [IF c3p1 ne <1> AND c3c1 ne <1> GO TO c351; ELSE GO TO test c411]

>c351< [ASK OF ALL PERSONS] (Were any of these visits/Was this visit) for routine preventive care such as a physical examination (well-child if child <5) or check up?

YES 1 [GO TO test c411]

NO 0

DON'T KNOW d

REFUSED r [GO TO test c411]

====>

>c361< (Were any of these visits/Was this visit) a routine check up for an ongoing health problem?

PROBE: Examples of ongoing health problems include asthma, diabetes, heart conditions, hypertension, cancer, etc.

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
==>

>test c411< **[IF NO HOSP/ER/PHYS./OTHER PROVIDER VISITS, GO TO c511]⁹**

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

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

YES..... 1 [GO TO c421]
NO 0

DON'T KNOW d
REFUSED r
==> [GO TO c511]

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

|__|__| TIMES [GO TO test c431]
(1-96)

DON'T KNOW d
REFUSED r
==> [GO TO c511]

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

⁹Even if respondent recalled no encounters with health system, he or she could have obtained a flu shot and not considered it an a visit with medical personnel.

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

|__| |__| TIMES
(0-96)

ALL 97
DON'T KNOW d
REFUSED r
====>

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

YES 1
NO 0
DON'T KNOW d
REFUSED r
====>

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

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

YES 1
NO 0
DON'T KNOW d
REFUSED r
====>

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

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

- YES.....1 [GO TO c621]
 - NO0

 - DON'T KNOWd
 - REFUSED r
- ==> [GO TO c811]

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

- WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO) ..1
 - WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO) ..2
 - WITHIN THE PAST 3 YEARS (2 TO 3 YEARS AGO) ..3
 - WITHIN THE PAST 5 YEARS (3 TO 5 YEARS AGO) ..4
 - 5 OR MORE YEARS AGO5

 - DON'T KNOWd
 - REFUSED r
- ==>

c. UNMET NEED

>c811< [INFORMANT SELF RESPONSE] Next, during the past 12 months, was there any time when you didn't get the medical care you needed?

INTERVIEWER: THIS QUESTION IS LIMITED TO MEDICAL CARE. DO NOT INCLUDE DENTAL CARE R DID NOT GET

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

>test c831< [IF c811 EQ <1> OR <8> OR c821 EQ <1> OR <8> GO TO c831; ELSE GO TO c21..., NEXT PERSON; ELSE GO TO C92]

>c831<

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

CODE ALL THAT APPLY.

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

- Worry about the cost 1
- The doctor or hospital wouldn't accept
your health insurance 2
- Your health plan wouldn't pay for the treatment..... 3
- You couldn't get an appointment soon enough..... 4
- You couldn't get there when the doctor's office
or clinic was open..... 5
- It takes too long to get to the doctor's office or
clinic from your house or work 6
- You couldn't get through on the telephone 7
- You were too busy with work or other commitments
to take the time..... 8
- You didn't think the problem was serious enough..... 9
- Or any other reason I haven't
mentioned [SPECIFY] n

-
- NONE CITED/NO OTHER RESPONSES..... 0
 - NEED TO DELETE A RESPONSE x

- DON'T KNOW d
 - REFUSED r
- ===>

>test c93< [ASK c21...c62...FOR NEXT PERSON¹⁰; THEN GO TO c92]

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

- PROBES:** (1) Your best estimate is fine.
- (2) Include out-of-pocket expenses for prescription drugs, co-payments, and deductibles, but do not include health insurance premiums, dental costs, or any other costs paid by your health insurance.

READ CATEGORIES IF NECESSARY.

NONE.....0

\$ |__|__|,|__|__|__|
(10-96,000)

DON'T KNOW d [GO TO c93]

REFUSED r

====> [GO TO Section D]

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

READ CATEGORIES IF NECESSARY.

NONE.....0

LESS THAN \$500 1

\$500 TO \$1,999 2

\$2,000 TO \$2,999 3

\$3,000 TO \$4,999 4

\$5,000 OR MORE 5

DON'T KNOW d

REFUSED r

====>

¹⁰Include unmet need (k811...k831) for child, substituting child's home for second person.

d. USUAL SOURCE OF CARE/PATIENT TRUST

BEGIN WITH FAMILY INFORMANT

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

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

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

YES..... 1 [GO TO d111]
NO, THERE IS NO PLACE0 [GO TO test d301]
NO, THERE IS MORE THAN ONE PLACE 3 [GO TO d111]

DON'T KNOWd [GO TO test d301]
REFUSED r [GO TO test d301]
==>

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

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

DOCTOR'S OFFICE 1
HMO.....2
HOSPITAL OUTPATIENT CLINIC3
OTHER CLINIC OR HEALTH CENTER4
HOSPITAL EMERGENCY ROOM.....5
SOME OTHER PLACE.....6

DON'T KNOWd
REFUSED r
==>

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

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

DOCTOR 1
NURSE 2
OTHER [SPECIFY] 3

DON'T KNOW d [GO TO d141]
REFUSED r [GO TO d141]
====>

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

YES 1
NO 0

DON'T KNOW d
REFUSED r
====>

>d141< At any time in the past 12 months did [fill NAME] change the [fill PROVIDER/PLACE]¹¹ you/he/she **usually** go(es) to for health care?

YES 1 [GO TO d151]
NO 0

DON'T KNOW d
REFUSED r
====> [GO TO test d301]

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

HEALTH INSURANCE 1 [GO TO d161]
QUALITY OF CARE 2
OTHER 3 [GO TO d171]

DON'T KNOW d
REFUSED r
====> [GO TO test d301]

¹¹Fill hierarchically: if d121 answered and d131=1 - (1)doctor,(2) nurse,(3) health professional; else fill d111 if d111 ≤ 5; else place.

>d161<

Did [fill NAME] change the [fill PROVIDER/PLACE] (you/he/she) usually (go/goes) to for health care because [fill NAME] or [fill NAME]'S employer changed health plans, because the [fill PROVIDER/PLACE] was not covered by the health plan, or for some other reason?

INTERVIEWER: CODE ONE RESPONSE

EMPLOYER CHANGED HEALTH PLANS 1
[PROVIDER/PLACE] NO LONGER COVERED 2
OTHER [SPECIFY] 3

DON'T KNOW d
REFUSED r
====> [GO TO test d301]

>d171<

Which of the following reasons best describes why [fill NAME] changed the [fill PROVIDER/PLACE] (you/he/she) usually go(es) for health care?

([Fill NAME]/you/your) [PROVIDER/PLACE] was no longer available 1
([Fill NAME]/you/your) needed to see a particular type of doctor 2
([Fill NAME]/you/your) recently moved 3
([Fill NAME]/you/your) felt that it was more convenient to go to another doctor 3
or some other reason I haven't mentioned? [SPECIFY] 5

DON'T KNOW d
REFUSED r
====>

END ROTATION

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

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

>d3i1< Please think about the doctor you usually see when you are sick or need advice about your health. For each of the following statements, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. [NOTE, NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT IS NOT READ. ROTATE d311-341.]¹²

>d311< I think my doctor may not refer me to a specialist when needed.

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

(1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

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

STRONGLY AGREE	1
SOMEWHAT AGREE	2
NEITHER AGREE NOR DISAGREE	3
SOMEWHAT DISAGREE	4
STRONGLY DISAGREE	5
NOT APPLICABLE	7
DON'T KNOW	d
REFUSED	r
==>	

¹²The next four questions (d311-d341) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

>d321<

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

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

(1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

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

- STRONGLY AGREE 1
 - SOMEWHAT AGREE 2
 - NEITHER AGREE NOR DISAGREE 3
 - SOMEWHAT DISAGREE 4
 - STRONGLY DISAGREE 5
 - NOT APPLICABLE 7

 - DON'T KNOW d
 - REFUSED r
- ====>

>d331<

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

INTERVIEWER: . REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

(1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "8."

- STRONGLY AGREE 1
 - SOMEWHAT AGREE 2
 - NEITHER AGREE NOR DISAGREE 3
 - SOMEWHAT DISAGREE 4
 - STRONGLY DISAGREE 5
 - NOT APPLICABLE 7

 - DON'T KNOW d
 - REFUSED r
- ====>

>d341<

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

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

(1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "8."

STRONGLY AGREE	1
SOMEWHAT AGREE	2
NEITHER AGREE NOR DISAGREE	3
SOMEWHAT DISAGREE	4
STRONGLY DISAGREE	5
NOT APPLICABLE	7
DON'T KNOW	d
REFUSED	r
===>	

e. **FAMILY LEVEL SATISFACTION/LAST VISIT PROCESS AND SATISFACTION/SF12/RISK BEHAVIORS**

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

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

>e100< The next questions are about your satisfaction with health care.

ENTER <g> TO CONTINUE ===>

>e101< All things considered, are you satisfied **or** dissatisfied with [(the health care you have received/the health care you and your family have received)] **during the last 12 months?**

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

- SATISFIED.....1 [GO TO e111]
 - DISSATISFIED.....2 [GO TO e111]
 - NEITHER SATISFIED NOR DISSATISFIED3

 - DON'T KNOWd
 - REFUSED r
- ===> [GO TO e121]

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

- VERY 1
 - SOMEWHAT2

 - DON'T KNOWd
 - REFUSED r
- ===>

>e121<

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

First, primary care doctors, such as family doctors, [pediatricians],¹³ or general practitioners, who treat a variety of illnesses and give preventive care.

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

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

SATISFIED.....1 [GO TO e131]
 DISSATISFIED.....2 [GO TO e131]
 NEITHER SATISFIED NOR DISSATISFIED3

DON'T KNOWd
 REFUSEDr
 ==> [GO TO e141]

>e131<

Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY1
 SOMEWHAT2

DON'T KNOWd
 REFUSEDr
 ==>

>e141<

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

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

YES.....1 [GO TO e151]
 NO0

DON'T KNOWd
 REFUSEDr
 ==> [GO TO test e161]

¹³Exclude for adults.

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

 SATISFIED..... 1 [GO TO E151]
 DISSATISFIED.....2 [GO TO E151]
 NEITHER SATISFIED NOR DISSATISFIED3

 DON'T KNOW d
 REFUSED r
 ===> [GO TO test e16]

>E151< Would that be very (dis)satisfied or somewhat (dis)satisfied?

 VERY 1
 SOMEWHAT2

 DON'T KNOW d
 REFUSED r
 ===>

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

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

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

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

YES..... 1 [GO TO e171]
NO 0

DON'T KNOW d
REFUSED r
===> [GO TO e201]

>e171< In what month was (fill NAME)'s **most recent** visit for sickness, injury, or other health problem?¹⁴

JAN 1
FEB 2
MAR 3
APR 4
MAY 5
JUNE 6
JULY 7
AUG 8
SEPT 9
OCT 10
NOV 11
DEC 12

DON'T KNOW d
REFUSED r

|_|_| MONTH

|_|_|_|_| YEAR
(1998 - 1999)
===>

¹⁴In this and related questions with 12 month recall, the last 12 months are asterisked. The interviewer cannot enter a value outside of the recall period.

>e181<

Since that visit in MONTH, did [fill NAME] visit a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological [or pregnancy]¹⁵, check up, or other preventive care not related to a health problem?

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

YES.....1 [GO TO e191]
 NO0

DON'T KNOWd
 REFUSEDr
 ===> [GO TO test e221]

>e191<

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

JAN 1
 FEB 2
 MAR 3
 APR 4
 MAY 5
 JUNE 6
 JULY 7
 AUG 8
 SEPT 9
 OCT 10
 NOV 11
 DEC 12

DON'T KNOWd
 REFUSEDr

|_|_| MONTH

|_|_|_|_| YEAR
 (1998 - 1999)
 ===>

¹⁵Limit "or pregnancy" to women between 12 and 50.

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

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

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

YES..... 1 [GO TO e211]
NO 0 [GO TO e901]

DON'T KNOW d
REFUSED r
====> [GO TO SF12 (e401)]

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

JAN 1
FEB 2
MAR 3
APR 4
MAY 5
JUNE 6
JULY 7
AUG 8
SEPT 9
OCT 10
NOV 11
DEC 12

DON'T KNOW d
REFUSED r

|_|_| MONTH

|_|_|_|_| YEAR
(1998 - 1999)
====> [GO TO test e221]

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

CORRECT [jb e161 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT..... 1 [GO TO e911]
====>

>e911< Since [fill DATE], about how many times [have/has] [fill NAME] seen a doctor? Do not count doctors seen while an overnight patient in a hospital or emergency room.

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

NONE..... 0

|__| |__| VISITS [GO TO e161]
(1-96)

DON'T KNOW d

REFUSED r

====> [GO TO e401, SF12]

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

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

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

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

FAMILY DOCTOR..... 1

SPECIALIST, INCLUDING OB/GYN 2

DON'T KNOW d

REFUSED r

====>

>test e241< [IF PERSON HAS USC (d101 = 1) GO TO e241; ELSE GO TO E241]

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

YES.....1 [GO TO e251]
NO0

DON'T KNOWd
REFUSEDr
==>

>E241< Was this visit to an emergency room?

YES.....1 [GO TO e281]
NO0

DON'T KNOWd
REFUSEDr
==>

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

APPOINTMENT1 [GO TO e261]
WALK IN2

DON'T KNOWd
REFUSEDr
==> [GO TO e281]

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

INTERVIEWER: (1) CODE "0" FOR SAME DAY.

(2) ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

SAME DAY.....0

|_|_| TIME [GO TO e271]
(1-30)

DON'T KNOWd
REFUSEDr
==> [GO TO e281]

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

DAYS 1
WEEKS 2
MONTHS 3
====>

TEST: VERIFY VALUES GT 12 MONTHS; COPY FOR CHILD AND OTHER ADULTS

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

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

|_|_|_| TIME [GO TO E281]
(1-240)

DON'T KNOW d
REFUSED r
====> [GO TO e291]

>E281< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e281]

MINUTES 1
HOURS 2
====>

TEST: VERIFY VALUES GT 8 HOURS; REPEAT FOR CHILD AND OTHER ADULTS

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

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

|_|_|_| TIME [GO TO E291]
(1-90)

DON'T KNOW d
REFUSED r
====> [GO TO e301]

>E291< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e291]

MINUTES.....1
HOURS.....2
==>

TEST: VERIFY VALUES GT 8 HOURS; REPEAT FOR CHILD AND OTHER ADULTS.

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

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

DON'T KNOW.....d
REFUSED.....r
==>

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

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

DON'T KNOW.....d
REFUSED.....r
==>

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

- poor..... 1
 - fair.....2
 - good.....3
 - very good4
 - excellent..... 5
 - DOES NOT APPLY
(NOT EXAMINED OR TREATED)..... 7

 - DON'T KNOWd
 - REFUSED..... r
- ====>

>e401< Now, I have a few questions about (your/his/her) health. ¹⁶

In general, would you say your health is:

- Excellent 1
 - Very Good.....2
 - Good3
 - Fair or.....4
 - Poor 5

 - DON'T KNOWd
 - REFUSED..... r
- ====>

¹⁶SF-12™ Standard US Version 1.0, Copyright 1994 The Health Institute; New England Medical Center. Distributed by: Medical Outcomes Trust. For Spanish speaking respondents, an interviewer-administered version of the U.S.-Spanish SF-12 was reviewed and approved by the New England Medical Center (agreement 10/26/97).

>e411<

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

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

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

PROBE: [IF R SAYS S/HE DOES NOT DO ACTIVITY]: Is that because of your health? AND REPEAT QUESTION

- YES, LIMITED A LOT 1
 - YES, LIMITED A LITTLE 2
 - NO, NOT LIMITED AT ALL 0

 - DON'T KNOW d
 - REFUSED r
- ==>

>e421<

Climbing **several** flights of stairs?

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

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

- YES, LIMITED A LOT 1
 - YES, LIMITED A LITTLE 2
 - NO, NOT LIMITED AT ALL 0

 - DON'T KNOW d
 - REFUSED r
- ==>

>e431<

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

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

- YES 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ==>

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

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

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
====>

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

not at all 1
a little bit..... 2
moderately 3
quite a bit 4
extremely 5

DON'T KNOW d
REFUSED r
====>

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

- all of the time..... 1
 - most 2
 - some 3
 - a little..... 4
 - or none of the time 5

 - DON'T KNOW d
 - REFUSED r
- ===>

>e4I1< The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?

TYPE <g> TO CONTINUE ===>

>e491< How much of the time during the past 4 weeks have you felt calm and peaceful?

READ CATEGORIES SLOWLY.

- all of the time..... 1
 - most 2
 - some 3
 - a little, or 4
 - none of the time 5

 - DON'T KNOW d
 - REFUSED r
- ===>

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

READ CATEGORIES SLOWLY.

- all of the time..... 1
 - most 2
 - some 3
 - a little, or 4
 - none of the time 5

 - DON'T KNOW d
 - REFUSED r
- ===>

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

READ CATEGORIES SLOWLY.

- all of the time..... 1
 - most 2
 - some 3
 - a little, or 4
 - none of the time 5

 - DON'T KNOW d
 - REFUSED r
- ====>

ADULT CHRONIC CONDITIONS FOR FIU INFORMANT.

>cc1< **[IF FEMALE, AGE 50 OR UNDER]**
The next questions are about your health during the past two years. During the past two years, have you had a baby?

- YES..... 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====>

>cc2a< During the past two years, have you seen a doctor or health care professional for acne?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>cc2b< During the past two years, have you seen a doctor or health care professional for very frequent or severe headaches, including migraines?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>cc2c<

[IF FEMALE] During the past two years, have you seen a doctor or health care professional for abnormal uterine bleeding?

YES.....1
NO0

DON'T KNOWd
REFUSED.....r

>cc2d<

During the past two years, have you seen a doctor or health care professional for alcohol related problems?

YES.....1
NO0

DON'T KNOWd
REFUSED.....r

>cc3a< **[IF OVER 50 YEARS]** Has a doctor or health professional ever told you that you had cataracts?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: “During the past two years, have you seen a doctor or other health care professional for cataracts?”

>cc3b< Has a doctor or health professional ever told you that you had diabetes or high blood sugar?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for diabetes or high blood sugar?

>cc3c< Has a doctor or health professional ever told you that you had arthritis?

YES..... 1
NO 0 [GO TO c3AC]

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for arthritis?

>c3AC< Did the doctor tell you that you have a special kind of arthritis called Rheumatoid Arthritis?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>cc3d<

Has a doctor or health professional ever told you that you had asthma?

YES..... 1
 NO 0

DON'T KNOW d
 REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for asthma? [GO TO cc3f]

>cc3e<

Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?

YES..... 1
 NO 0

DON'T KNOW d
 REFUSED r

>cc3f<

Has a doctor or health professional ever told you that you had atrial fibrillation?

YES..... 1
 NO 0

DON'T KNOW d
 REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for atrial fibrillation?

>cc3g<

Has a doctor or health professional ever told you that you had hypertension or high blood pressure?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?

>cc3h<

Has a doctor or health professional ever told you that you had hypertension or high cholesterol?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for high cholesterol?

>cc4a<

Has a doctor or health professional ever told you that you had hardening of the arteries, also called atherosclerosis or arteriosclerosis?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for hardening of the arteries, also called atherosclerosis or arteriosclerosis? [GO TO cc4d]

>cc4b<

Has a doctor or health professional ever told you that you had ischemic heart disease?

- YES..... 1
- NO 0
- DON'T KNOW d
- REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for ischemic heart disease? [GO TO cc4d]

>cc4c<

Has a doctor or health professional ever told you that you had anGINA OR ANgina?

- YES..... 1
- NO 0
- DON'T KNOW d
- REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for anGINA OR ANgina? [GO TO cc4d]

>c4ae<

Have you ever had angioplasty ('an - jE - & plas - tE) or heart bypass surgery?

- YES..... 1
- NO 0
- DON'T KNOW d
- REFUSED r

>cc4d<

Has a doctor or health professional ever told you that you had congestive heart failure?

- YES..... 1
- NO 0
- DON'T KNOW d
- REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for congestive heart failure? [GO TO cc4e]

>c4af< Have you ever taken water pills, called diuretics, to treat a heart condition?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>cc4e< Has a doctor or health professional ever told you that you had a stroke?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for a stroke?

>cc5a< **[IF FEMALE]** Has a doctor or health professional ever told you that you had breast cancer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>cc5b< Has a doctor or health professional ever told you that you had skin cancer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>cc5c< Has a doctor or health professional ever told you that you had lung cancer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>cc5d< Has a doctor or health professional ever told you that you had cancer of the colon or rectum?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>cc5f< [IF MALE, OVER 50] Has a doctor or health professional ever told you that you had cancer of the prostate?

YES..... 1[GO TO cc6a]
NO 0

DON'T KNOW d
REFUSED r

>c5f4< [IF MALE, OVER 50] Has a doctor or health professional ever told you that you had benign prostate disease or a large prostate that was not prostate cancer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>cc6a< Has a doctor or health professional ever told you that you had a hernia in the groin area?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for a hernia in the groin area?

>cc6b< Has a doctor or health professional ever told you that you had an ulcer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>cc6c< Has a doctor or health professional ever told you that you had an ulcer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for an ulcer?
[GO TO cc6d]

>c6ae< Has a doctor or health professional ever told you that you had gastritis?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for gastritis?

>cc6d< Has a doctor or health professional ever told you that you had HIV or AIDS?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for HIV or AIDS?

>cc6e<

Has a doctor or health professional ever told you that you had depression?

- YES..... 1
- NO 0
- DON'T KNOW d
- REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for depression?

>e521<

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

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

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

- STRONGLY AGREE 1
 - SOMEWHAT AGREE 2
 - NEITHER AGREE NOR DISAGREE 3
 - SOMEWHAT DISAGREE 4
 - STRONGLY DISAGREE 5
 - DON'T KNOW d
 - REFUSED r
- ===>

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

YES..... 1
NO0 [GO TO test e12c]

DON'T KNOW d [GO TO test e12c]
REFUSED r [GO TO test e12c]
====>

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

EVERYDAY..... 1 [GO TO e621]
SOME DAYS.....2 [GO TO e631]
NOT AT ALL..... 3 [GO TO e651]

DON'T KNOW d
REFUSED r
====> [GO TO test e12c]

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

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

|__|__| NUMBER OF CIGARETTES
(1-96)

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

DON'T KNOW d
REFUSED r
====> [GO TO e661]

>e631<

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

NONE.....0 [GO TO e651]

|__|__| DAYS [GO TO e641]
(1-31)

DON'T KNOWd [GO TO e661]

REFUSED.....r [GO TO e661]

===>

>e641<

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

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

|__|__| NUMBER OF CIGARETTES
(1-96)

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

DON'T KNOWd

REFUSED.....r

===> [GO TO e661]

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

READ IF NECESSARY.

- WITHIN THE PAST MONTH 1 [GO TO test e671]
 - MORE THAN ONE MONTH BUT WITHIN
THE PAST 3 MONTHS 2 [GO TO test e671]
 - MORE THAN 3 MONTHS BUT WITHIN
THE PAST 6 MONTHS 3 [GO TO test e671]
 - MORE THAN 6 MONTHS BUT WITHIN
THE PAST YEAR 4 [GO TO test e671]
 - MORE THAN ONE YEAR BUT WITHIN
THE PAST 5 YEARS 5
 - MORE THAN 5 YEARS BUT WITHIN
THE PAST 15 YEARS 6
 - MORE THAN 15 YEARS AGO 7

 - DON'T KNOW d
 - REFUSED r
- ==> [GO TO test e12c]

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

- YES 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ==>

>test e671< **[IF PERSON HAS HAD ONE OR MORE PHYSICIAN VISITS IN LAST 12 MONTHS ($1 \leq c311 \leq 96$ or $1 \leq c321 \leq 5$), GO TO e671; ELSE GO TO test e12c]**

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

PROBE: In your opinion, REPEAT QUESTION.

- YES 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ==>

>test e12c< [IF FAMILY HAS CHILD GO TO k12I, ELSE GO TO test e801]

>k12I< Next, I would like to ask you about satisfaction with your choice of doctors for [fill CHILD'S NAME].

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

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

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

- SATISFIED..... 1 [GO TO k13I]
- DISSATISFIED..... 2 [GO TO k13I]
- NEITHER SATISFIED NOR DISSATISFIED 3

- DON'T KNOW d
- REFUSED r
- ====> [GO TO k14I]

>k13I< Would that be very (dis)satisfied or somewhat (dis)satisfied?

- VERY 1
- SOMEWHAT 2

- DON'T KNOW d
- REFUSED r
- ====>

>k14I< During the past 12 months, has [fill CHILD'S NAME] needed or seen a specialist?

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

- YES..... 1 [GO TO k15I]
- NO 0

- DON'T KNOW d
- REFUSED r
- ====> [GO TO test k16I]

>k15I< Are you satisfied or dissatisfied with your choice of specialists for [fill CHILD'S NAME]?

- SATISFIED..... 1 [GO TO K15I]
 - DISSATISFIED.....2 [GO TO K15I]
 - NEITHER SATISFIED NOR DISSATISFIED 3

 - DON'T KNOW d
 - REFUSED r
- ====> [GO TO test k16I]

>K15I< Would that be very (dis)satisfied or somewhat (dis)satisfied?

- VERY 1
 - SOMEWHAT 2

 - DON'T KNOW d
 - REFUSED r
- ====>

>test k16I< **[IF CHILD HAD GE ONE PHYSICIAN VISIT(S) IN LAST 12 MONTHS (1 ≤ c 31... ≤ 96 or 1 ≤ c 32.. ≤ 96), GO TO e16x; ELSE GO TO k40I]**

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

INTERVIEWER: CODE "you," IF RESPONDENT AND SPOUSE TOOK CHILD TO DOCTORS.

- RESPONDENT 1 [GO TO k16I]
 - [fill NAME] 2
 - [fill NAME] 3
 - [fill NAME] 4
 - NON-FAMILY MEMBER/NO ONE..... 0

 - DON'T KNOW d
 - REFUSED r
- ====> [GO TO k40I]

IF PERSON ACCOMPANYING CHILD IS OTHER ADULT FAMILY MEMBER, ALL QUESTIONS ABOUT THAT CHILD'S LAST DOCTOR VISIT WILL BE ADDED TO THE OTHER ADULT FAMILY MEMBER'S SELF-RESPONSE MODULE. IF NON-FAMILY MEMBER ACCOMPANIED CHILD, WE WILL ONLY ASK FOR GENERAL HEALTH STATUS AND CHRONIC CONDITIONS.

>k16I< Since [fill DATE 12 MONTHS AGO], did [fill NAME] visit a doctor for care of sickness, injury, or other health problems?

- PROBE:** (1) Other health problems include follow up visits or check ups for chronic problems such as asthma, diabetes, etc.
- (2) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES.....1 [GO TO k17I]
 NO0

DON'T KNOWd
 REFUSED r
 ===> [GO TO k20I]

>k18I< Since that visit in MONTH, has [fill NAME] visited a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological check up] or other preventive care not related to a health problem?

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

YES.....1 [GO TO k19I]
 NO0

DON'T KNOWd
 REFUSED r
 ===> [GO TO test k22I]

>test k19I< [VERIFY THAT MONTH IN k19I IS SAME MONTH OR AFTER MONTH IN k17I; THEN GO TO test k22I.]

>k20I< During the last 12 months, did [fill NAME]'s visit a doctor for a general check up, physical examination [FEMALES OVER 12 - gynecological check up] or other preventive care not related to a health problem?

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

YES..... 1 [GO TO k21I]
NO 0 [GO TO k90I]

DON'T KNOW d
REFUSED r
====> [GO TO k40I]

>k90I< Earlier I noted that [fill NAME] had [fill #] doctor visits in the last 12 months. Is that correct or incorrect?

CORRECT [jb kl6I]

INCORRECT..... 1 [GO TO k40I]
====>

>test k22I< **[IF CHILD HAD SICK AND WELL VISIT, SELECT MOST RECENT FOR k22I. IF SAME MONTH, FILL WELL VISIT IN k22I]**

>k22I< Please think about [fill NAME]'s visit for [preventive care or a check up/care of sickness or injury] in [fill MONTH].

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

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

FAMILY DOCTOR/PEDIATRICIAN 1
SPECIALIST 2

DON'T KNOW d
REFUSED r
====>

>test k24I< [IF CHILD HAS USC (d10... = 1), GO TO k24I; ELSE GO TO K24I]

>k24I< Was this visit to the place you usually take [fill NAME] when (he/she) is sick or you need advice about (his/her) health?

- YES..... 1 [GO TO k25I]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ==>

>K24I< Was this visit to a hospital emergency room?

- YES..... 1 [GO TO k28I]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ==>

>k25I< For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?

- APPOINTMENT 1 [GO TO k26I]
 - WALK IN 2

 - DON'T KNOW d
 - REFUSED r
- ==> [GO TO k28I]

>k26I<

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

INTERVIEWER: CODE "0" FOR SAME DAY.

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

SAME DAY.....0

|__|__| TIME [GO TO k27I]
(0-30)

DON'T KNOWd

REFUSED r

==> [GO TO k28I]

>k27I<

ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k26I]

DAYS 1

WEEKS 2

MONTHS 3

==>

>k28I<

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

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

|__|__| TIME [GO TO K28I]
(1-240)

DON'T KNOWd

REFUSED r

==> [GO TO k29I]

>K28I<

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

MINUTES 1

HOURS 2

==>

>k29I<

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

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

|__|__| TIME [GO TO K29I]
(1-90)

DON'T KNOWd

REFUSED r

====> [GO TO k30I]

>K29I<

ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k29I]

MINUTES1

HOURS2

====>

>k30I<

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

poor 1

fair2

good3

very good4

excellent 5

DOES NOT APPLY
(NOT EXAMINED OR TREATED) 7

DON'T KNOWd

REFUSED r

====>

>k31I<

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

- poor..... 1
 - fair.....2
 - good.....3
 - very good4
 - excellent.....5
 - DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

 - DON'T KNOWd
 - REFUSED..... r
- ===>

>k32I<

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

- poor..... 1
 - fair.....2
 - good.....3
 - very good4
 - excellent.....5
 - DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

 - DON'T KNOWd
 - REFUSED..... r
- ===>

>k40I<

In general, would you say [fill NAME]'s health is:

- Excellent 1
 - Very Good.....2
 - Good3
 - Fair.....4
 - Poor 5

 - DON'T KNOW d
 - REFUSED r
- ==>

CHILD'S CHRONIC CONDITION QUESTIONS [AGE 0-17]

>ee2a<

Has [fill NAME] ever seen a doctor or health care professional for acne?

- YES..... 1
- NO0

- DON'T KNOW d
- REFUSED r

>ee2b<

Has [fill NAME] ever seen a doctor or health care professional for very frequent or severe headaches, including migraines?

- YES..... 1
- NO0

- DON'T KNOW d
- REFUSED r

>ee2c<

Has [fill NAME] ever seen a doctor or health care professional for four or more ear infections in any one year?

- YES..... 1
- NO0

- DON'T KNOW d
- REFUSED r

>ee3<

Has [fill NAME] ever had tubes placed in [fill his] ears?

- YES..... 1
 - NO0

 - DON'T KNOW d
 - REFUSED r
- ==>

>ee4a< Has a doctor or health professional ever told you that [fill NAME] had sickle cell disease?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for sickle cell disease?

>ee4b< Has a doctor or health professional ever told you that [fill NAME] tested positive for tuberculosis?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for tested positive for tuberculosis?

>ee4c< Has a doctor or health professional ever told you that [fill NAME] had asthma?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for asthma?

>ee4d< Has a doctor or health professional ever told you that [fill NAME] had Attention Deficit Hyperactivity Disorder, which is also called ADHD or ADD?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for Attention Deficit Hyperactivity Disorder, which is also called ADHD or ADD?

>ee4d< Has a doctor or health professional ever told you that [fill NAME] had diabetes or high blood sugar?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for diabetes or high blood sugar?

>test e801< **[IF THERE ARE OTHER ADULTS (≥ 18) IN FAMILY BESIDES INFORMANT GO TO e80t; ELSE GO TO f10]**

>e80t< Now, I have one question about the health of ([fill NAME]/other adults in your family). NOTE: SUBSTITUTE "Other adults in your family" IF TWO OR MORE OTHER ADULTS.

>e802< In general, would you say [fill NAME]'s health is:

Excellent 1
Very Good..... 2
Good 3
Fair..... 4
Poor 5

DON'T KNOW d
REFUSED r

==> [REPEAT FOR EACH ADULT; THEN GO TO f10 GO TO ra34]

f. EMPLOYMENT (ASKED FOR EACH ADULT 18 YEARS OF AGE AND OLDER)

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

====>

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

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

====>

>f111< Last week, did [fill NAME] do any work (either) for pay (or profit)?¹⁷

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

YES..... 1 [GO TO f121]
NO 0

DON'T KNOW d
REFUSED r

====> [GO TO NEXT PERSON or g10]

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

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

====>

¹⁷Include parenthetical phrases if f101=1.

>f131<

ONE JOB (F121 = 0): How many hours per week (do you/do(es) [fill NAME]) usually work at this job?¹⁸

MORE THAN ONE JOB (F121 ne 0): On (your [fill NAME]'s) main job, that is, the job where (he/she/you) work(s) the most hours, how many hours per week (do you/do(es) [fill NAME]) usually work?

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

|__| |__| HOURS WORKED
(0-96)

HOURS VARY97 [GO TO 13x1]

DON'T KNOWd

REFUSEDr

====> [GO TO test f141]

NOTE: Test will verify values less than 20 hours.

>13x1<

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

MORE1

LESS.....2

DON'T KNOWd

REFUSEDr

====>

¹⁸Note shift from last week to usual week for hours and earnings.

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

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

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

____|____| HOURS WORKED AT OTHER JOBS
(0-96)

HOURS VARY/CAN'T ESTIMATE 97

DON'T KNOW d

REFUSED r

==>

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

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

NOTE: PARENTHETICAL PHRASE USED IF MORE THAN ONE JOB

PRIVATE COMPANY 1

FEDERAL GOVERNMENT 2

STATE GOVERNMENT 3

LOCAL GOVERNMENT 4

SELF-EMPLOYED 5

FAMILY BUSINESS OR FARM 6

DON'T KNOW

REFUSED

==>

>f211<

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

PROBES: (1) How many people work for your employer in the building or buildings in the factory, store, or office complex where you work?

(2) Your best estimate is fine.

- ONE 1
 - 2-4..... 2
 - 5-9..... 3
 - 10-24..... 4
 - 25-49..... 5
 - 50-99..... 6
 - 100-249..... 7
 - 250-499..... 8
 - 500-999..... 9
 - 1000 OR MORE 10

 - DON'T KNOW d
 - REFUSED..... r
- ====>

>test f221< [IF f201 eq 2, 3, or 4 GO TO f241] TEST SKIPS f221 FOR GOVERNMENT EMPLOYEES.

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

NOTE: Fill is for self-employed and farmers.

- YES..... 1 [GO TO f231]
 - NO 0

 - DON'T KNOW d
 - REFUSED..... r
- ====> [GO TO f241]

>f231<

About how many people are employed by (fill NAME/your employer) at all locations?

PROBE: Your best estimate is fine.

- ONE 1
- 2-4..... 2
- 5-9..... 3
- 10-24..... 4
- 25-49..... 5
- 50-99..... 6
- 100-249..... 7
- 250-499..... 8
- 500-999..... 9
- 1000 OR MORE 10

DON'T KNOW
 REFUSED
 ==>

>f241<

What kind of business or industry is this?

PROBE: What do they make or do there?

- SPECIFY 1
 - DON'T KNOW d
 - REFUSED r
- ==>

>f301<

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

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

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

- HOURLY 1
- PER WEEK 2
- BI-WEEKLY/EVERY TWO WEEKS 3
- TWICE MONTHLY 4
- MONTHLY 5
- ANNUAL 6

DON'T KNOW d [GO TO f331]
 REFUSED r [GO TO test f401]
 ===>

>f321<

Hourly: What is [fill NAME]’s hourly rate of pay on this job?

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

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

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

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

(2) IF RESPONDENT ASKS: Include overtime pay, tips, or commissions that you usually receive on this job.

\$ |__|__|__|.|__|__| HOURLY
(3.00 to 300.00)

\$ |__|__|__|,|__|__|__| OTHER PAY PERIODS
(20-500,000)

DON'T KNOW d [GO TO f331]
 REFUSED r [GO TO test f401]
 ===> [GO TO test f341]

>f331<

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

- LESS THAN \$10,000 1
 - \$10,000 - \$14,000 2
 - \$14,001 - \$20,000 3
 - \$20,001 - \$30,000 4
 - MORE THAN \$30,000 5

 - DON'T KNOW d
 - REFUSED r
- ====>

>test f341< [TEST FOR OUTLIERS:]

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

>f341<

I recorded that your usual earnings on this job are \$[INSERT f321] per [INSERT f301]. Is that correct?

- YES 1 [GO TO test f401]
 - NO :jb f321
- ====>

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

>f401<

Is [fill PERSON NAME]'s health insurance with [fill INSURANCE PLAN NAME] from (his/her/your) main job or business?

- YES 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====>

>test f50< [IF PERSON IS NOT SELF-EMPLOYED (f201 = 1, 2, 3 or 4) AND IS NOT A POLICY HOLDER FOR AN EMPLOYER/UNION BASED PLAN (PERSON NOT LISTED IN b231, OR IF LISTED, b251 ≠ 1) AND IS LT 65 YEARS OLD, GO TO f501; ELSE GO TO NEXT PERSON OR g10]¹⁹

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

INTERVIEWER: THIS QUESTION APPLIES TO [fill NAME's] LOCATION.

YES..... 1 [GO TO f511]

NO 0

DON'T KNOW d

REFUSED r

====> [GO TO next person or g10]

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

YES..... 1 [GO TO test f521]

NO 0 [GO TO f531]

DON'T KNOW d [GO TO next person or g10]

REFUSED [GO TO next person or g10]

====>

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

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

COSTS TOO MUCH 1

DON'T NEED HEALTH INSURANCE..... 2

OTHER (SPECIFY)..... 3

DON'T KNOW d

REFUSED r

====> [GO TO f541]

¹⁹Skipped self-employed.

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

HAVEN'T WORKED LONG ENOUGH 1
DON'T WORK ENOUGH HOURS.....2
ON-CALL3
MEDICAL PROBLEM.....4
OTHER [SPECIFY]5

DON'T KNOWd
REFUSED r
==>

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

ONE PLAN 1
MORE THAN ONE PLAN.....2

DON'T KNOWd [GO TO NEXT PERSON or
g10]
REFUSED r [GO TO NEXT PERSON or
g10]
==>

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

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

YES..... 1
NO 0

DON'T KNOWd
REFUSED r
==>

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

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

YES.....1
NO0

DON'T KNOWd
REFUSEDr

====> [GO TO NEXT PERSON or g10]

FAMILY INCOME

>g10< The next questions are about income that (your family [insert names if multiple family household]) received during 1997(8). During 1997(8), what was your family’s total income from all sources, before taxes and other deductions?

NOTE: CHANGE IN YEAR.

PROBES:

- (1) We are asking these questions to find out whether people can afford the health care they need.
- (2) Total income includes wages and salaries from jobs, net income from farms or businesses, interest or dividends, pensions or social security, income from rental property, estates, or trusts, public assistance or welfare, social security, child support, and other sources.
- (3) Your best estimate would be fine.
- (4) Include the 1997(8) income of all current family members, (including active military), even if you weren’t living together then.

NONE.....0

\$ |__|__|__|,|__|__|__|
(10 - 999999)

\$1,000,000 OR MORE7

DON’T KNOWd [GO TO g11]

REFUSED

====> [GO TO test g20]

>g11<

Which of the following income ranges is closest to your family's 1997(8) total income from all sources?

PROBE: Your best estimate would be fine.

- Less than \$5,000..... 1
 - \$5,000 to less than \$10,000 2
 - \$10,000 to less than \$20,000 3
 - \$20,000 to less than \$30,000 4
 - \$30,000 to less than \$40,000 5
 - \$40,000 to less than \$50,000 6
 - \$50,000 to less than \$100,000 7
 - Over \$100,000 8

 - DON'T KNOW d
 - REFUSED r
- ====>

>test g20<

[REPEAT g201-g221 FOR EACH PERSON; HOWEVER, SKIP FOR INFORMANT'S OWN CHILD OR GRANDCHILD.]

>g201<

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

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

- YES..... 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====>

>g221<

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

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

INTERVIEWER: (1) READ CATEGORIES IF NECESSARY; CODE RESPONDENT-OFFERED CATEGORIES IN "OTHER".

(2) CODE MIXED RACE IN OTHER.

WHITE	1
AFRICAN AMERICAN OR BLACK.....	2
NATIVE AMERICAN (AMERICAN INDIAN) OR ALASKA NATIVE	3
ASIAN OR PACIFIC ISLANDER	4
OTHER [SPECIFY]	5

DON'T KNOW	d
REFUSED.....	r

====>

>test g23<

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

>g23<

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

<g> CONTINUE
====>

h. CLOSING (FIU)

>test h10< [IF DID NOT RECEIVE PRE-PAYMENT, GO TO h10; IF RECEIVED PRE-PAYMENT AND REINTERVIEW, GO TO h20; ELSE, GO TO h30]

>h10< As a token of our appreciation for your help, we would like to send you a check for (\$25). Could you please give me your and your full name and address?

READ AFTER NAME AND ADDRESS OBTAINED: Your name and address are confidential and will only be used if we call you for another interview. You should receive your check in about 4 weeks.

<Enter First Name>
<Enter Last Name>
<Enter Street Address>
<Enter City/State>
<Enter Zip Code>

DON'T KNOW
REFUSED
==> [GO TO test h30]

>h20< [REINTERVIEW ONLY] Did you or any other persons living here have [fill phone number] as your phone number on [fill DATE OF LAST INTERVIEW]?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
==>

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

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

IF YES: How many additional phone numbers do you have?

..... 0 [GO TO h32]

____|____|____|____| OTHER TELEPHONE NUMBERS
(1-4)

REFUSED r [GO TO end]
==>

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

home use 1
business and home use, or 2
business use only..... 3

DON'T KNOW d
REFUSED r
====>

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

YES..... 1 [GO TO h33]
NO 0

DON'T KNOW d
REFUSED r
====> [GO TO end]

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

|__|__| MONTHS
(0-12)

DON'T KNOW d [GO TO end]
REFUSED r [GO TO end]
====>

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

COST 1
MOVED [COST NOT MENTIONED]..... 2
PERSONAL PREFERENCE 3
SERVICE NOT AVAILABLE 4

DON'T KNOW d
REFUSED r
====>

>test< **[IF NO SELF RESPONSE MODULE OR SECONDARY FAMILY, GO TO fin;
ELSE GO TO next_person]**

>next_person< I also would like to speak briefly with READ NAMES. I need to ask
 (him/her/them) a few questions about (his/her/their) health and opinions.
 We also will send (him/her/each of them) \$25 for helping us with the survey.
 Can I speak with READ NAMES now?

IF NECESSARY ADD: I need to speak with (him/her/them) because we
need to ask each adult in the household their opinions about their own
health and health care.

LENGTH: For most people, the additional questions will take 10 to 15
minutes.

SPEAKING TO RESPONDENT - ENTER NUMBER

CALLBACK c [GO TO callback]

REFUSED r [GO TO refused]

==>

>test<

IF SELF RESPONSE MODULE GO TO INTRODUCTION FOR SELF-RESPONSE IF SECONDARY FAMILY GO TO INTRODUCTION FOR SECONDARY FAMILY

>h23<

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

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

[fill NAME] COMES TO PHONE [THANK INF.
FOR HIS/HER TIME; GO TO SELF
RESPONSE MODULE] 1

[fill NAME] IS NOT AVAILABLE [THANK INF.
AND GO TO CALLBACK].....0 ²⁰

INFORMANT WILL ACT AS PROXY FOR [fill NAME].

[fill NAME] IS CHRONICALLY ILL2

[fill NAME] IS AWAY AT SCHOOL3

[fill NAME] SPEAKS NEITHER ENGLISH
NOR SPANISH 4

INFORMANT WILL NOT ACT AS PROXY FOR [Fill NAME].

[fill NAME] IS UNABLE (CHRONIC ILLNESS,
AWAY AT SCHOOL, OR LANGUAGE BARRIER);
INFORMANT REFUSES TO PROXY
[GO TO REFUSAL ITEMS]U ²¹

[fill NAME] REFUSES; INFORMANT REFUSES
TO PROXY [GO TO REFUSAL ITEMS]R ²²

==>

²⁰THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.

²¹THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.

²²THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.

<fin>

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

[IF CHRONIC CONDITIONS SUBSAMPLE.²³ I also want to let you know that you may be contacted in the next few weeks for a follow-up study on the quality of health care in your community. Participating in this study will only take about 5 to 10 minutes of your time, and you will receive additional compensation. The quality of care study is being conducted by RAND, a research organization that is working with us on this project. Thank you again for helping us.]

This concludes the survey unless you have a brief comment you would like to add.

comments [specify]..... c
interview complete.....g
====>

²³Includes all completed interviews in high intensity sites.

SELF RESPONSE MODULE

>slf2<

The main part of the interview has already been completed by [fill NAME]. I have a few questions about your health and opinions, [and [fill CHILD'S NAME] last visit to the doctor]. These questions will only take about 10 to 15 minutes. As a token of our appreciation, we will send you \$25 for helping us with the study.

IF NECESSARY READ PROBE: We are doing this study to see how managed care and other health care changes are affecting people in your community. We need to interview you as well as your wife because some of the questions ask for people's opinions about their own health and health care.

SPONSOR: The project is sponsored by a private foundation.

ENTER STATUS FOR [fill NAME]

AVAILABLE NOW - CAN PROCEED	
TO SELF RESPONSE SECTION.....	2
NEED TO CALLBACK - MAKE APPT	3
[fill NAME] REFUSES TO COMPLETE	
SELF-RESP MODULE	4
[fill NAME] SPEAKS NEITHER ENGLISH	
NOR SPANISH	30
[fill NAME] IS CHRONICALLY ILL	31

RESPONDENT WILL ACT AS PROXY FOR [fill NAME]

[fill NAME] IS CHRONICALLY ILL	i
[fill NAME] IS AWAY AT SCHOOL	s
[fill NAME] SPEAKS NEITHER ENGLISH	
NOR SPANISH	1

RESPONDENT WILL NOT ACT AS PROXY FOR [fill NAME]

REFUSAL	9
[fill NAME] IS UNABLE TO COMPLETE SELF-RESP	
MODULE (ILLNESS, DISABILITY, LANGUAGE)	10
UNAVAILABLE/UNABLE TO COMPLETE	11

test b94< [IF PERSON IS FAMILY INFORMANT'S SPOUSE goto b932²⁴
ELSE goto c812]

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

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement: I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.²⁵

PROBE: CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7
DON'T KNOW d
REFUSED r

>c812< Next, during the past 12 months, was there any time when you didn't get the medical care you needed?

YES 1
NO 0

DON'T KNOW d
REFUSED r

²⁴Note that this question is parallel to b951 in the main interview, we will use b95n as the variable name in the analysis file.

²⁵Source: Royal, Kenneth, et al., **The Gallup Arizona Health Care Poll**. P.18, The Gallup Organization, 1995. Distributions by coverage available.

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

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>test c832< [IF c812 EQ <1> OR <d> OR c822 EQ <1> OR <d> goto c832;
ELSE goto test 302]

>c832< Did you not get the medical care you needed or have delays in getting the medical care you needed for any of the following reasons?

CODE ALL THAT APPLY

- Worry about the cost 1
- The doctor or hospital wouldn't accept your health insurance..... 2
- Your health plan wouldn't pay for the treatment..... 3
- You couldn't get an appointment soon enough..... 4
- You couldn't get there when the doctor's office or clinic was open 5
- It takes too long to get to the doctor's office or clinic from your house or work..... 6
- You couldn't get through on the telephone 7
- Or any other reason I haven't mentioned [SPECIFY] 0
- NONE CITED/NO OTHER RESPONSES..... n
- NEED TO DELETE A RESPONSE x

- DON'T KNOW d
- REFUSED r

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

>d312< Please think about the doctor you usually see when you are sick or need advice about your health. For each of the following statements, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. [NOTE, NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT IS NOT READ].²⁶

ROTATE d312...d342.

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

INTERVIEWER: (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

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

STRONGLY AGREE	1
SOMEWHAT AGREE	2
NEITHER AGREE NOR DISAGREE	3
SOMEWHAT DISAGREE	4
STRONGLY DISAGREE	5
NOT APPLICABLE	7
DON'T KNOW	d
REFUSED	r

²⁶The next four questions (d312-d342) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

>d322<

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

REPEAT IF NECESSARY: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

INTERVIEWER: (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

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

- STRONGLY AGREE 1
- SOMEWHAT AGREE 2
- NEITHER AGREE NOR DISAGREE 3
- SOMEWHAT DISAGREE 4
- STRONGLY DISAGREE 5
- NOT APPLICABLE 7

- DON'T KNOW d
- REFUSED r

>d332<

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

REPEAT IF NECESSARY: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

INTERVIEWER: (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

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

- STRONGLY AGREE 1
- SOMEWHAT AGREE 2
- NEITHER AGREE NOR DISAGREE 3
- SOMEWHAT DISAGREE 4
- STRONGLY DISAGREE 5
- NOT APPLICABLE 7

- DON'T KNOW d
- REFUSED r

>d342<

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

REPEAT IF NECESSARY: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

INTERVIEWER: (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

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

- STRONGLY AGREE 1
- SOMEWHAT AGREE 2
- NEITHER AGREE NOR DISAGREE 3
- SOMEWHAT DISAGREE 4
- STRONGLY DISAGREE 5
- NOT APPLICABLE 7

- DON'T KNOW d
- REFUSED f

>e122<

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

First primary care doctors, such as family doctors, [pediatricians,]²⁷ or general practitioners, who treat a variety of illnesses and give preventive care.

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

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

- SATISFIED..... 1 [goto e132]
- DISSATISFIED..... 2 [goto e132]
- NEITHER SATISFIED NOR DISSATISFIED 3

- DON'T KNOW d
- REFUSED f
- [goto e142]

²⁷Exclude for adults.

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

VERY 1
SOMEWHAT 2

DON'T KNOW d
REFUSED r

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

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

YES 1 [goto e152]

NO 0

DON'T KNOW d
REFUSED r
====> [goto test e162]

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

SATISFIED 1 [goto e15b]
DISSATISFIED 2 [goto e15b]

DON'T KNOW d
REFUSED r
====> [goto test e162]

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

VERY 1
SOMEWHAT 2

DON'T KNOW d
REFUSED r

>test for uninsured< **IF R IS UNINSURED goto TEST E162, WHICH BEGINS VISIT SEQUENCE; ELSE goto NEW.**

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

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

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

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

YES 1 [goto e172]
NO 0

DON'T KNOW d
REFUSED r
====> [goto e202]

>e172<

In what month was [fill NAME]'s **most recent** visit for sickness, injury or other health problem?

- JAN 1
- FEB 2
- MAR 3
- APR 4
- MAY 5
- JUNE 6
- JULY 7
- AUG 8
- SEPT 9
- OCT 10
- NOV 11
- DEC 12

- DON'T KNOW d
- REFUSED r

|_|_| MONTH

|_|_|_|_| YEAR
(1999 - 2000)

>e182<

Since that visit in month, did you visit a doctor for a general check-up, physical examination, gynecological or pregnancy check-up, or other preventive care not related to a specific health problem?

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

- YES 1 [goto e192]
- NO 0

- DON'T KNOW d
- REFUSED r
- ====> [goto test e222]

>e192<

In what month was [fill NAME]'s most recent visit for a check up or physical exam?

- JAN 1
- FEB 2
- MAR 3
- APR 4
- MAY 5
- JUNE 6
- JULY 7
- AUG 8
- SEPT 9
- OCT 10
- NOV 11
- DEC 12

- DON'T KNOW d
- REFUSED r

____|____| MONTH

____|____|____|____| YEAR
(1999 - 2000)

>test e192< [VERIFY THAT MONTH IN e192 IS SAME MONTH OR FOLLOWS e172; THEN goto test e222]

>e202<

During the last 12 months, did you visit a doctor for a general check-up, physical examination, or other preventive care not related to a specific health problem?

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

- YES 1 [goto e212]
- NO 0 [goto e902]

- DON'T KNOW d
- REFUSED r
- ====> [goto SF12-e402]

>e212<

In what month was [fill NAME]'s **most recent** visit?

INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN BELOW WITH AN *

NOTE: PREV CARE VISIT DATE MUST BE WITHIN LAST 12 MONTHS

- JAN 1
- FEB 2
- MAR 3
- APR 4
- MAY 5
- JUNE 6
- JULY 7
- AUG 8
- SEPT 9
- OCT 10
- NOV 11
- DEC 12

- DON'T KNOW d
- REFUSED r

|_|_| MONTH

|_|_|_|_| YEAR
(1997 - 1999)

>e902<

[Fill INFORMANT] noted that you had [fill # IN c311 or c321] doctor visits in the last 12 months. Was that correct or incorrect?

CORRECT: [jb e162 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT..... 1 [goto SF12 (e402)]

>test e222< [IF PERSON HAD WELL AND SICK VISIT (e162=1 and e182=1), SELECT MOST RECENT FOR e222. IF SAME MONTH FOR BOTH, FILL SICK VISIT SINCE IT WAS MORE RECENT]

>e222< Please think about your visit for preventive care or a check-up in [fill MONTH].

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

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

FAMILY DOCTOR..... 1
SPECIALIST, INCLUDING OB/GYN 2

DON'T KNOW d
REFUSED r

>test e242< [IF PERSON HAS USC (d102=1) goto e242; ELSE goto e24e]

>e242< Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need advice about your health?

YES..... 1 [goto e252]
NO 0

DON'T KNOW d
REFUSED r

>e24e< Was this visit to an emergency room?

YES..... 1 [goto e282]
NO 0

DON'T KNOW d
REFUSED r

>e252< For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?

APPOINTMENT 1 [goto e262]
WALK IN 0

DON'T KNOW d
REFUSED r
====> [goto e282]

>e262< For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?

INTERVIEWER: (1) CODE "0" FOR SAME DAY

(2) ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN.

|_|_|
SAME DAY..... 0|
(1-30)

DON'T KNOW d
REFUSED r

>e272< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e262].

DAYS 1
WEEKS 2
MONTHS 3

>e282< How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?

|_|_|_| TIME [goto E282]
(1-240)

DON'T KNOW 998
REFUSED 999
====> [goto e292]

>E282< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e282]

MINUTES..... 1
HOURS..... 2

>e292< For this visit, how long did it take you to get to the doctor's office?

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

1-90 [goto E292]

DON'T KNOW d
REFUSED r
====> [goto e302]

>E292< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e292]

MINUTES..... 1
HOURS..... 2

>e302< Still thinking about this visit in [fill MONTH], how would you rate the
thoroughness and carefulness of the examination and treatment you received?

Would you say it was . . .

poor..... 1
fair..... 2
good..... 3
very good 4
excellent..... 5
DOES NOT APPLY
(NOT EXAMINED OR TREATED)..... 7

DON'T KNOW d
REFUSED r

>e312<

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

- poor..... 1
- fair.....2
- good.....3
- very good4
- excellent..... 5
- DOES NOT APPLY
(NOT EXAMINED OR TREATED)..... 7
- DON'T KNOW d
- REFUSED.....r

>e322<

How would you rate how well the doctor explained things in a way you could understand.

Would you say it was . . .

- poor..... 1
- fair.....2
- good.....3
- very good4
- excellent..... 5
- DOES NOT APPLY
(NOT EXAMINED OR TREATED)..... 7
- DON'T KNOW d
- REFUSED.....r

>e402<

Now, I have a few questions about (your/his/her) health.

In general, would you say your health is:

- Excellent 1
- Very Good.....2
- Good3
- Fair or.....4
- Poor 5
- DON'T KNOW d
- REFUSED.....r

>e412<

Next, I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

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

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

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

- YES, LIMITED A LOT 1
- YES, LIMITED A LITTLE 2
- NO, NOT LIMITED AT ALL 0

- DON'T KNOW d
- REFUSED r

>e422<

Climbing **several** flights of stairs?

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

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

- YES, LIMITED A LOT 1
- YES, LIMITED A LITTLE 2
- NO, NOT LIMITED AT ALL 0

- DON'T KNOW d
- REFUSED r

>e432<

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

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

- YES 1
- NO 0

- DON'T KNOW d
- REFUSED r

>e442< During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>e452< The next two questions ask about your emotions and your daily activities.

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

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>e462< During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>e472< During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere . . .

- not at all 1
- a little bit..... 2
- moderately 3
- quite a bit 4
- extremely 5

- DON'T KNOW d
- REFUSED r

>e482<

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

- all of the time 1
- most 2
- some 3
- a little 4
- or none of the time 5

- DON'T KNOW d
- REFUSED r

>e492<

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

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

REPEAT CATEGORIES SLOWLY

- All of the time 1
- Most 2
- Some..... 3
- A little, or 4
- None of the time..... 5

- DON'T KNOW d
- REFUSED r

>e502<

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

READ CATEGORIES SLOWLY

- All of the time 1
- Most 2
- Some..... 3
- A little, or 4
- None of the time..... 5

- DON'T KNOW d
- REFUSED r

>e512<

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

READ CATEGORIES SLOWLY

- All of the time 1
- Most 2
- Some..... 3
- A little, or 4
- None of the time..... 5

- DON'T KNOW d
- REFUSED r

>n1a<

[IF FEMALE AGE 50 OR UNDER]

The next questions are about your health during the past two years. During the past two years, have you had a baby?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>nn2a< During the past two years, have you seen a doctor or health care professional for acne?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn2b< During the past two years, have you seen a doctor or health care professional for very frequent or severe headaches, including migraines?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn2c< **[IF FEMALE]** During the past two years, have you seen a doctor or health care professional for abnormal uterine bleeding?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn2d< During the past two years, have you seen a doctor or health care professional for alcohol related problems?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn3a< **[IF OVER 50 YEARS]** Has a doctor or health professional ever told you that you had cataracts?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: “During the past two years, have you seen a doctor or other health care professional for cataracts?”

>nn3b< Has a doctor or health professional ever told you that you had diabetes or high blood sugar?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for diabetes or high blood sugar?

>nn3c< Has a doctor or health professional ever told you that you had arthritis?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for arthritis? [GO TO nn3d]

>n3AC< Did the doctor tell you that you have a special kind of arthritis called Rheumatoid Arthritis?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn3d< Has a doctor or health professional ever told you that you had asthma?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for asthma?
[GO TO nn3f]

>nn3e< Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn3f< Has a doctor or health professional ever told you that you had atrial fibrillation?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for atrial fibrillation?

>nn3g<

Has a doctor or health professional ever told you that you had hypertension or high blood pressure?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?

>nn3h<

Has a doctor or health professional ever told you that you had hypertension or high cholesterol?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for high cholesterol?

>nn4a<

Has a doctor or health professional ever told you that you had hardening of the arteries, also called atherosclerosis or arteriosclerosis?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for hardening of the arteries, also called atherosclerosis or arteriosclerosis? [GO TO nn4d]

>nn4b< Has a doctor or health professional ever told you that you had ischemic heart disease?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for ischemic heart disease? [GO TO nn4d]

>nn4c< Has a doctor or health professional ever told you that you had anGINA OR ANgina?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for anGINA OR ANgina? [GO TO nn4d]

>n4ae< Have you ever had angioplasty ('an - jE - & plas - tE) or heart bypass surgery?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn4d< Has a doctor or health professional ever told you that you had congestive heart failure?

YES..... 1
NO 0 [GO TO n4af]

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for congestive heart failure? [GO TO nn4e]

>n4af< Have you ever taken water pills, called diuretics, to treat a heart condition?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn4e< Has a doctor or health professional ever told you that you had a stroke?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for a stroke?

>nn5a< **[IF FEMALE]** Has a doctor or health professional ever told you that you had breast cancer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn5b< Has a doctor or health professional ever told you that you had skin cancer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn5c< Has a doctor or health professional ever told you that you had lung cancer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn5d< Has a doctor or health professional ever told you that you had cancer of the colon or rectum?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>n5f< [IF MALE, OVER 50] Has a doctor or health professional ever told you that you had cancer of the prostate?

YES..... 1[GO TO nn6a]
NO 0

DON'T KNOW d
REFUSED r

>n5f4< [IF MALE, OVER 50] Has a doctor or health professional ever told you that you had benign prostate disease or a large prostate that was not prostate cancer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

>nn6a< Has a doctor or health professional ever told you that you had a hernia in the groin area?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for a hernia in the groin area?

>nn6b< Has a doctor or health professional ever told you that you had an ulcer?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for an ulcer? [GO TO nn6d]

>nn6c< Has a doctor or health professional ever told you that you had gastritis?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for gastritis?

>nn6d< Has a doctor or health professional ever told you that you had HIV or AIDS?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for HIV or AIDS?

>nn6e< Has a doctor or health professional ever told you that you had depression?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

IF YES: During the past two years, have you seen a doctor or other health care professional for depression?

>e522< Now, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement. I'm more likely to take risks than the average person.

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

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

STRONGLY AGREE
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5

DON'T KNOW d
REFUSED r

>e602< These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

YES 1
NO 0 [goto test e16c]

DON'T KNOW d [goto test e16c]
REFUSED r [goto test e16c]

>e612< Do you now smoke cigarettes every day, some days or not at all?

EVERYDAY 1 [goto e622]
SOME DAYS 2 [goto e632]
NOT AT ALL 3 [goto e652]

DON'T KNOW d
REFUSED r
====> [goto test e16c]

>e622<

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

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

|__|__| Cigarettes
(1-96)

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

DON'T KNOW d
REFUSED r
==> [goto e662]

>e632<

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

NONE..... 0 [goto e652]

|__|__| DAYS [goto e642]
(1-31)

DON'T KNOW d
REFUSED r
==> [goto e662]

>e642<

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

INTERVIEWER: IF RESPONDENT GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESP #CIGS & ENTER NUMBER.

|__|__| NUMBER OF CIGARETTES
(1-96)

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

DON'T KNOWd

REFUSEDr

==> [goto e662]

>e652< How long has it been since you quit smoking cigarettes?

READ IF NECESSARY

- WITHIN THE PAST MONTH 1 [goto test e672]
 - MORE THAN ONE MONTH BUT WITHIN THE
PAST 3 MONTHS 2 [goto test e672]
 - MORE THAN 3 MONTHS BUT WITHIN THE
PAST 6 MONTHS 3 [goto test e672]
 - MORE THAN 6 MONTHS BUT WITHIN THE
PAST YEAR 4 [goto test e672]
 - MORE THAN ONE YEAR BUT WITHIN THE
PAST 5 YEARS..... 5
 - MORE THAN 5 YEARS BUT WITHIN THE
PAST 15 YEARS..... 6
 - MORE THAN 15 YEARS AGO 7

 - DON'T KNOW d
 - REFUSED r
- ==> [goto test e16c]

>e662< During the past 12 months, have you stopped smoking for one day or longer, because you were trying to quit smoking?

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>test e672< **[IF PERSON HAD PHYSICIAN VISIT IN LAST 12 MONTHS (1 < C312 LE< 96 OR 1<C322<5) goto e672; ELSE goto test e16c]**

>e672< During the past 12 months, did any medical doctor advise you to stop smoking?

PROBE: In your opinion, REPEAT QUESTION.

- YES..... 1
- NO 0

- DON'T KNOW d
- REFUSED r

>test e16c< [IF THIS PERSON ACCOMPANIED CHILD ON LAST VISIT INCLUDE CHILD'S LAST VISIT QUESTIONS.] [e16c-e40c]