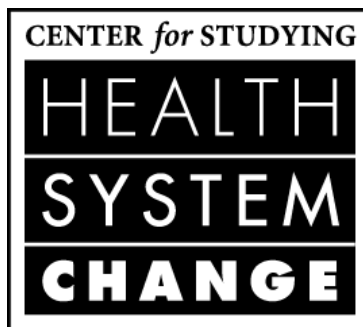


**Community Tracking Study**  
**Household Survey Instrument**  
**2003 (Round Four)**



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**Technical Publication No.**

**57**

**February 2005**

## **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 25,000-33,000 families and 47,000-60,000 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 was conducted primarily 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](http://www.hschange.org)). Note that the appendices of the user's guides for the 2003 Household Survey (HSC Technical Publications No. 58 and No. 60) contain a brief 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 principally by The Robert Wood Johnson Foundation and is affiliated with Mathematica Policy Research, Inc.

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**Community Tracking Study  
2003 (Round Four) Household Survey**

“For ease of documentation, we have added a suffix of ‘1’ to question numbers asked about the FIU informant, and a suffix of ‘2’ to question numbers asked about additional adults in the FIU (self response module). In the actual CATI program, the question numbers for the FIU informant have no suffix, and the question numbers for the self response module have a suffix equal to the person number of the respondent.”

**INTRODUCTIONS**

**REINTERVIEW SAMPLE**

>pA0< Hello, this is [fill NAME] with the Community Tracking Survey, the health care study that your household participated in [fill MO/YR]. [IF HCC, USE DATE OF THAT INTERVIEW]. We recently mailed you a letter describing the survey. 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 \$[fill 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 will make a real contribution toward efforts to provide high quality and affordable health care. Let's begin . . .

TYPE <g> TO CONTINUE [goto code\_s1]

TO BREAKOFF/ADDITIONAL INFORMATION.....b [goto code\_s1]  
R. CLAIMS HOUSEHOLD NOT IN Round 3.....x [goto DEL2]  
===>

**FOR NEW SAMPLE (VERSION 1 — LETTER)**

>paa2< Hello, this is [fill 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 [goto paa3]  
NO .....0 [goto 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 ==> [goto code\_s1]

>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 ==> [goto code\_s1]

**FOR NEW SAMPLE (VERSION 2—NO LETTER):**

>s1< Hello, this is [fill 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 ==> [goto code\_s1]

**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 check .....2 [goto pap3]
  - CALL BACK .....3 [goto 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 [goto callback]
- ==> [goto 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 [goto code\_s1]

NEEDS CHECK FIRST ..... 1 [goto pap4]  
====>

>code\_s1<

**CONTINUE WITH INTERVIEW**

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

**CALLBACK**

NO PERSON 18 OR OLDER HOME NOW ..... 3  
CALLBACK ..... 10

**PROBLEM**

PROBABLE MENTAL IMPAIRMENT ..... 5  
LANGUAGE BARRIER ..... 6 [goto 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  
====>

>lang<

**INTERVIEWER CODE LANGUAGE**

SPANISH [set for Spanish interview] ..... s  
OTHER ..... 0  
====>

>lang\_other< INTERVIEWER CODE LANGUAGE

**ASIAN**

CHINESE .....	1
JAPANESE .....	2
KOREAN .....	3
VIETNAMESE .....	4
UNKNOWN ASIAN.....	5
OTHER [SPECIFY] .....	0

---

**EUROPEAN/SLAVIC**

FRENCH .....	6
GERMAN .....	7
ITALIAN .....	8
POLISH.....	9
PORTUGUESE .....	10
RUSSIAN .....	11
UNKNOWN EUROPEAN/SLAVIC.....	12
OTHER [SPECIFY] .....	0

---

**OTHER**

OTHER [SPECIFY] .....	0
-----------------------	---

---

==>



**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 ===> [goto code\_s1]

>phone\_ck< Before we start this interview, is [phone number] used for . . .

- home use ..... 1
- business and home use, or ..... 2
- business use only? [ineligible] ..... 3

a. **DEMOGRAPHICS AND SCREENING**

>test< **If new sample goto >hhld<; if reinterview continue with >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.

**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 R3] ..... 1  
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 2  
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 3  
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 4  
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 5  
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 6  
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 7  
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 8

ALL PREVIOUS HOUSEHOLD MEMBERS  
CONFIRMED OR DELETED ..... g

R CLAIMS HOUSEHOLD NOT IN R3—NO MEMBERS  
FROM ROUND 3 REMAIN  
[REFLAG HOUSEHOLD AS NEW SAMPLE] ..... x [goto A210]

UNDELETE A PERSON ..... u

UNDELETE THE ENTIRE HH ..... e  
====> [goto ADD]

**NOTES TO >DEL<:**

- 1) Entering a <x> response runs the existing deletion routine from the R3 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 R3 are offered in the table only to aid the interviewer in verifying the household composition relative to Round 3. 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 R3 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 R3	
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 1
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 2
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 3
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 4
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 5
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 6
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 7
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 8
	ALL PREVIOUS HOUSEHOLD MEMBERS CONFIRMED.....				g
	RESPONDENT CLAIMS HOUSEHOLD NOT IN ROUND 32 - NO MEMBERS FROM ROUND 32 REMAIN [goto A210] .....				x
	UNDELETE .....				u
	UNDELETE THE ENTIRE HH .....				e
	==> [goto 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 CONTINUE .....g [goto hhld]  
REFUSAL ..... r [goto Ref]  
====>

>ref<

INTERVIEWER ENTER <g> TO ENTER THE REASON FOR THE REFUSAL.  
CODE THE MAIN REASON ON THE NEXT SCREEN.  
====>

>Ref1<

**INTERVIEWER: CODE MAIN REASON FOR REFUSAL**

CONFIDENTIALITY .....	10
ACCESS TO TELEPHONE NUMBER .....	11
SKEPTICAL ABOUT OR DOESN'T UNDERSTAND FOUNDATION'S ROLE .....	20
THINKS FOUNDATION IS A FRONT FOR POLITICAL GROUPS .....	21
DOESN'T LIKE STUDY'S PURPOSE (UNSPECIFIED REASON) .....	40
DOESN'T THINK STUDY WILL HELP OR MAKE A DIFFERENCE .....	41
CONFUSED ABOUT STUDY'S PURPOSE .....	43
NOT INTERESTED (UNSPECIFIED REASON) .....	50
NOT INTERESTED IN HEALTH ISSUES/ NOT IMPORTANT .....	51
FAMILY/INFORMANT SATISFIED WITH OR HAS GOOD INSURANCE .....	53
SPOUSE WOULD NOT WANT INFORMANT TO PARTICIPATE .....	54
INTERVIEW IS TOO LONG .....	61
DOESN'T HAVE TIME FOR SURVEYS (LENGTH NOT DISCUSSED) .....	62
NO REASON GIVEN .....	70
INCENTIVE TOO SMALL .....	82
SKEPTICAL ABOUT WHETHER WE WILL PAY INCENTIVE .....	83
HOUSEHOLD REFUSED PRIOR TO THIS CALL .....	90
OTHER .....	0

==> END INTERVIEW

>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 MEMBERS ..... n
MORE THAN 8 HOUSEHOLD MEMBERS..... e [goto emo1]
===>

```

**>test head<** If Householder from Round 3 is confirmed as a current household member, goto >bmol<; else goto >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 R3] ..... 1
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 2
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 3
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 4
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 5
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 6
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 7
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 8

===>.....[reassign selected person and their demographic data to the
<1> householder slot] [goto 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  
MORE THAN 8 HOUSEHOLD MEMBERS..... e [goto emo1]  
===> [goto 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
- MORE THAN 8 HOUSEHOLD MEMBERS..... e [goto emo1]
- ====> [goto 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 goto test head;
- if new sample goto bmo1]..... n
- ====>

>emo2<

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

- |\_|\_|\_|
- (0-99)
- ====>



>em3< How many of those additional people are under 18?

|\_\_|\_\_|  
(0-99)

====> [if reinterview sample goto test head; if new sample goto bmo1]

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

**INTERVIEWER: (1) REMEMBER THAT THIS IS THE HOUSEHOLDER.  
(2) IF 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 [goto age1]  
====>

>byr1< [no erase]

|\_\_|\_\_| MONTH  
(112)

|\_\_|\_\_|\_\_|\_\_| YEAR  
(1880-1984)  
====> [goto 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 goto col1; else goto grd1]

>col1<           (Is [fill 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 [fill 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 KNOW ..... d [goto age2]  
====>

>byr2<

[no erase]

|\_|\_|\_| MONTH  
(1-12)

|\_|\_|\_|\_| YEAR  
(1880-2002) ..... 1

DON'T KNOW ..... d [goto age2]  
====> [goto SEX2]

>age2<

What is [fill 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 [fill 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 goto col2; else goto 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 goto 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
  - WIFE .....2
  - OWN SON/DAUGHTER.....3
  - ADOPTED SON/DAUGHTER<sup>1</sup> ..... 13
  - STEP SON/DAUGHTER .....4
  - GRAND SON/DAUGHTER.....5
  - PARENT .....6
  - BROTHER/SISTER.....7
  - SON/DAUGHTER-IN-LAW.....8
  - MOTHER/FATHER-IN-LAW .....9
  - OTHER RELATIVE ..... 10
  - FOSTER CHILD..... 11
  - NON RELATIVE/UNMARRIED PARTNER..... 12
- ====>

Repeat bmo2-rel2 for each person.

test: [if any person is  $\geq 18$  and relationship to householder is <7> <8>, <9>, <10> or <12> and at least one person, other than householder or spouse, is  $\geq 14$  and different sex from (this/these) persons; goto mar2; else goto test after sps2.

>mar2< Is [fill NAME] married to anyone who currently lives here?

**INTERVIEWER: CODE "NO" FOR COHABITEE**

- YES..... 1
  - NO .....0 [goto 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
- ====>

---

<sup>1</sup>Adopted 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 goto par2; else goto family formation.

>par2< Is anyone who lives here the parent or guardian of [fill NAME]?

YES..... 1  
 NO ..... 0 [goto 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 par2.



Form interviewing units using the following rules:<sup>2</sup>

- (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.

---

<sup>2</sup>The interviewing unit is defined to reflect an insurance unit, including the household head, spouse, and their dependent children up to but not including age 18, or up to but not including age 23 if they are in school. This definition represents conventional practice in the private insurance market and is similar to the filing unit used by Medicaid and state subsidized insurance programs. The census family 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 R3 child has been identified as an R4 FIU member and is under age 18.

IF YES: Select R3 child as R4 child and goto >resp<

IF > 1 R3 sampled child (due to FIU reformation), set a flag and pick one child of the flagged children at random.

IF NO: Sample new R3 child (demographics collected above) and goto >kdc1<

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

>test1< If PSU > 0 goto kdck Else goto kdck3

>kdck< Was [fill NAME] living in the [fill PSU NAME] area at any time from August 2000 THROUGH September 2001?

**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 [goto kdck2]  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto fiu formation]

>kdck2< Was [fill NAME] living in the continental United States at any time from August 2000 THROUGH September 2001?

YES..... 1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto fiu formation]

>kdck3<

Was [fill NAME] living in the continental United States at any time from August 2000 THROUGH September 2001?

**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 CONTINENTAL US..... 3

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

===> [goto 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).

>last\_ck<

Before we go any further, let's review the list I have of all of the household members.

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

**THE HOUSEHOLD ROSTER CANNOT BE CHANGED AFTER THIS SCREEN**

<n> OK AS IS  
<c> CHANGE ROSTER

>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	FAM	STATUS	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 [fill NAMES]) and we will be sending you a check for \$25 for completing the interview.

**INTERVIEWER: NOTE ONLY ONE CHILD IS SELECTED PER FAMILY**

READ IF NECESSARY: My name is [fill INTERVIEWER NAME]. I am calling about the Community Tracking Study. The purpose of the Community Tracking Study is to see how the shift to managed care and other health changes are affecting people in your community.

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 AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.**

**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 AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.**

**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 AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.**

**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 goto b1d1; ELSE goto 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]]

====>

>b1ex<

**IF STATE ONLY OFFERS MEDICAID:** Are [fill 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 [goto b1e]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===> [goto test b1f1]

>b1ey<

**IF STATE OFFERS OTHER SUBSIDIZED PROGRAMS AS WELL AS MEDICAID:** Are [fill 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 [goto b1e]  
 fill STATE SPECIFIC PLANS, INCLUDING CHIP  
 [BLANK IF NO STATE PROGRAM] ..... 2 [goto b1h]

NO ONE COVERED/NO MORE CODES ..... n [goto test b1f1]

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

REFUSED ..... r [goto test b1f1]  
 DELETE A CODE..... x  
 ===>

>b1e<

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  
 ===> [goto b1f]

>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 R2**

>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, goto b1g; ELSE goto 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 goto test b2, else goto b1i1.**

>bli1< Are [fill 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 [goto 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, goto bij; ELSE goto 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
- ====> [goto NEXT UNINSURED PERSON OR goto 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), goto b2; ELSE, goto Test b401].**

>b2<

In how many different health plans (obtained through current or past employers/(or) that you purchased directly/(or) were provided by someone who does not live in your household) are [fill NAMES OF FAMILY MEMBERS LISTED IN b1a, b1b OR b1c 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.

**INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.**

|\_\_| PLANS  
(1-3)

0.....0 [go back to b1 and correct]  
DON'T KNOW .....d  
REFUSED ..... r  
====>

>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?<sup>3</sup>

**INTERVIEWER: CODE NON-SPECIFIED POLICYHOLDER 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  
====>

<sup>3</sup>The program lists and allows all persons in the household 18 and over, plus the householder and spouse regardless of age, to be named as policyholder.



>b2311< Is [fill POLICYHOLDER] a postal worker?

YES ..... 1 [goto b2p1]  
 NO ..... 0

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

====> [goto b2312]

>b2312< Is [fill POLICYHOLDER] a federal government employee?

YES..... 1 [goto fed1@num1]  
 NO ..... 0 logic

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

====> [goto b2p1]

>b2p1@an< What is the name of [fill POLICYHOLDER]'s health insurance company or health plan?

**PROBE: IF R HAS DIFFICULTY RECALLING NAME, ASK:** Do you have and insurance card or something else with the [first] plan name on it?

>b2p1@nam< **INTERVIEWER: ENTER THE VERBATIM NAME OF THE HEALTH PLAN**

>TEST< IF b2311=1 OR b2312=1, goto fed1@num1, ELSE goto [STATENAME]1@NUM1

FEDERAL

>fed1@num1< What is the name of [fill POLICYHOLDER]'s health insurance plan?

**INTERVIEWER : CODE PLAN; READ PLAN NAMES IF NECESSARY**

**PROBE: IF R HAS DIFFICULTY RECALLING NAME, ASK:** Do you have and insurance card or something else with the [first] plan name on it?

PROGRAMMER NOTE: DISPLAY PLAN NAMES OFFERED POSTAL OR NON-POSTAL WORKERS IN THIS SITE, OR STATE IF PLAN IS OFFERED STATEWIDE. IF R. CAN'T SELECT A PLAN, THEN RECORD TEXT RESPONSE AS AN OTHER SPECIFY. IF RESPONSE TO B2312 IS D/R, THEN DISPLAY NON-POSTAL PLANS. NOTE THAT FEHBP LISTS INSURERS/PLANS AS A COMBINED ENTITY ON THE WEB SITE SO IT MAKES SENSE TO PRESENT PLANS TO FEDERAL EMPLOYEES AS THEY ARE OFFERED RATHER THAN SEPARATING INTO INSURER AND PLAN ITEMS AS WE DO FOR OTHER EMPLOYEES.

OTHER .....99

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

====> [goto test b221]

NON-FEDERAL:

>[STATENAME]1@NUM1<USE LIST BELOW TO CODE INSURER. PROBE: READ LIST IF NECESSARY. IF BLUE CROSS/BLUE SHIELD PROBE WITH HIGHLIGHTED INSURERS. PROGRAM TO DISPLAY VERBATIM FROM [STATENAME]p1 AND ALPHABETIZED LIST OF INSURERS, STAND ALONE PPOS AND TPAS OFFERED IN THIS SITE OR STATEWIDE ON A SINGLE SCREEN OR TWO SCREENS WITH INTERVIEWER ABLE TO SCROLL TO SECOND SCREEN.

IF RESPONSE IS A STAND ALONE PPO OR TPA, SINGLE PRODUCT HEALTH PLAN, OR UNSPECIFIED PLAN NAME, SKIP TO B2316; IF REFUSED, SKIP TO TESTB24; ELSE IF R. NAMED A MULTI-PRODUCT PLAN goto B2315. NOTE THAT THE DATABASE WILL IDENTIFY WHETHER AN INSURER OFFERS MULTIPLE PLANS IN THE R'S SITE.

HIGHLIGHT BLUE CROSS/BLUE SHIELD PLANS SINCE SOME MARKETS MAY HAVE MORE THAN ONE LICENSED PLAN.

>STATENAME]p1< Is [fill POLICYHOLDER]'s health plan from [fill NAME OF MULTI-PRODUCT INSURER FROM B2314IN] one of the following products?

**INTERVIEWER: READ LIST OF PRODUCTS OFFERED BY THIS INSURER**

DISPLAY LIST OF INSURANCE PRODUCTS OFFERED BY INSURER IN THIS SITE OR STATEWIDE.

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

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

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

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

[READ ASTERISKED NAMES IF NECESSARY.]

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> goto b251; else store <1> in b251 and goto 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 [goto b2611]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED ..... r  
====> [goto b271]

>b2611< In order to get the best information possible about people's health insurance coverage, we need the name and address of the employer or union that provides this coverage.

**PROBE IF RESPONDENT ASKS FOR ADDITIONAL INFORMATION ON WHY WE WANT EMPLOYER/UNION ADDRESS:** We are trying to understand differences in insurance plans offered by employers and unions. Although we may try to contact your employer or union to learn more about your plan, we will not identify you by 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: OBTAIN AS MUCH INFORMATION AS RESPONDENT CAN PROVIDE. IF R. PROVIDES ADDRESS, ALSO ASK FOR PHONE NUMBER**

>b6p1@nam<EMPLOYER NAME  
>b6p1@ad<1<sup>ST</sup> STREET ADDRESS  
>b6p1@ad2<2<sup>ND</sup> STREET ADDRESS  
>b6p1@cit<CITY  
>b6p1@st<STATE  
>b6p1@zip<ZIP CODE  
>b6p1@ac<AREA CODE  
>b6p1@ex<EXCHANGE  
>b6p1@num<TELEPHONE NUMBER

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

TEST IF FEDERAL EMPLOYEE, goto b26a

>b26121< **INTERVIEWER: CODE WHETHER EMPLOYER OR UNION. IF UNSURE, ASK: Is [insert NAME] a union or employer?**

UNION ..... 1  
EMPLOYER ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r

==>

>b26a< Is information on this plan available in a booklet provided by [fill POLICYHOLDER's] employer or insurer?

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

==>

>b26b< Is information on this plan available on a company Intranet or website that [fill POLICYHOLDER] can access from a computer?

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

==> [goto b291]

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

YES ..... 1 [goto b281]  
NO ..... 0 [goto b291]  
  
DON'T KNOW ..... d [goto b281]  
REFUSED ..... r

==> [goto 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 KNOW ..... d  
REFUSED ..... r  
===>

>b291< Did (READ ASTERISKED NAMES) enroll in [fill 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 [goto b301]  
[fill NAME] ..... 2 [goto b301]

NO ONE ..... n  
NEED TO DELETE A RESPONSE ..... x

DON'T KNOW ..... d  
REFUSED ..... r  
===> [goto 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> goto b311; else, if b251 <eq> 1 and policyholder is listed in b231, goto b3111; else, goto b331] NOTE THAT A POLICYHOLDER ONLY HAS TO BE LISTED IN B231; THE INFORMANT DOES NOT HAVE TO BE THE POLICYHOLDER.

>b31111< ESI PLANS:

For coverage through [fill EMPLOYER NAMED IN b2611], does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

**PROBE:** Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.

YES, PAY ALL OF PREMIUM/COST ..... 1

YES, PAY SOME OF PREMIUM/COST ..... 2

YES, BUT DON'T KNOW IF PAY ALL OR

SOME OF PREMIUM OR COST ..... 3

NO, PAY NONE OF THE COST..... 0 [goto b331]

DON'T KNOW ..... d [goto b331]

REFUSED ..... r [goto b331]

====>

>b31121@at<How much is [fill POLICYHOLDER's NAME] premium for health insurance through ([fill EMPLOYER NAMED IN b261]/[his/her] employer)?

**PROBE:** Your best estimate of the amount [fill POLICYHOLDER NAME] pays for coverage each pay period would be fine.

NONE.....0

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

\$(10-9997) ..... [goto b31121@p]

DON'T KNOW .....d

REFUSED ..... r

====> [goto b331]

>b31121@p< **INTERVIEWER: CODE TIME PERIOD.**

WEEK ..... 1

EVERY OTHER WEEK .....2

TWICE A MONTH .....3

MONTH.....4

QUARTER.....5

SEMI-ANNUAL.....6

ANNUAL .....7

====> [goto b331]

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

How much is the insurance premium for this policy?

NONE.....0

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

\$(10-9997) ..... [goto b321]

DON'T KNOW .....d

REFUSED ..... r

====> [goto ngi1]



>b321<

**INTERVIEWER: CODE TIME PERIOD.**

- WEEK ..... 1
  - EVERY OTHER WEEK ..... 2
  - TWICE A MONTH ..... 3
  - MONTH ..... 4
  - QUARTER ..... 5
  - SEMI-ANNUAL ..... 6
  - ANNUAL ..... 7
- ====>

>ngi1<

Does this health plan pay for at least some of the cost of prescription medicines prescribed by the doctor?

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

>ngi2<

Do you have to pay a higher premium to cover any pre-existing medical conditions or health problems you or a family member has?

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

>ngi3<

Did you or any family members have pre-existing conditions that are not covered by this policy?

- YES ..... 1 [goto ngi4]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto b331]

>ngi4< Which pre-existing conditions are not covered?

**INTERVIEWER: RECORD VERBATIM**

---

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

>b331< Does [fill PLAN NAME] require (you/members)<sup>4</sup> 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  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>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 the doctor or health plan?

**PROBE:** Do not include emergency care.

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

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

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

---

<sup>4</sup>Substitute "members" if informant is not covered.

>b361< Is [fill 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 b371< [IF b351 eq <1> OR b361 eq <1> goto b371; ELSE goto 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  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>test b381< [IF b251 = <0>, <d> OR <r>, goto test b40; ELSE goto, b381]

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

YES..... 1 [goto b391]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto test b40]

>b391< Does ([fill 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  
NO ..... 0

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

==>

>test b40< IF b2>1 (MORE THAN ONE PRIVATE PLAN), ASK b232-b392 FOR SECOND PLAN; IF b2=3, ASK b233-b393 FOR THIRD PLAN; ELSE, IF ANY FAMILY MEMBER HAS MILITARY COVERAGE (b1f ge<1>) AND AT LEASE ONE PERSON WITH MILITARY COVERAGE IS NOT COVERED BY SOME OTHER HEALTH PLAN, goto b40; ELSE goto 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 POLICYHOLDER (b40) AND PERSONS COVERED (b1f1)] enroll in [fill 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 [goto b421]  
[fill NAME] ..... 2 [goto b421]  
  
NO ONE ..... n  
NEED TO DELETE A RESPONSE ..... x  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto 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 goto test b51.]

**NOTE:** Deleted b431, b441, b451, b461, b471

>test b51< **Medicare [if b1d ge <1> goto b54; else goto 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 [goto b55a]  
YES—TWO BENEFICIARIES AND ONLY  
HUSBAND SIGNED UP WITH HMO ..... 2 [goto b55a]  
YES—TWO BENEFICIARIES AND ONLY  
WIFE SIGNED UP WITH HMO ..... 3 [goto b55a]  
NO/NONE ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto 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

>b55p<

\_\_\_\_\_

[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> goto b56; ELSE goto 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 [goto b58]  
[fill NAME] ..... 2 [goto b58]  
[fill NAME] ..... 3 [goto b58]  
[fill NAME] ..... 4 [goto b58]  
[fill NAME] ..... 5 [goto b58]  
[fill NAME] ..... 6 [goto b58]  
[fill NAME] ..... 7 [goto b58]  
[fill NAME] ..... 8 [goto b58]

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

DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto 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 BELOW WITH \* IN FRONT] 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 [goto 59ad]

[fill NAME] ..... 2 [goto 59ad]

NONE.....n

NEED TO DELETE A RESPONSE ..... x

DON'T KNOW ..... d

REFUSED ..... r

====> [goto 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

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

====>

**NOTE:** Deleted b59b, b59c, and b60

>test b61<

**ALL MEDICAID RECIPIENTS goto b64 [If b1ex <eq> 1 or b1ey eq <1> or <d>) goto b64; else goto test b70.]**

**NOTE:** Deleted b61, b62 and b63.

>b64<

Under (Medicaid/[fill 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

===>

**NOTE:** Deleted b65a, b65b, and b66

>b67<

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

**IF MORE THAN ONE PERSON, ASK:** Who enrolled in ([fill 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 [goto b68]  
 [fill NAME] ..... 2 [goto b68]  
 [fill NAME] ..... 3 [goto b68]  
 [fill NAME] ..... 4 [goto b68]  
 [fill NAME] ..... 5 [goto b68]  
 [fill NAME] ..... 6 [goto b68]  
 [fill NAME] ..... 7 [goto b68]  
 [fill NAME] ..... 8 [goto b68]

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

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

===> [goto test b70]

>b68< How many months ago did [fill NAME] enroll in ([fill 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 ANY PERSON HAS NO PRIVATE PLAN BUT DOES HAVE A STATE PLAN, INCLUDING CHIP, OR OTHER PLAN. [IF b1a, b1b, and b1c ARE NOT COVERING PERSON i, AND PERSON i HAS COVERAGE BY b1h OR b1i1, FOR ANY PERSON i, goto b71; ELSE goto test b80].**

>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<sup>5</sup>.

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

**INTERVIEWER: CODE NON-SPECIFIC POLICYHOLDER 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  
==>

**NOTE:** Deleted b72, b73, and b74

<sup>5</sup> If not covered by state plans [B1H], and they are covered by an "other plan not mentioned," then the text from that other plan [B1H] is filled in b71, b77 and b78.

>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

==>

**NOTE:** Deleted b75a, b75b, and b76

>b77<

Did [fill NAMES OF PLAN MEMBERS] enroll in [fill 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 [goto b78]  
 [fill NAME] ..... 2 [goto b78]  
 [fill NAME] ..... 3 [goto b78]  
 [fill NAME] ..... 4 [goto b78]  
 [fill NAME] ..... 5 [goto b78]  
 [fill NAME] ..... 6 [goto b78]  
 [fill NAME] ..... 7 [goto b78]  
 [fill NAME] ..... 8 [goto b78]

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

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

==> [goto test b80]

>b78< How many months ago did [fill NAME] enroll in [fill 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, goto b79 ELSE, IF FAMILY MEMBERS ARE UNINSURED, goto b80 FOR FIRST PERSON; ELSE goto TEST b85]**

>b79< Is family coverage offered under [fill POLICYHOLDER's] health insurance plan?

YES..... 1 [goto b791]  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto b801 FOR FIRST UNINSURED PERSON]

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

COSTS TOO MUCH ..... 1  
OTHER [SPECIFY] ..... 2  
==> [goto 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 [goto b81]  
NO ..... 0

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

==> [goto b84a]

>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 [goto b82]
  - Medicaid/fill state name ..... 2 [goto b82]
  - [fill state plan] ..... 3 [goto b82]
  - Champus, Champ-VA, Tricare, VA, or other military coverage ..... 4
  - Indian health service ..... 5
  - NONE..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto 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
- ==>

>b84a<

If [fill NAME] was sick and needed a lot of medical care, do you think you would be eligible for Medicaid [fill or NAME OF STATE PROGRAM]?

**PROBE:** Medicaid [and fill NAME OF STATE PROGRAM] are government programs that pay for health care.

YES..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

==>

REPEAT b80 - b84a FOR EACH CURRENTLY UNINSURED PERSON OR goto TEST B85.  
**CURRENTLY INSURED**



>test b85< [IF ONE OR MORE FAMILY MEMBERS ARE CURRENTLY INSURED AND COVERAGE BEGAN LESS THAN 12 MONTHS AGO, goto b851; ELSE goto 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.**

- Private 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<sup>6</sup> [SUPPRESS IF PERSON LT 65]..... 6
  - or did (he/she/you) not have any health insurance coverage ..... 0 [goto test 852]
  - NOT APPLICABLE [NEWBORN/FOREIGN COVERAGE] ..... 7 [goto test 852]
  - DON'T KNOW ..... d [goto test 852]
  - REFUSED ..... r [goto test 852]
- ====>

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

---

<sup>6</sup>Can capture prior coverage of Medicare beneficiaries who had changes in last 12 months here.

>b861<

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

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>, goto b871; ELSE goto 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) goto b881; ELSE goto 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 goto 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**

- private 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 [goto next insured person whose coverage began LT 12 months ago or test b90]
  
  - DON'T KNOW ..... d [goto next insured person whose coverage began LT 12 months ago or test b90]
  
  - REFUSED ..... r [goto next insured person whose coverage began LT 12 months ago or test b90]
- ====>

>test b872< [b852 le <4> OR b852 eq <6>, goto b872; ELSE goto 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) goto b882; ELSE goto 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.<sup>7</sup> .....4  
OTHER [SPECIFY] .....5

---

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

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

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

YES.....1 [goto b911]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
==> [goto test b902]

---

<sup>7</sup>Frequency for particular services is too low to justify burden and cost of separate coding.

>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
- (1-30) YEARS ..... 1
  
- DON'T KNOW ..... d [goto b921]
- REFUSED ..... r
- ===> [goto 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
- ===> [goto test b902]

>test b902< [IF INFORMANT IS MARRIED, goto test b90 AND ASK b902 ... b922 FOR SPOUSE, SUBSTITUTING [fill NAME] FOR [YOU], ELSE, IF NO SPOUSE, goto 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.<sup>8</sup>

**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

>test< **If uninsured go to section C. Form a table listing possible plans (up to three private plans, up to three Medicaid/SCHIP, Medicare, CHAMPUS, CHAMP-VA, TRICARE, VA, or other health plan, Indian Health Service, other) by person. If R. reports Medicare, store Medicare. Else, sum the number of plans reported for this FIU. If one, store name of plan and goto Module C; else, if R. reports Medicaid/CHIP and one private plan, store the private plan and goto Module C; else goto b96.**

>b961< Which of the following plans (do you/does [fill NAME]) use for all or most of (your/[fill NAME's]) health care? [Repeat for each person in FIU and store plan for each person.]

LIST PLANS.

**NOTE:** Deleted b98 and b99 for CTS2

---

<sup>8</sup>Source: 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 [fill 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 [goto c11]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED ..... r  
====> [goto 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 RESPONSES .....n  
NEED TO DELETE A RESPONSE ..... x  
  
DON'T KNOW .....d  
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 KNOW .....d  
REFUSED ..... r  
====>



>test c131< [if (FEMALE AND GE 12 AND LE 45) or (CHILD LE 1) goto c131; else goto 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 [goto c141]  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto 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])<sup>9</sup>. 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]).<sup>1</sup> 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 [goto c221]  
NO ..... 0

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

<sup>9</sup>Delete 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 [goto c231]  
REFUSED ..... r  
==> [goto tester]

>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  
==>

>tester< IF c151 ge 1 OR c221 ge 1 OR c231 ge1, THEN goto er1; ELSE goto c311

>er1< I would like you to think about (your/[fill NAME]'s) last visit to the emergency room. Did (you/[fill NAME]) go to the emergency room to treat an accident or injury or for some other health problem?

ACCIDENT OR INJURY ..... 1  
OTHER REASON ..... 2 [goto er2]

DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto c311]

>er2< What was the health problem?

**RECORD VERBATIM**

====>

>er3< Before going to the emergency room, (were you/was [fill NAME]) able to contact a doctor or other health professional about this problem?

YES..... 1 [goto er4]  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto er5]

>er4< Did a doctor or other health professional tell (you/[fill NAME]) to go to the emergency room?

YES..... 1 [goto c311]  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto er6]

>er5< Before going to the emergency room or calling for emergency medical assistance, did (you/[fill NAME]) try to see or call a doctor or other health professional about this problem?

YES..... 1  
NO ..... 0

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

>er6< At the time (you/[fill NAME]) went to the emergency room, were there any places other than an emergency room where (you/[fill NAME]) could have gone to treat this problem?

- YES..... 1 [goto er7]
- NO ..... 0
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====> [goto er9]

>er7< Would that be a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, or some other place?

- DOCTOR'S OFFICE ..... 1
- HMO..... 2
- HOSPITAL OUTPATIENT CLINIC ..... 3
- OTHER CLINIC OR HEALTH CENTER ..... 4
- SOME OTHER PLACE..... 5
  
- DON'T KNOW ..... d [goto tester 9]
- REFUSED ..... r [goto tester 9]
- ====>

>er8< Why did you decide to go to the emergency room instead of [fill PLACE IN er7]?

- CLOSED ..... 1
  - TOO FAR AWAY..... 2
  - COST TOO MUCH..... 3
  - OTHER [SPECIFY] ..... 0
- 
- DON'T KNOW ..... d
  - REFUSED ..... r
  - ====>

>tester9< If c121 or c151 equals "0" goto c311 (no hospital admissions past year or no hospital admissions from ER)

>er9< As a result of this emergency room visit, (were you/was [fill NAME]) admitted to the hospital for an overnight stay?

YES..... 1  
NO ..... 0

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

==>

>c311< Since [fill 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.  
(5) Exclude nurse practitioners and physician's assistants.

NO/NONE ..... 0 [goto c331]

|\_\_|\_\_| VISITS [goto c3p1]  
(1-96)

DON'T KNOW ..... d [goto c321]  
REFUSED ..... r [goto 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 [goto test c411]  
REFUSED ..... r [goto 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 [goto c331]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r [goto c331]  
==> [goto 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 OR 321] doctor visits you already told me about,) has [fill NAME] seen a nurse practitioner, physician's 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/NONE ..... 0 [goto test c411]

|\_\_|\_\_| VISITS [goto test c351]  
(1-96)

DON'T KNOW ..... d  
REFUSED ..... r [goto 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> goto c351; ELSE goto 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 [goto test c411]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r [goto 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, goto c511]<sup>10</sup>

>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 [goto c421]  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto c511]

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

|\_\_|\_\_| TIMES [goto test c431]  
(1-96)

DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto c511]

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

>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  
==>

---

<sup>10</sup>Even 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.

>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  
==>

NOTE: c521-c621 deleted.

**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.**

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 <d> OR c821 EQ <1> or <d> goto c831; ELSE goto c841]

>c831<

[INFORMANT SELF RESPONSE] Did you not get the medical care you needed or have delays getting 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
- 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] ..... 0

---

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

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

>test<

If didn't get care when needed use "didn't get" version of fill (c811 eq 1 and c821 ne 1)  
 If postponed care when needed use "postponed" version of fill (c811 ne 1 and c821 eq 1)  
 If both didn't get and postponed use "didn't get" version of fill (c811 eq 1 and c821 eq 1)

>unmet1<

[INFORMANT SELF RESPONSE] What was the most recent health problem for which you (didn't get/put off getting) medical care?

**RECORD VERBATIM**

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

>unmet2< During the past 12 months, did you see a doctor to treat this problem?

YES..... 1 [goto testunmet2a]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ==> [goto c841]

>testunmet2a< If didn't get care (c811 eq 1) goto unmet3

>unmet2a< Did you put off seeing a doctor to treat this problem?

**INTERVIEWER NOTE: PROBLEM WAS (fill unmet1)**

YES..... 1 [goto unmet3]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ==> [goto c841]

>unmet3< During the past 12 months, were you referred to a specialist to treat this problem?

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

**INTERVIEWER NOTE: PROBLEM WAS (fill unmet1)**

YES..... 1 [goto unmet3a]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ==> [goto unmet4]

>unmet3a< Did you see the specialist (IF DELAYED CARE: when the doctor referred you or did you put off seeing the specialist)?

YES—SAW WHEN REFERRED ..... 1  
 NO—DIDN'T SEE SPECIALIST  
 (PUT OFF SEEING) ..... 0

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

>unmet4< During the past 12 months, did a doctor order or recommend medical tests to treat this problem?

**PROBE:** Medical tests may include blood work, PET SCANS, MRIs, etc.

YES..... 1 [goto unmet4a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto unmet5]

>unmet4a< Did you get the tests (IF DELAYED CARE: when the doctor ordered them or did you put off getting the tests)?

YES—GOT TESTS WHEN ORDERED..... 1  
NO—DIDN'T GET WHEN ORDERED (PUT OFF  
GETTING TESTS)..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>unmet5< During the past 12 months, did a doctor order or recommend any medical procedures, including surgery, to treat this problem?

YES..... 1 [goto unmet5a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto c841]

>unmet5a< Did you have the procedure or surgery (IF DELAYED CARE: when the doctor ordered it or did you put off getting the procedure or surgery)?

YES – GOT PROCEDURE OR SURGERY..... 1  
NO – DIDN'T HAVE (PUT OFF HAVING  
PROCEDURE OR SURGERY) ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>c841< During the past 12 months, was there any time you needed prescription medicines but didn't get them because you couldn't afford it?<sup>11</sup>

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

>test c93< [ASK c22...c842...FOR NEXT PERSON<sup>12</sup>; THEN goto c92]

NOTE: c90 deleted.

>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 [goto c93]  
REFUSED ..... r  
====> [gotoc94]

<sup>11</sup>Source: NHIS, AAU.111

<sup>12</sup>Include unmet need (k811...k831) for child, substituting child's home for second person.

>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  
 ===>

>c94< During the past 12 months, (have you/has your family) had any problems paying medical bills?

YES.....1 [goto c95]  
 NO .....0  
  
 DON'T KNOW .....d  
 REFUSED ..... r  
 ===> [goto Section d]

>c95< Because of problems paying medical bills during the past 12 months, (have you/has your family) . . .

**INTERVIEWER: REPEAT STEM IF NECESSARY**

**PROGRAMMER NOTE: ROTATE c95a-c95e**

	YES	NO	DON'T KNOW	REFUSED
Been contacted by a collection agency? .....	1	0	d	r
Had problems paying for other necessities? .....	1	0	d	r
Put off major purchases, such as a new home or car? .....	1	0	d	r
Had to take money out of savings? .....	1	0	d	r
Had to borrow? .....	1	0	d	r



**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 [you/fill NAME] **usually** go(es) 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 [goto d111]
- NO, THERE IS NO PLACE ..... 0 [goto test d301]
- NO, THERE IS MORE THAN ONE PLACE ..... 3 [goto d111]
  
- DON'T KNOW ..... d [goto test d301]
- REFUSED ..... r [goto 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) [you/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 CLINIC ..... 3
- OTHER CLINIC OR HEALTH CENTER ..... 4
- HOSPITAL EMERGENCY ROOM..... 5
- SOME OTHER PLACE..... 6
  
- DON'T KNOW ..... d
- REFUSED ..... r

==>

>sn1< IF UNINSURED: At this place, (do you/does [fill NAME]) pay full price for medical care or (do you/does [fill NAME]) pay a lower amount based on what (you/[fill NAME]) can afford to pay?

FULL PRICE .....0  
LOWER AMOUNT ..... 1  
  
DON'T KNOW ..... d  
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 [goto d141]  
REFUSED ..... r [goto 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 (you/[fill NAME]) change the [fill PROVIDER/PLACE]<sup>13</sup> you/he/she) **usually** go(es) to for health care?

YES..... 1 [goto d151]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ==> [goto 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 [goto d161]  
 QUALITY OF CARE ..... 2  
 OTHER [SPECIFY] ..... 3 [goto d171]

---

DON'T KNOW ..... d  
 REFUSED ..... r  
 ==> [goto test d301]

>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  
 ==> [goto test d301]

<sup>13</sup>Fill hierarchically: if d121 answered and d131=1 - (1)doctor,(2) nurse,(3) health professional; else fill d111 if d111 ≤ 5; else place.

>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) [fill 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
- ====>

NOTE: d201 deleted.

END ROTATION

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

>test sn2< **[IF NO UNINSURED IN FIU SKIP TO test 302  
IF sn1 = 1 FOR ANY MEMBER OF FIU, goto sn4  
ELSE, goto sn2]**

>sn2< Thinking of the area where you live, is there a place that offers affordable medical care for people without health insurance?

- YES ..... 1 [goto sn3]
  - NO ..... 0
- DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto test d302]

>sn3< Is that place a doctor's office, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

- DOCTOR'S OFFICE ..... 1
  - HOSPITAL OUTPATIENT CLINIC ..... 3
  - OTHER CLINIC OR HEALTH CENTER ..... 4
  - HOSPITAL EMERGENCY ROOM..... 5
  - SOME OTHER PLACE..... 6
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==>

>sn4< How long (does/would) it take you to get to [IF sn1 EQUALS 0: INSERT PLACE NAMED IN sn3, ELSE INSERT PLACE FROM D11: the doctor's office, the hmo, the hospital outpatient clinic, the clinic or health center, the hospital emergency room, that place]?

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

|\_|\_|\_| TIME [goto sn4per]  
(1-240)

- DON'T KNOW ..... d
  - REFUSED ..... r
- ==> [goto sn5]

>sn4per< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS sn4]

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

>sn5< During the last 12 months, have you (or has anyone in your family) seen a physician or other health professional at [fill PLACE NAMED IN D111 OR sn3] when you did not have health insurance?

- YES ..... 1 [goto test d302]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==> [goto sn6]

>sn6<

Why haven't you gone to this place for medical care?

**RECORD VERBATIM AND POST CODE ALL THAT APPLY**

- NO NEED/NEVER GET SICK ..... 1
  - STIGMA ..... 2
  - NOT ELIGIBLE FOR SERVICES/  
DON'T THINK THEY WOULD ACCEPT ME ..... 3
  - DISTANCE—TOO FAR TO GO ..... 4
  - WAIT TOO LONG ..... 5
  - DON'T HAVE THE SERVICES I NEED ..... 6
  - POOR QUALITY CARE..... 7
  - BAD NEIGHBORHOOD ..... 8
  - NO TRANSPORTATION ..... 9
  - LANGUAGE BARRIER..... 10
  - HOURS NOT CONVENIENT..... 11
  - NONE OF THESE/NO MORE CODES..... n
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ===>

**>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 ≤ C311 ≤ 96 OR 1 ≤ c321 ≤ 5) goto d311; ELSE goto d35.]**

>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.]<sup>14</sup>

<sup>14</sup>The next four questions (d311-d341) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

>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
- ====>

>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 "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
- ====>

>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 "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
- ====>



>d351<

Next, I am going to read some statements about health and medical care. Usually, you go to the doctor as soon as you start to feel bad. Is that . . .

- definitely true, ..... 1
  - mostly true, ..... 2
  - mostly false, or ..... 3
  - definitely false? ..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==>

>d361<

You will do just about anything to avoid going to the doctor. Is that . . .

- definitely true, ..... 1
  - mostly true, ..... 2
  - mostly false, or ..... 3
  - definitely false? ..... 4
  
  - 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) goto e101, ELSE goto 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 [goto e111]  
DISSATISFIED.....2 [goto e111]  
NEITHER SATISFIED NOR DISSATISFIED .....3

DON'T KNOW .....d  
REFUSED ..... r  
===> [goto e121]

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

VERY ..... 1  
SOMEWHAT .....2

DON'T KNOW .....d  
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],<sup>15</sup> 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 e131]  
DISSATISFIED.....2 [goto e131]  
NEITHER SATISFIED NOR DISSATISFIED .....3  
  
DON'T KNOW .....d  
REFUSED ..... r  
====> [goto e141]

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

VERY .....1  
SOMEWHAT .....2  
  
DON'T KNOW .....d  
REFUSED ..... r  
====>

>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 [goto CAHPS12]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED ..... r  
====> [goto test e15a]

---

<sup>15</sup>Exclude for adults.

>CAHPS12< In the last 12 months, did (you/[fill NAME]) see a specialist?

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

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

SATISFIED..... 1 [goto E151]  
DISSATISFIED..... 2 [goto E151]  
NEITHER SATISFIED NOR DISSATISFIED ..... 3  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto test e15a]

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

VERY ..... 1  
SOMEWHAT ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>test e15a< IF DOCTOR VISIT IN LAST 12 MONTHS—(c311 ge 1 OR c321 ge 1) goto CAHPSLANG

>CAHPSLANG< In the last 12 months, how often did you have a hard time *speaking with or understanding* a doctor or other health providers because you spoke different languages—never, sometimes, usually or always?

NEVER..... 1  
SOMETIMES..... 2  
USUALLY ..... 3  
ALWAYS ..... 4  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>test for uninsured< IF R IS UNINSURED goto test E161, WHICH BEGINS LAST VISIT SEQUENCE; ELSE goto NEW.

>new< The next questions are about your experiences with [fill NAME OF HEALTH PLAN].

====>

>testCAHPS10< IF PERSON HAD A DOCTOR VISIT [c311 equals 1-96 or c32 equals 1-5] AND NEEDED TO SEE A SPECIALIST [e141 equals 1] , goto CAHPS10; ELSE, IF PERSON HAD A DOCTOR VISIT [c311 equals 1-96 or c32 equals 1-5] BUT DIDN'T NEED TO SEE A SPECIALIST [e141 <>1] goto CAHPS23S; ELSE goto CAHPS37S.

>CAHPS10< In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see? Would you say that it was . . .

- a big problem, ..... 1
  - a small problem, or..... 2
  - not a problem? ..... 3
  - I DIDN'T NEED TO SEE A SPECIALIST IN THE  
LAST 12 MONTHS..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>CAHPS23S< In the last 12 months, did you need approval from [fill NAME OF HEALTH PLAN] for any care, tests, or treatment?

- YES..... 1 [goto CAHPS23]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto CAHPS37S]

>CAHPS23< In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from [fill NAME OF HEALTH PLAN]? Would you say that it was . . .

**PROBE:** If the respondent says that they are members of more than one plan, say "Think about your experiences with the plan you use for all or most of your health care."

- a big problem, ..... 1
- a small problem, or..... 2
- not a problem? ..... 3
- NO VISITS IN LAST 12 MONTHS ..... 4
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====>

>CAHPS37S< In the last 12 months, did you have to fill out any paperwork for [fill NAME OF HEALTH PLAN]?

- YES..... 1 [goto CAHPS37]
- NO ..... 0
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====> [goto SP14]

>CAHPS37< In the last 12 months, how much of a problem, if any, did you have with paperwork for [fill NAME OF HEALTH PLAN]? Would you say that it was . . .

**PROBE:** Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

- a big problem, ..... 1
- a small problem, or..... 2
- not a problem? ..... 3
- I DIDN'T HAVE ANY EXPERIENCE WITH  
PAPERWORK FOR [fill NAME OF HEALTH  
PLAN] IN THE LAST 12 MONTHS ..... 4
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====>

>SP14< Given [fill NAME OF HEALTH PLAN]'s benefits, are you satisfied or dissatisfied with the amount you pay for health care?

**PROBE: IF THE RESPONDENT SAYS THAT THEY ARE MEMBERS OF MORE THAN ONE PLAN, SAY:** "Think about your experiences with the plan you use for all or most of your health care."

SATISFIED.....1 [goto SP14X]  
DISSATISFIED.....2 [goto SP14X]  
NO AMOUNT PAID .....n  
  
DON'T KNOW .....d  
REFUSED ..... r  
==> [goto CAHPS38]

>SP14X< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY ..... 1  
SOMEWHAT ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>CAHPS38< We want to know your rating of all your experience with [fill NAME OF HEALTH PLAN].

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

Worst health plan possible .....0  
..... 1  
..... 2  
..... 3  
..... 4  
..... 5  
..... 6  
..... 7  
..... 8  
..... 9  
Best health plan possible..... 10  
  
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), goto e161; ELSE, goto 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 [goto e171]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto e201]

>e171< In what month and year was [fill NAME]'s **most recent** visit for sickness, injury, or other health problem?<sup>16</sup>

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 - 2004)  
==>

<sup>16</sup>In this and related questions with 12 month recall, the last 12 months are asterisked. The interviewer cannot enter a value outside of the recall period.



>e181<

Since that visit in [fill MONTH], did [fill NAME] visit a doctor for a general check up, physical examination, [fill FEMALES OVER 12—gynecological [or pregnancy]<sup>17</sup> 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 [goto e191]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===> [goto test e221]

>e191<

In what month and year 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 - 2004)  
 ===>

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

<sup>17</sup>Limit "or pregnancy" to women between 12 and 50.

>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, [fill FEMALES OVER 12—gynecological [or pregnancy] check up], or other preventive care not related to a 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 e211]  
NO ..... 0 [goto e901]

DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto SF12 (e401)]

>e211< In what month and year 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  
(1999 - 2004)  
====> [goto 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?

CORRECT [jb e161 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT..... 1  
====>

>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 [goto e161]  
(1-96)

DON'T KNOW .....d

REFUSED ..... r

====> [goto 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, injury or other health problem] 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) goto e241; ELSE goto E24a1]**

>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 [goto e251]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>E24a1< Was this visit to an emergency room?

YES..... 1 [goto e281]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

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

APPOINTMENT ..... 1 [goto e261]  
WALK IN ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto e281]

The following questions are numbered differently in CATI because the pairs of questions (amount and time period) appear on the same CATI screen and therefore must have the same basic variable name with different suffixes. This is true for variables e261 @amt/per, e281 @amt/per and e291 @amt/per.

>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.**

SAME DAY..... 0

|\_\_|\_\_| TIME [goto e271]  
(1-30)

DON'T KNOW ..... d

REFUSED ..... r

====> [goto 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  
(David see my memo, p.13, for form of verification question.)

>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.**

|\_\_|\_\_|\_\_| TIME [goto E281]  
(1-240)

DON'T KNOW ..... d

REFUSED ..... r

====> [goto 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.**

|\_\_|\_\_| TIME [goto E291]  
(1-90)

DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto 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, or ..... 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, or ..... 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 good, or ..... 4
  - excellent? ..... 5
  - DOES NOT APPLY  
(NOT EXAMINED OR TREATED) ..... 7
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>test e331< IF UNINSURED goto e331, ELSE goto e401

>e331< How much did the physician charge for this visit? Was it free, less than \$20, \$20 to \$50, more than \$50 but less than \$100, or \$100 or more?

- FREE ..... 1 [goto e401]
  - LESS THAN \$20 ..... 2 [goto e401]
  - \$20 TO \$50 ..... 3
  - MORE THAN \$50 BUT LESS THAN \$100 ..... 4
  - \$100 OR MORE ..... 5
  
  - DON'T KNOW ..... d [goto e401]
  - REFUSED ..... r [goto e401]
- ====>

>e341<      How did you pay for this visit? Did you . . .

                  pay the entire bill when you received the care, ..... 1  
                  pay the entire bill at a later time,.....2  
                  pay a little at a time, but pay the entire bill, .....3  
                  pay some but not all of the bill, or .....4  
                  not pay the bill at all?..... 5

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

>e401<      Now, I have a question about (your/his/her) health.<sup>18</sup>

                  In general, would you say your health is . . .

                  excellent, ..... 1  
                  very good, .....2  
                  good, .....3  
                  fair, or .....4  
                  poor? .....5

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

                  ===>

NOTE: e411, e421, e431, e441, e451, e461, e471, e481, and e501 deleted in Round 4

>e411<      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 ===>

---

<sup>18</sup>SF-12™ Standard US Version 1.0, Copyright 1994 The Health Institute; New England Medical Center. Distributed by: Medical Outcomes Trust. For Spanish speaking respondents, an interviewer-administered version of the U.S.-Spanish SF-12 was reviewed and approved by the New England Medical Center (agreement 10/26/97).



>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
- ==>

>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
- ==>

>GSS157< Taken all together, how would you say things are these days? Would you say that you are very happy, pretty happy, or not too happy?

- VERY HAPPY ..... 1
  - PRETTY HAPPY ..... 2
  - NOT TOO HAPPY..... 3
  
  - 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
- ==>

>cc2c< **[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

>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
  
- 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?

>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?  
 [goto cc3g]

>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

**IF YES:** During the past two years, have you seen a doctor or other health care professional for chronic obstructive pulmonary disease?

>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?

>cc3i<

Has a doctor or health professional ever told you that you had coronary heart disease (INCLUDES ANGINA, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, BYPASS SURGERY, ANGIOPLASTY, HEART DISEASE, MI)?

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 coronary heart disease?

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

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 skin cancer?

>cc5h< Has a doctor or health professional ever told you that you had cancer other than skin cancer?

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 that cancer?

>cc5f< **IF FEMALE OR MALE AGE 50 OR UNDER, goto cc6e. IF MALE AGE OVER 50:** Has a doctor or health professional ever told you that you had a benign prostate disease or a large prostate that was not prostate cancer?

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 professional for benign prostate disease?

>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?

>cc7<

During the past two years, have you seen a doctor or other health care professional for any serious medical problem, that is one that limits your ability to do your usual activities?

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

SRM RESPONDENT SELECTION

>testsrml<

IF UNINSURED goto SRM1, IF AGE GE 65 goto SRM1. ELSE RANDOMLY  
SELECT 1/6 OF REMAINING TO goto SRM1; ELSE goto E521

>srm1<

Next, I am going to ask you whether you have had some particular health problems in the last 3 months. In the past 3 months, have you had . . .

**PROGRAMMER NOTE: ROTATE SEQUENCE**

**INTERVIEWER NOTE: IF R. CAN'T RECALL WHETHER IT LASTED MORE THAN A MINUTE CODE DON'T KNOW**

	YES	NO	DON'T KNOW	REFUSED
a. Back pain or neck pain that made it very painful to walk a block or go up a flight of stairs? .....	1	0	d	r
b. Shortness of breath when lying down, waking up, or with light work or light exercise? .....	1	0	d	r
c. Loss of consciousness or fainting? .....	1	0	d	r
d. Unusually blurry vision or difficulty seeing? .....	1	0	d	r
e. Headaches that are either new or more frequent or severe than ones you have had before? .....	1	0	d	r
f. Cough with yellow sputum (spew-tum) and fever? .....	1	0	d	r
h. Sadness, hopelessness, frequent crying, or felt depressed? .....	1	0	d	r
i. Anxiety, nervousness, or fear that has kept you from doing the usual amount of work or social activities? .....	1	0	d	r
j. Pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs? .....	1	0	d	r
k. A sprained ankle that is too painful to bear weight? .....	1	0	d	r
m. Fatigue, extreme tiredness, or generalized weakness? .....	1	0	d	r
q. <b>FEMALE:</b> A lump or mass in the breast? .	1	0	d	r
u. <b>MALE, AGE 40 OR OLDER:</b> A great deal of difficulty starting urination or passing urine? .....	1	0	d	r
v. Difficulty hearing conversations or telephone calls? .....	1	0	d	r
w. Chest pain that lasted more than a minute? .....	1	0	d	r

Symptom Response Index: Symptom Selection

Note: *Serious symptoms* are a to e, q, w  
*Morbid symptoms* are f, h to k, m, u, v

Select symptoms in the following order:

1. Select one *serious symptom* (if any) at random for the respondent.
2. If the respondent had no *serious symptoms*, select one *morbid symptom* at random (if any).

>srn2< (Now/Next) I have a question about [fill SYMPTOM]. Did this problem first appear in the past three months or before that?

APPEARED IN PAST 3 MONTHS..... 1 [goto srm2a]  
 BEFORE THAT ..... 2

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

>test srm2< IF BEFORE 3 MONTHS, RETURN TO SYMPTOM LIST AND SELECT ANOTHER SYMPTOM FOLLOWING LOGIC ABOVE.  
 IF NO MORE SYMPTOMS, goto e521

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED.

>srn2a< Did you first have this problem within the last week or before that?

APPEARED IN LAST WEEK..... 1 [goto srm2c]  
 BEFORE THAT ..... 2

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

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED.

>srn2b< Did you first have this problem within the past 4 weeks?

YES..... 1  
 NO ..... 0

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

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED.

>sr2c< [IF FEMALE LE 45]: Was this problem associated with a pregnancy?

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

>sr3< Have you seen a doctor or other health professional about this problem?

YES..... 1 [goto sr4]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto sr5]

>sr4< How soon did you see a doctor or other health professional about this problem after it started? Was it the same or next day, within a few days, within a week or two, or after a couple of weeks?

SAME OR NEXT DAY ..... 1  
WITHIN A FEW DAYS ..... 2  
WITHIN A WEEK OR TWO ..... 3  
AFTER A COUPLE OF WEEKS..... 4  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto sr8]

>sr5< During the past three months, have you talked on the telephone to a doctor or other health professional about this problem?

YES..... 1 [goto sr6]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto sr7b]



>sr6< How soon did you telephone a doctor or other health professional about this problem after it started? Was it the same or next day, within a few days, within a week or two, or after a couple of weeks?

- SAME OR NEXT DAY ..... 1
  - WITHIN A FEW DAYS ..... 2
  - WITHIN A WEEK OR TWO ..... 3
  - AFTER A COUPLE OF WEEKS ..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==>

>sr7a< At any time in the past three months, did you think that you needed to see a doctor or other health professional for treatment of this problem, rather than just talk to someone on the telephone?

- YES ..... 1
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==> [goto srm8]

>sr7b< At any time in the past three months, did you think that you needed to contact a doctor or other health professional about this problem?

- YES ..... 1 [goto srm7c]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==> [goto srm8]

>sr7c< Did you actually *try* to see a doctor or other health professional about this problem?

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

>sr8< Did this problem limit your ability to do any of your usual activities?

YES.....1 [goto srm8a]  
 NO .....0

DON'T KNOW .....d  
 REFUSED ..... r  
 ==> [goto e521]

>sr8a< For how many days were you limited in your ability to do any of your usual activities?

**PROBE:** In the past three months?

**INTERVIEWER: IF LESS THAN ONE DAY, ENTER 1.**

|\_\_|\_\_| DAYS  
 (1-90)

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

>sr9< (Modified NHIS AHS.040) As a result of this problem, did you miss work at a job or business?

YES.....1 [goto srm9a]  
 NO .....0 [goto srm10]  
 NA—DOES NOT WORK.....n

DON'T KNOW .....d  
 REFUSED ..... r  
 ==> [goto e521]

>sr9a< How many days of work did you miss?

|\_\_|\_\_| DAYS  
 (1-30)

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

>srn10< Do you have paid sick leave as a benefit at your job?

YES..... 1  
 NO ..... 0

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

>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 [goto e611]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===> [goto BRFSS10]

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

EVERYDAY..... 1  
 SOME DAYS..... 2  
 NOT AT ALL..... 3

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

>BRFSS10< (BRFSS12.10) About how much do you weigh without shoes?

**INTERVIEWER NOTE: ROUND UP FRACTIONS**

<80 - 500> POUNDS

DON'T KNOW ..... d

REFUSED ..... r

==>

>BRFSS11< (BRFSS12.11) About how tall are you without shoes?

**INTERVIEWER NOTE: ROUND DOWN FRACTIONS**

<3-7> FEET

AND/OR

<1-11> INCHES

DON'T KNOW ..... d

REFUSED ..... r

==>

>test e12c< **[IF FAMILY HAS CHILD goto k12, ELSE goto test e801]**

>k12< 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 [goto k13]

DISSATISFIED..... 2 [goto k13]

NEITHER SATISFIED NOR DISSATISFIED ..... 3

DON'T KNOW ..... d

REFUSED ..... r

==> [goto k14]

>k13< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY ..... 1  
SOMEWHAT ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>k14< 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 [goto kCAHPS12]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto test kCAHPS10]

>kCAHPS12< In the last 12 months, did (you/[fill NAME]) see a specialist?

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

>k15< Are you satisfied or dissatisfied with your **choice** of specialists for [fill CHILD's NAME]?

SATISFIED ..... 1 [goto K15a]  
DISSATISFIED ..... 2 [goto K15a]  
NEITHER SATISFIED NOR DISSATISFIED ..... 3  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto test kCAHPS10]

>K15a<      Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY ..... 1  
SOMEWHAT ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

**>test kCAHPS10<    IF CHILD IS NOT INSURED goto test k16I. IF CHILD HAD A DOCTOR VISIT AND NEEDED TO SEE A SPECIALIST, goto kCAHPS10; ELSE, IF PERSON HAD A DOCTOR VISIT BUT DIDN'T NEED TO SEE A SPECIALIST goto kCAHPS23S; ELSE goto test kCAHPS37.**

>kCAHPS10<    In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that [fill CHILD] needed to see?

A big problem ..... 1  
A small problem ..... 2  
Not a problem..... 3  
Child didn't need to see a specialist in the  
last 12 months ..... 4  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>kCAHPS23S<    In the last 12 months, did [fill CHILD] need approval from [fill NAME OF HEALTH PLAN] for any care, tests, or treatment?

YES ..... 1 [goto kCAHPS23]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto test kCAHPS37]

>kCAHPS23< In the last 12 months, how much of a problem, if any, were delays in [fill CHILD]'s health care while you waited for approval from [fill NAME OF HEALTH PLAN]?

Would you say that it was . . .

- a big problem, ..... 1
  - a small problem, or..... 2
  - not a problem? ..... 3
  - NO VISITS IN LAST 12 MONTHS..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>test kCAHPS37< IF CHILD IS THE ONLY FAMILY MEMBER COVERED BY HIS OR HER POLICY, ASK kCAHPS37S, ELSE goto kCAHPS38.

>kCAHPS37S< In the last 12 months, did you have to fill out any paperwork for [fill CHILD]'s [fill NAME OF HEALTH PLAN]?

- YES..... 1 [goto kCAHPS37]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto kSP14]

>kCAHPS37< In the last 12 months, how much of a problem, if any, did you have with paperwork for [fill CHILD]'s [fill NAME OF HEALTH PLAN]?

Would you say that it was . . .

**PROBE:** Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

- a big problem, ..... 1
  - a small problem, or..... 2
  - not a problem? ..... 3
  - I didn't have any experience with paperwork for [fill NAME OF HEALTH PLAN] in the last 12 months ..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>kSP14< Given [fill NAME OF HEALTH PLAN]'s benefits, are you satisfied or dissatisfied with the amount you pay for health care?

**PROBE:** If the respondent says that they are members of more than one plan, say "Think about your experiences with the plan you use for all or most of our health care."

SATISFIED.....1 [goto kSP14X]  
DISSATISFIED.....2 [goto kSP14X]  
NO AMOUNT PAID .....n  
  
DON'T KNOW .....d  
REFUSED ..... r  
===> [goto kCAHPS38]

>kSP14X< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY ..... 1  
SOMEWHAT .....2  
  
DON'T KNOW .....d  
REFUSED ..... r  
===>

>kCAHPS38< We want to know your rating of all your experience with [fill CHILD]'s [fill NAME OF HEALTH PLAN].

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

Worst health plan possible .....0  
..... 1  
..... 2  
..... 3  
..... 4  
..... 5  
..... 6  
..... 7  
..... 8  
..... 9  
Best health plan possible..... 10  
  
DON'T KNOW .....d  
REFUSED ..... r  
===>

>test k16l< **[IF CHILD HAD GE ONE PHYSICIAN VISIT(S) IN LAST 12 MONTHS (1 ≤ c 31 ≤ 96 or 1 ≤ c 32 ≤ 5), goto e16x; ELSE goto k40]**



>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 [goto k16]
- [fill NAME] ..... 2
- [fill NAME] ..... 3
- [fill NAME] ..... 4
- NON-FAMILY MEMBER/NO ONE..... 0
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====> [goto k40]

**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 SCREEN FOR CHILDREN WITH SPECIAL NEEDS.**

>k16<

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 [goto k17]
- NO ..... 0
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====> [goto k20]

>k17<

In what month and year 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 - 2003)  
==>

>k18<

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 [goto k19]
- NO ..... 0
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ==> [goto test k22]

>k19<

In what month and year 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 - 2003)  
==>

>test k19<

**[VERIFY THAT MONTH IN k19 IS SAME MONTH OR AFTER MONTH IN k17; THEN goto test k22.]**

>k20<

During the last 12 months, did [fill NAME] 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 [goto k21]
- NO ..... 0 [goto k90]
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ==> [goto k40]

>k21<

In what month and year 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  
 (1999 - 2003)  
 ==> [goto test k22]

>k90<

Earlier I noted that [fill NAME] had [fill #] doctor visit(s) in the last 12 months. Is that correct or incorrect?

CORRECT: BACKUP TO OBTAIN LAST DOCTOR VISIT [jb kl6]

INCORRECT, NO DOCTOR VISITS IN PAST  
 12 MONTHS..... 1 [goto k40]  
 ==>

>test k22< [IF CHILD HAD SICK AND WELL VISIT, SELECT MOST RECENT FOR k22. IF SAME MONTH FOR BOTH, FILL WELL VISIT IN k22]

>k22< 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 k24< [IF CHILD HAS USC (d10... = 1), goto k24; ELSE goto K24a]

>k24< 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 [goto k25]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>K24a< Was this visit to an emergency room?

YES ..... 1 [goto k28]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>k25< For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?

APPOINTMENT ..... 1 [goto k26]  
WALK IN ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto k28]

The following questions are numbered differently in CATI because the pairs of questions (amount and time period) appear on the same CATI screen and therefore must have the same basic variable name with different suffixes. This is true for variables k26@amt/per, k29@amt/per.

>k26< 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.**

SAME DAY..... 0  
  
|\_\_|\_\_| TIME [goto k27]  
(0-30)  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto k28]

>k27< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k26]

DAYS ..... 1  
WEEKS ..... 2  
MONTHS ..... 3  
====>

>TEST< VERIFY VALUES GREATER THAN 12 MONTHS

>k28< 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.**

|\_\_|\_\_| TIME [goto K28]  
(1-240)

DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto k29]

>K28< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k28]

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

>TEST< VERIFY VALUES GREATER THAN 8 HOURS

>k29< For this visit, how long did it take you to get to the (doctor's office/emergency room)?

**INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD.**

|\_\_|\_\_| TIME [goto K29]  
(1-90)

DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto k30]

>K291< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k291]

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

>TEST< VERIFY VALUES GREATER THAN 8 HOURS

>k30< Still thinking about this visit in [MONTH], how would you rate the thoroughness and carefulness of the examination and treatment [fill CHILD] received? Would you say it was . . .

- poor,..... 1
  - fair,..... 2
  - good,..... 3
  - very good, or ..... 4
  - excellent? ..... 5
  - DOES NOT APPLY  
(NOT EXAMINED OR TREATED)..... 7
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==>

>k31< How would you rate how well the doctor listened to you? Would you say it was . . .

- poor,..... 1
  - fair,..... 2
  - good,..... 3
  - very good, or ..... 4
  - excellent? ..... 5
  - DOES NOT APPLY  
(NOT EXAMINED OR TREATED)..... 7
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==>

>k32< 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 good, or ..... 4
  - excellent? ..... 5
  - DOES NOT APPLY  
(NOT EXAMINED OR TREATED)..... 7
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==>



>k40< In general, would you say [fill NAME]'s health is . . .

- excellent, ..... 1
  - very good, ..... 2
  - good, ..... 3
  - fair, or ..... 4
  - poor? ..... 5
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==>

**SCREEN FOR CHILDREN WITH SPECIAL NEEDS (SOURCE: NATIONAL SURVEY OF CHILDREN WITH SPECIAL NEEDS)**

>scsn1< Does [fill NAME] currently need or use medicine prescribed by a doctor (other than vitamins)?

- YES ..... 1 [goto scsn1a]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==> [goto scsn2]

>scsn1a< Is this because of ANY medical, behavioral, or other health condition?

- YES ..... 1 [goto scsn1b]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==> [goto scsn2]

>scsn1b< Is this a condition that has lasted or is expected to last for at least 12 months?

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

>scsn2< Does [fill NAME] need or use more medical care, mental health or educational services than is usual for most children of the same age?

YES..... 1 [goto scsn2a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto scsn3]

>scsn2a< Is this because of ANY medical, behavioral, or other health condition?

YES..... 1 [goto scsn2b]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto scsn3]

>scsn2b< Is this a condition that has lasted or is expected to last for at least 12 months?

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

>scsn3< Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

YES..... 1 [goto scsn3a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto scsn4]

>scsn3a< Is this because of ANY medical, behavioral, or other health condition?

YES..... 1 [goto scsn3b]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto scsn4]

>scsn3b< Is this a condition that has lasted or is expected to last for at least 12 months?

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

>scsn4< Does your child currently need or get special therapy such as physical, occupational, or speech therapy?

YES..... 1 [goto scsn4a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto scsn5]

>scsn4a< Is this because of ANY medical, behavioral, or other health condition?

YES..... 1 [goto scsn4b]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto scsn5]

>scsn4b< Is this a condition that has lasted or is expected to last for at least 12 months?

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

>scsn5< Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

YES..... 1 [goto scsn5a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto test e801]

>scsn5a< Is this because of ANY medical, behavioral, or other health condition?

YES.....1 [goto scsn5b]  
 NO .....0

DON'T KNOW .....d  
 REFUSED ..... r  
 ==> [goto test e801]

>scsn5b< Is this a condition that has lasted or is expected to last for at least 12 months?

YES.....1  
 NO .....0

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

>test e801< **[IF THERE ARE OTHER ADULTS (≥ 18) IN FAMILY BESIDES INFORMANT  
 goto e80t; ELSE goto 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, or ..... 4  
 poor? ..... 5

DON'T KNOW .....d  
 REFUSED ..... r  
 ==> [REPEAT FOR EACH ADULT; THEN goto f10]

**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)?<sup>19</sup>

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

YES..... 1 [goto f121]  
NO ..... 0

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

====> [goto 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

====>

---

<sup>19</sup>Include 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?<sup>20</sup>

**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 VARY .....97 [goto 13x1]

DON'T KNOW .....d

REFUSED .....r

===> [goto 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)?

MORE .....1

LESS.....2

DON'T KNOW .....d

REFUSED .....r

===>

<sup>20</sup>Note shift from last week to usual week for hours and earnings.

>testf141< [IF f121 eq <1> goto f141; ELSE goto 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 ..... d

REFUSED ..... r

==>

>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 goto f241] TEST SKIPS f221 FOR GOVERNMENT EMPLOYEES.**

>f221<

[Does (your\his\her) employer/Do(es) fill NAME] operate in more than one location?

**NOTE: Fill is for self-employed and farmers.**

- YES..... 1 [goto f231]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto 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 ..... d
  - REFUSED ..... r
- ====>

>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

====>

>f251< Are you a member of either a labor union or an employee association like a union? [SIPP, CNTRC]

YES ..... 1 [goto f261]  
NO ..... 0

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

====> [goto f301]

>f261< Are you covered by a union or employee association contract? [SIPP, EMPLOC]

YES..... 1  
NO ..... 0  
  
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 [goto f331]  
REFUSED ..... r [goto 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 [goto f331]  
REFUSED ..... r [goto test f401]  
===> [goto 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 ([fill NAME's]/your) usual earnings on this job are

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

YES..... 1 [goto test f401]  
 NO :jb f321  
 ===>

>test f401< [IF PERSON IS POLICYHOLDER FOR EMPLOYER-BASED PLAN [PERSON LISTED IN b231 AND b251 = 1] AND HAS MORE THAN ONE JOB [f121=1], goto f401; ELSE goto 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  
 ===> goto next person or g10

>test f50< [IF PERSON IS NOT SELF-EMPLOYED (f201 = 1, 2, 3 or 4) AND IS NOT A POLICYHOLDER FOR AN EMPLOYER/UNION BASED PLAN (PERSON NOT LISTED IN b231, OR IF LISTED, b251 ≠ 1) AND IS LT 65 YEARS OLD, goto f501; ELSE goto NEXT PERSON OR g10]<sup>21</sup> The questions for workers who decline own employer's coverage are not asked of policyholders.

<sup>21</sup>Skipped self-employed.

>f501< Does (your/[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 [goto test f5011]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===> [goto test f611]

>TEST5011< [IF f261=1, goto f5011;else goto f511]

>f5011< Is the health insurance plan offered by [fill NAME]'s employer or union?

EMPLOYER ..... 1  
UNION ..... 2  
BOTH [FILL EMPLOYER IN FOLLOWING QUESTIONS].. 3  
  
DON'T KNOW ..... d [goto NEXT PERSON OR G10]  
REFUSED ..... r [goto test f611]

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

YES..... 1 [goto test f521]  
NO ..... 0 [goto f531]  
  
DON'T KNOW ..... d [goto test f611]  
REFUSED ..... r [goto test f611]  
===>

>test f521< **[IF PERSON HAS INSURANCE COVERAGE UNDER AN EMPLOYER/UNION BASED PLAN (NAMED UNDER BIA OR BIC), goto f541; ELSE goto f521].**

>f521<

(Are you/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  
==> [goto f541]

>f531<

(Are you/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-CALL ..... 3  
MEDICAL PROBLEM..... 4  
OTHER [SPECIFY] ..... 5

---

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

>f541<

Does (your/[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 KNOW ..... d [goto test f611]  
REFUSED ..... r [goto test f611]  
==>

>f551< Does (your/[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 KNOW ..... d  
REFUSED ..... r  
====>

>test 561< [IF f541 eq <2> AND f551 eq <1> goto f561; ELSE goto testf611]

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

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

Next sequence is for employed workers offered health insurance by their employers but who are insured under another plan.

>test f611< [If not insured by own employer AND f511=1 AND (b1a=1 or b1c=1), goto f611, else next person or g10]

>f611< Does (your/[fill NAME]'s) employer offer a health insurance plan where the premium is less than the amount (you're/she's/he's) paying for (your/his/her) current plan?

**PROBE:** The premium is the amount deducted from your paycheck.

YES..... 1 [goto f63a1]  
NO ..... 0 [goto f621]  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto next person or g10]

>f621< Does (your/[fill NAME's]) employer offer a health insurance plan where the premium is about the same as the premium (you are/[fill NAME] is) paying for (your/his/her) current plan?

**PROBE:** The premium is the amount deducted from (your/his/her) paycheck.

YES..... 1 [goto f63a1]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto next person or g10]

>f63a1< If (you/[fill NAME]) changed to that plan, would (you/he/she) have to pay more, less, or about the same amount each time (you/he/she) saw a doctor?

MORE ..... 1  
LESS ..... 2  
ABOUT THE SAME..... 3  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>f63b1< If you changed to that plan, would you have to pay more, less, or about the same amount each time you fill(ed) a prescription?

MORE ..... 1  
LESS ..... 2  
ABOUT THE SAME..... 3  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

[goto NEXT PERSON or g10]



**FAMILY INCOME**

>g10<

The next questions are about income that (your family [insert names if multiple family household]) received during (2002). During (2002), 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 (2002) 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 MORE .....7

DON'T KNOW .....d [goto g11]

REFUSED ..... r

==> [goto test g20]

>g11<

Which of the following income ranges is closest to your family's (2002) 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 g20-g221 FOR EACH PERSON; HOWEVER, SKIP FOR INFORMANT'S OWN CHILD OR GRANDCHILD.]**

>g20<

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

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

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

>g22n1<

I'm going to read you a list of five race categories. Please choose one or more races that (you/he/she) consider(s) (yourself/himself/herself) to be.

**INTERVIEWER: READ ALL CATEGORIES. CODE UNLISTED, RESPONDENT-OFFERED CATEGORIES IN "OTHER."**

**PROBE IF RESPONDS "HISPANIC" OR "LATINO":** Would that be White Hispanic/Latino, African American Hispanic/Latino, or something else?

**INTERVIEWER: CODE ALL RACES**

- White..... 1
- African American or Black ..... 2
- American Indian or Alaska Native..... 3
- Asian ..... 4
- Native Hawaiian or Other Pacific Islander ..... 5
- OTHER [SPECIFY] ..... 6

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

>g301<

(Are you/Is he/Is she/Is [fill NAME]) a citizen of the United States?

- YES..... 1 [goto g311]
- NO ..... 0

- DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto g321]

>g311<

(Were you/Was he/Was she/Was [fill NAME]) born a citizen of the United States or did you become a citizen of the United States through naturalization?

- BORN..... 1 [goto NEXT PERSON OR test g23]
- NATURALIZED ..... 2

- DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto g321]

>g321<

When did (you/[fill NAME]) come to live in the United States?

**CODE YEAR OR NUMBER OF YEARS AGO**

**PROGRAMMER: CHECK THAT YEAR OR NUMBER OF YEARS AGO IS NOT BEFORE BIRTH**

|\_|\_|\_|\_| YEAR

|\_|\_|\_|\_| NUMBER OF YEARS AGO  
(0-AGE)

DON'T KNOW .....d

REFUSED .....r

==>

>test g23<

**[IF FAMILY HAS MORE THAN ONE ADULT, goto NEXT PERSON OR g23;  
ELSE goto 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, goto h10; IF RECEIVED PRE-PAYMENT AND REINTERVIEW, goto h20; ELSE, goto 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  
==>

**>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< Not counting any cellular telephones, are there any other telephone numbers in this household besides [fill NUMBER] that people receive calls on?

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

**PROBE:** Please exclude telephone lines used only for computer modems or faxes.

**IF YES:** How many additional phone numbers do you have?

.....0 [goto h32]

|\_\_| OTHER TELEPHONE NUMBERS  
(1-4)

REFUSED ..... r [goto 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 [goto h33]  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto end]

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

|\_\_| |\_\_| MONTHS  
(0-12)

DON'T KNOW ..... d [goto end]  
REFUSED ..... r [goto 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, goto fin;  
ELSE goto next\_person]**

>next\_person< I also would like to speak briefly with [FILL 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 [FILL NAMES] now?

#	NAME	RELATION	FAM	STATUS	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

==>

**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 1

- CALLBACK ..... c [goto callback]
  - REFUSED ..... r [goto refused]
- ==>

>test<       **IF SELF RESPONSE MODULE, goto INTRODUCTION FOR SELF-RESPONSE**  
**IF SECONDARY FAMILY, goto INTRODUCTION FOR SECONDARY FAMILY**

>next\_person<   [SELF RESPONSE MODULE I would like to speak with [fill NAME]. I need to ask (him/her) 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 [FILL 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 1

CALLBACK ..... c <sup>22</sup>

LANGUAGE PROBLEM..... l

REFUSED ..... r

SUPERVISOR REVIEW..... s

====>

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

This concludes the survey unless you have a brief comment you would like to add.

Comments [SPECIFY]..... c

\_\_\_\_\_  
Interview Complete..... g

====>

---

<sup>22</sup>THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.



## SELF RESPONSE MODULE

>slf1<

My name is \_\_\_\_\_. I am calling about the telephone survey that [fill NAME] participated in on [fill DATE OF INTERVIEW]. Most of the interview has already been completed by [fill NAME] I have a few questions about your health and opinions and about [fill NAME]'s 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]

WILL COMPLETE SELF RESPONSE SECTION ..... 1

RESPONDENT WILL ACT AS PROXY FOR [fill NAME]

[fill NAME] IS CHRONICALLY ILL ..... 2

[fill NAME] IS AWAY AT SCHOOL ..... 3

[fill NAME] SPEAKS NEITHER ENGLISH  
NOR SPANISH ..... 4

[fill NAME] WON'T DO SELF-RESPONSE SECTION ..... 5

==>

>b93<

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.<sup>23</sup>

**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
- ==>

>c81<

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.**

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

<sup>23</sup>Source: Royal, Kenneth, et al., **The Gallup Arizona Health Care Poll**. P.18, The Gallup Organization, 1995. Distributions by coverage available.

>c82<

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 c83< [IF c81 EQ <1> OR <d> OR c82 EQ <1> OR <d> goto c83; ELSE goto c84]

>c83<

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
- 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] ..... 0

---

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

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

>test< If didn't get care when needed use "didn't get" version of fill (c81 eq 1 and c82 ne 1)

If postponed care when needed use "postponed" version of fill (c81 ne 1 and c82 eq 1)

If both didn't get and postponed use "didn't get" version of fill (c81 eq 1 and c82 eq 1)

>unmet1< [SELF RESPONSE] What was the most recent health problem for which you (didn't get/put off getting) medical care?

**RECORD VERBATIM**

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

>unmet< During the past 12 months, did you see a doctor to treat this problem?

YES ..... 1 [goto testunmet2a]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===> [goto c84]

>testunmet2a< If didn't get care (c81 eq 1) goto unmet3

>unmet2a< Did you put off seeing a doctor to treat this problem?

**INTERVIEWER NOTE: PROBLEM WAS (fill unmet1)**

YES ..... 1 [goto unmet3]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===> [goto c84]

>unmet3< During the past 12 months, were you referred to a specialist to treat this problem?

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

**INTERVIEWER NOTE: PROBLEM WAS (fill unmet1)**

YES..... 1 [goto unmet3a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto unmet4]

>unmet3a< Did you see the specialist (IF DELAYED CARE: when the doctor referred you or did you put off seeing the specialist)?

YES—SAW WHEN REFERRED ..... 1  
NO—DIDN'T SEE SPECIALIST  
(PUT OFF SEEING) ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>unmet4< During the past 12 months, did a doctor order or recommend medical tests to treat this problem?

**PROBE:** Medical tests may include blood work, PET SCANS, MRIs, etc.

YES..... 1 [goto unmet4a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto unmet5]

>unmet4a< Did you get the tests (IF DELAYED CARE: when the doctor ordered them or did you put off getting the tests)?

YES—GOT TESTS WHEN ORDERED ..... 1  
NO—DIDN'T GET WHEN ORDERED  
(PUT OFF GETTING TESTS) ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>unmet5< During the past 12 months, did a doctor order or recommend any medical procedures, including surgery, to treat this problem?

YES ..... 1 [goto unmet5a]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto c84]

>unmet5a< Did you get the procedure or surgery (IF DELAYED CARE: when the doctor ordered it or did you put off getting the procedure or surgery)?

YES—GOT PROCEDURE OR SURGERY ..... 1  
NO—DIDN'T HAVE (PUT OFF  
HAVING PROCEDURE OR SURGERY) ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>c84< During the past 12 months, was there any time you needed prescription medicines but didn't get them because you couldn't afford it?

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

>d3i<

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].<sup>24</sup>**

ROTATE d31...d34.

>d31<

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

**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
- ===>

<sup>24</sup>The next four questions (d31...d34) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

>d32<

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
- ====>

>d33<

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
- ====>



>d34<

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 ..... r
- ====>

>d35<

Next, I am going to read some statements about health and medical care. Usually, you go to the doctor as soon as you start to feel bad. Is that . . .

- definitely true, ..... 1
  - mostly true, ..... 2
  - mostly false, or ..... 3
  - definitely false? ..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>d36<

You will do just about anything to avoid going to the doctor. Is that . . .

- definitely true, ..... 1
  - mostly true, ..... 2
  - mostly false, or ..... 3
  - definitely false? ..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>e12<

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

First primary care doctors, such as family doctors, [pediatricians,]<sup>25</sup> 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 e13]  
 DISSATISFIED..... 2 [goto e13]  
 NEITHER SATISFIED NOR DISSATISFIED ..... 3

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===> [goto e14]

>e13<

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

VERY ..... 1  
 SOMEWHAT ..... 2

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

>e14<

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 cahps121]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===> [goto test e15a]

<sup>25</sup>Exclude for adults.

>cahps121< In the last 12 months, did (you/[fill NAME]) see a specialist?

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

>e15< Are you satisfied or dissatisfied with the **choice** you have for specialists?

SATISFIED..... 1 [goto test E15a]  
DISSATISFIED..... 2 [goto test E15a]  
NEITHER SATISFIED NOR DISSATISFIED ..... 3  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto test e15a]

>E15a< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY ..... 1  
SOMEWHAT ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>test e15a< IF DOCTOR VISIT IN LAST 12 MONTHS—c312 OR c322 ge 1, goto CAHPSLANG

>CAHPSLANG< In the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages? Never, sometimes, usually or always?

NEVER..... 1  
SOMETIMES..... 2  
USUALLY ..... 3  
ALWAYS ..... 4  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>test for uninsured< IF R. IS UNINSURED, goto TEST e16, WHICH BEGINS VISIT SEQUENCE; ELSE goto cah\_intro

>cah\_intro< The next questions are about your experiences with (your health plan/[fill NAME OF HEALTH PLAN]).

====>

>testCAHPS10< **IF PERSON HAD A DOCTOR VISIT AND NEEDED TO SEE A SPECIALIST, goto CAHPS101; ELSE, IF PERSON HAD A DOCTOR VISIT BUT DIDN'T NEED TO SEE A SPECIALIST, goto CAHPS23S1; ELSE goto CAHPS37S1**

>CAHPS101< In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see? Would you say that it was . . .

- a big problem, ..... 1
  - a small problem, or ..... 2
  - not a problem? ..... 3
  - I didn't need to see a specialist  
in the last 12 months ..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>CAHPS23S1< In the last 12 months, did you need approval from [fill NAME OF HEALTH PLAN] for any care, tests, or treatment?

- YES ..... 1 [goto CAHPS231]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====> [goto CAHPS37S1]

>CAHPS231< In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from (your health plan/[fill HEALTH PLAN])? Would you say that it was . . .

- a big problem, ..... 1
  - a small problem, or ..... 2
  - not a problem? ..... 3
  - NO VISITS IN LAST 12 MONTHS ..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>CAHPS37S1< In the last 12 months, did you have to fill out any paperwork for (your health plan/[fill HEALTH PLAN])?

YES..... 1 [goto CAHPS371]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto SP14]

>CAHPS371< In the last 12 months, how much of a problem, if any, did you have with paperwork for (your health plan/[fill HEALTH PLAN])? Would you say that it was . . .

**PROBE:** Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

a big problem, ..... 1  
a small problem, or ..... 2  
not a problem? ..... 3  
I didn't have any experience with paperwork  
for [fill NAME OF HEALTH PLAN] in the last  
12 months ..... 4  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>SP14< Given (your health plan/[fill HEALTH PLAN]'s) benefits, are you satisfied or dissatisfied with the amount you pay for health care?

SATISFIED..... 1 [goto SP14X1]  
DISSATISFIED..... 2 [goto SP14X1]  
NO AMOUNT PAID ..... n  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto CAHPS381]

>SP14X1< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY ..... 1  
SOMEWHAT ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>CAHPS381< We want to know your rating of all your experience with (your health plan/[fill HEALTH PLAN]).

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

Worst health plan possible ..... 0

..... 1

..... 2

..... 3

..... 4

..... 5

..... 6

..... 7

..... 8

..... 9

Best health plan possible..... 10

DON'T KNOW ..... d

REFUSED ..... r

====>

>test e16< **[IF PERSON HAS HAD PHYSICIAN VISITS IN LAST 12 MONTHS (1 <= c31 <= 96 OR 1 <= c32 <= 5), goto e16; ELSE goto test e40]**

>e16< 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 e17]

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

====> [goto e20]

>e17<

In what month and year was your **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 - 2003)  
===>

>e18<

Since that visit in [fill 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 e19]
- NO ..... 0
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ===> [goto test e22]

>e19<

In what month and year 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 - 2003)  
===>

>test e19<

**[VERIFY THAT MONTH IN e19 IS SAME MONTH OR FOLLOWS e17; THEN goto test e22]**

>e20<

During the last 12 months, 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 e21]
- NO ..... 0 [goto e90]

- DON'T KNOW ..... d
- REFUSED ..... r
- ===> [goto e40]



>e21<

In what month and year 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  
(1999 - 2003)  
====> [goto test e22]

>e90<

Earlier I noted that you had [fill # IN c312 or c322] doctor visit(s) in the last 12 months. Is that correct?

CORRECT: [jb e16 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT ..... 1  
====>

>e91<

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 [goto e16]  
(1-96)

DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto e40, SF12]

>test e22< [IF PERSON HAD WELL AND SICK VISIT (e16=1 and e18=1), SELECT MOST RECENT FOR e22. IF SAME MONTH FOR BOTH, FILL WELL VISIT SINCE IT WAS MORE RECENT]

>e22< Please think about your visit for [preventive care or a check-up/care of sickness, injury, or other health problem] 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 e24< [IF PERSON HAS USC (d102=1) goto e24; ELSE goto e24a]

>e24< 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 e25]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>e24a< Was this visit to an emergency room?

YES..... 1 [goto e282]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
==>

>e25< 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 ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto e282]

The following questions are numbered differently in CATI because the pairs of questions (amount and time period) appear on the same CATI screen and therefore must have the same basic variable name with different suffixes. This is true for variables e262@amt/per, e282@amt/per, and e292@amt/per.

>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.**

SAME DAY..... 0  
  
|\_\_|\_\_| TIME [goto e272]  
(1-30)  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto e282]

>e272< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e262].

DAYS ..... 1  
WEEKS ..... 2  
MONTHS ..... 3  
====>

>TEST< VERIFY VALUES GREATER THAN 12 MONTHS

>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 ..... d  
REFUSED ..... r  
==> [goto e292]

>E282< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e282]

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

>TEST< VERIFY VALUES GREATER THAN 8 HOURS

>e292< For this visit, how long did it take you to get to the [doctor's office/emergency room]?

**INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD.**

|\_\_| |\_\_| TIME [goto E292]  
(1-90)

DON'T KNOW ..... d  
REFUSED ..... r  
==> [goto e30]

>E292< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e292]

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

>TEST< VERIFY VALUES GREATER THAN 8 HOURS

>e30< 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, or .....4
  - excellent? ..... 5
  - DOES NOT APPLY  
(NOT EXAMINED OR TREATED)..... 7
  
  - DON'T KNOW ..... d
  - REFUSED .....r
- ====>

>e31< How would you rate how well your doctor listened to you? Would you say it was . . .

- poor,..... 1
  - fair,.....2
  - good,.....3
  - very good, or .....4
  - excellent? ..... 5
  - DOES NOT APPLY  
(NOT EXAMINED OR TREATED)..... 7
  
  - DON'T KNOW ..... d
  - REFUSED .....r
- ====>

>e32< 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 good, or .....4
  - excellent? ..... 5
  - DOES NOT APPLY  
(NOT EXAMINED OR TREATED)..... 7
  
  - DON'T KNOW ..... d
  - REFUSED .....r
- ====>

>test e33< IF UNINSURED, goto e33, ELSE goto e40

>e33< How much did the physician charge for this visit? Was it free, less than \$20, \$20 to \$50, more than \$50 but less than \$100, or \$100 or more?

- FREE ..... 1 [goto e40]
  - LESS THAN \$20 ..... 2 [goto e40]
  - \$20 TO \$50 ..... 3
  - MORE THAN \$50 BUT LESS THAN \$100 ..... 4
  - \$100 OR MORE ..... 5
  
  - DON'T KNOW ..... d [goto e40]
  - REFUSED ..... r [goto e40]
- ====>

>e34< How did you pay for this visit? Did you . . .

- pay the entire bill when you received the care, ..... 1
  - pay the entire bill at a later time, ..... 2
  - pay a little at a time, but pay the entire bill, ..... 3
  - pay some but not all of the bill, or ..... 4
  - not pay the bill at all? ..... 5
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

>e40< Now, I have a few questions about your health.

In general, would you say your health is . . .

- excellent, ..... 1
  - very good, ..... 2
  - good, ..... 3
  - fair, or ..... 4
  - poor? ..... 5
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ====>

NOTE e41 to e48 DELETED IN ROUND 4

>e4i< 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?

HIT ENTER TO CONTINUE ===>

>e49< 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
- ===>

NOTE e50 DELETED IN ROUND 4

>e51< 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
- ===>

>GSS1572< Taken all together, how would you say things are these days? Would you say that you are very happy, pretty happy, or not too happy?

VERY HAPPY ..... 1  
PRETTY HAPPY ..... 2  
NOT TOO HAPPY ..... 3  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>n1a< **[IF FEMALE AND 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  
====>

>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  
====>

>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?

>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?  
[goto nn3g]

>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  
==>

**IF YES:** During the past two years, have you seen a doctor or other health care professional for chronic obstructive pulmonary disease?

>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?

>nn3i<

Has a doctor or health professional ever told you that you had coronary heart disease (INCLUDES ANGINA, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, BYPASS SURGERY, ANGIOPLASTY, HEART DISEASE, MI)?

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 coronary heart disease?

>nn5c<

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

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 skin cancer?

>nn5h< Has a doctor or health professional ever told you that you had cancer other than skin cancer?

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 that cancer?

>n5f4< **IF FEMALE OR MALE AGE 50 OR UNDER, goto nn6e. IF MALE, AGE 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  
====>

**IF YES:** During the past two years, have you seen a doctor or other health professional for benign prostate disease?

>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?

>nn7<

During the past two years, have you seen a doctor or other health care professional for any serious medical problem, that is one that limits your ability to do your usual activities?

YES..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

==>

SRM RESPONDENT SELECTION

>testsrn<

IF UNINSURED goto SRM1, IF AGE GE 65 goto SRM1. ELSE RANDOMLY SELECT 1/6 OF REMAINING TO goto SRM1; ELSE goto e52.

>srm1<

Next, I am going to ask you whether you have had some particular health problems in the last 3 months. In the past 3 months, have you had . . .

**PROGRAMMER NOTE: ROTATE SEQUENCE**

**INTERVIEWER NOTE: IF R. CAN'T RECALL WHETHER IT LASTED MORE THAN A MINUTE CODE DON'T KNOW**

	YES	NO	DON'T KNOW	REFUSED
a. Back pain or neck pain that made it very painful to walk a block or go up a flight of stairs? .....	1	0	d	r
b. Shortness of breath when lying down, waking up, or with light work or light exercise? .....	1	0	d	r
c. Loss of consciousness or fainting? .....	1	0	d	r
d. Unusually blurry vision or difficulty seeing? .....	1	0	d	r
e. Headaches that are either new or more frequent or severe than ones you have had before? .....	1	0	d	r
f. Cough with yellow sputum (spew-tum) and fever? .....	1	0	d	r
h. Sadness, hopelessness, frequent crying, or felt depressed? .....	1	0	d	r
i. Anxiety, nervousness, or fear that has kept you from doing the usual amount of work or social activities? .....	1	0	d	r
j. Pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs? .....	1	0	d	r
k. A sprained ankle that is too painful to bear weight? .....	1	0	d	r
m. Fatigue, extreme tiredness, or generalized weakness? .....	1	0	d	r
q. <b>FEMALE:</b> A lump or mass in the breast? .	1	0	d	r
u. <b>MALE, AGE 40 OR OLDER:</b> A great deal of difficulty starting urination or passing urine? .....	1	0	d	r
v. Difficulty hearing conversations or telephone calls? .....	1	0	d	r
w. Chest pain that lasted more than a minute? .....	1	0	d	r

Symptom Response Index: Symptom Selection

Note: *Serious symptoms* are a to e, q, w  
*Morbid symptoms* are f, h to k, m, u, v

Select symptoms in the following order:

3. Select one *serious symptom* (if any) at random for the respondent.
4. If the respondent had no *serious symptoms*, select one *morbid symptom* at random (if any).

>srn2< (Now/Next) I have a question about [fill SYMPTOM].  
Did this problem first appear in the past three months or before that?

APPEARED IN PAST 3 MONTHS..... 1 [goto srm2a]  
BEFORE THAT ..... 2

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

>test srm2< IF BEFORE 3 MONTHS, RETURN TO SYMPTOM LIST AND SELECT  
ANOTHER SYMPTOM FOLLOWING LOGIC ABOVE.  
IF NO MORE SYMPTOMS, goto e52

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED

>srn2a< Did you first have this problem within the last week or before that?

APPEARED IN LAST WEEK..... 1 [goto srm2c]  
BEFORE THAT ..... 2

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

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED

>srn2b< Did you first have this problem within the past 4 weeks?

YES..... 1  
NO ..... 0

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

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED

>sr2c< [IF FEMALE LE 45]: Was this problem associated with a pregnancy?

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

>sr3< Have you seen a doctor or other health professional about this problem?

- YES..... 1 [goto srm4]
- NO ..... 0
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====> [goto srm5]

>sr4< How soon did you see a doctor or other health professional about this problem after it started? Was it the same or next day, within a few days, within a week or two, or after a couple of weeks?

- SAME OR NEXT DAY ..... 1
- WITHIN A FEW DAYS ..... 2
- WITHIN A WEEK OR TWO ..... 3
- AFTER A COUPLE OF WEEKS..... 4
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====> [goto srm8]

>sr5< During the past three months, have you talked on the telephone to a doctor or other health professional about this problem?

- YES..... 1 [goto srm6]
- NO ..... 0
  
- DON'T KNOW ..... d
- REFUSED ..... r
- ====> [goto srm7b]

>sr6< How soon did you telephone a doctor or other health professional about this problem after it started? Was it the same or next day, within a few days, within a week or two, or after a couple of weeks?

- SAME OR NEXT DAY ..... 1
  - WITHIN A FEW DAYS ..... 2
  - WITHIN A WEEK OR TWO ..... 3
  - AFTER A COUPLE OF WEEKS ..... 4
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==>

>sr7a< At any time in the past three months, did you think that you needed to see a doctor or other health professional for treatment of this problem, rather than just talk to someone on the telephone?

- YES ..... 1
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==> [goto srm8]

>sr7b< At any time in the past three months, did you think that you needed to contact a doctor or other health professional about this problem?

- YES ..... 1 [goto srm7c]
  - NO ..... 0
  
  - DON'T KNOW ..... d
  - REFUSED ..... r
- ==> [goto srm8]

>sr7c< Did you actually *try* to see a doctor or other health professional about this problem?

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



>sr8< Did this problem limit your ability to do any of your usual activities?

YES..... 1 [goto srm8a]  
 NO ..... 0

DON'T KNOW ..... d  
 REFUSED ..... r  
 ==> [goto e52]

>sr8a< For how many days were you limited in your ability to do any of your usual activities?

**INTERVIEWER: IF LESS THAN ONE DAY, ENTER 1.**

|\_|\_| DAYS  
 (1-90)

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

>sr9< (Modified NHIS AHS.040) As a result of this problem, did you miss work at a job or business?

YES..... 1 [goto srm9a]  
 NO ..... 0 [goto srm10]  
 NA—DOES NOT WORK..... n

DON'T KNOW ..... d  
 REFUSED ..... r  
 ==> [goto e52]

>sr9a< How many days of work did you miss?

|\_|\_| DAYS  
 (1-30)

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

>srn10< Do you have paid sick leave as a benefit at your job?

YES..... 1  
 NO ..... 0

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

>e52< 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  
 ===>

>e60< These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

YES..... 1 [goto test e61]  
 NO ..... 0

DON'T KNOW .....  
 REFUSED ..... r  
 ===> [goto BRFSS10]

>e61< Do you now smoke cigarettes every day, some days or not at all?

EVERYDAY..... 1  
 SOME DAYS..... 2  
 NOT AT ALL..... 3

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

>BRFSS10< (BRFSS12.10) About how much do you weigh without shoes?

**INTERVIEWER NOTE: ROUND UP FRACTIONS**

<80 - 500> POUNDS

DON'T KNOW ..... d

REFUSED ..... r

====>

>BRFSS11< (BRFSS12.11) About how tall are you without shoes?

**INTERVIEWER NOTE: ROUND DOWN FRACTIONS**

<3-7> FEET

AND/OR

<1-11> INCHES

DON'T KNOW ..... d

REFUSED ..... r

====>

>test e16c< **[IF THIS PERSON ACCOMPANIED CHILD ON LAST VISIT INCLUDE CHILD'S LAST VISIT QUESTIONS] [k16-scsn5b]**

>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 full name and address?

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

**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.

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

====>