

FORM **HIS-3 (1996)**  
(8-1-95)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL  
NATIONAL CENTER FOR HEALTH STATISTICS

**NATIONAL HEALTH INTERVIEW SURVEY**

**1996 SUPPLEMENT BOOKLET**

**II. FAMILY RESOURCES**

- A. Access to Care**
- B. Health Care Coverage**
- C. Private Plan and Coverage Detail**
- D. Income and Assets**

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA (0920-0214); Hubert H. Humphrey Building, Room 737-F, 200 Independence Avenue, SW; Washington, DC 20201.

<b>1. RO</b>		<b>2. Sample</b>		<b>Suffix</b>		<b>3. Week</b>		<b>4. Book ___ of</b>		<b>RT 84</b>	
9-10		11-13		14		15-16		books		3-7	
										8	
<b>5. Control number</b>								<b>6. Family number</b>		32	
<b>PSU</b>		<b>Segment</b>		<b>Suffix</b>		<b>Serial</b>		<b>Suffix</b>		<b>Check digit</b>	
17-21		22-25		26-27		28-29		30		31	
<b>7. Field Representative's name</b>								<b>Code</b>		33-35	
<b>8. Beginning time</b>						36-39		40		<b>9. Ending time</b>	
						1 <input type="checkbox"/> a.m.				41-44	
						2 <input type="checkbox"/> p.m.				45	
										1 <input type="checkbox"/> a.m.	
										2 <input type="checkbox"/> p.m.	

Notes

**Section II – FAMILY RESOURCES**

**Part A – ACCESS TO CARE**

**PERSON 1**

3-4

{The next questions are about medical care.}

**1a. Is there one doctor, person, or place that -- USUALLY goes to when -- is sick or needs advice about -- health?**

**1a.**

- 1  Yes } (NP or A1)
- 2  No } (NP or A1)
- 3  There is more than one (1b)
- 9  DK (NP or A1)

5

**b. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?**

**b.**

- 1  Yes } (NP or A1)
- 2  No } (NP or A1)
- 9  DK } (NP or A1)

6

**ITEM A1**

Refer to questions 1a and 1b above.

**A1**

- 1  Yes in 1a or 1b (5 on page 4)
- 2  DK in 1a (4 on page 4)
- 8  Other (2)

7

HAND CARD FA1. Read categories if telephone interview.

**2. Which of these is the MAIN reason -- does not have a usual source of medical care?**

Mark (X) only one.

**2.**

- 01  Two or more usual doctors/places (A2)
- 02  Doesn't need a doctor
- 03  Doesn't like/trust/believe in doctors
- 04  Doesn't know where to go
- 05  Previous doctor is not available/moved
- 06  No insurance/Can't afford it
- 07  Speak a different language
- 08  No care available/Care too far away, not convenient
- 09  Changed residence
- 98  Other - Specify
- 99  DK

(4 on page 4)

8-9

**ITEM A2**

Refer to question 1a above.

**A2**

- 1  "No" in 1a (3a)
- 2  "There is more than one" in 1a (3b)

10

**3a. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?**

**3a.**

- 1  Yes (5 on page 4)
- 2  No } (3b)
- 9  DK } (3b)

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**b. Is there a particular place -- USUALLY goes to when -- needs routine or preventive medical care, such as a general physical examination or check-up, a flu shot, or other immunizations?**

**b.**

- 1  Yes } (4 on page 4)
- 2  No } (4 on page 4)
- 9  DK } (4 on page 4)

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Notes

RT 87		RT 87		RT 87		RT 87					
PERSON 2		PERSON 3		PERSON 4		PERSON 5					
3-4		3-4		3-4		3-4					
<b>1a.</b>	<input type="checkbox"/> Yes } (NP or A1) <input type="checkbox"/> No } <input type="checkbox"/> There is more than one (1b) <input type="checkbox"/> DK (NP or A1)	5	<b>1a.</b>	<input type="checkbox"/> Yes } (NP or A1) <input type="checkbox"/> No } <input type="checkbox"/> There is more than one (1b) <input type="checkbox"/> DK (NP or A1)	5	<b>1a.</b>	<input type="checkbox"/> Yes } (NP or A1) <input type="checkbox"/> No } <input type="checkbox"/> There is more than one (1b) <input type="checkbox"/> DK (NP or A1)	5	<b>1a.</b>	<input type="checkbox"/> Yes } (NP or A1) <input type="checkbox"/> No } <input type="checkbox"/> There is more than one (1b) <input type="checkbox"/> DK (NP or A1)	5
<b>b.</b>	<input type="checkbox"/> Yes } (NP or A1) <input type="checkbox"/> No } <input type="checkbox"/> DK	6	<b>b.</b>	<input type="checkbox"/> Yes } (NP or A1) <input type="checkbox"/> No } <input type="checkbox"/> DK	6	<b>b.</b>	<input type="checkbox"/> Yes } (NP or A1) <input type="checkbox"/> No } <input type="checkbox"/> DK	6	<b>b.</b>	<input type="checkbox"/> Yes } (NP or A1) <input type="checkbox"/> No } <input type="checkbox"/> DK	6
<b>A1</b>	<input type="checkbox"/> Yes in 1a or 1b (5 on page 4) <input type="checkbox"/> DK in 1a (4 on page 4) <input type="checkbox"/> Other (2)	7	<b>A1</b>	<input type="checkbox"/> Yes in 1a or 1b (5 on page 4) <input type="checkbox"/> DK in 1a (4 on page 4) <input type="checkbox"/> Other (2)	7	<b>A1</b>	<input type="checkbox"/> Yes in 1a or 1b (5 on page 4) <input type="checkbox"/> DK in 1a (4 on page 4) <input type="checkbox"/> Other (2)	7	<b>A1</b>	<input type="checkbox"/> Yes in 1a or 1b (5 on page 4) <input type="checkbox"/> DK in 1a (4 on page 4) <input type="checkbox"/> Other (2)	7
<b>2.</b>	01 <input type="checkbox"/> Two or more usual doctors/places (A2) 02 <input type="checkbox"/> Doesn't need a doctor 03 <input type="checkbox"/> Doesn't like/trust/believe in doctors 04 <input type="checkbox"/> Doesn't know where to go 05 <input type="checkbox"/> Previous doctor is not available/moved 06 <input type="checkbox"/> No insurance/Can't afford it 07 <input type="checkbox"/> Speak a different language 08 <input type="checkbox"/> No care available/Care too far away, not convenient 09 <input type="checkbox"/> Changed residence 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 99 <input type="checkbox"/> DK <p style="text-align: right;">(4 on page 4)</p>	8-9	<b>2.</b>	01 <input type="checkbox"/> Two or more usual doctors/places (A2) 02 <input type="checkbox"/> Doesn't need a doctor 03 <input type="checkbox"/> Doesn't like/trust/believe in doctors 04 <input type="checkbox"/> Doesn't know where to go 05 <input type="checkbox"/> Previous doctor is not available/moved 06 <input type="checkbox"/> No insurance/Can't afford it 07 <input type="checkbox"/> Speak a different language 08 <input type="checkbox"/> No care available/Care too far away, not convenient 09 <input type="checkbox"/> Changed residence 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 99 <input type="checkbox"/> DK <p style="text-align: right;">(4 on page 4)</p>	8-9	<b>2.</b>	01 <input type="checkbox"/> Two or more usual doctors/places (A2) 02 <input type="checkbox"/> Doesn't need a doctor 03 <input type="checkbox"/> Doesn't like/trust/believe in doctors 04 <input type="checkbox"/> Doesn't know where to go 05 <input type="checkbox"/> Previous doctor is not available/moved 06 <input type="checkbox"/> No insurance/Can't afford it 07 <input type="checkbox"/> Speak a different language 08 <input type="checkbox"/> No care available/Care too far away, not convenient 09 <input type="checkbox"/> Changed residence 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 99 <input type="checkbox"/> DK <p style="text-align: right;">(4 on page 4)</p>	8-9	<b>2.</b>	01 <input type="checkbox"/> Two or more usual doctors/places (A2) 02 <input type="checkbox"/> Doesn't need a doctor 03 <input type="checkbox"/> Doesn't like/trust/believe in doctors 04 <input type="checkbox"/> Doesn't know where to go 05 <input type="checkbox"/> Previous doctor is not available/moved 06 <input type="checkbox"/> No insurance/Can't afford it 07 <input type="checkbox"/> Speak a different language 08 <input type="checkbox"/> No care available/Care too far away, not convenient 09 <input type="checkbox"/> Changed residence 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 99 <input type="checkbox"/> DK <p style="text-align: right;">(4 on page 4)</p>	8-9
<b>A2</b>	<input type="checkbox"/> "No" in 1a (3a) <input type="checkbox"/> "There is more than one" in 1a (3b)	10	<b>A2</b>	<input type="checkbox"/> "No" in 1a (3a) <input type="checkbox"/> "There is more than one" in 1a (3b)	10	<b>A2</b>	<input type="checkbox"/> "No" in 1a (3a) <input type="checkbox"/> "There is more than one" in 1a (3b)	10	<b>A2</b>	<input type="checkbox"/> "No" in 1a (3a) <input type="checkbox"/> "There is more than one" in 1a (3b)	10
<b>3a.</b>	<input type="checkbox"/> Yes (5 on page 4) <input type="checkbox"/> No } (3b) <input type="checkbox"/> DK	11	<b>3a.</b>	<input type="checkbox"/> Yes (5 on page 4) <input type="checkbox"/> No } (3b) <input type="checkbox"/> DK	11	<b>3a.</b>	<input type="checkbox"/> Yes (5 on page 4) <input type="checkbox"/> No } (3b) <input type="checkbox"/> DK	11	<b>3a.</b>	<input type="checkbox"/> Yes (5 on page 4) <input type="checkbox"/> No } (3b) <input type="checkbox"/> DK	11
<b>b.</b>	<input type="checkbox"/> Yes } (4 on page 4) <input type="checkbox"/> No } <input type="checkbox"/> DK	12	<b>b.</b>	<input type="checkbox"/> Yes } (4 on page 4) <input type="checkbox"/> No } <input type="checkbox"/> DK	12	<b>b.</b>	<input type="checkbox"/> Yes } (4 on page 4) <input type="checkbox"/> No } <input type="checkbox"/> DK	12	<b>b.</b>	<input type="checkbox"/> Yes } (4 on page 4) <input type="checkbox"/> No } <input type="checkbox"/> DK	12

Notes

**Part A - ACCESS TO CARE - Continued**

**PERSON 1**

**4a. At ANY time in the past 12 months, DID -- have a place that -- went to for medical care?**

**4a.**

- 1  Yes (4b)  
 2  No } (A1 for NP, or  
 9  DK } 10 on page 6)

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**b. What kind of place was it — a clinic, a health center, a hospital, a hospital emergency room, a doctor's office, or some other place?**

Mark (X) only one.

**b.**

- 01  Hospital emergency room  
 02  Urgent care/walk-in clinic  
 03  Doctor's office  
 04  Clinic  
 05  Health center  
 06  Hospital outpatient clinic  
 07  HMO (Health Maintenance Organization)/Prepaid group  
 08  Military or VA health care facility  
 98  Some other place - Specify   
 \_\_\_\_\_  
 99  DK

14-15

**c. If -- needed medical care NOW, would -- go to that (place in 4b)?**

**c.**

- 1  Yes (A1 for NP, or 10 on page 6)  
 2  No (4d)  
 9  DK (A1 for NP, or 10 on page 6)

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HAND CARD FA2. Read categories if telephone interview.

**d. What is the MAIN reason -- would not use that place for medical care NOW?**

Mark (X) only one.

**d.**

- 01  Changed residence/moved  
 02  Changed jobs  
 03  Employer changed insurance coverage  
 04  Former usual source not available  
 05  Owed money to former usual source  
 06  Dissatisfied with former source/liked new source better  
 07  Medical care needs changed  
 08  Former usual source stopped taking insurance/coverage  
 98  Other - Specify   
 \_\_\_\_\_  
 99  DK
- (A1 for NP, or 10 on page 6)

17-18

**5a. What kind of place is it that -- goes to — a clinic, a health center, a hospital, a hospital emergency room, a doctor's office, or some other place?**

Mark (X) only one.

**5a.**

- 01  Hospital emergency room } (7 on page 6)  
 02  Urgent care/walk-in clinic }  
 03  Doctor's office  
 04  Clinic  
 05  Health center  
 06  Hospital outpatient clinic  
 07  HMO (Health Maintenance Organization)/Prepaid group } (5b)  
 08  Military or VA health care facility }  
 98  Some other place - Specify   
 \_\_\_\_\_  
 99  DK

19-20

**b. Is there a particular person -- usually sees when -- goes there?**

**b.**

- 1  Yes (6 on page 6)  
 2  No } (7 on page 6)  
 9  DK }

21

PERSON 2		PERSON 3		PERSON 4		PERSON 5		
<b>4a.</b>	<p>1 <input type="checkbox"/> Yes (4b)</p> <p>2 <input type="checkbox"/> No } (A1 for NP, or</p> <p>9 <input type="checkbox"/> DK } 10 on page 6)</p>	13	<b>4a.</b>	<p>1 <input type="checkbox"/> Yes (4b)</p> <p>2 <input type="checkbox"/> No } (A1 for NP, or</p> <p>9 <input type="checkbox"/> DK } 10 on page 6)</p>	13	<b>4a.</b>	<p>1 <input type="checkbox"/> Yes (4b)</p> <p>2 <input type="checkbox"/> No } (A1 for NP, or</p> <p>9 <input type="checkbox"/> DK } 10 on page 6)</p>	13
<b>b.</b>	<p>01 <input type="checkbox"/> Hospital emergency room</p> <p>02 <input type="checkbox"/> Urgent care/walk-in clinic</p> <p>03 <input type="checkbox"/> Doctor's office</p> <p>04 <input type="checkbox"/> Clinic</p> <p>05 <input type="checkbox"/> Health center</p> <p>06 <input type="checkbox"/> Hospital outpatient clinic</p> <p>07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group</p> <p>08 <input type="checkbox"/> Military or VA health care facility</p> <p>98 <input type="checkbox"/> Some other place - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	14-15	<b>b.</b>	<p>01 <input type="checkbox"/> Hospital emergency room</p> <p>02 <input type="checkbox"/> Urgent care/walk-in clinic</p> <p>03 <input type="checkbox"/> Doctor's office</p> <p>04 <input type="checkbox"/> Clinic</p> <p>05 <input type="checkbox"/> Health center</p> <p>06 <input type="checkbox"/> Hospital outpatient clinic</p> <p>07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group</p> <p>08 <input type="checkbox"/> Military or VA health care facility</p> <p>98 <input type="checkbox"/> Some other place - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	14-15	<b>b.</b>	<p>01 <input type="checkbox"/> Hospital emergency room</p> <p>02 <input type="checkbox"/> Urgent care/walk-in clinic</p> <p>03 <input type="checkbox"/> Doctor's office</p> <p>04 <input type="checkbox"/> Clinic</p> <p>05 <input type="checkbox"/> Health center</p> <p>06 <input type="checkbox"/> Hospital outpatient clinic</p> <p>07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group</p> <p>08 <input type="checkbox"/> Military or VA health care facility</p> <p>98 <input type="checkbox"/> Some other place - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	14-15
<b>c.</b>	<p>1 <input type="checkbox"/> Yes (A1 for NP, or 10 on page 6)</p> <p>2 <input type="checkbox"/> No (4d)</p> <p>9 <input type="checkbox"/> DK (A1 for NP, or 10 on page 6)</p>	16	<b>c.</b>	<p>1 <input type="checkbox"/> Yes (A1 for NP, or 10 on page 6)</p> <p>2 <input type="checkbox"/> No (4d)</p> <p>9 <input type="checkbox"/> DK (A1 for NP, or 10 on page 6)</p>	16	<b>c.</b>	<p>1 <input type="checkbox"/> Yes (A1 for NP, or 10 on page 6)</p> <p>2 <input type="checkbox"/> No (4d)</p> <p>9 <input type="checkbox"/> DK (A1 for NP, or 10 on page 6)</p>	16
<b>d.</b>	<p>01 <input type="checkbox"/> Changed residence/moved</p> <p>02 <input type="checkbox"/> Changed jobs</p> <p>03 <input type="checkbox"/> Employer changed insurance coverage</p> <p>04 <input type="checkbox"/> Former usual source not available</p> <p>05 <input type="checkbox"/> Owed money to former usual source</p> <p>06 <input type="checkbox"/> Dissatisfied with former source/ liked new source better</p> <p>07 <input type="checkbox"/> Medical care needs changed</p> <p>08 <input type="checkbox"/> Former usual source stopped taking insurance/ coverage</p> <p>98 <input type="checkbox"/> Other - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	17-18	<b>d.</b>	<p>01 <input type="checkbox"/> Changed residence/moved</p> <p>02 <input type="checkbox"/> Changed jobs</p> <p>03 <input type="checkbox"/> Employer changed insurance coverage</p> <p>04 <input type="checkbox"/> Former usual source not available</p> <p>05 <input type="checkbox"/> Owed money to former usual source</p> <p>06 <input type="checkbox"/> Dissatisfied with former source/ liked new source better</p> <p>07 <input type="checkbox"/> Medical care needs changed</p> <p>08 <input type="checkbox"/> Former usual source stopped taking insurance/ coverage</p> <p>98 <input type="checkbox"/> Other - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	17-18	<b>d.</b>	<p>01 <input type="checkbox"/> Changed residence/moved</p> <p>02 <input type="checkbox"/> Changed jobs</p> <p>03 <input type="checkbox"/> Employer changed insurance coverage</p> <p>04 <input type="checkbox"/> Former usual source not available</p> <p>05 <input type="checkbox"/> Owed money to former usual source</p> <p>06 <input type="checkbox"/> Dissatisfied with former source/ liked new source better</p> <p>07 <input type="checkbox"/> Medical care needs changed</p> <p>08 <input type="checkbox"/> Former usual source stopped taking insurance/ coverage</p> <p>98 <input type="checkbox"/> Other - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	17-18
	<p>01 <input type="checkbox"/> Hospital emergency room</p> <p>02 <input type="checkbox"/> Urgent care/walk-in clinic</p> <p>03 <input type="checkbox"/> Doctor's office</p> <p>04 <input type="checkbox"/> Clinic</p> <p>05 <input type="checkbox"/> Health center</p> <p>06 <input type="checkbox"/> Hospital outpatient clinic</p> <p>07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group</p> <p>08 <input type="checkbox"/> Military or VA health care facility</p> <p>98 <input type="checkbox"/> Some other place - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	19-20		<p>01 <input type="checkbox"/> Hospital emergency room</p> <p>02 <input type="checkbox"/> Urgent care/walk-in clinic</p> <p>03 <input type="checkbox"/> Doctor's office</p> <p>04 <input type="checkbox"/> Clinic</p> <p>05 <input type="checkbox"/> Health center</p> <p>06 <input type="checkbox"/> Hospital outpatient clinic</p> <p>07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group</p> <p>08 <input type="checkbox"/> Military or VA health care facility</p> <p>98 <input type="checkbox"/> Some other place - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	19-20	<b>5a.</b>	<p>01 <input type="checkbox"/> Hospital emergency room</p> <p>02 <input type="checkbox"/> Urgent care/walk-in clinic</p> <p>03 <input type="checkbox"/> Doctor's office</p> <p>04 <input type="checkbox"/> Clinic</p> <p>05 <input type="checkbox"/> Health center</p> <p>06 <input type="checkbox"/> Hospital outpatient clinic</p> <p>07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group</p> <p>08 <input type="checkbox"/> Military or VA health care facility</p> <p>98 <input type="checkbox"/> Some other place - Specify <input type="checkbox"/></p> <p>99 <input type="checkbox"/> DK</p>	19-20
<b>b.</b>	<p>1 <input type="checkbox"/> Yes (6 on page 6)</p> <p>2 <input type="checkbox"/> No } (7 on page 6)</p> <p>9 <input type="checkbox"/> DK } (7 on page 6)</p>	21	<b>b.</b>	<p>1 <input type="checkbox"/> Yes (6 on page 6)</p> <p>2 <input type="checkbox"/> No } (7 on page 6)</p> <p>9 <input type="checkbox"/> DK } (7 on page 6)</p>	21	<b>b.</b>	<p>1 <input type="checkbox"/> Yes (6 on page 6)</p> <p>2 <input type="checkbox"/> No } (7 on page 6)</p> <p>9 <input type="checkbox"/> DK } (7 on page 6)</p>	21

**Part A - ACCESS TO CARE - Continued**

**PERSON 1**

**6a. Is that person a doctor or nurse or some other health professional?**

Mark (X) only one.

**6a.**

22

- 1  Doctor (6b)
  - 2  Nurse
  - 3  Nurse practitioner
  - 4  Physician's assistant
  - 5  Chiropractor
  - 6  Other - Specify  \_\_\_\_\_
  - 9  DK
- (7)

**b. Is this a doctor who treats a variety of illnesses and gives routine care, or a doctor who mainly treats just one type of health problem?**

Mark (X) only one.

**b.**

23

- 1  Family doctor/general practitioner/internist/pediatrician
- 2  Obstetrician/gynecologist
- 3  Other specialist
- 9  DK

**7. When was the last time -- went to the (place in 5a) for ANY kind of medical care? (This is the (place in 5a) that -- usually goes to for medical care.)**

Mark (X) only one.

**7.**

24

- 0  Hasn't been there yet/Never
- 1  Less than 3 months ago
- 2  At least 3 months, but less than 6 months ago
- 3  At least 6 months, but less than 1 year ago
- 4  At least 1 year, but less than 2 years ago
- 5  Two or more years ago
- 9  DK

**8. Is the (place in 5a) the place -- [usually goes/would go] to when -- needs routine or preventive medical care, such as a general physical examination or check-up, a flu shot, or other immunizations? (This is the (place in 5a) that -- usually goes to for medical care.)**

**8.**

25

- 1  Yes
- 2  No
- 9  DK

**9. During the past 12 months, did -- go to any OTHER place for medical care?**

**9.**

26

- 1  Yes
  - 2  No
  - 9  DK
- (A1 for NP, or 10)

**10a. At any time in the past 12 months did anyone in the family CHANGE the place to which he or she USUALLY goes for medical care?**

**10a.**

27

- 1  Yes (10b)
  - 2  No
  - 9  DK
- (11 on page 8)

**b. Who is this?**

Mark (X) "Changed usual source" box in person's column.

**b.**

28

- 1  Changed usual source

**c. Anyone else?**

Yes (Reask 10b and c)  No (10d)

HAND CARD FA2. Read categories if telephone interview.

Ask for each person with 10b marked.

29-30

**d. The LAST time this happened, what was the MAIN reason -- changed -- USUAL source of care?**

Mark (X) only one.

**d.**

- 01  Changed residence/moved
  - 02  Changed jobs
  - 03  Employer changed insurance coverage
  - 04  Former usual source not available
  - 05  Owed money to former usual source
  - 06  Dissatisfied with former source or liked new source better
  - 07  Medical care needs changed
  - 08  Former usual source stopped taking insurance/coverage
  - 98  Other - Specify  \_\_\_\_\_
  - 99  DK
- (10d for NP with 10b, or 11 on page 8)

PERSON 2		PERSON 3		PERSON 4		PERSON 5	
<b>6a.</b>	22 1 <input type="checkbox"/> Doctor (6b) 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Nurse practitioner 4 <input type="checkbox"/> Physician's assistant 5 <input type="checkbox"/> Chiropractor 6 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 9 <input type="checkbox"/> DK (7)	<b>6a.</b>	22 1 <input type="checkbox"/> Doctor (6b) 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Nurse practitioner 4 <input type="checkbox"/> Physician's assistant 5 <input type="checkbox"/> Chiropractor 6 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 9 <input type="checkbox"/> DK (7)	<b>6a.</b>	22 1 <input type="checkbox"/> Doctor (6b) 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Nurse practitioner 4 <input type="checkbox"/> Physician's assistant 5 <input type="checkbox"/> Chiropractor 6 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 9 <input type="checkbox"/> DK (7)	<b>6a.</b>	22 1 <input type="checkbox"/> Doctor (6b) 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Nurse practitioner 4 <input type="checkbox"/> Physician's assistant 5 <input type="checkbox"/> Chiropractor 6 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 9 <input type="checkbox"/> DK (7)
<b>b.</b>	23 1 <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician 2 <input type="checkbox"/> Obstetrician/gynecologist 3 <input type="checkbox"/> Other specialist 9 <input type="checkbox"/> DK	<b>b.</b>	23 1 <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician 2 <input type="checkbox"/> Obstetrician/gynecologist 3 <input type="checkbox"/> Other specialist 9 <input type="checkbox"/> DK	<b>b.</b>	23 1 <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician 2 <input type="checkbox"/> Obstetrician/gynecologist 3 <input type="checkbox"/> Other specialist 9 <input type="checkbox"/> DK	<b>b.</b>	23 1 <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician 2 <input type="checkbox"/> Obstetrician/gynecologist 3 <input type="checkbox"/> Other specialist 9 <input type="checkbox"/> DK
<b>7.</b>	24 0 <input type="checkbox"/> Hasn't been there yet/Never 1 <input type="checkbox"/> Less than 3 months ago 2 <input type="checkbox"/> At least 3 months, but less than 6 months ago 3 <input type="checkbox"/> At least 6 months, but less than 1 year ago 4 <input type="checkbox"/> At least 1 year, but less than 2 years ago 5 <input type="checkbox"/> Two or more years ago 9 <input type="checkbox"/> DK	<b>7.</b>	24 0 <input type="checkbox"/> Hasn't been there yet/Never 1 <input type="checkbox"/> Less than 3 months ago 2 <input type="checkbox"/> At least 3 months, but less than 6 months ago 3 <input type="checkbox"/> At least 6 months, but less than 1 year ago 4 <input type="checkbox"/> At least 1 year, but less than 2 years ago 5 <input type="checkbox"/> Two or more years ago 9 <input type="checkbox"/> DK	<b>7.</b>	24 0 <input type="checkbox"/> Hasn't been there yet/Never 1 <input type="checkbox"/> Less than 3 months ago 2 <input type="checkbox"/> At least 3 months, but less than 6 months ago 3 <input type="checkbox"/> At least 6 months, but less than 1 year ago 4 <input type="checkbox"/> At least 1 year, but less than 2 years ago 5 <input type="checkbox"/> Two or more years ago 9 <input type="checkbox"/> DK	<b>7.</b>	24 0 <input type="checkbox"/> Hasn't been there yet/Never 1 <input type="checkbox"/> Less than 3 months ago 2 <input type="checkbox"/> At least 3 months, but less than 6 months ago 3 <input type="checkbox"/> At least 6 months, but less than 1 year ago 4 <input type="checkbox"/> At least 1 year, but less than 2 years ago 5 <input type="checkbox"/> Two or more years ago 9 <input type="checkbox"/> DK
<b>8.</b>	25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>8.</b>	25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>8.</b>	25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<b>8.</b>	25 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
<b>9.</b>	26 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (A1 for NP, or 10)	<b>9.</b>	26 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (A1 for NP, or 10)	<b>9.</b>	26 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (A1 for NP, or 10)	<b>9.</b>	26 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK (A1 for NP, or 10)
<b>b.</b>	28 1 <input type="checkbox"/> Changed usual source	<b>b.</b>	28 1 <input type="checkbox"/> Changed usual source	<b>b.</b>	28 1 <input type="checkbox"/> Changed usual source	<b>b.</b>	28 1 <input type="checkbox"/> Changed usual source
<b>d.</b>	29-30 01 <input type="checkbox"/> Changed residence/moved 02 <input type="checkbox"/> Changed jobs 03 <input type="checkbox"/> Employer changed insurance coverage 04 <input type="checkbox"/> Former usual source not available 05 <input type="checkbox"/> Owed money to former usual source 06 <input type="checkbox"/> Dissatisfied with former source or liked new source better 07 <input type="checkbox"/> Medical care needs changed 08 <input type="checkbox"/> Former usual source stopped taking insurance/coverage 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 99 <input type="checkbox"/> DK (10d for NP with 10b, or 11 on page 8)	<b>d.</b>	29-30 01 <input type="checkbox"/> Changed residence/moved 02 <input type="checkbox"/> Changed jobs 03 <input type="checkbox"/> Employer changed insurance coverage 04 <input type="checkbox"/> Former usual source not available 05 <input type="checkbox"/> Owed money to former usual source 06 <input type="checkbox"/> Dissatisfied with former source or liked new source better 07 <input type="checkbox"/> Medical care needs changed 08 <input type="checkbox"/> Former usual source stopped taking insurance/coverage 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 99 <input type="checkbox"/> DK (10d for NP with 10b, or 11 on page 8)	<b>d.</b>	29-30 01 <input type="checkbox"/> Changed residence/moved 02 <input type="checkbox"/> Changed jobs 03 <input type="checkbox"/> Employer changed insurance coverage 04 <input type="checkbox"/> Former usual source not available 05 <input type="checkbox"/> Owed money to former usual source 06 <input type="checkbox"/> Dissatisfied with former source or liked new source better 07 <input type="checkbox"/> Medical care needs changed 08 <input type="checkbox"/> Former usual source stopped taking insurance/coverage 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 99 <input type="checkbox"/> DK (10d for NP with 10b, or 11 on page 8)	<b>d.</b>	29-30 01 <input type="checkbox"/> Changed residence/moved 02 <input type="checkbox"/> Changed jobs 03 <input type="checkbox"/> Employer changed insurance coverage 04 <input type="checkbox"/> Former usual source not available 05 <input type="checkbox"/> Owed money to former usual source 06 <input type="checkbox"/> Dissatisfied with former source or liked new source better 07 <input type="checkbox"/> Medical care needs changed 08 <input type="checkbox"/> Former usual source stopped taking insurance/coverage 98 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> _____ 99 <input type="checkbox"/> DK (10d for NP with 10b, or 11 on page 8)

**Part A - ACCESS TO CARE - Continued**

**PERSON 1**

**11a. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but did not get it?**

**11a.**

- 1  Yes (11b)  
 2  No } (12)  
 9  DK }

31

**b. Who didn't get needed care?**

Mark (X) "Didn't get care" box in person's column.

**b.**

- 1  Didn't get care

32

**c. Anyone else?**

- Yes (Reask 11b and c)  No

Ask 11d and e for each person with 11b marked.

**d. The LAST time -- did not get the care -- needed, what was the MAIN reason -- didn't get care?**

Mark (X) only one.

**d.**

- 01  Could not afford it  
 02  No insurance  
 03  Doctor did not accept Medicaid/insurance plan  
 04  Insurance didn't cover  
 05  Not serious enough  
 06  Wait too long in clinic/office  
 07  Difficulty getting an appointment  
 08  Doesn't like/trust/believe in doctors  
 09  No doctor available  
 10  Didn't know where to go  
 11  No way to get there  
 12  Hours not convenient  
 13  Speak a different language  
 14  Health of another family member interfered  
 15  Clinic/office not accessible  
 98  Other - Specify   
 99  DK
- (11d for NP with 11b marked, or 12)
- (11e)

33-34

**e. At ANY TIME during the past 12 months was lack of insurance or money A reason why -- did not get the medical care -- needed?**

**e.**

- 1  Yes } (11d for NP with 11b, or 12)  
 2  No }  
 9  DK }

35

**12a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?**

**12a.**

- 1  Yes (12b)  
 2  No } (13)  
 9  DK }

36

**b. Who delayed getting needed care?**

Mark (X) "Delayed getting care" box in person's column.

**b.**

- 1  Delayed getting care

37

**c. Anyone else?**

- Yes (Reask 12b and c)  No (13)

**13a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?**

**13a.**

- 1  Yes (13b)  
 2  No } (14 on page 10)  
 9  DK }

38

**b. Who is this?**

Mark (X) "Didn't get dental care" box in person's column.

**b.**

- 1  Didn't get dental care

39

**c. Anyone else?**

- Yes (Reask 13b and c)  No (14 on page 10)

Notes



PERSON 2		PERSON 3		PERSON 4		PERSON 5	
<b>b.</b>	32 1 <input type="checkbox"/> Didn't get care	<b>b.</b>	32 1 <input type="checkbox"/> Didn't get care	<b>b.</b>	32 1 <input type="checkbox"/> Didn't get care	<b>b.</b>	32 1 <input type="checkbox"/> Didn't get care
<b>d.</b>	33-34 01 <input type="checkbox"/> Could not afford it 02 <input type="checkbox"/> No insurance 03 <input type="checkbox"/> Doctor did not accept Medicaid/insurance plan 04 <input type="checkbox"/> Insurance didn't cover <i>(11d for NP with 11b marked, or 12)</i>  05 <input type="checkbox"/> Not serious enough 06 <input type="checkbox"/> Wait too long in clinic/office 07 <input type="checkbox"/> Difficulty getting an appointment 08 <input type="checkbox"/> Doesn't like/trust/believe in doctors 09 <input type="checkbox"/> No doctor available 10 <input type="checkbox"/> Didn't know where to go 11 <input type="checkbox"/> No way to get there 12 <input type="checkbox"/> Hours not convenient 13 <input type="checkbox"/> Speak a different language 14 <input type="checkbox"/> Health of another family member interfered 15 <input type="checkbox"/> Clinic/office not accessible 98 <input type="checkbox"/> Other - Specify <input type="checkbox"/> 99 <input type="checkbox"/> DK <i>(11e)</i>	<b>d.</b>	33-34 01 <input type="checkbox"/> Could not afford it 02 <input type="checkbox"/> No insurance 03 <input type="checkbox"/> Doctor did not accept Medicaid/insurance plan 04 <input type="checkbox"/> Insurance didn't cover <i>(11d for NP with 11b marked, or 12)</i>  05 <input type="checkbox"/> Not serious enough 06 <input type="checkbox"/> Wait too long in clinic/office 07 <input type="checkbox"/> Difficulty getting an appointment 08 <input type="checkbox"/> Doesn't like/trust/believe in doctors 09 <input type="checkbox"/> No doctor available 10 <input type="checkbox"/> Didn't know where to go 11 <input type="checkbox"/> No way to get there 12 <input type="checkbox"/> Hours not convenient 13 <input type="checkbox"/> Speak a different language 14 <input type="checkbox"/> Health of another family member interfered 15 <input type="checkbox"/> Clinic/office not accessible 98 <input type="checkbox"/> Other - Specify <input type="checkbox"/> 99 <input type="checkbox"/> DK <i>(11e)</i>	<b>d.</b>	33-34 01 <input type="checkbox"/> Could not afford it 02 <input type="checkbox"/> No insurance 03 <input type="checkbox"/> Doctor did not accept Medicaid/insurance plan 04 <input type="checkbox"/> Insurance didn't cover <i>(11d for NP with 11b marked, or 12)</i>  05 <input type="checkbox"/> Not serious enough 06 <input type="checkbox"/> Wait too long in clinic/office 07 <input type="checkbox"/> Difficulty getting an appointment 08 <input type="checkbox"/> Doesn't like/trust/believe in doctors 09 <input type="checkbox"/> No doctor available 10 <input type="checkbox"/> Didn't know where to go 11 <input type="checkbox"/> No way to get there 12 <input type="checkbox"/> Hours not convenient 13 <input type="checkbox"/> Speak a different language 14 <input type="checkbox"/> Health of another family member interfered 15 <input type="checkbox"/> Clinic/office not accessible 98 <input type="checkbox"/> Other - Specify <input type="checkbox"/> 99 <input type="checkbox"/> DK <i>(11e)</i>	<b>d.</b>	33-34 01 <input type="checkbox"/> Could not afford it 02 <input type="checkbox"/> No insurance 03 <input type="checkbox"/> Doctor did not accept Medicaid/insurance plan 04 <input type="checkbox"/> Insurance didn't cover <i>(11d for NP with 11b marked, or 12)</i>  05 <input type="checkbox"/> Not serious enough 06 <input type="checkbox"/> Wait too long in clinic/office 07 <input type="checkbox"/> Difficulty getting an appointment 08 <input type="checkbox"/> Doesn't like/trust/believe in doctors 09 <input type="checkbox"/> No doctor available 10 <input type="checkbox"/> Didn't know where to go 11 <input type="checkbox"/> No way to get there 12 <input type="checkbox"/> Hours not convenient 13 <input type="checkbox"/> Speak a different language 14 <input type="checkbox"/> Health of another family member interfered 15 <input type="checkbox"/> Clinic/office not accessible 98 <input type="checkbox"/> Other - Specify <input type="checkbox"/> 99 <input type="checkbox"/> DK <i>(11e)</i>
<b>e.</b>	35 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <i>(11d for NP with 11b, or 12)</i>	<b>e.</b>	35 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <i>(11d for NP with 11b, or 12)</i>	<b>e.</b>	35 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <i>(11d for NP with 11b, or 12)</i>	<b>e.</b>	35 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <i>(11d for NP with 11b, or 12)</i>
<b>b.</b>	37 1 <input type="checkbox"/> Delayed getting care	<b>b.</b>	37 1 <input type="checkbox"/> Delayed getting care	<b>b.</b>	37 1 <input type="checkbox"/> Delayed getting care	<b>b.</b>	37 1 <input type="checkbox"/> Delayed getting care
<b>b.</b>	39 1 <input type="checkbox"/> Didn't get dental care	<b>b.</b>	39 1 <input type="checkbox"/> Didn't get dental care	<b>b.</b>	39 1 <input type="checkbox"/> Didn't get dental care	<b>b.</b>	39 1 <input type="checkbox"/> Didn't get dental care

Notes

Part A – ACCESS TO CARE – Continued		PERSON 1		
<b>14a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?</b>		<b>14a.</b>	<input type="checkbox"/> Yes (14b) <input type="checkbox"/> No <input type="checkbox"/> DK } (15)	40
<b>b. Who is this?</b> Mark (X) "Didn't get prescription" box in person's column.		<b>b.</b>	<input type="checkbox"/> Didn't get prescription	41
<b>c. Anyone else?</b>		<input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No (15)		
<b>15a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?</b>		<b>15a.</b>	<input type="checkbox"/> Yes (15b) <input type="checkbox"/> No <input type="checkbox"/> DK } (16)	42
<b>b. Who is this?</b> Mark (X) "Didn't get eyeglasses" box in person's column.		<b>b.</b>	<input type="checkbox"/> Didn't get eyeglasses	43
<b>c. Anyone else?</b>		<input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No (16)		
<b>16a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?</b>		<b>16a.</b>	<input type="checkbox"/> Yes (16b) <input type="checkbox"/> No <input type="checkbox"/> DK } (Item A3)	44
<b>b. Who is this?</b> Mark (X) "Didn't get mental health care" box in person's column.		<b>b.</b>	<input type="checkbox"/> Didn't get mental health care	45
<b>c. Anyone else?</b>		<input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No (Item A3)		
<b>ITEM A3</b>	<i>About how often did the respondent appear to answer the questions in Part A accurately?</i>	<b>A3</b>	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK	46
<b>ITEM A4</b>	<i>About how often did the respondent appear to answer the questions in Part A honestly?</i>	<b>A4</b>	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK	47
<b>ITEM A5</b>	<i>Enter the person number of the respondent. If more than one, enter the person number of the one who answered the most questions.</i>	<b>A5</b>	_____ Person number	48-49

**CONTINUE WITH PART B**

Notes

	PERSON 2		PERSON 3		PERSON 4		PERSON 5
<b>b.</b>	41	<b>b.</b>	41	<b>b.</b>	41	<b>b.</b>	41
	<input type="checkbox"/> Didn't get prescription		<input type="checkbox"/> Didn't get prescription		<input type="checkbox"/> Didn't get prescription		<input type="checkbox"/> Didn't get prescription
<b>b.</b>	43	<b>b.</b>	43	<b>b.</b>	43	<b>b.</b>	43
	<input type="checkbox"/> Didn't get eyeglasses		<input type="checkbox"/> Didn't get eyeglasses		<input type="checkbox"/> Didn't get eyeglasses		<input type="checkbox"/> Didn't get eyeglasses
<b>b.</b>	45	<b>b.</b>	45	<b>b.</b>	45	<b>b.</b>	45
	<input type="checkbox"/> Didn't get mental health care		<input type="checkbox"/> Didn't get mental health care		<input type="checkbox"/> Didn't get mental health care		<input type="checkbox"/> Didn't get mental health care

**CONTINUE WITH PART B**

Notes

10. Response Status

5

a. Section II A (Access to Care)

Interview:

- 1  Complete
  - 2  Partial
- } (Mark mode) Explain Partial in notes

Noninterview:

- 3  Refused
  - 4  Other
- } Explain in notes

Mode of Interview:

All or most of the supplement was conducted —

- 1  In Person
- 2  By Telephone

6

7

b. Sections II B-D (Health Care, Income and Assets)

Interview:

- 1  Complete
  - 2  Partial
- } (Mark mode) Explain Partial in notes

Noninterview:

- 3  Refused
  - 4  Other
- } Explain in notes

Mode of Interview:

All or most of the supplement was conducted —

- 1  In Person
- 2  By Telephone

8

Notes