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

1. RO	**2.** Sample	Suffix	**3.** Week	**4.** Book ____ of ____ books	RT 84
9-10	11-13	14	15-16		3-7
					8

5. Control number

PSU	Segment	Suffix	Serial	Suffix	Check digit	**6.** Family number	32
17-21	22-25	26-27	28-29	30	31		

7. Field Representative's name	Code	33-35

8. Beginning time	36-39	40	**9.** Ending time	41-44	45
1 ☐ a.m.			1 ☐ a.m.		
2 ☐ p.m.			2 ☐ p.m.		

Notes

COMPLETE FINAL STATUS ITEMS ON BACK COVER

Part B – HEALTH CARE COVERAGE		PERSON 1	3-4

ITEM B1	*Refer to household composition. Mark (X) for each person including those deleted or excluded in the HIS-1.*	**B1**	1 ☐ Civilian 2 ☐ AF living at home 3 ☐ Deleted

The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes *(read names, including Armed Forces members living at home)*.

The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and finding ways to lower costs of care.

There are several government programs that provide medical care or help pay medical bills.

People covered by Medicare have a card that looks like this. *SHOW MEDICARE CARD.*

1a. In *(month),* was anyone in the family covered by Medicare?

1a.
1 ☐ Yes *(1b)*
2 ☐ No ⎫
9 ☐ DK ⎬ *(2 on page 14)*

b. Who was covered?

Mark (X) "Medicare" box in person's column and "Cov" on HIS-1.

b.
1 ☐ Medicare

(Mark "Cov" box on HIS-1)

c. Anyone else?   ☐ Yes *(Reask 1b and c)*   ☐ No *(1d)*

Ask 1d–i as appropriate for each person with "Medicare" in 1b.

d. May I please see the Medicare card(s) for – – (and – –) to determine the type of coverage and to record the Health Insurance Claim Number. This number is needed to allow Medicare records to be easily and accurately located and identified for statistical research purposes. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on benefits and no identifying information will be given to any other government or non-government agency.

Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242k.

Transcribe the number, then mark (X) the appropriate box.

d.
H.I.C. Number

___ – ___ – ___ ( ) ( )

1 ☐ Part A – Hospital only ⎫
2 ☐ Part B – Medical only ⎬ *(B2)*
3 ☐ Both Part A & Part B ⎭
4 ☐ Card N.A. *(1e)*

Ask 1e–f for each person with "Card N.A." in 1d.

e. Was – – covered by Part A, that part of Medicare that pays for hospital bills?

e.
1 ☐ Yes
2 ☐ No
9 ☐ DK

f. Was – – covered by Part B, that part of Medicare that pays for doctor's bills?

Read if necessary: This is the Part B Medicare plan for which – – or some agency or program must pay a certain amount each month.

f.
1 ☐ Yes
2 ☐ No
9 ☐ DK

ITEM B2	*Refer to age.*	**B2**	22 1 ☐ Under age 67 *(1g)* 2 ☐ Age 67 or older *(1h)*

1g. How long has – – been covered by Medicare?

1g.
1 ☐ Less than 6 months
2 ☐ 6 months, but less than 1 year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years or more
9 ☐ DK

h. Can – – go to ANY doctor who will accept Medicare or must – – choose from a specific group or list of doctors?

If doctor was assigned by the plan, mark box 2.

h.
1 ☐ Any doctor *(1d for NP with 1b, or 2)*
2 ☐ Select from list/group *(1i)*
9 ☐ DK *(1d for NP with 1b, or 2)*

i. What is the specific name of – – Medicare health plan?

i.

_____

_____ *(1d for NP with 1b, or 2)*

Notes

PERSON 2	PERSON 3	PERSON 4	PERSON 5
RT 88 3-4	RT 88 3-4	RT 88 3-4	RT 88 3-4

B1 (5)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
1 ☐ Civilian 2 ☐ AF living at home 3 ☐ Deleted	1 ☐ Civilian 2 ☐ AF living at home 3 ☐ Deleted	1 ☐ Civilian 2 ☐ AF living at home 3 ☐ Deleted	1 ☐ Civilian 2 ☐ AF living at home 3 ☐ Deleted

b. (7)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
1 ☐ Medicare *(Mark "Cov" box on HIS-1)*	1 ☐ Medicare *(Mark "Cov" box on HIS-1)*	1 ☐ Medicare *(Mark "Cov" box on HIS-1)*	1 ☐ Medicare *(Mark "Cov" box on HIS-1)*

d. H.I.C. Number (8-18)

____ – ____ – _____ ( ) ( )

(19)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
1 ☐ Part A – Hospital only 2 ☐ Part B – Medical only *(B2)* 3 ☐ Both Part A & Part B 4 ☐ Card N.A. *(1e)*	1 ☐ Part A – Hospital only 2 ☐ Part B – Medical only *(B2)* 3 ☐ Both Part A & Part B 4 ☐ Card N.A. *(1e)*	1 ☐ Part A – Hospital only 2 ☐ Part B – Medical only *(B2)* 3 ☐ Both Part A & Part B 4 ☐ Card N.A. *(1e)*	1 ☐ Part A – Hospital only 2 ☐ Part B – Medical only *(B2)* 3 ☐ Both Part A & Part B 4 ☐ Card N.A. *(1e)*

e. (20)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK

f. (21)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK	1 ☐ Yes 2 ☐ No 9 ☐ DK

B2 (22)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
1 ☐ Under age 67 *(1g)* 2 ☐ Age 67 or older *(1h)*	1 ☐ Under age 67 *(1g)* 2 ☐ Age 67 or older *(1h)*	1 ☐ Under age 67 *(1g)* 2 ☐ Age 67 or older *(1h)*	1 ☐ Under age 67 *(1g)* 2 ☐ Age 67 or older *(1h)*

1g. (23)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
1 ☐ Less than 6 months 2 ☐ 6 months, but less than 1 year 3 ☐ 1 year, but less than 2 years 4 ☐ 2 years or more 9 ☐ DK	1 ☐ Less than 6 months 2 ☐ 6 months, but less than 1 year 3 ☐ 1 year, but less than 2 years 4 ☐ 2 years or more 9 ☐ DK	1 ☐ Less than 6 months 2 ☐ 6 months, but less than 1 year 3 ☐ 1 year, but less than 2 years 4 ☐ 2 years or more 9 ☐ DK	1 ☐ Less than 6 months 2 ☐ 6 months, but less than 1 year 3 ☐ 1 year, but less than 2 years 4 ☐ 2 years or more 9 ☐ DK

h. (24)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
1 ☐ Any doctor *(1d for NP with 1b, or 2)* 2 ☐ Select from list/group *(1i)* 9 ☐ DK *(1d for NP with 1b, or 2)*	1 ☐ Any doctor *(1d for NP with 1b, or 2)* 2 ☐ Select from list/group *(1i)* 9 ☐ DK *(1d for NP with 1b, or 2)*	1 ☐ Any doctor *(1d for NP with 1b, or 2)* 2 ☐ Select from list/group *(1i)* 9 ☐ DK *(1d for NP with 1b, or 2)*	1 ☐ Any doctor *(1d for NP with 1b, or 2)* 2 ☐ Select from list/group *(1i)* 9 ☐ DK *(1d for NP with 1b, or 2)*

i. (25-26)

PERSON 2	PERSON 3	PERSON 4	PERSON 5
_____ _____ *(1d for NP with 1b, or 2)* _____	_____ _____ *(1d for NP with 1b, or 2)* _____	_____ _____ *(1d for NP with 1b, or 2)* _____	_____ _____ *(1d for NP with 1b, or 2)* _____

Notes

Part B – HEALTH CARE COVERAGE – Continued		PERSON 1

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called *(State name)*.

2a. In *(month)*, was anyone in the family covered by Medicaid?

2a.
27
1 ☐ Yes *(2b)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(B3)*

---

b. **Who was covered?**

Mark (X) "Medicaid" in person's column and "Cov" on the HIS-1.

b.
28
1 ☐ Medicaid
   (Mark "Cov" box on HIS-1)

---

c. **Anyone else?** ☐ Yes *(Reask 2b and c)*   ☐ No *(2d)*

Ask 2d–f for each person with "Medicaid" marked in 2b.

d. **How long has – – had Medicaid coverage?**

Mark (X) only one.

d.
29
1 ☐ Less than 6 months
2 ☐ 6 months, but less than a year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

---

e. **Can – – go to ANY doctor who will accept Medicaid or MUST – – choose from a specific group or list of doctors?**

If doctor was assigned by the program, mark box 2.

e.
30
1 ☐ Any doctor *(2d for NP with 2b, or B3)*
2 ☐ Select from list/group *(2f)*
9 ☐ DK *(2d for NP with 2b, or B3)*

---

f. **If – – needs to go to a different doctor or place for special care other than emergency care, does – – need approval or a referral from – – usual doctor(s)?**

f.
31
1 ☐ Yes ⎱
2 ☐ No ⎰ *(2d for NP with 2b, or B3)*
9 ☐ DK

ITEM B3	*Refer to household composition and question 2a.*	**B3**

32
1 ☐ Single person family *(4)*
2 ☐ Other *(3)*

3a. **During the past 12 months, has anyone in the family received health care that has been or will be paid for by Medicaid or** *(state name)*?

3a.
33
1 ☐ Yes *(3b)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(4)*

---

b. **Who received this care in the past 12 months?**

Mark (X) "Received Medicaid care" in person's column.

b.
34
1 ☐ Received Medicaid care

---

c. **Anyone else?** ☐ Yes *(Reask 3b and c)*   ☐ No *(4)*

4a. **In** *(month)*, **was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? (Do NOT include use of public or free clinics if that is the ONLY source of care.)**

4a.
35
1 ☐ Yes *(4b)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(5 on page 16)*

---

b. **Who was covered?**

Mark (X) "Public assistance" in person's column and "Cov" on HIS-1.

b.
36
1 ☐ Public assistance
   (Mark "Cov" box on HIS-1)

---

c. **Anyone else?** ☐ Yes *(Reask 4b and c)*   ☐ No *(5 on page 16)*

Notes

PERSON 2	PERSON 3	PERSON 4	PERSON 5

b. ☐₁ Medicaid   `28`

(Mark "Cov" box on HIS-1)

b. ☐₁ Medicaid   `28`

(Mark "Cov" box on HIS-1)

b. ☐₁ Medicaid   `28`

(Mark "Cov" box on HIS-1)

b. ☐₁ Medicaid   `28`

(Mark "Cov" box on HIS-1)

d. `29`
1 ☐ Less than 6 months
2 ☐ 6 months, but less than a year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

e. `30`
1 ☐ Any doctor *(2d for NP with 2b, or B3)*
2 ☐ Select from list/group *(2f)*
9 ☐ DK *(2d for NP with 2b, or B3)*

f. `31`
1 ☐ Yes
2 ☐ No   *(2d for NP with 2b, or B3)*
9 ☐ DK

d. `29`
1 ☐ Less than 6 months
2 ☐ 6 months, but less than a year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

e. `30`
1 ☐ Any doctor *(2d for NP with 2b, or B3)*
2 ☐ Select from list/group *(2f)*
9 ☐ DK *(2d for NP with 2b, or B3)*

f. `31`
1 ☐ Yes
2 ☐ No   *(2d for NP with 2b, or B3)*
9 ☐ DK

d. `29`
1 ☐ Less than 6 months
2 ☐ 6 months, but less than a year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

e. `30`
1 ☐ Any doctor *(2d for NP with 2b, or B3)*
2 ☐ Select from list/group *(2f)*
9 ☐ DK *(2d for NP with 2b, or B3)*

f. `31`
1 ☐ Yes
2 ☐ No   *(2d for NP with 2b, or B3)*
9 ☐ DK

d. `29`
1 ☐ Less than 6 months
2 ☐ 6 months, but less than a year
3 ☐ 1 year, but less than 2 years
4 ☐ 2 years, but less than 5 years
5 ☐ 5 years or more
6 ☐ On and off for less than 2 years
7 ☐ On and off for 2 years, but less than 5 years
8 ☐ On and off for 5 years or more
9 ☐ DK

e. `30`
1 ☐ Any doctor *(2d for NP with 2b, or B3)*
2 ☐ Select from list/group *(2f)*
9 ☐ DK *(2d for NP with 2b, or B3)*

f. `31`
1 ☐ Yes
2 ☐ No   *(2d for NP with 2b, or B3)*
9 ☐ DK

b. ☐₁ Received Medicaid care   `34`

b. ☐₁ Received Medicaid care   `34`

b. ☐₁ Received Medicaid care   `34`

b. ☐₁ Received Medicaid care   `34`

b. ☐₁ Public assistance   `36`

(Mark "Cov" box on HIS-1)

b. ☐₁ Public assistance   `36`

(Mark "Cov" box on HIS-1)

b. ☐₁ Public assistance   `36`

(Mark "Cov" box on HIS-1)

b. ☐₁ Public assistance   `36`

(Mark "Cov" box on HIS-1)

Notes

Part B – HEALTH CARE COVERAGE – Continued		PERSON 1

5a. In _(month)_, was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS or TRICARE, or CHAMP-VA?

5a.
37
1 ☐ Yes _(5b)_
2 ☐ No ⎤
9 ☐ DK ⎰ _(6)_

b. Was this CHAMPUS or TRICARE, or CHAMP-VA?

Read if necessary: **CHAMPUS or TRICARE is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.**

b.
38
1 ☐ Yes _(5c)_
2 ☐ No _(5f)_
9 ☐ DK _(5e)_

c. Who was covered by CHAMPUS or TRICARE, or CHAMP-VA?

Mark (X) "CHAMPUS/TRICARE/CHAMP-VA" in person's column and "Cov" on the HIS-1.

c.
39
1 ☐ CHAMPUS/TRICARE/CHAMP-VA
(Mark "Cov" box on HIS-1)

d. Anyone else? ☐ Yes _(Reask 5c and d)_   ☐ No _(5e)_

e. In _(month)_, was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?

e.
40
1 ☐ Yes _(5f)_
2 ☐ No ⎤
9 ☐ DK ⎰ _(6)_

f. Who was covered by other military health care?

Mark (X) "Military" in person's column and "Cov" box on the HIS-1.

f.
41
1 ☐ Military
(Mark "Cov" box on HIS-1)

g. Anyone else? ☐ Yes _(Reask 5f and g)_   ☐ No _(6)_

6a. In _(month)_, was anyone in the family covered by the Indian Health Service?

6a.
42
1 ☐ Yes _(6b)_
2 ☐ No ⎤
9 ☐ DK ⎰ _(7)_

b. Who was covered?

Mark (X) "IHS" in person's column and "Cov" on the HIS-1.

b.
43
1 ☐ IHS
(Mark "Cov" box on HIS-1)

c. Anyone else? ☐ Yes _(Reask 6b and c)_   ☐ No _(7)_

7a. (Not counting the government health programs we just mentioned) In _(month)_ was anyone in the family covered by a health insurance plan?

Read if necessary: **Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMOs).**

7a.
44
1 ☐ Yes _(7b)_
2 ☐ No ⎤ _(Part C, question 8_
9 ☐ DK ⎰ _on page 26)_

b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? If "DK", probe: **Do you have something with the plan name on it?**

Ask 7c after recording each plan. Record up to 4 plan names in Part C, Table H.I.

c. In _(month)_, was anyone in the family covered by any OTHER health insurance plan?

c.
45
1 ☐ Yes _(Reask 7b and c)_
2 ☐ No _(Part C on page 18)_

Notes

FORM HIS-3 (8-1-95)

	PERSON 2		PERSON 3		PERSON 4		PERSON 5
c.	39 1 ☐ CHAMPUS/TRICARE/CHAMP-VA *(Mark "Cov" box on HIS-1)*	**c.**	39 1 ☐ CHAMPUS/TRICARE/CHAMP-VA *(Mark "Cov" box on HIS-1)*	**c.**	39 1 ☐ CHAMPUS/TRICARE/CHAMP-VA *(Mark "Cov" box on HIS-1)*	**c.**	39 1 ☐ CHAMPUS/TRICARE/CHAMP-VA *(Mark "Cov" box on HIS-1)*
f.	41 1 ☐ Military *(Mark "Cov" box on HIS-1)*	**f.**	41 1 ☐ Military *(Mark "Cov" box on HIS-1)*	**f.**	41 1 ☐ Military *(Mark "Cov" box on HIS-1)*	**f.**	41 1 ☐ Military *(Mark "Cov" box on HIS-1)*
b.	43 1 ☐ IHS *(Mark "Cov" box on HIS-1)*	**b.**	43 1 ☐ IHS *(Mark "Cov" box on HIS-1)*	**b.**	43 1 ☐ IHS *(Mark "Cov" box on HIS-1)*	**b.**	43 1 ☐ IHS *(Mark "Cov" box on HIS-1)*

Notes

Part C – PRIVATE PLAN AND COVERAGE DETAIL

	PERSON 1

TABLE H.I. – PLAN 1

PLAN 1 NAME | 5-6

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with _(plan name)_.)

		7

1a. Who was covered under this plan?

Mark (X) "Private insurance" in person's column and "Cov" on the HIS-1.

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

b. Anyone else?

☐ Yes _(Reask 1a and b)_   ☐ No _(2)_

2. In whose name is this plan?

Mark (X) "In name" in person's column and also on the HIS-1.

2. | 8

1 ☐ In name
2 ☐ Person not in household

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?

If "Yes", probe for employer or union.

Mark (X) only one.

| | 9 |

1 ☐ Employer
2 ☐ Union   } _(3b)_
3 ☐ Through workplace, but DK whether employer or union
4 ☐ No   } _(4)_
9 ☐ DK

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

| | 10 |

1 ☐ All _(5)_
2 ☐ Some ⎤
3 ☐ None ⎬ _(4)_
9 ☐ DK ⎦

HAND CARD FC1. Read categories if telephone interview.

4. In _(month)_, how much did [you/your family] spend for health insurance premiums for _(plan name)_? Please include payroll deductions for premiums.

Mark (X) only one.

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

| | 11 |

1 ☐ Zero
2 ☐ $1 – $9
3 ☐ $10 – $19
4 ☐ $20 – $49
5 ☐ $50 – $99
6 ☐ $100 – $199
7 ☐ $200 – $499
8 ☐ $500 or more
9 ☐ DK

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?

| | 12 |

1 ☐ Variety of services _(6)_
2 ☐ Only one type of service/care _(5b)_
9 ☐ DK _(6)_

b. What type of service or care does the plan pay for?

Mark (X) only one type of service.

| | 13-14 |

01 ☐ Accidents
02 ☐ AIDS care
03 ☐ Cancer treatment
04 ☐ Catastrophic care
05 ☐ Dental care
06 ☐ Disability insurance (cash payments when unable to work for health reasons)
07 ☐ Hospice care
08 ☐ Hospitalization-only
09 ☐ Long term care (nursing home care)
10 ☐ Prescriptions
11 ☐ Vision care
98 ☐ Other – _Specify_ _____
99 ☐ DK

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8 ON PAGE 26

Notes

	7		7		7		7

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

	8		8		8		8

2. 1 ☐ In name

2. 1 ☐ In name

2. 1 ☐ In name

2. 1 ☐ In name

6a. Is *(plan name)* an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?

Read if necessary: **Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.**

15

1 ☐ HMO/ IPA
2 ☐ Other
9 ☐ DK

b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?

16

1 ☐ Any doctor *(6c)*
2 ☐ Select from group/list *(6d)*
9 ☐ DK *(7)*

c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?

17

1 ☐ Yes
2 ☐ No   } *(7)*
9 ☐ DK

d. If you select a doctor who is not in the plan, will *(plan name)* pay for any part of the cost?

18

1 ☐ Yes
2 ☐ No
9 ☐ DK

7a. Does *(plan name)* pay for any part of the cost for dental care?

19

1 ☐ Yes
2 ☐ No
9 ☐ DK

Mark (X) box or ask:

b. Does this plan pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?

20

0 ☐ No persons under 18 in family
1 ☐ Yes
2 ☐ No
9 ☐ DK

} *Go to 1a for next plan; if no other plan go to 8 on page 26*

Notes

Part C – PRIVATE PLAN AND COVERAGE DETAIL

TABLE H.I. – PLAN 2

PLAN 2 NAME

	21-22

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with _(plan name)_.)

	23

1a. Who was covered under this plan?

Mark (X) "Private insurance" in person's column and "Cov" on the HIS-1.

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

b. Anyone else?

☐ Yes (Reask 1a and b)   ☐ No (2)

2.   In whose name is this plan?

Mark (X) "In name" in person's column and also on the HIS-1.

2.
	24

1 ☐ In name
2 ☐ Person not in household

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?

If "Yes", probe for employer or union.

Mark (X) only one.

	25

1 ☐ Employer
2 ☐ Union
3 ☐ Through workplace, but DK whether employer or union } (3b)
4 ☐ No } (4)
9 ☐ DK

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

	26

1 ☐ All (5)
2 ☐ Some
3 ☐ None } (4)
9 ☐ DK

HAND CARD FC1. Read categories if telephone interview.

4.   In _(month)_, how much did [you/your family] spend for health insurance premiums for _(plan name)_? Please include payroll deductions for premiums.

Mark (X) only one.

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

	27

1 ☐ Zero
2 ☐ $1 – $9
3 ☐ $10 – $19
4 ☐ $20 – $49
5 ☐ $50 – $99
6 ☐ $100 – $199
7 ☐ $200 – $499
8 ☐ $500 or more
9 ☐ DK

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?

	28

1 ☐ Variety of services (6)
2 ☐ Only one type of service/care (5b)
9 ☐ DK (6)

b. What type of service or care does the plan pay for?

Mark (X) only one type of service.

	29-30

01 ☐ Accidents
02 ☐ AIDS care
03 ☐ Cancer treatment
04 ☐ Catastrophic care
05 ☐ Dental care
06 ☐ Disability insurance (cash payments when unable to work for health reasons)
07 ☐ Hospice care
08 ☐ Hospitalization-only
09 ☐ Long term care (nursing home care)
10 ☐ Prescriptions
11 ☐ Vision care
98 ☐ Other – _Specify_ _____
99 ☐ DK

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8 ON PAGE 26

Notes

PERSON 2	PERSON 3	PERSON 4	PERSON 5

| | 23 | | 23 | | 23 | | 23 |

1a. ₁ ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. ₁ ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. ₁ ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. ₁ ☐ Private insurance
(Mark "Cov" box on HIS-1)

| | 24 | | 24 | | 24 | | 24 |

2. ₁ ☐ In name
2. ₁ ☐ In name
2. ₁ ☐ In name
2. ₁ ☐ In name

6a. Is *(plan name)* **an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?**

Read if necessary: **Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.**

31
₁ ☐ HMO/ IPA
₂ ☐ Other
₉ ☐ DK

b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?

32
₁ ☐ Any doctor *(6c)*
₂ ☐ Select from group/list *(6d)*
₉ ☐ DK *(7)*

c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?

33
₁ ☐ Yes ⎤
₂ ☐ No ⎬ *(7)*
₉ ☐ DK ⎦

d. If you select a doctor who is not in the plan, will *(plan name)* **pay for any part of the cost?**

34
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

7a. Does *(plan name)* **pay for any part of the cost for dental care?**

35
₁ ☐ Yes
₂ ☐ No
₉ ☐ DK

Mark (X) box or ask:

b. Does this plan pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?

36
₀ ☐ No persons under 18 in family ⎤
₁ ☐ Yes
₂ ☐ No ⎬ *Go to 1a for next plan; if no other plan go to 8 on page 26*
₉ ☐ DK ⎦

Notes

Part C – PRIVATE PLAN AND COVERAGE DETAIL
TABLE H.I. – PLAN 3

	PERSON 1

PLAN 3 NAME

		37-38

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with _(plan name)_.)

39

1a. Who was covered under this plan?

Mark (X) "Private insurance" in person's column and "Cov" on the HIS-1.

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

b. Anyone else?   ☐ Yes _(Reask 1a and b)_   ☐ No _(2)_

2. In whose name is this plan?

Mark (X) "In name" in person's column and also on the HIS-1.

2. 40
1 ☐ In name
2 ☐ Person not in household

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?

If "Yes", probe for employer or union.

Mark (X) only one.

41
1 ☐ Employer
2 ☐ Union
3 ☐ Through workplace, but DK whether employer or union
} _(3b)_
4 ☐ No
9 ☐ DK
} _(4)_

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

42
1 ☐ All _(5)_
2 ☐ Some
3 ☐ None
} _(4)_
9 ☐ DK

HAND CARD FC1. Read categories if telephone interview.

4. In _(month)_, how much did [you/your family] spend for health insurance premiums for _(plan name)_? Please include payroll deductions for premiums.

Mark (X) only one.

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

43
1 ☐ Zero
2 ☐ $1 – $9
3 ☐ $10 – $19
4 ☐ $20 – $49
5 ☐ $50 – $99
6 ☐ $100 – $199
7 ☐ $200 – $499
8 ☐ $500 or more
9 ☐ DK

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?

44
1 ☐ Variety of services _(6)_
2 ☐ Only one type of service/care _(5b)_
9 ☐ DK _(6)_

b. What type of service or care does the plan pay for?

Mark (X) only one type of service.

45-46
01 ☐ Accidents
02 ☐ AIDS care
03 ☐ Cancer treatment
04 ☐ Catastrophic care
05 ☐ Dental care
06 ☐ Disability insurance (cash payments when unable to work for health reasons)
07 ☐ Hospice care
08 ☐ Hospitalization-only
09 ☐ Long term care (nursing home care)
10 ☐ Prescriptions
11 ☐ Vision care
98 ☐ Other – _Specify_ _____
99 ☐ DK

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8 ON PAGE 26

Notes

	39		39		39		39

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

1a. 1 ☐ Private insurance
(Mark "Cov" box on HIS-1)

	40		40		40		40

2. 1 ☐ In name   **2.** 1 ☐ In name   **2.** 1 ☐ In name   **2.** 1 ☐ In name

---

6a. Is *(plan name)* an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?

   Read if necessary: **Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.**

47
1 ☐ HMO/ IPA
2 ☐ Other
9 ☐ DK

b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?

48
1 ☐ Any doctor *(6c)*
2 ☐ Select from group/list *(6d)*
9 ☐ DK *(7)*

c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?

49
1 ☐ Yes
2 ☐ No } *(7)*
9 ☐ DK

d. If you select a doctor who is not in the plan, will *(plan name)* pay for any part of the cost?

50
1 ☐ Yes
2 ☐ No
9 ☐ DK

7a. Does *(plan name)* pay for any part of the cost for dental care?

51
1 ☐ Yes
2 ☐ No
9 ☐ DK

Mark (X) box or ask:

b. Does this plan pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?

52
0 ☐ No persons under 18 in family
1 ☐ Yes
2 ☐ No
9 ☐ DK

Go to 1a for next plan; if no other plan go to 8 on page 26

Notes

Part C – PRIVATE PLAN AND COVERAGE DETAIL	PERSON 1

TABLE H.I. – PLAN 4

PLAN 4 NAME   `53-54`

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with _(plan name)_.)   `55`

1a. Who was covered under this plan?

Mark (X) "Private insurance" in person's column and "Cov" on the HIS-1.

1a. 1 ☐ Private insurance
  (Mark "Cov" box on HIS-1)

b. Anyone else?   ☐ Yes _(Reask 1a and b)_   ☐ No _(2)_

2. In whose name is this plan?   `56`

Mark (X) "In name" in person's column and also on the HIS-1.

2. 1 ☐ In name
   2 ☐ Person not in household

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?   `57`

If "Yes", probe for employer or union.

Mark (X) only one.

1 ☐ Employer
2 ☐ Union   } _(3b)_
3 ☐ Through workplace, but DK whether employer or union
4 ☐ No   } _(4)_
9 ☐ DK

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?   `58`

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

1 ☐ All _(5)_
2 ☐ Some
3 ☐ None   } _(4)_
9 ☐ DK

HAND CARD FC1. Read categories if telephone interview.

4. In _(month)_, how much did [you/your family] spend for health insurance premiums for _(plan name)_? Please include payroll deductions for premiums.   `59`

Mark (X) only one.

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

1 ☐ Zero
2 ☐ $1 – $9
3 ☐ $10 – $19
4 ☐ $20 – $49
5 ☐ $50 – $99
6 ☐ $100 – $199
7 ☐ $200 – $499
8 ☐ $500 or more
9 ☐ DK

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?   `60`

1 ☐ Variety of services _(6)_
2 ☐ Only one type of service/care _(5b)_
9 ☐ DK _(6)_

b. What type of service or care does the plan pay for?   `61-62`

Mark (X) only one type of service.

01 ☐ Accidents
02 ☐ AIDS care
03 ☐ Cancer treatment
04 ☐ Catastrophic care
05 ☐ Dental care
06 ☐ Disability insurance (cash payments when unable to work for health reasons)
07 ☐ Hospice care
08 ☐ Hospitalization-only
09 ☐ Long term care (nursing home care)
10 ☐ Prescriptions
11 ☐ Vision care
98 ☐ Other – _Specify_ _____
99 ☐ DK

GO TO 8 ON PAGE 26

Notes

PERSON 2	PERSON 3	PERSON 4	PERSON 5

1a. ₁ ☐ Private insurance
(Mark "Cov" box on HIS-1) | 55

1a. ₁ ☐ Private insurance
(Mark "Cov" box on HIS-1) | 55

1a. ₁ ☐ Private insurance
(Mark "Cov" box on HIS-1) | 55

1a. ₁ ☐ Private insurance
(Mark "Cov" box on HIS-1) | 55

2. ₁ ☐ In name | 56 **2.** ₁ ☐ In name | 56 **2.** ₁ ☐ In name | 56 **2.** ₁ ☐ In name | 56

6a. Is *(plan name)* an **HMO (Health Maintenance Organization) or IPA (Individual Practice Association)**, or is it some other kind of plan?

    Read if necessary: **Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.**

       63
     ₁ ☐ HMO/ IPA
     ₂ ☐ Other
     ₉ ☐ DK

b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?

       64
     ₁ ☐ Any doctor *(6c)*
     ₂ ☐ Select from group/list *(6d)*
     ₉ ☐ DK *(7)*

c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?

       65
     ₁ ☐ Yes ⎫
     ₂ ☐ No ⎬ *(7)*
     ₉ ☐ DK ⎭

d. If you select a doctor who is not in the plan, will *(plan name)* pay for any part of the cost?

       66
     ₁ ☐ Yes
     ₂ ☐ No
     ₉ ☐ DK

7a. Does *(plan name)* pay for any part of the cost for dental care?

       67
     ₁ ☐ Yes
     ₂ ☐ No
     ₉ ☐ DK

Mark (X) box or ask:

b. Does this plan pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?

       68
     ₀ ☐ No persons under 18 in family ⎫
     ₁ ☐ Yes   ⎬ *Go to 8 on page 26*
     ₂ ☐ No
     ₉ ☐ DK ⎭

Notes

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1

8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?

8a.

69
1 ☐ Yes *(8b)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(9)*

b. Who is this?

Mark (X) "Pre-existing condition" in person's column.

b.

70
1 ☐ Pre-existing condition

c. Anyone else?   ☐ Yes *(Reask 8b and c)*   ☐ No *(9)*   ☐ DK *(9)*

9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?

9a.

71
1 ☐ Yes *(9b)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(10)*

b. Who is this?

Mark (X) "Turned down" in person's column.

b.

72
1 ☐ Turned down

c. Anyone else?   ☐ Yes *(Reask 9b and c)*   ☐ No *(9d)*   ☐ DK *(9d)*

Ask for each person with "Turned down" marked in 9b.

d. Why was – – unable to get that health insurance? Anything else?

Mark (X) all that apply.

d.

73
1 ☐ Because of pre-existing condition (such as cancer or diabetes)

74
2 ☐ Because of health risk(s) (such as smoking or overweight)

75
3 ☐ Because of work (such as construction worker, beautician, farm worker)

76
4 ☐ Because premiums were too high

77
8 ☐ Other – *Specify* ⤵

_____

78
9 ☐ DK

10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?

10a.

79
1 ☐ Yes *(10b)*
2 ☐ No ⎱
9 ☐ DK ⎰ *(C1)*

b. Who is this?

Mark (X) "Stayed in job" in person's column.

b.

80
1 ☐ Stayed in job

c. Anyone else?   ☐ Yes *(Reask 10b and c)*   ☐ No *(C1)*   ☐ DK *(C1)*

ITEM C1 | *Refer to age and Wa/Wb in HIS-1.* *Mark (X) first appropriate box.* | **C1**

81
1 ☐ 70+ *(NP, or C3 on page 28)*
2 ☐ Wa/Wb marked *(C2)*
8 ☐ Other *(NP, or C3 on page 28)*

ITEM C2 | *Refer to "In name" box on HIS-1.* | **C2**

82
1 ☐ "In name" *(C1 for NP, or C3 on page 28)*
8 ☐ Other *(11)*

---

11. Was health insurance offered by – – employer?

11.

83
1 ☐ Yes ⎱
2 ☐ No   } *(C1 for NP, or C3 on page 28)*
9 ☐ DK ⎰

Notes

PERSON 2	PERSON 3	PERSON 4	PERSON 5

b. [70] — 1 ☐ Pre-existing condition

(Same for PERSON 2, 3, 4, 5)

b. [72] — 1 ☐ Turned down

(Same for PERSON 2, 3, 4, 5)

d.
1 ☐ Because of pre-existing condition (such as cancer or diabetes) [73]
2 ☐ Because of health risk(s) (such as smoking or overweight) [74]
3 ☐ Because of work (such as construction worker, beautician, farm worker) [75]
4 ☐ Because premiums were too high [76]
8 ☐ Other – *Specify* ⤵ [77]
_____
9 ☐ DK [78]

(Same for PERSON 2, 3, 4, 5)

b. [80] — 1 ☐ Stayed in job

(Same for PERSON 2, 3, 4, 5)

C1 [81]
1 ☐ 70+ *(NP, or C3 on page 28)*
2 ☐ Wa/Wb marked *(C2)*
8 ☐ Other *(NP, or C3 on page 28)*

(Same for PERSON 2, 3, 4, 5)

C2 [82]
1 ☐ "In name" *(C1 for NP, or C3 on page 28)*
8 ☐ Other *(11)*

(Same for PERSON 2, 3, 4, 5)

11. [83]
1 ☐ Yes ⎫
2 ☐ No ⎬ *(C1 for NP, or C3 on page 28)*
9 ☐ DK ⎭

(Same for PERSON 2, 3, 4, 5)

Notes

| **Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued** | | PERSON 1 | 3-4 |

ITEM C3

Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box.

If no other person in family, go to 14 on page 30.

C3
- 1 ☐ Covered *(13 on page 30)*
- 2 ☐ Not covered, under 65 ⎫ *(12)*
- 3 ☐ Not covered, 65+ ⎭

HAND CARD FC2. Read categories if telephone interview.

If "Not covered, 65+," include "or Medicare".

12a. Many people do not have health insurance for various reasons. Which of these statements describes why – – is not covered by any health insurance (or Medicare)?

(Anything else?)

Mark (X) all that apply.

12a.
01 ☐ Job layoff/loss/ unemployment	6-7
02 ☐ Wasn't offered by employer	8-9
03 ☐ Not eligible because part time worker	10-11
04 ☐ Family coverage not offered by employer	12-13
05 ☐ Benefits from former employer ran out	14-15
06 ☐ Can't obtain because of poor health, illness, or age	16-17
07 ☐ Too expensive/ Can't afford	18-19
08 ☐ Dissatisfied with previous insurance	20-21
09 ☐ Don't believe in insurance	22-23
10 ☐ Have usually been healthy, haven't needed insurance	24-25
11 ☐ Covered by some other plan	26-27
12 ☐ Too old for coverage under family plans	28-29
13 ☐ Free/inexpensive source of care readily available	30-31
98 ☐ Other reason – *Specify* ⬎	32-33
99 ☐ DK *(12d)*	34-35

Ask 12b if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.

b. What is the MAIN reason – – was not covered in <u>*(month)*</u> by any health insurance (or Medicare)?

Record number from Card FC2.

b.
36-37

Main reason _____

Ask 12c if box 11 is marked in 12a; otherwise skip to 12d.

c. Was – – covered by a state sponsored health plan, a private health insurance plan, or some other type of health plan?

Mark (X) only one.

c.
38
- 1 ☐ State Plan ⎫
- 2 ☐ Private Plan ⎬ *(C3 for NP, or*
- 3 ☐ Other Plan ⎭ *14 on page 30)*
- 9 ☐ DK

---

d. When was the LAST time – – had health insurance? *(Read categories if necessary.)*

Mark (X) only one.

d.
39
- 1 ☐ Less than 6 months ago ⎫
- 2 ☐ 6 months ago, but less than 1 year ago ⎬ *(12e)*
- 3 ☐ 1 year ago, but less than 3 years ago ⎭
- 4 ☐ 3 or more years ago ⎫ *(C3 for*
- 5 ☐ Never had health insurance ⎬ *NP, or 14 on page 30)*
- 9 ☐ DK *(12f)* ⎭

HAND CARD FC3. Read categories if telephone interview.

e. What was the MAIN reason – – stopped being covered by health insurance?

Mark (X) only one.

e.
40-41
- 01 ☐ Lost job or changed employers
- 02 ☐ Spouse/parent lost job or changed employers
- 03 ☐ Death of spouse or parent
- 04 ☐ Became divorced or separated
- 05 ☐ Became ineligible because of age
- 06 ☐ Employer stopped offering coverage
- 07 ☐ Cut back to part time
- 08 ☐ Benefits from employer/ former employer ran out
- 98 ☐ Other – *Specify* ⬎

  (12f on page 30)

- 99 ☐ DK

PERSON 2 | PERSON 3 | PERSON 4 | PERSON 5

C3 [5]
1 ☐ Covered (13 on page 30)
2 ☐ Not covered, under 65 ⎬ (12)
3 ☐ Not covered, 65+

12a. [6-7]
01 ☐ Job layoff/loss/ unemployment [6-7]
02 ☐ Wasn't offered by employer [8-9]
03 ☐ Not eligible because part time worker [10-11]
04 ☐ Family coverage not offered by employer [12-13]
05 ☐ Benefits from former employer ran out [14-15]
06 ☐ Can't obtain because of poor health, illness, or age [16-17]
07 ☐ Too expensive/ Can't afford [18-19]
08 ☐ Dissatisfied with previous insurance [20-21]
09 ☐ Don't believe in insurance [22-23]
10 ☐ Have usually been healthy, haven't needed insurance [24-25]
11 ☐ Covered by some other plan [26-27]
12 ☐ Too old for coverage under family plans [28-29]
13 ☐ Free/inexpensive source of care readily available [30-31]
98 ☐ Other reason – Specify ↙ [32-33]
_____
99 ☐ DK (12d) [34-35]

b. [36-37]
Main reason _____

c. [38]
1 ☐ State Plan
2 ☐ Private Plan ⎬ (C3 for NP, or 14 on page 30)
3 ☐ Other Plan
9 ☐ DK

d. [39]
1 ☐ Less than 6 months ago
2 ☐ 6 months ago, but less than 1 year ago ⎬ (12e)
3 ☐ 1 year ago, but less than 3 years ago
4 ☐ 3 or more years ago ⎬ (C3 for NP, or 14 on page 30)
5 ☐ Never had health insurance
9 ☐ DK (12f)

e. [40-41]
01 ☐ Lost job or changed employers
02 ☐ Spouse/parent lost job or changed employers
03 ☐ Death of spouse or parent
04 ☐ Became divorced or separated
05 ☐ Became ineligible because of age
06 ☐ Employer stopped offering coverage ⎬ (12f on page 30)
07 ☐ Cut back to part time
08 ☐ Benefits from employer/ former employer ran out
98 ☐ Other – Specify ↙
_____
99 ☐ DK

(The four columns for PERSON 2, PERSON 3, PERSON 4, and PERSON 5 are identical in content.)

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1

12f. At the time that – – stopped being covered by health insurance, did – – try to find some other type of health insurance?

12f.

42

1 ☐ Yes *(12g)*
2 ☐ No ⎫
9 ☐ DK ⎬ *(C3 on page 28 for NP, or 14)*

---

g. What was the MAIN reason – – was unable to find some other type of health insurance?

Mark (X) only one.

g.

43

1 ☐ Could not afford
2 ☐ Was rejected
3 ☐ Other reason – *Specify* ↘

_____

9 ☐ DK

(C3 on page 28 for NP, or 14)

13a. In the past 12 months, was there any time that – – did NOT have **ANY** health insurance or coverage?

13a.

44

1 ☐ Yes *(13b.)*
2 ☐ No ⎫ *(C3 on page 28 for*
9 ☐ DK ⎭ *NP, or 14)*

---

b. In how many of the past 12 months was – – without coverage?

Mark (X) only one.

b.

45

1 ☐ 1 month or less
2 ☐ 2–3 months
3 ☐ 4–6 months
4 ☐ More than 6 months
9 ☐ DK

HAND CARD FC3. Read categories if telephone interview.

c. What was the MAIN reason – – was without coverage?

Mark (X) only one.

c.

46-47

01 ☐ Lost job or changed employers
02 ☐ Spouse/parent lost job or changed employers
03 ☐ Death of spouse or parent
04 ☐ Became divorced or separated
05 ☐ Became ineligible because of age
06 ☐ Employer stopped offering coverage
07 ☐ Cut back to part time
08 ☐ Benefits from employer/ former employer ran out
98 ☐ Other – *Specify* ↘

_____

99 ☐ DK

(C3 on page 28 for NP, or 14)

HAND CARD FC4. Read categories if telephone interview.

14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.

Mark (X) only one.

14.

48

1 ☐ Zero
2 ☐ Less than $500
3 ☐ $500 – $1999
4 ☐ $2,000 – $2,999
5 ☐ $3,000 – $4,999
6 ☐ $5,000 or more
9 ☐ DK

ITEM C4 | About how often did the Respondent appear to answer the questions in Parts B and C accurately? | **C4**

49

1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

ITEM C5 | About how often did the Respondent appear to answer the questions in Parts B and C honestly? | **C5**

50

1 ☐ All the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely or never
9 ☐ DK

ITEM C6 | Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Parts B and C. | **C6**

51-52

Person number _____

PERSON 2	PERSON 3	PERSON 4	PERSON 5

12f. [42]
1 ☐ Yes *(12g)*
2 ☐ No ⎤
9 ☐ DK ⎦ *(C3 on page 28 for NP, or 14)*

g. [43]
1 ☐ Could not afford ⎫
2 ☐ Was rejected
3 ☐ Other reason – *Specify* ↙ *(C3 on page 28 for NP, or 14)*
9 ☐ DK ⎭

13a. [44]
1 ☐ Yes *(13b)*
2 ☐ No ⎤ *(C3 on page 28 for*
9 ☐ DK ⎦ *NP, or 14)*

b. [45]
1 ☐ 1 month or less
2 ☐ 2–3 months
3 ☐ 4–6 months
4 ☐ More than 6 months
9 ☐ DK

c. [46-47]
01 ☐ Lost job or changed employers ⎫
02 ☐ Spouse/parent lost job or changed employers
03 ☐ Death of spouse or parent
04 ☐ Became divorced or separated
05 ☐ Became ineligible because of age ⎬ *(C3 on page 28 for NP, or 14)*
06 ☐ Employer stopped offering coverage
07 ☐ Cut back to part time
08 ☐ Benefits from employer/ former employer ran out
98 ☐ Other – *Specify* ↙
99 ☐ DK ⎭

12f. [42]
1 ☐ Yes *(12g)*
2 ☐ No ⎤
9 ☐ DK ⎦ *(C3 on page 28 for NP, or 14)*

g. [43]
1 ☐ Could not afford ⎫
2 ☐ Was rejected
3 ☐ Other reason – *Specify* ↙ *(C3 on page 28 for NP, or 14)*
9 ☐ DK ⎭

13a. [44]
1 ☐ Yes *(13b)*
2 ☐ No ⎤ *(C3 on page 28 for*
9 ☐ DK ⎦ *NP, or 14)*

b. [45]
1 ☐ 1 month or less
2 ☐ 2–3 months
3 ☐ 4–6 months
4 ☐ More than 6 months
9 ☐ DK

c. [46-47]
01 ☐ Lost job or changed employers ⎫
02 ☐ Spouse/parent lost job or changed employers
03 ☐ Death of spouse or parent
04 ☐ Became divorced or separated
05 ☐ Became ineligible because of age ⎬ *(C3 on page 28 for NP, or 14)*
06 ☐ Employer stopped offering coverage
07 ☐ Cut back to part time
08 ☐ Benefits from employer/ former employer ran out
98 ☐ Other – *Specify* ↙
99 ☐ DK ⎭

12f. [42]
1 ☐ Yes *(12g)*
2 ☐ No ⎤
9 ☐ DK ⎦ *(C3 on page 28 for NP, or 14)*

g. [43]
1 ☐ Could not afford ⎫
2 ☐ Was rejected
3 ☐ Other reason – *Specify* ↙ *(C3 on page 28 for NP, or 14)*
9 ☐ DK ⎭

13a. [44]
1 ☐ Yes *(13b)*
2 ☐ No ⎤ *(C3 on page 28 for*
9 ☐ DK ⎦ *NP, or 14)*

b. [45]
1 ☐ 1 month or less
2 ☐ 2–3 months
3 ☐ 4–6 months
4 ☐ More than 6 months
9 ☐ DK

c. [46-47]
01 ☐ Lost job or changed employers ⎫
02 ☐ Spouse/parent lost job or changed employers
03 ☐ Death of spouse or parent
04 ☐ Became divorced or separated
05 ☐ Became ineligible because of age ⎬ *(C3 on page 28 for NP, or 14)*
06 ☐ Employer stopped offering coverage
07 ☐ Cut back to part time
08 ☐ Benefits from employer/ former employer ran out
98 ☐ Other – *Specify* ↙
99 ☐ DK ⎭

12f. [42]
1 ☐ Yes *(12g)*
2 ☐ No ⎤
9 ☐ DK ⎦ *(C3 on page 28 for NP, or 14)*

g. [43]
1 ☐ Could not afford ⎫
2 ☐ Was rejected
3 ☐ Other reason – *Specify* ↙ *(C3 on page 28 for NP, or 14)*
9 ☐ DK ⎭

13a. [44]
1 ☐ Yes *(13b)*
2 ☐ No ⎤ *(C3 on page 28 for*
9 ☐ DK ⎦ *NP, or 14)*

b. [45]
1 ☐ 1 month or less
2 ☐ 2–3 months
3 ☐ 4–6 months
4 ☐ More than 6 months
9 ☐ DK

c. [46-47]
01 ☐ Lost job or changed employers ⎫
02 ☐ Spouse/parent lost job or changed employers
03 ☐ Death of spouse or parent
04 ☐ Became divorced or separated
05 ☐ Became ineligible because of age ⎬ *(C3 on page 28 for NP, or 14)*
06 ☐ Employer stopped offering coverage
07 ☐ Cut back to part time
08 ☐ Benefits from employer/ former employer ran out
98 ☐ Other – *Specify* ↙
99 ☐ DK ⎭

10. Response Status

| | 5 | | 7 |

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 |

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