OMB No. 0920-0346: Approval Expires 05/31/95

FORM **ACS-2 (1994)**
(6-1-94)

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

1994 ACCESS TO CARE SURVEY

PROXY STATUS

Mark (X) the appropriate proxy status for the sample person.

1 ☐ Self-respondent 2 ☐ Proxy-respondent for child 3 ☐ Proxy-respondent for adult

RECORD OF INTERVIEW

Field Representative's name | Code

1. Beginning time	**2.** Ending time	**3.** Length of interview (Minutes)	**4.** Date completed
1 ☐ a.m. 2 ☐ p.m.	1 ☐ a.m. 2 ☐ p.m.		Month Day Year

NONINTERVIEW REASON

1 ☐ Refused – *Explain* ⇲

2 ☐ Temporarily absent – *Explain (e.g., unavailable through closeout)* ⇲

3 ☐ Ill, hospitalized – *Explain* ⇲

4 ☐ No knowledgeable proxy – *Explain* ⇲

5 ☐ Unable to contact
6 ☐ Sample person deceased
7 ☐ Sample person institutionalized
8 ☐ Other – *Explain* ⇲

Notes

Section A – GENERAL INFORMATION

A1. **Would you say (*Name's/your*) health, in general, is excellent, very good, good, fair, or poor?**

1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

A2. **Since *(Date)* a year ago, (was/were) (*Name/you*) a patient in a hospital overnight or longer?**

1 ☐ Yes
2 ☐ No – *GO to A4*

A3. **How many different times did (*Name/you*) stay in a hospital overnight or longer since *(Date)* a year ago?**

_____ Times

A4. **During the past 12 months, (that is, since *(Date)* a year ago,) about how many times did (*Name/you*) see or talk to a medical doctor or assistant? (Do not count doctors seen while an overnight patient in a hospital.)**

_____ Times

CHECK ITEM A5 *Refer to A5. For each "Yes" in A5, ask A6–A8. If all of the responses in A5 are "No", GO to A9.*

A5. **In the past 12 months, (has/have) (*Name/you*) seen a professional for any of the following kinds of treatment?** *(IF ASKED:* **A PROFESSIONAL IS SOMEONE WHO PROVIDES CARE OR GIVES ADVICE AND IS PAID FOR HIS OR HER SERVICES.)** *Mark (X) all that apply.*		**A6. You said that (*Name/you*) had** *(service from A5 where response is "Yes")* **in the past twelve months. Was this for a specific problem or condition, or not?**	**A7. What was the problem or condition?** *(RECORD VERBATIM)*	**A8. (Has/Have) (*Name/you*) also seen a medical doctor about this condition?**
a. chiropractic services?	1 ☐ Yes 2 ☐ No	1 ☐ Specific condition 2 ☐ Not for specific condition *(GO to next service)*		1 ☐ Yes 2 ☐ No 3 ☐ Provider was a medical doctor
b. relaxation techniques?	1 ☐ Yes 2 ☐ No	1 ☐ Specific condition 2 ☐ Not for specific condition *(GO to next service)*		1 ☐ Yes 2 ☐ No 3 ☐ Provider was a medical doctor
c. therapeutic massage?	1 ☐ Yes 2 ☐ No	1 ☐ Specific condition 2 ☐ Not for specific condition *(GO to next service)*		1 ☐ Yes 2 ☐ No 3 ☐ Provider was a medical doctor
d. acupuncture?	1 ☐ Yes 2 ☐ No	1 ☐ Specific condition 2 ☐ Not for specific condition *(GO to A9)*		1 ☐ Yes 2 ☐ No 3 ☐ Provider was a medical doctor

The next few questions are about (*Name's/your*) health care coverage.

A9. **Medicare is a government health insurance program for disabled persons and for persons 65 years of age or older. (Is/are) (*Name/you*) covered by Medicare?**

1 ☐ Yes
2 ☐ No

A10. **(Is/are) (*Name/you*) covered by CHAMPUS or CHAMPVA?**

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

1 ☐ Yes
2 ☐ No

FORM ACS-2 (6-1-94)

Section A – GENERAL INFORMATION – Continued

A11. **(Is/are) (*Name*/you) covered by Medicaid or *(STATE NAME FOR MEDICAID)*?**
(READ STATE NAME FOR MEDICAID)

1 ☐ Yes
2 ☐ No

A12. **(Is/are) (*Name*/you) covered by any other public assistance program (besides Medicaid) that pays for hospital or physician care?**

1 ☐ Yes
2 ☐ No

A13. **(Is/are) (*Name*/you) covered by any private health insurance plan that pays for any part of hospital bills, doctor bills, or surgeon bills?**

1 ☐ Yes
2 ☐ No – *GO to* ~~B1~~ A1

A14. **What kind of health insurance plan is this — is it a health maintenance organization, or HMO, a preferred provider organization, or PPO, is it just regular health insurance, or is it some other kind of plan?**

1 ☐ HMO – *GO to B1*
2 ☐ PPO
3 ☐ Regular health insurance
4 ☐ IPA (Individual Practice Association) – *GO to B1*
88 ☐ Other – *Specify* Z

_____

A15. **(Does/Do) (*Name*/you) pay less under this plan if (he/she/you) (goes/go) to particular doctors?**

1 ☐ Yes
2 ☐ No

CHECK ITEM A11 — *Refer to A11, if the response to A11 is "Yes", continue with A16, else GO to A17.*

A16. **You said (*Name*/you) (have/has) Medicaid coverage, (have/has) (*Name*/you) had Medicaid coverage for the past 12 months?**

1 ☐ Yes
2 ☐ No

CHECK ITEM A13 — *Refer to A13, if the response to A13 is "Yes", continue with A17, else GO to CHECK ITEM A1.*

A17. **You said (*Name*/you) (have/has) private health insurance, (have/has) (he/she/you) had private health insurance for the past 12 months?**

1 ☐ Yes
2 ☐ No
} *GO to B1*

CHECK ITEM A1 — *If the responses to A9, A10, A11, A12 and A13 are "No", continue with A18, else GO to B1.*

A18. **You said (*Name*/you) (have/has) no health care coverage or insurance, (have/has) (*Name*/you) been without coverage for the past 12 months?**

1 ☐ Yes
2 ☐ No

Notes

Section B – USUAL SOURCE OF CARE

B1. **Is there ONE particular person or place that (*Name*/you) usually (goes/go) to when (he/she/you) (is/are) sick or need advice about health?**

1 ☐ Yes – *GO to B7*
2 ☐ No
3 ☐ THERE IS MORE THAN ONE

B2. **People have many different reasons for not having a usual source of medical care. Some people have two or more regular doctors or places, and where they go depends on what's wrong. Is that a reason (*Name*/you) (doesn't/don't) have a usual source of medical care?**

1 ☐ Yes
2 ☐ No – *GO to B4*

B3. **Would you say that is the main reason?**

1 ☐ Yes – *GO to B6*
2 ☐ No

B4. **I am going to read some other reasons people have given for not having a usual source of medical care. For each one, please tell me whether that is a reason in (*Name's*/your) case.** *(First, next,)*

a. **There is no reason to have a usual source of care because (*Name*/I) seldom or never (gets/get) sick. Is that a reason (*Name*/you) (doesn't/don't) have a usual source of medical care?**

1 ☐ Yes
2 ☐ No

b. **(*Name*/I) recently moved into the area. Is that a reason (*Name*/you) (doesn't/don't) have a usual source of medical care?**

1 ☐ Yes
2 ☐ No

c. **(*Name's*/my) usual source of medical care in this area is no longer available. Is that a reason (*Name*/you) (does not/do not) have a usual source of medical care?**

1 ☐ Yes
2 ☐ No – *GO to B5*

c1. **Why is (*Name's*/your) usual source of medical care no longer available?**

1 ☐ Previous doctor retired
2 ☐ Previous doctor died
3 ☐ Previous doctor moved
4 ☐ (*Name*/You) moved
5 ☐ Previous doctor/place too far away
88 ☐ Other – *Specify* ⇲

_____

_____

B5. **Is there any other reason (he/she/you) (does NOT/do NOT) have a usual source of care?**

1 ☐ Yes – *Specify* ⇲ – *GO to C1*

_____

_____

_____

_____

2 ☐ No – *GO to C1*

B6. **Is there one of these places that (*Name*/you) (goes/go) to most often when (*Name*/you) (is/are) sick or needs advice about (his/her/your) health?**

1 ☐ Yes
2 ☐ No
99 ☐ Don't know } *GO to D1*

B7. **What kind of a place is it — a clinic, a health care center, a hospital, a doctor's office, or some other place?**

1 ☐ Doctor's Office or Private Clinic
2 ☐ Company or School Health Clinic/Center
3 ☐ Community/Neighborhood or Migrant/ Rural Health Center/Clinic
4 ☐ County/City Clinic or County Hospital Outpatient Clinic (Public Clinic)
5 ☐ Private/Other Hospital Outpatient Clinic
6 ☐ Hospital Emergency Room
7 ☐ HMO (Health Maintenance Organization)/ Other Prepaid Group
8 ☐ Psychiatric Hospital or Clinic
9 ☐ VA Hospital or Clinic
88 ☐ Some Other Place – *Specify* ⇲

_____

_____

Section B – USUAL SOURCE OF CARE – Continued

B8. **Is there a particular person (*Name*/you) usually (sees/see) when (he/she/you) (goes/go) there?**

1 ☐ Yes
2 ☐ No – *GO to B13*

B9. **Is that person a doctor, a nurse, or some other type of health professional?**

Probe for type of health professional.

1 ☐ Doctor
2 ☐ Nurse
3 ☐ Nurse Practitioner
4 ☐ Physician's assistant
5 ☐ Chiropractor
88 ☐ Other – *Specify* ↙ _____
99 ☐ Don't know

} *GO to B12a*

B10. **Is the doctor a general or family practitioner who treats a variety of illnesses and gives preventive care or is he or she a specialist who mainly treats just one type of health problem?**

1 ☐ General Practitioner
2 ☐ Obstetrician/Gynecologist (OB/GYN)

} *GO to B12a*

3 ☐ Other specialist
99 ☐ Don't know – *GO to B12a*

B11. **What is the doctor's specialty?**

1 ☐ Internist/Internal Medicine
2 ☐ Pediatrics
3 ☐ General Surgery
88 ☐ Other – *Specify* ↙ _____

B12a. **Is this person male or female?**

1 ☐ Male
2 ☐ Female

b. **What is this person's race?**

1 ☐ Black
2 ☐ White
3 ☐ Asian/Pacific Islander
4 ☐ American Indian/Alaska Native
88 ☐ Other – *Specify* ↙ _____

c. **Is this person of Hispanic origin?**

1 ☐ Yes
2 ☐ No
99 ☐ Don't know

d. **Does (he/she) speak (*Name's*/your) primary language?**

1 ☐ Yes
2 ☐ No
99 ☐ Don't know

B13. **How long (has/have) (*Name*/you) been (seeing this person/going to this place) for medical care?**

_____ Years

OR

_____ Months

77 ☐ All (*Name's*/your) life

B14a. **How (does/do) (*Name*/you) usually get there — by walking, driving, being driven by someone else, by taxi, by public transportation, or some other way?**

1 ☐ Walking
2 ☐ Driving
3 ☐ Being driven by someone else

} *GO to B14c*

4 ☐ Taxi
5 ☐ Other public transportation
6 ☐ Ambulance
88 ☐ Other – *Specify* ↙ _____ – *GO to B14c*

b. **How much does it usually cost to get there (one way)?**

$ _____ Cost

c. **About how long does it usually take (*Name*/you) to get there?**

_____ Minutes

OR

_____ Hours

Section B – USUAL SOURCE OF CARE – Continued

B15. **When was the last time (*Name*/you) went to this (person/place) for medical care?**

1 ☐ Less than 6 months ago
2 ☐ At least 6 months, but less than one year ago
3 ☐ At least one year, but less than three years ago
4 ☐ Three or more years ago
5 ☐ Never been there – *GO to CHECK ITEM B15*

CHECK ITEM B15

If the response to B1 is "Yes", ask **"You said that you have never been to a particular person or place for medical care; however, earlier you indicated that you had been to a particular person or place when (*Name*/you (were/was) sick or needed advice about health. Is this correct?"** *If the response is "Yes" continue with B16a, if the response is "No" reask B15.*

B16a. **About how long (does/do) (*Name*/you) usually have to wait before getting an appointment to see a medical person (with/at) this (person/place)?**

_____ Days

OR

_____ Weeks

97 ☐ No appointment needed

b. **About how long (does/do) (*Name*/you) usually have to wait in the waiting room before seeing a medical person when (he/she/you) (goes/go) to this (person/place)?**

_____ Minutes

OR

_____ Hours

CHECK ITEM B7

Refer to B7. If the response to B7 is 6 (hospital emergency room), GO to CHECK ITEM B13, else GO to D1a1.

CHECK ITEM B13

Refer to B13. If the response to B13 is 77 (All (Name/your) life), GO to B19, else GO to B17.

B17. **You said that (*Name's*/your) usual source of care is a hospital emergency room. In the past 12 months did (*Name*/you) go to a different kind of place, like a clinic or doctor's office, when (he/she/you) (was/were) sick or needed advice about (his/her/your) health?**

1 ☐ Yes
2 ☐ No – *GO to B19*

B18. **[You said that (*Name's*/your) usual source of care is a hospital emergency room.] Did a doctor at the emergency room ever tell (*Name*/you) (he/she/you) should go somewhere else for medical care?**

1 ☐ Yes
2 ☐ No

CHECK ITEM B17

Refer to B17. If the response to B17 is "Yes", GO to D1a1.

B19. **(Has/Have) (*Name*/you) tried to find a different place to get professional medical care?**

1 ☐ Yes
2 ☐ No – *GO to B21*

B20. **(Has/Have) (*Name*/you) been able to find a different place?**

1 ☐ Yes – *GO to D1a1*
2 ☐ No

B21. **Why not?**

1 ☐ No health insurance
2 ☐ Can't find an affordable place
3 ☐ Can't find a place that takes Medicaid
4 ☐ Language problem
5 ☐ Transportation problem
88 ☐ Other – *Specify*

_____

_____

GO to D1a1

Notes

Section C – NO USUAL SOURCE

C1. At ANY time in the past 12 months did (he/she/you) have a place that (he/she/you) went to or called when (he/she/you) (was/were) sick or needed advice about health?

1 ☐ Yes
2 ☐ No – *GO to D1a1*

C2. What kind of a place was it — a clinic, a health center, a hospital, a doctor's office, or some other place?

1 ☐ Doctor's office or private clinic
2 ☐ Company or school health clinic/Center
3 ☐ Community/Neighborhood or migrant/Rural health center/Clinic
4 ☐ County/City clinic or county hospital outpatient clinic (public clinic)
5 ☐ Private/Other hospital outpatient clinic
6 ☐ Hospital emergency room
7 ☐ HMO (Health Maintenance Organization)/Other prepaid group
8 ☐ Psychiatric hospital
88 ☐ Some other place – *Specify* ↙

_____

C3. If (he/she/you) needed medical care now, would (he/she/you) use *(Place in C2)*?

1 ☐ Yes – *GO to D1a1*
2 ☐ No

C4. What is the main reason (*Name*/you) would not use that place for medical care now? *(RECORD VERBATIM)*

_____

_____

Notes

Section D – UNMET NEEDS

D1a1. **Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there a time when (*Name*/you) wanted medical care or surgery but could not get it at that time?**

1 ☐ Yes
2 ☐ No – *GO to D1a3*

D1a2. **Did you try to obtain medical care or surgery?**

1 ☐ Yes
2 ☐ No
} *GO to D1b1*

D1a3. **During the past 12 months, was there a time when a clinic or doctor refused to see you when you tried to obtain medical care or surgery?**

1 ☐ Yes
2 ☐ No

D1b1. **During the past 12 months, was there a time when (*Name*/you) wanted dental care but could not get it at that time?**

1 ☐ Yes
2 ☐ No – *GO to D1c1*

D1b2. **Did you try to obtain dental care?**

1 ☐ Yes
2 ☐ No

D1c1. **During the past 12 months, was there a time when (*Name*/you) wanted a prescribed medicine but could not get it at that time?**

1 ☐ Yes
2 ☐ No – *GO to D1d1*

D1c2. **Did you try to obtain the medicine?**

1 ☐ Yes
2 ☐ No

D1d1. **During the past 12 months, was there a time when (*Name*/you) wanted eyeglasses but could not get them at that time?**

1 ☐ Yes
2 ☐ No – *GO to D1e1*

D1d2. **Did you try to obtain eyeglasses?**

1 ☐ Yes
2 ☐ No

D1e1. **During the past 12 months, was there a time when (*Name*/you) wanted mental health care or counseling but could not get it at that time?**

1 ☐ Yes
2 ☐ No – *GO to CHECK ITEM D1*

D1e2. **Did you try to obtain mental health care or counseling?**

1 ☐ Yes
2 ☐ No

CHECK ITEM D1 — *If the response to D1a1, D1a3, D1b1, D1c1, D1d1 and D1e1 are all "No", GO to E1, else GO to CHECK ITEM D2.*

CHECK ITEM D2 — *Refer to D1a2.*

1 ☐ D1a2 is "Yes" – *GO to D2a1*
2 ☐ D1a2 is "No" – *GO to D2a2*
3 ☐ Other – *GO to CHECK ITEM D3*

D2a1. **The LAST TIME (*Name*/you) did not get the medical care (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get care?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify*

_____

_____

} *GO to CHECK ITEM D3*

Notes

Section D – UNMET NEEDS – Continued

D2a2. **The LAST TIME (*Name*/you) did not try to get the medical care (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get care?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ✍

_____

_____

CHECK ITEM D3 *Refer to D1b2.*

1 ☐ D1b2 is "Yes" – *GO to D2b1*
2 ☐ D1b2 is "No" – *GO to D2b2*
3 ☐ Other – *GO to CHECK ITEM D4*

D2b1. **The LAST TIME (*Name*/you) did not get the dental care (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get care?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ✍

_____

_____

GO to CHECK ITEM D4

D2b2. **The LAST TIME (*Name*/you) did not try to get the dental care (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get care?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ✍

_____

_____

CHECK ITEM D4 *Refer to D1c2.*

1 ☐ D1c2 is "Yes" – *GO to D2c1*
2 ☐ D1c2 is "No" – *GO to D2c2*
3 ☐ Other – *GO to CHECK ITEM D5*

Notes

Section D – UNMET NEEDS – Continued

D2c1. **The LAST TIME (*Name*/you) did not get the prescribed medicine (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get the medicine?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ↙

_____

_____

GO to CHECK ITEM D5

D2c2. **The LAST TIME (*Name*/you) did not try to get the prescribed medicine (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get the medicine?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ↙

_____

_____

CHECK ITEM D5 — *Refer to D1d2.*

1 ☐ D1d2 is "Yes" – *GO to D2d1*
2 ☐ D1d2 is "No" – *GO to D2d2*
3 ☐ Other – *GO to CHECK ITEM D6*

D2d1. **The LAST TIME (*Name*/you) did not get the eyeglasses (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get the eyeglasses?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ↙

_____

_____

GO to CHECK ITEM D6

Notes

Section D – UNMET NEEDS – Continued

D2d2. **The LAST TIME (*Name*/you) did not try to get the eyeglasses (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get the eyeglasses?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ➶

_____

_____

CHECK ITEM D6 — *Refer to D1e2.*

1 ☐ D1e2 is "Yes" – *GO to D2e1*
2 ☐ D1e2 is "No" – *GO to D2e2*
3 ☐ Other – *GO to CHECK ITEM D7(1)*

D2e1. **The LAST TIME (*Name*/you) did not get the mental health care or counseling (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't get care?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ➶

_____

_____

GO to CHECK ITEM D7(1)

D2e2. **The LAST TIME (*Name*/you) did not try to get the mental health care or counseling (he/she/you) wanted, what was the MAIN reason (he/she/you) didn't try to get care?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor did not accept Medicaid/Insurance
4 ☐ Not serious enough
5 ☐ Wait too long in clinic/office
6 ☐ Difficulty in getting appointment
7 ☐ Doesn't like/trust/believe in doctors
8 ☐ No doctor available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speak a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* ➶

_____

_____

CHECK ITEM D7(1) — *Refer to D1a1.*

1 ☐ D1a1 is "Yes" – *GO to D3*
2 ☐ D1a1 is "No" – *GO to CHECK ITEM D7(2)*

CHECK ITEM D7(2) — *Refer to D1a3.*

1 ☐ D1a3 is "Yes" – *GO to D3*
2 ☐ D1a3 is "No" – *GO to CHECK ITEM D8*

Notes

Section D – UNMET NEEDS – Continued

D3. **(The last time/The last time a clinic or doctor refused to see) (*Name*/you) when (*Name*/you) tried to obtain medical care or surgery but could not get it at that time, did a doctor tell (*Name*/you) that (he/she/you) needed medical care or surgery?**

1 ☐ Yes
2 ☐ No

D4. **What kind of problem was it for?** *(RECORD VERBATIM)*

_____

_____

D5. **At that time, how serious did (he/she/you) think it was? Was it —**

1 ☐ Very serious,
2 ☐ Somewhat serious,
3 ☐ Not serious at all?

D6. **Did (he/she/you) cut down on the things (he/she/you) usually (does/do) for longer than a day because of this problem?**

1 ☐ Yes
2 ☐ No

D7. **(Was/were) (*Name*/you) treated for this problem later?**

1 ☐ Yes
2 ☐ No – *GO to D11*

D8. **How long after (he/she/you) tried to get medical care or surgery (was/were) (he/she/you) treated for this problem. Was it —**

1 ☐ Weeks
2 ☐ Months
3 ☐ Years

D9. **Why (was/were) (he/she/you) able to get care then?** *(RECORD VERBATIM)*

_____

_____

D10a. **Where did (he/she/you) get care?**

1 ☐ Doctor's office or private clinic
2 ☐ Company or school health clinic/center
3 ☐ Community/Neighborhood or Migrant/Rural health center/clinic
4 ☐ County/City clinic or county hospital outpatient clinic (public clinic)
5 ☐ Private/Other hospital outpatient clinic
6 ☐ Hospital emergency room
7 ☐ HMO (health maintenance organization)/Other prepaid group
8 ☐ Psychiatric hospital
88 ☐ Some other place – *Specify*

_____

D10b. **Was this the first place (he/she/you) tried to (get care)?**

1 ☐ Yes
2 ☐ No

D11. **Do you think (he/she/you) would have been better off if (he/she/you) had received care (earlier)?**

1 ☐ Yes
2 ☐ No

CHECK ITEM D8 *Refer to D1b1.*

1 ☐ D1b1 is "Yes" – *GO to D12*
2 ☐ D1b1 is "No" – *GO to CHECK ITEM D9*

In the next few questions I will be asking you about (*Name's*/your) dental care.

D12. **(The last time) (*Name*/you) wanted dental care but could not get it at that time, did a doctor or dentist tell (*Name*/you) that (he/she/you) needed dental care?**

1 ☐ Yes
2 ☐ No

D13. **What kind of problem was it for?** *(RECORD VERBATIM)*

_____

_____

Section D – UNMET NEEDS – Continued

D14. **At that time, how serious did (*Name*/you) think it was? Was it —**

1 ☐ Very serious,
2 ☐ Somewhat serious,
3 ☐ Not serious at all?

D15. **Did (he/she/you) cut down on things (he/she/you) usually (does/do) for longer than a day because of this problem?**

1 ☐ Yes
2 ☐ No

D16. **(Was/were) (he/she/you) treated for this later?**

1 ☐ Yes
2 ☐ No – *GO to D19*

D17. **How long after (he/she/you) tried to get dental care (was/were) (he/she/you) treated? Was it —**

1 ☐ Weeks
2 ☐ Months
3 ☐ Years

D18. **Why (was/were) (he/she/you) finally able to get care?** *(RECORD VERBATIM)*

_____

_____

D19. **Do you think (*Name*/you) would have been better off if (he/she/you) had gotten care (earlier)?**

1 ☐ Yes
2 ☐ No

CHECK ITEM D9 *Refer to D1c1.*

1 ☐ D1c1 is "Yes" – *GO to D20*
2 ☐ D1c1 is "No" – *GO to CHECK ITEM D10*

In the next few questions I will be asking you about (*Name's*/your) prescribed medicine.

D20. **(The last time) (*Name*/you) wanted a prescribed medicine but could not get it at that time, did (*Name*/you) actually have a prescription from a doctor for the medicine (he/she/you) could not get when it was needed?**

1 ☐ Yes
2 ☐ No

D21. **What condition or problem was it for?** *(RECORD VERBATIM)*

_____

_____

D22. **At that time, how serious did (*Name*/you) think it was? Was it —**

1 ☐ Very serious,
2 ☐ Somewhat serious,
3 ☐ Not serious at all?

D23. **Did (*Name*/you) get the medicine later?**

1 ☐ Yes
2 ☐ No – *GO to D26*

D24. **How long after (he/she/you) tried to get it did (he/she/you) get the prescribed medicine? Was it —**

1 ☐ Weeks
2 ☐ Months
3 ☐ Years

D25. **Why (was/were) (he/she/you) finally able to get the medicine?** *(RECORD VERBATIM)*

_____

_____

D26. **Do you think (*NAME*/you) would have been better off if (he/she/you) had gotten the medicine (earlier)?**

1 ☐ Yes
2 ☐ No

CHECK ITEM D10 *Refer to D1d1.*

1 ☐ D1d1 is "Yes" – *GO to D27*
2 ☐ D1d1 is "No" – *GO to CHECK ITEM D11*

Section D – UNMET NEEDS – Continued

In the next few questions, I will be asking you about (*Name's*/your) need for eyeglasses.

D27. **(The last time) (*Name*/you) wanted eyeglasses but could not get them at that time, did a doctor or other health professional tell (*Name*/you) that (he/she/you) needed eyeglasses?**
- 1 ☐ Yes
- 2 ☐ No

D28. **At that time, how serious did (he/she/you) think it was? Was it —**
- 1 ☐ Very serious,
- 2 ☐ Somewhat serious,
- 3 ☐ Not serious at all?

D29. **Did (he/she/you) get the eyeglasses later?**
- 1 ☐ Yes
- 2 ☐ No – *GO to D32*

D30. **How long after (he/she/you) tried to get them did (he/she/you) get the eyeglasses? Was it —**
- 1 ☐ Weeks
- 2 ☐ Months
- 3 ☐ Years

D31. **Why (was/were) (he/she/you) finally able to get the eyeglasses?** *(RECORD VERBATIM)*

_____

_____

D32. **Do you think (*Name*/you) would have been better off if (he/she/you) had gotten the eyeglasses (earlier)?**
- 1 ☐ Yes
- 2 ☐ No

CHECK ITEM D11 — *Refer to D1e1.*
- 1 ☐ D1e1 is "Yes" – *GO to D33*
- 2 ☐ D1e1 is "No" – *GO to E1*

In the next few questions, I will be asking you about (*Name's*/your) mental health care.

D33. **(The last time) (*Name*/you) wanted mental health care or counseling but could not get it at that time, did a doctor or other mental health professional tell (*Name*/you) that (he/she/you) needed this mental health care or counseling?**
- 1 ☐ Yes
- 2 ☐ No

D34. **At that time, how serious did (he/she/you) think it was? Was it —**
- 1 ☐ Very serious,
- 2 ☐ Somewhat serious,
- 3 ☐ Not serious at all?

D35. **Did (he/she/you) cut down on the things (he/she/you) usually (does/do) for longer than a day because of this problem?**
- 1 ☐ Yes
- 2 ☐ No

D36. **Did (he/she/you) get the mental health care or counseling (he/she/you) needed later?**
- 1 ☐ Yes
- 2 ☐ No – *GO to D40*

D37. **How long after (he/she/you) tried to get care did (he/she/you) get care? Was it —**
- 1 ☐ Weeks
- 2 ☐ Months
- 3 ☐ Years

D38. **Why (was/were) (he/she/you) finally able to get care?** *(RECORD VERBATIM)*

_____

_____

D39. **Did (he/she/you) get the care at the first place (he/she/you) tried?**
- 1 ☐ Yes
- 2 ☐ No

D40. **Do you think (*Name*/you) would have been better off if (he/she/you) had received care (earlier)?**
- 1 ☐ Yes
- 2 ☐ No

Section E – SICK LEAVE, GETTING TO THE DOCTOR

In the next few questions, I will be asking you about (*Name's*/your) sick leave and questions about how and who goes with (*Name*/you) to the doctor.

CHECK ITEM E	*Refer to age on cover page.*	1 ☐ Age is 17 or younger – *GO to E6* 2 ☐ Age is 18 or older – *GO to E1*
E1.	**(Does/Do) (*Name*/you) currently have a job for pay?**	1 ☐ Yes 2 ☐ No – *GO to E6*
E2.	**(Is/Are) (*Name*/you) self-employed, or (does/do) (he/she/you) work for someone else?**	1 ☐ Self-employed – *GO to E6* 2 ☐ Works for someone else 3 ☐ Both
E3.	**(Does/do) (*Name*/you) get paid time off from work when (he/she/you) (is/are) sick?**	1 ☐ Yes 2 ☐ No
E4.	**(Does/do) (*Name*/you) get paid time off from work when (he/she/you) (has/have) to go to see a doctor?**	1 ☐ Yes 2 ☐ No
E5.	**How would you describe (*Name's*/your) employer's reaction to (his/her/your) taking time off from work to go to the doctor — does it cause a lot of trouble or concern, some trouble or concern, a little trouble or concern, or no trouble or concern at all?**	1 ☐ Lot of trouble/concern 2 ☐ Some trouble/concern 3 ☐ A little trouble/concern 4 ☐ No trouble/concern at all 5 ☐ EMPLOYER DOESN'T KNOW
E6.	**Does someone usually go with (*Name*/you) when (he/she/you) (goes/go) to the doctor?**	1 ☐ Yes 2 ☐ No – *GO to F1*
E7.	**Who usually goes to the doctor with (*Name*/you)?**	0 ☐ Spouse 1 ☐ Mother/Stepmother 2 ☐ Father/Stepfather 3 ☐ Sister 4 ☐ Brother 5 ☐ Son/Daughter 6 ☐ Grandparent 7 ☐ Other relative 8 ☐ Non-relative
E8.	**Does *(Person in E7)* ever have to take time off from work to take (*Name*/you) to the doctor?**	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't work } *GO to F1*
E9.	**Is *(Person in E7)* self-employed, or does (he/she) work for someone else?**	1 ☐ Self-employed – *GO to F1* 2 ☐ Works for someone else 3 ☐ Both – *GO to F1*
CHECK ITEM E1	*Refer to PROXY STATUS on cover page to determine type of proxy. If self-respondent, GO to E10a. If proxy for someone else in household (proxy-respondent) and they are the person in E7, GO to E10b, else GO to F1.*	
E10a.	**Have you ever had to put off going to the doctor because *(Person in E7)* could not get time off from work?**	1 ☐ Yes 2 ☐ No } *GO to F1*
b.	**Are you always able to take paid leave when you take time off from work to accompany *(Name)* to the doctor?**	1 ☐ Yes 2 ☐ No
E11.	**How would you describe your employer's reaction to your taking time off from work to accompany *(Name)* to the doctor — does it cause a lot of trouble or concern, some trouble or concern, a little trouble or concern, or no trouble or concern at all?**	1 ☐ Lot of trouble/concern 2 ☐ Some trouble/concern 3 ☐ A little trouble/concern 4 ☐ No trouble/concern at all 5 ☐ EMPLOYER DOESN'T KNOW

Notes

Section F – SYMPTOMS/RESPONSE

SYMPTOM 1

F2-INSTRUCTIONS

You will ask the series of questions F2 through F24, as appropriate, for the first three symptoms to which the respondent answers "Yes". However, ask ONLY item F2 as the follow-up for items n, o, and p. Also, if item n, o, or p is "Yes", DO NOT COUNT THIS ITEM AS ONE OF THE THREE FOLLOW- UPS.

ALL ITEMS F2 THROUGH F24 REFER TO THE SPECIFIC SYMPTOM MENTIONED IN THE LIST. THE QUESTIONS DO NOT REFER TO ANY UNDERLYING CONDITION WHICH MIGHT CAUSE THE SYMPTOMS.

F2. **You said that (*Name*/you) had had (symptom in F1a–x where response is "Yes") in the past three months. During that time, (have/has) (*Name*/you) seen a doctor, nurse, or other professional about this problem?**	1 ☐ Yes 2 ☐ No
ASK F2n ONLY if F1n is "Yes". **F2n.** **You said that (*Name*/you) had had (symptom in F1n) in the past three months. During that time, (have/has) (*Name*/you) seen a doctor, nurse, or other professional about this problem?**	1 ☐ Yes 2 ☐ No
ASK F2o ONLY if F1o is "Yes". **F2o.** **You said that (*Name*/you) had had (symptom in F1o) in the past three months. During that time, (have/has) (*Name*/you) seen a doctor, nurse, or other professional about this problem?**	1 ☐ Yes 2 ☐ No
ASK F2p ONLY if F1p is "Yes". **F2p.** **You said that (*Name*/you) had had (symptom in F1p) in the past three months. During that time, (have/has) (*Name*/you) seen a doctor, nurse, or other professional about this problem?**	1 ☐ Yes 2 ☐ No
F3. **Is this an old problem, or something new?**	1 ☐ Old problem 2 ☐ Something new
F4. **Did (*Name*/you) see a doctor, nurse, or other professional for the same problem at any time in the preceding year?**	1 ☐ Yes 2 ☐ No
CHECK ITEM F2 *Refer to F2 and F3.*	1 ☐ F2 is "Yes" and F3 is "Something new" – *GO to F5* 2 ☐ F2 is "Yes" and F3 is "Old problem" – *GO to F6* 3 ☐ F2 is "No" – *GO to F7*
F5. **How soon did (*Name*/you) see a doctor, nurse, or other professional about this problem after it started? Was it —**	1 ☐ Days 2 ☐ Weeks 3 ☐ Months
F6. **How many times during the past three months (has/have) (*Name*/you) seen a doctor, nurse, or other professional about this problem?**	_____ Times (next symptom in F1a-x) *(GO to G1 once all symptoms are complete)*
F7. **During the past three months, (has/have) (*Name*/you) talked to a doctor or nurse *by telephone* about this problem?**	1 ☐ Yes – *GO to CHECK ITEM F3* 2 ☐ No – *GO to F16*
CHECK ITEM F3 *Refer to F3.*	1 ☐ F3 is "Something new" – *GO to F8* 2 ☐ F3 is "Old problem" – *GO to F9*
F8. **How soon did (*Name*/you) telephone a doctor or nurse about this problem after it started?**	1 ☐ Days 2 ☐ Weeks 3 ☐ Months
F9. **How many times during the past three months (have/has) (*Name*/you) talked with a doctor or nurse about this problem?**	_____ Times
F10. **Did (*Name*/you) think that (he/she/you) needed to see a medical person for treatment of this problem, rather than just talk to someone on the telephone, at any time in the past three months?**	1 ☐ Yes 2 ☐ No *(Next symptom in F1a-x) (GO to G1 once symptoms are complete)*

Section F – SYMPTOMS/RESPONSE – Continued

F11. **Why didn't (*Name/*you) actually see a doctor or nurse in the past three months about this problem?**

Probe: **"Any other reason?"**

Mark (X) all that apply.

1 ☐ Doctor said didn't need to be seen
2 ☐ Could not afford it/no insurance
3 ☐ Refused care because of lack of money or insurance
4 ☐ Provider did not accept Medicaid/insurance
5 ☐ Difficulty in getting appointment
6 ☐ Afraid/Embarrassed/Ashamed to go
7 ☐ Didn't think they could help
8 ☐ No provider available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speaks a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* _____ *(RECORD VERBATIM)*

F12. **(Was/were) (*Name's/*your) health affected in any way because (*Name/*you) did not receive medical care?**

1 ☐ Yes
2 ☐ No – *GO to F14*

F13. **How was (*Name's/* your) health affected?** *(RECORD VERBATIM)*

F14. **Did (*Name/*you) have any personal, household, or work problems because (he/she/you) did not receive medical care for this problem?**

1 ☐ Yes
2 ☐ No *(Next symptom in F1a-x) (GO to G1 once symptoms are complete)*

F15. **What were they?** *(RECORD VERBATIM)*

GO to next symptom in F1a-x, if no more symptoms, GO to G1

F16. **At any time in the past three months, did (*Name/*you) think that (he/she/you) needed to contact a doctor or other medical person about this problem?**

1 ☐ Yes – *GO to F18*
2 ☐ No – *GO to F17*

F17. **Why did (*Name/*you) think that medical care was unnecessary?** *(RECORD VERBATIM)*
Probe: **Is there any other reason?**

GO to next symptom, if no more, GO to G1

F18. **Did (*Name/*you) actually *try* to see a medical person about this problem?**

1 ☐ Yes
2 ☐ No – *GO to F20*

Notes

Section F – SYMPTOMS/RESPONSE – Continued

F19. **Why couldn't (*Name/*you) see a medical person?**

Probe: **"Any other reason?"**

Mark (X) all that apply.

1 ☐ Doctor said didn't need to be seen
2 ☐ Could not afford it/no insurance
3 ☐ Refused care because of lack of money or insurance
4 ☐ Provider did not accept Medicaid/insurance
5 ☐ Difficulty in getting appointment
6 ☐ Afraid/Embarrassed/Ashamed to go
7 ☐ Didn't think they could help
8 ☐ No provider available
9 ☐ Didn't know where to go
10 ☐ No way to get there
11 ☐ Hours not convenient
12 ☐ Speaks a different language
13 ☐ Health of another family member
88 ☐ Other reason – *Specify* _____ *(RECORD VERBATIM)*

GO to F21

F20. **Why did (*Name/*you) not try to see a medical person?**

Probe: **"Any other reason?"**

Mark (X) all that apply.

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor had treated it previously
4 ☐ Not serious enough
5 ☐ Difficulty in getting appointment
6 ☐ Didn't think a doctor could help
7 ☐ Afraid/embarrassed/ashamed
8 ☐ Didn't want to get care
9 ☐ No provider 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
88 ☐ Other reason – *Specify* _____ *(RECORD VERBATIM)*

F21. **Was (*Name's/*your) health affected in any way because (*Name/*you) did not receive medical care?**

1 ☐ Yes
2 ☐ No – *GO to F23*

F22. **How was (*Name's/*your) health affected?** *(RECORD VERBATIM)*

F23. **Did (*Name/*you) have any personal, household, or work problems because (*Name/*you) did not receive medical care for this problem?**

1 ☐ Yes
2 ☐ No – *GO to next symptom in F1a–x; if no more symptoms, GO to G1*

F24. **What were they?** *(RECORD VERBATIM)*

GO to next symptom in F1a–x; if no more symptoms, GO to G1

Notes

Section G – HEALTH BELIEFS

CHECK ITEM G — *Refer to PROXY STATUS and age on cover page to determine type of respondent. If proxy is for an adult, GO to H1. If proxy is for a child, GO to G1. If self-respondent, GO to G2.*

G1. **Do you make decisions about health care for** *(Name)*?

1 ☐ Yes
2 ☐ No – *GO to H1*

Next, I will read a few statements. After each, please tell me if you disagree strongly, disagree somewhat, agree somewhat, or agree strongly.

G2. **"If you wait long enough, you can get over most any illness without getting medical care." (Do you disagree strongly, disagree somewhat, agree somewhat, or agree strongly?)**

1 ☐ Disagree strongly
2 ☐ Disagree somewhat
3 ☐ Agree somewhat
4 ☐ Agree strongly
5 ☐ UNCERTAIN/NEITHER AGREE NOR DISAGREE

G3. **"Some home remedies are still better than prescribed drugs for curing illness." (Do you disagree strongly, disagree somewhat, agree somewhat, or agree strongly?)**

1 ☐ Disagree strongly
2 ☐ Disagree somewhat
3 ☐ Agree somewhat
4 ☐ Agree strongly
5 ☐ UNCERTAIN/NEITHER AGREE NOR DISAGREE

G4. **"Doctors never recommend surgery (an operation) unless there is no other way to solve the problem." (Do you disagree strongly, disagree somewhat, agree somewhat, or agree strongly?)**

1 ☐ Disagree strongly
2 ☐ Disagree somewhat
3 ☐ Agree somewhat
4 ☐ Agree strongly
5 ☐ UNCERTAIN/NEITHER AGREE NOR DISAGREE

G5. **As you know, there has been much talk about the cost of health care in this country. Some ideas for reducing costs would affect the services people get.**

If it meant that you would pay significantly less for health care, how much would you mind if (*Name*/you) couldn't see a specialist unless (he/she/you) (was/were) referred by (his/her/your) regular doctor — would you mind a lot, a little, or not at all?

1 ☐ A lot
2 ☐ A little
3 ☐ Not at all

G6. **If it meant that you would pay significantly less for health care, how much would you mind if (*Name*/you) had to choose (his/her/your) doctor from a list provided by the insurance company — would you mind a lot, a little, or not at all?**

1 ☐ A lot
2 ☐ A little
3 ☐ Not at all

G7. **If it meant that you would pay significantly less for health care, how much would you mind if (*Name*/you) sometimes saw a nurse instead of a doctor — would you mind a lot, a little, or not at all?**

1 ☐ A lot
2 ☐ A little
3 ☐ Not at all

G8. **If it meant that you would pay significantly less for health care, how much would you mind if (*Name*/you) had to wait more than a day or two to see a doctor when (*Name*/you) (was/were) sick — would you mind a lot, a little, or not at all?**

1 ☐ A lot
2 ☐ A little
3 ☐ Not at all

Notes

Section H – ASTHMA

Next, I will be asking you questions about the condition of asthma.

H1a. **(Does/Do) (*Name*/you) have asthma?**

1 ☐ Yes
2 ☐ No – *GO to I1*

b. **About how old were you when your asthma was first diagnosed by a medical doctor?**

_____ Years old

H2. **In the past six months, (has/have) (*Name*/you) been hospitalized for asthma?**

1 ☐ Yes
2 ☐ No – *GO to H4*

H3. **How many times?**

_____ Times

H4. **In the past six months, how many times (has/have) (*Name*/you) had to go to a doctor's office or emergency room for *unscheduled* appointments and *urgent* treatment of asthma?**

_____ Times

H5. **(Does/Do) (*Name*/you) take prednisone, Medrol, or another "steroid" by mouth to control asthma?**

1 ☐ Yes
2 ☐ No – *GO to H8*

H6. **In the past six months, (has/have) (*Name*/you) had to increase and suddenly decrease (*Name's*/your) dose of steroids in a short time period?**

1 ☐ Yes
2 ☐ No – *GO to H8*

H7. **How many times has this happened in the past six months?**

_____ Times

H8. **(Is/Are) (*Name*/you) currently taking any other drugs for asthma?**

1 ☐ Yes
2 ☐ No – *GO to H10*

H9. **What drug (is/are) (*Name*/you) taking?**

Probe: **Any other drug?**

Mark (X) all that apply.

1 ☐ Albuterol Inhalants such as Proventil or Ventolin
2 ☐ Steroid Inhalants such as Azmacort
3 ☐ Theophylline pills such as Theo-Dur or Primatene
4 ☐ Other – *Specify*

(a) _____

(b) _____

(c) _____

H10. **Over the past four weeks, how frequently (has/have) (*Name*/you) had the following symptoms? What about —**

a. coughing —

1 ☐ never,
2 ☐ occasionally,
3 ☐ once or twice a day,
4 ☐ many times a day, or
5 ☐ all the time?

b. chest tightness —

1 ☐ never,
2 ☐ occasionally,
3 ☐ once or twice a day,
4 ☐ many times a day, or
5 ☐ all the time?

c. wheezing —

1 ☐ never,
2 ☐ occasionally,
3 ☐ once or twice a day,
4 ☐ many times a day, or
5 ☐ all the time?

d. shortness of breath —

1 ☐ never,
2 ☐ occasionally,
3 ☐ once or twice a day,
4 ☐ many times a day, or
5 ☐ all the time?

Section H – ASTHMA

H11. **The next questions are about activities (*Name*/you) might do in a typical day. We are interested in how much (*Name's*/your) asthma limits these activities — whether a lot, a little, or not at all.**

On a typical day, does (*Name's*/your) asthma limit (him/her/you) in —

a. *vigorous activities,* **such as running, lifting heavy objects, or participating in strenuous sports?**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to I1*
4 ☐ Not applicable

b. *moderate activities,* **such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to I1*
4 ☐ Not applicable

c. lifting or carrying groceries?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all
4 ☐ Not applicable

d. climbing *several* **flights of stairs?**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to H11f*
4 ☐ Not applicable

e. climbing *one* **flight of stairs?**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all
4 ☐ Not applicable

f. bending, kneeling, or stooping?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all
4 ☐ Not applicable

g. walking *more than a mile?*

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to I1*
4 ☐ Not applicable

h. walking *several blocks?*

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to I1*
4 ☐ Not applicable

i. walking *one block?*

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to I1*
4 ☐ Not applicable

j. bathing and dressing?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all
4 ☐ Not applicable

H12. **Besides asthma, is there any other condition that might cause (this limitation/these limitations)?**

1 ☐ Yes
2 ☐ No – *GO to I1*

H13. **What other condition might cause (this limitation/these limitations)?** *Write in condition name. Probe with* **"Anything else?"** *until respondent indicates no other conditions.*

_____

_____

_____

_____

Section I – ISCHEMIC HEART DISEASE

Next, I will be asking you questions about the condition of Ischemic Heart Disease.

I1a. (Has/Have) (*Name's/*you) ever had angina pectoris?

1 ☐ Yes
2 ☐ No – *Go to I2*

Read if necessary: **Angina pectoris is a severe constricting pain that usually starts in the chest and radiates to the left shoulder and down the right arm.**

b. About how old (was/were) (*Names/*you) when (his/her/your) angina pectoris was first diagnosed by a medical doctor?

_____ Years old

I2. (Has/Have) (*Name/*you) ever had a myocardial infarction or heart attack?

1 ☐ Yes – *GO to I3*
2 ☐ No

CHECK ITEM I1 *Refer to I1a.*

1 ☐ *I1a is "Yes", GO to I11*
2 ☐ *I1a is "No", GO to CLOSING*

I3. In what month and year did (*Name/*you) have heart attacks? *(RECORD DATES OF UP TO THREE MOST RECENT HEART ATTACKS.)*

☐☐ Month ☐☐ Year
☐☐ Month ☐☐ Year
☐☐ Month ☐☐ Year

I4. (Has/Have) (*Name/*you) ever been in the hospital overnight or longer any other times because of heart trouble or chest pain?

1 ☐ Yes
2 ☐ No

I5. (Has/Have) (*Name/*you) ever had heart surgery or coronary bypass surgery?

1 ☐ Yes
2 ☐ No – *GO to I7*

I6. In what month and year did (*Name/*you) have heart or coronary bypass surgery? *(RECORD DATES OF UP TO THREE MOST RECENT SURGERIES).*

☐☐ Month ☐☐ Year
☐☐ Month ☐☐ Year
☐☐ Month ☐☐ Year

I7. (Has/Have) (*Name/*you) ever had coronary or balloon angioplasty?

1 ☐ Yes
2 ☐ No – *GO to I9*

I8. In what month and year did (*Name/*you) have coronary or balloon angioplasty? *(RECORD DATES OF UP TO THREE MOST RECENT ANGIOPLASTIES.)*

☐☐ Month ☐☐ Year
☐☐ Month ☐☐ Year
☐☐ Month ☐☐ Year

I9. (Has/Have) (*Name/*you) ever had coronary catheterization, also known as a cardiac cath test?

1 ☐ Yes
2 ☐ No – *GO to I11*

I10. In what month and year did (*Name/*you) have coronary catherization? *(RECORD DATES OF UP TO THREE MOST RECENT CATHETERIZATIONS.)*

☐☐ Month ☐☐ Year
☐☐ Month ☐☐ Year
☐☐ Month ☐☐ Year

I11. (Does/Do) (*Name/*you) currently ever have pain or discomfort in the chest?

1 ☐ Yes
2 ☐ No

I12. (Does/Do) (*Name/*you) ever have pressure or heaviness in the chest?

1 ☐ Yes
2 ☐ No

CHECK ITEM I11a *Refer to I11 and I12. If I11 and I12 are "No," GO to I18, else continue with I13.*

Section I – ISCHEMIC HEART DISEASE – Continued

I13. **(Does/Do) (*Name*/you) get this pain (or heaviness) when (*Name*/you) walk(s) up a hill in a hurry?**

1 ☐ Yes
2 ☐ No

I14. **What (does/do) (*Name*/you) do if (*Name*/you) get this pain while walking — (does/do) (*Name*/you) —**

1 ☐ Stop or slow down,
2 ☐ Take a nitroglycerin,
3 ☐ Continue at the same pace, or
4 ☐ Something else?
5 ☐ NEVER GET THE PAIN WHILE WALKING – *GO to I17*

I15. **If (*Name*/you) stand(s) still, does the pain continue or go away?**

1 ☐ Continues – *GO to I17*
2 ☐ Goes away

I16. **How soon does the pain go away —**

1 ☐ In 10 minutes or less,
2 ☐ Or more than 10 minutes?

I17. **Where does the pain or discomfort occur on (*Name's*/your) body?**

Probe: **Anywhere else?**

Mark (X) all that apply.

1 ☐ Middle of chest
2 ☐ Lower part of chest
3 ☐ Left part of chest
4 ☐ Left arm
88 ☐ Other – *Specify* ↙

_____

I18. **(Has/Have) (*Name*/you) ever had severe chest pain across the front of the chest lasting half an hour or more?**

1 ☐ Yes – *GO to I19*
2 ☐ No – *GO to CHECK ITEM I18; GO to I19*

CHECK ITEM I18

Refer to I1a and I2. If the response to I1a and/or I2 is "Yes", ask **(" You indicated that (you/*Name*) (have/has) had (angina pectoris) and/or (heart attack); however, you have not had severe chest pains across the front of the chest lasting half hour or more. Is this correct?")**

1 ☐ Yes – *GO to CHECK ITEM I11b*
2 ☐ No – *Reask I18*

I19. **Did (*Name*/you) see a doctor because of this pain?**

1 ☐ Yes – *GO to CHECK ITEM I11b*
2 ☐ No – *GO to CHECK ITEM I19; GO to I20*

CHECK ITEM I19

Refer to I1a and I2. If the response to I1a and/or I2 is "Yes", ask **("You indicated that (you/*Name*) (have/has) not seen a doctor for this pain; however, earlier you indicated that (you/*Name*) (have/has) had angina pectoris, a heart attack, or mycardial infarction. Is this correct?)**

1 ☐ Yes – *GO to I20*
2 ☐ No – *Reask I19*

I20. **Why not?**

1 ☐ Could not afford it
2 ☐ No insurance
3 ☐ Doctor had treated it previously
4 ☐ Not serious enough
5 ☐ Difficulty in getting appointment
6 ☐ Didn't think a doctor could help
7 ☐ Afraid/embarrassed/ashamed
8 ☐ Didn't want to get care
9 ☐ No provider 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
88 ☐ Other reason – *Specify* ↙

_____

CHECK ITEM I11b

Refer to I11 and I12.

1 ☐ I11 or I12 is "Yes" – *GO to I21*
2 ☐ I11 and I12 is "No" – *GO to CLOSING*

Notes

Section I – ISCHEMIC HEART DISEASE – Continued

I21. **The next questions are about activities (*Name*/you) might do in a typical day. We are interested in how much (*Name's*/your) chest pain or discomfort limits these activities — whether a lot, a little, or not at all.**

On a typical day, does (*Name's*/your) chest pain or discomfort limit (him/her/you) in —

a. *vigorous activities,* **such as running, lifting heavy objects, or participating in strenuous sports?**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to CLOSING*
4 ☐ Not applicable

b. *moderate activities,* **such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to CLOSING*
4 ☐ Not applicable

c. lifting or carrying groceries?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all
4 ☐ Not applicable

d. climbing *several* **flights of stairs?**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to I21f*
4 ☐ Not applicable

e. climbing *one* **flight of stairs?**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all
4 ☐ Not applicable

f. bending, kneeling, or stooping?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all
4 ☐ Not applicable

g. walking *more than a mile*?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to CLOSING*
4 ☐ Not applicable

h. walking *several blocks*?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to CLOSING*
4 ☐ Not applicable

i. walking *one block*?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all – *GO to CLOSING*
4 ☐ Not applicable

j. bathing and dressing?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all
4 ☐ Not applicable

I22. **Besides angina pectoris, is there any other condition that might cause (this limitation/these limitations)?**

1 ☐ Yes
2 ☐ No – *GO to CLOSING*

Notes

Section I – ISCHEMIC HEART DISEASE – Continued

I23. What other condition might cause (this limitation/these limitations)?

Write in condition name. Probe with **"Anything else?"** *until respondent indicates no other conditions.*

_____

_____

_____

_____

_____

_____

_____

CLOSING

1. How long (has/have) (*Name*/you) lived in this community?

1 ☐ Less than one year
2 ☐ One year to less than two years
3 ☐ Two years to less than three years
4 ☐ Three years to less than five years
5 ☐ Five years to less than ten years
6 ☐ Ten years or longer

Thank you for assisting us in this important survey. Your time and effort are appreciated.

Notes

Section F – SYMPTOMS/RESPONSE

VERSION 1

Next, I am going to ask you whether (*Name*/you) (has/have) had some particular health problems in the last 3 months.

F1. In the past 3 months, (have/has) (*Name*/you) had —

v.	**difficulty hearing conversations or telephone calls?**	1☐Yes 2☐No
a.	**sadness, hopelessness, frequent crying, or felt depressed?**	1☐Yes 2☐No
b.	**shortness of breath when lying down, waking up short of breath, or shortness of breath with light work or exercise?**	1☐Yes 2☐No
c.	**loss of consciousness or fainting?**	1☐Yes 2☐No
d.	**blurry vision or difficulty seeing?**	1☐Yes 2☐No
e.	**headaches that are either new or more frequent or severe than ones (*Name*/you) (has/have) had before?**	1☐Yes 2☐No
f.	**cough with yellow sputum and fever?**	1☐Yes 2☐No
g.	**bright red blood on the toilet paper after a bowel movement?**	1☐Yes 2☐No
h.	**back pain or neck pain that made it very painful to walk a block or go up a flight of stairs?**	1☐Yes 2☐No
i.	**anxiety, nervousness, or fear that has kept (*Name*/you) from doing (his/her/your) usual amount of work or social activities?**	1☐Yes 2☐No
j.	**pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs?**	1☐Yes 2☐No
k.	**a sprained ankle that is too painful to bear weight?**	1☐Yes 2☐No
l.	**headaches that come on two or three times per week, but have not changed in frequency or severity?**	1☐Yes 2☐No
m.	**fatigue, extreme tiredness, or generalized weakness?**	1☐Yes 2☐No
	Ask F2n if response is "Yes".	
n.	**sore throat, dry cough, or head cold with no fever or a low fever?**	1☐Yes 2☐No
	Ask F2o if response is "Yes".	
o.	**diarrhea or loose bowel movements without blood for only one or two days?**	1☐Yes 2☐No
	Ask F2p if response is "Yes".	
p.	**nausea or vomiting for one day or less?**	1☐Yes 2☐No

CHECK ITEM F — *Refer to sex on cover page. If respondent is male, GO to F1t.*

q.	**a lump or mass in the breast?**	1☐Yes 2☐No
r.	**accidental urination once a week or more?**	1☐Yes 2☐No
s.	**pain when urinating?**	1☐Yes 2☐No

CHECK ITEM F1 — *Refer to age on cover page. If respondent is less than 25, GO to F1x. If respondent is between the age of 25 and 40, GO to F2-INSTRUCTIONS. If respondent is over 40 and female, GO to F1w.*

t.	**pain, mass, or swelling in the groin or crotch?**	1☐Yes 2☐No
u.	**a great deal of difficulty starting urination or passing urine?**	1☐Yes 2☐No
w.	**chest pain that lasted more than a minute?**	
	Mark (X) "Yes", or "No", Then GO to F2-INSTRUCTIONS	1☐Yes 2☐No
x.	**acne that leaves scars and does not improve with over-the-counter medication?**	1☐Yes 2☐No

Section F – SYMPTOMS/RESPONSE

VERSION 2

Next, I am going to ask you whether (*Name*/you) (has/have) had some particular health problems in the last 3 months.

F1. In the past 3 months, (have/has) (*Name*/you) had —

v.	**difficulty hearing conversations or telephone calls?**	1☐Yes 2☐No
k.	**a sprained ankle that is too painful to bear weight?**	1☐Yes 2☐No
l.	**headaches that come on two or three times per week, but have not changed in frequency or severity?**	1☐Yes 2☐No
m.	**fatigue, extreme tiredness, or generalized weakness?**	1☐Yes 2☐No
	Ask F2n if response is "Yes".	
n.	**sore throat, dry cough, or head cold with no fever or a low fever?**	1☐Yes 2☐No
	Ask F2o if response is "Yes".	
o.	**diarrhea or loose bowel movements without blood for only one or two days?**	1☐Yes 2☐No
	Ask F2p if response is "Yes".	
p.	**nausea or vomiting for one day or less?**	1☐Yes 2☐No
h.	**back pain or neck pain that made it very painful to walk a block or go up a flight of stairs?**	1☐Yes 2☐No
i.	**anxiety, nervousness, or fear that has kept (*Name*/you) from doing (his/her/your) usual amount of work or social activities?**	1☐Yes 2☐No
j.	**pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs?**	1☐Yes 2☐No
g.	**bright red blood on the toilet paper after a bowel movement?**	1☐Yes 2☐No
d.	**blurry vision or difficulty seeing?**	1☐Yes 2☐No
e.	**headaches that are either new or more frequent or severe than ones (*Name*/you) (has/have) had before?**	1☐Yes 2☐No
f.	**cough with yellow sputum and fever?**	1☐Yes 2☐No
a.	**sadness, hopelessness, frequent crying, or felt depressed?**	1☐Yes 2☐No
b.	**shortness of breath when lying down, waking up short of breath, or shortness of breath with light work or exercise?**	1☐Yes 2☐No
c.	**loss of consciousness or fainting?**	1☐Yes 2☐No

CHECK ITEM F — *Refer to sex on cover page. If respondent is male, GO to F1t.*

q.	**a lump or mass in the breast?**	1☐Yes 2☐No
r.	**accidental urination once a week or more?**	1☐Yes 2☐No
s.	**pain when urinating?**	1☐Yes 2☐No

CHECK ITEM F1 — *Refer to age on cover page. If respondent is less than 25, GO to F1x. If respondent is between the age of 25 and 40, GO to F2-INSTRUCTIONS. If respondent is over 40 and female, GO to F1w.*

t.	**pain, mass, or swelling in the groin or crotch?**	1☐Yes 2☐No
u.	**a great deal of difficulty starting urination or passing urine?**	1☐Yes 2☐No
w.	**chest pain that lasted more than a minute?** *Mark (X) "Yes", or "No", Then GO to F2-INSTRUCTIONS*	1☐Yes 2☐No
x.	**acne that leaves scars and does not improve with over-the-counter medication?**	1☐Yes 2☐No

CARD O

ORIGIN

1. Puerto Rican
2. Cuban
3. Mexican/Mexicano
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

CARD R

1. White
2. Black
3. Indian (American)
4. Eskimo
5. Aleut

Asian or Pacific Islander (API)

6. Chinese
7. Filipino
8. Hawaiian
9. Korean
10. Vietnamese
11. Japanese
12. Asian Indian
13. Samoan
14. Guamanian
15. Other API *(Specify)*

O
R

(Cut along broken lines)

CARD I

INCOME

U ... $20,000 – $24,999

V ... $25,000 – $29,999

W ... $30,000 – $34,999

X ... $35,000 – $39,999

Y ... $40,000 – $44,999

Z ... $45,000 – $49,999

ZZ ... $50,000 and over

CARD J

INCOME

A .... Less than $1,000 (including loss)
B .... $1,000 – $1,999
C .... $2,000 – $2,999
D .... $3,000 – $3,999
E .... $4,000 – $4,999
F .... $5,000 – $5,999
G .... $6,000 – $6,999
H .... $7,000 – $7,999
I .... $8,000 – $8,999
J .... $9,000 – $9,999
K .... $10,000 – $10,999
L .... $11,000 – $11,999
M .... $12,000 – $12,999
N .... $13,000 – $13,999
O .... $14,000 – $14,999
P .... $15,000 – $15,999
Q .... $16,000 – $16,999
R .... $17,000 – $17,999
S .... $18,000 – $18,999
T .... $19,000 – $19,999

I
J

(Cut along broken lines)

CARD DA1

1. A Cane
2. Crutches
3. A walker
4. Medically prescribed shoes
5. A manual wheelchair
6. An electric wheelchair
7. A scooter

CARD DC1

1. Bathing or showering
2. Dressing
3. Eating
4. Getting in and out of bed or chairs
5. Using the toilet, including getting to the toilet
6. Getting around inside your home

Card DA1
Card DC1
(Cut along broken lines)

CARD DC2

1. Preparing their own meals
2. Shopping for personal items, such as toilet items or medicines
3. Managing money, such as keeping track of expenses or paying bills
4. Using the telephone
5. Doing HEAVY work around the house like scrubbing floors, washing windows, doing heavy yard work
6. Doing LIGHT work around the house like doing dishes, straightening up, light cleaning, or taking out the trash

CARD DG1

0. Parent
1. Other relative who lives here
2. Other relative who does not live here
3. Non-relative who lives here
4. Friend/Neighbor
5. Unpaid volunteer from an organization or business
6. Paid employee of an organization or business
7. Paid employee of yours
8. Other
9. DK

Card DC2
Card DG1
(Cut along broken lines)

CARD DG2

00. Parent
01. Other family member in HH
02. Other family member not in HH
03. Private insurance
04. Rehabilitation program
05. Medicaid
06. Public school system
07. Other public source
08. Other private source
09. Other
99. DK or Refused

CARD DH1

1. Under 4 months
2. 4–8 months
3. 9–15 months
4. 16–29 months
5. 30–59 months

Card DG2
Card DH1

(Cut along broken lines)

CARD DJ1

1. Not old enough yet
2. Illness
3. Receiving home teaching by parents or others
4. Permanently expelled/suspended from school
5. Quit school to get a job
6. Quit school for other reason
7. Graduated
8. Other
9. Don't know

CARD DJ2

A. Understanding instructional materials
B. Paying attention in class
C. Following rules or controlling his/her behavior
D. Communicating with teachers and other students

Card DJ1
Card DJ2

(Cut along broken lines)

CARD FA1

1. **Two or more usual doctors/places**
2. **Doesn't need a doctor**
3. **Doesn't like/trust/believe in doctors**
4. **Doesn't know where to go**
5. **Previous doctor is not available/moved**
6. **No insurance/Can't afford it**
7. **Speak a different language**
8. **No care available/Care too far away, not convenient**

98. **Other** *(Specify)*

CARD FA2

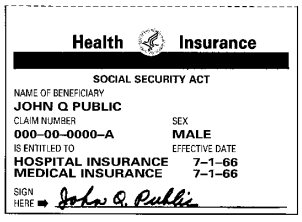
1. **Changed residence/moved**
2. **Changed jobs**
3. **Employer changed insurance coverage**
4. **Former usual source left area**
5. **Owed money to former usual source**
6. **Dissatisfied with former source/liked new source better**
7. **Medical care needs changed**
8. **Former usual source stopped taking insurance/coverage**

98. **Other** *(Specify)*

Card FA1
Card FA2

(Cut along broken lines)

MEDICARE


Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY
JOHN Q PUBLIC

CLAIM NUMBER | SEX
000–00–0000–A | MALE

IS ENTITLED TO | EFFECTIVE DATE
HOSPITAL INSURANCE | 7–1–66
MEDICAL INSURANCE | 7–1–66

SIGN HERE ➡ John Q. Public

STATE NAMES FOR MEDICAID

MEDI — CAL

California

TITLE 19

Connecticut

MEDI — KAN

Kansas

STATE ADMINISTERED MEDICAL INSURANCE (SAMI)

Nevada

BLUE CARD OR GREEN CARD

Pennsylvania

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)

Arizona

MEDICAL ASSISTANCE

All other States

Medicare
State names for Medicaid

CARD FC1

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

CARD FC2

Card FC1
Card FC2

1. Job layoff/loss/unemployment
2. Wasn't offered by employer
3. Not eligible because part time worker
4. Family coverage not offered by employer
5. Benefits from former employer ran out
6. Can't obtain because of poor health, illness, or age
7. Too expensive/Can't afford
8. Dissatisfied with previous insurance
9. Don't believe in insurance
10. Have usually been healthy, haven't needed insurance
11. Covered by some other plan
12. Too old for coverage under family plans
13. Free/inexpensive source of care readily available

98. Other reason *(Specify)*

(Cut along broken lines)

CARD FC3

1. Lost job or changed employers
2. Spouse/parent lost job or changed employers
3. Death of spouse or parent
4. Became divorced or separated
5. Became ineligible because of age
6. Employer stopped offering coverage
7. Cut back to part time
8. Benefits from employer/former employer ran out

98. Other *(Specify)*

CARD FC4

Card FC3
Card FC4

1. Zero
2. Less than $500
3. $ 500 – $1,999
4. $2,000 – $2,999
5. $3,000 – $4,999
6. $5,000 or more

(Cut along broken lines)

CARD FD1

1. 1 – 9 employees
2. 10 – 24 employees
3. 25 – 49 employees
4. 50 – 99 employees
5. 100 – 499 employees
6. 500 – 999 employees
7. 1000 or more employees

CARD FD2

1. $ 25 – $ 99
2. $ 100 – $ 499
3. $ 500 – $ 999
4. $1,000 – $4,999
5. $5,000 or more

Card FD1
Card FD2

(Cut along broken lines)

CARD FD3

1. Less than $ 2,000
2. $ 2,000 – $ 4,999
3. $ 5,000 – $ 9,999
4. $10,000 – $19,999
5. $20,000 – $49,999
6. $50,000 – $99,999
7. $100,000 or more

CARD FD4

1. Less than $25,000
2. $ 25,000 – $ 49,999
3. $ 50,000 – $ 99,999
4. $100,000 – $199,999
5. $200,000 – $299,999
6. $300,000 – $499,999
7. $500,000 or more

Card FD3
Card FD4

(Cut along broken lines)

CARD FD5

1. Less than $500
2. $ 500 – $ 999
3. $1,000 – $1,999
4. $2,000 or more

CARD YC1

1. Work mainly indoors
2. Work mainly outdoors
3. Travel to different buildings or sites
4. In a motor vehicle
5. Other *(Specify)*

Card FD5
Card YC1

(Cut along broken lines)

CARD YC2

1. Not allowed in ANY indoor common areas
2. Allowed in SOME indoor common areas including designated smoking areas
3. Allowed in ALL indoor common areas

CARD YC3

1. Not allowed in ANY work areas
2. Allowed in SOME work areas
3. Allowed in ALL work areas

Card YC2
Card YC3

(Cut along broken lines)

CARD YC4

1. Gymnasium/Exercise room
2. Weight lifting equipment
3. Exercise equipment
4. Walking/Jogging path
5. Parcours/Fitness trails
6. Bike path
7. Bike racks
8. Swimming pool
9. Showers
10. Lockers
11. Other *(Specify)*

00. No facilities

CARD YC5

1. Walking group
2. Jogging/Running group
3. Biking/Cycling group
4. Aerobics class
5. Swimming class
6. Non-aerobic exercise class
7. Weight lifting class
8. Fully paid membership in health/fitness club
9. Partially paid membership in health/fitness club
10. Physical activity or exercise competitions
11. Other *(Specify)*

00. No Programs

Card YC4
Card YC5

(Cut along broken lines)

CARD YC6

1. Weight control
2. Nutrition information
3. Prenatal education
4. Stress reduction and management
5. Alcohol and other drugs
6. Sexually transmitted diseases (including HIV or AIDS)
7. Job hazards and injury prevention
8. Back care and prevention of back injury
9. Preventing off-the-job accidents
10. Other *(Specify)*

00. None

CARD YG1

1. The firearm is kept in a LOCKED PLACE, such as a drawer, cabinet, or closet
2. The firearm is kept in an UNLOCKED place

Card YC6
Card YG1

(Cut along broken lines)

CARD YG2

1. **Taken apart**
2. **With a trigger lock or other locking mechanism**
3. **Assembled without a locking mechanism**
4. **Other** *(Specify)*

CARD YG3

1. **ALL the firearms are kept in LOCKED PLACES, such as drawers, cabinets, or closets**
2. **One or more firearms are kept in an UNLOCKED PLACE**

9. **DK**

Card YG2
Card YG3

(Cut along broken lines)

CARD A1

1. **Very likely**
2. **Somewhat likely**
3. **Somewhat unlikely**
4. **Very unlikely**
5. **Definitely not possible**

CARD A2

1. **A church or other religious organization**
2. **A family planning clinic or STD clinic**
3. **A hospital, HMO clinic or other health facility**
4. **A school**
5. **A social or civic club**
6. **Your workplace**
7. **Some other place** *(Specify)*
8. **Attended no programs**

Card A1
Card A2

(Cut along broken lines)

CARD A3

1. **Just to find out/I am worried that I am infected**
2. **Because a doctor asked you to**
3. **Because the Health Dept. asked you to**
4. **Because a sex partner asked you to**
5. **For hospitalization or a surgical procedure**
6. **To apply for health or life insurance**
7. **To comply with guidelines for health workers**
8. **To apply for a new job**
9. **For military induction, separation or during military service**
10. **For immigration**
11. **For some other reason** *(Please specify the other reason or reasons)*

CARD A4

1. **How AIDS is transmitted**
2. **How to prevent transmission**
3. **The correct use of condoms**
4. **Needle cleaning/using clean needles**
5. **Dangers of needle sharing**
6. **Abstinence from sex**
7. **Contraception**
8. **Safe sex practices**
9. **Other** *(Please specify what other topics)*

Card A3
Card A4
(Cut along broken lines)

CARD A5

1. **Because you want to find out if you are infected**
2. **It will be part of hospitalization or surgery you expect to have**
3. **Because you expect to apply for life or health insurance**
4. **Because you expect to apply for a job**
5. **Because you expect to join the military**
6. **Because of guidelines for health care workers**
7. **Because it will be a required part of some other activity that includes automatic AIDS testing**
8. **Because it is required in your non-health care employment**
9. **Because you plan to have/begin a sexual relationship**
10. **Some other reason** *(Please specify what other reason or reasons)*

CARD A6

a. **You have hemophilia and have received clotting factor concentrations.**

b. **You are a man who has had sex with another man at some time since 1980, even one time.**

c. **You have taken street drugs by needle at any time since 1980.**

d. **You have traded sex for money or drugs at any time since 1980.**

e. **Since 1980, you are or have been the sex partner of any person who would answer "Yes" to any of the items above on this card.**

Card A5
Card A6
(Cut along broken lines)

CARD A7

1. **Breathing the air around a person who is sick with TB**
2. **Through food and water**
3. **By sexual intercourse**
4. **It is inherited from parents**
5. **From mosquito or other insect bites**
6. **Other** *(Specify)*

CARD A8

0. **Diaphragm**
1. **Condom (rubber)**
2. **IUD (loop, coil)**
3. **Rhythm (safe period by calendar)**
4. **Foam**
5. **Pill**
6. **Withdrawal (pulling out)**

Card A7
Card A8

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For answers to questions about this report or for a list of reports published in these series, contact:

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