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

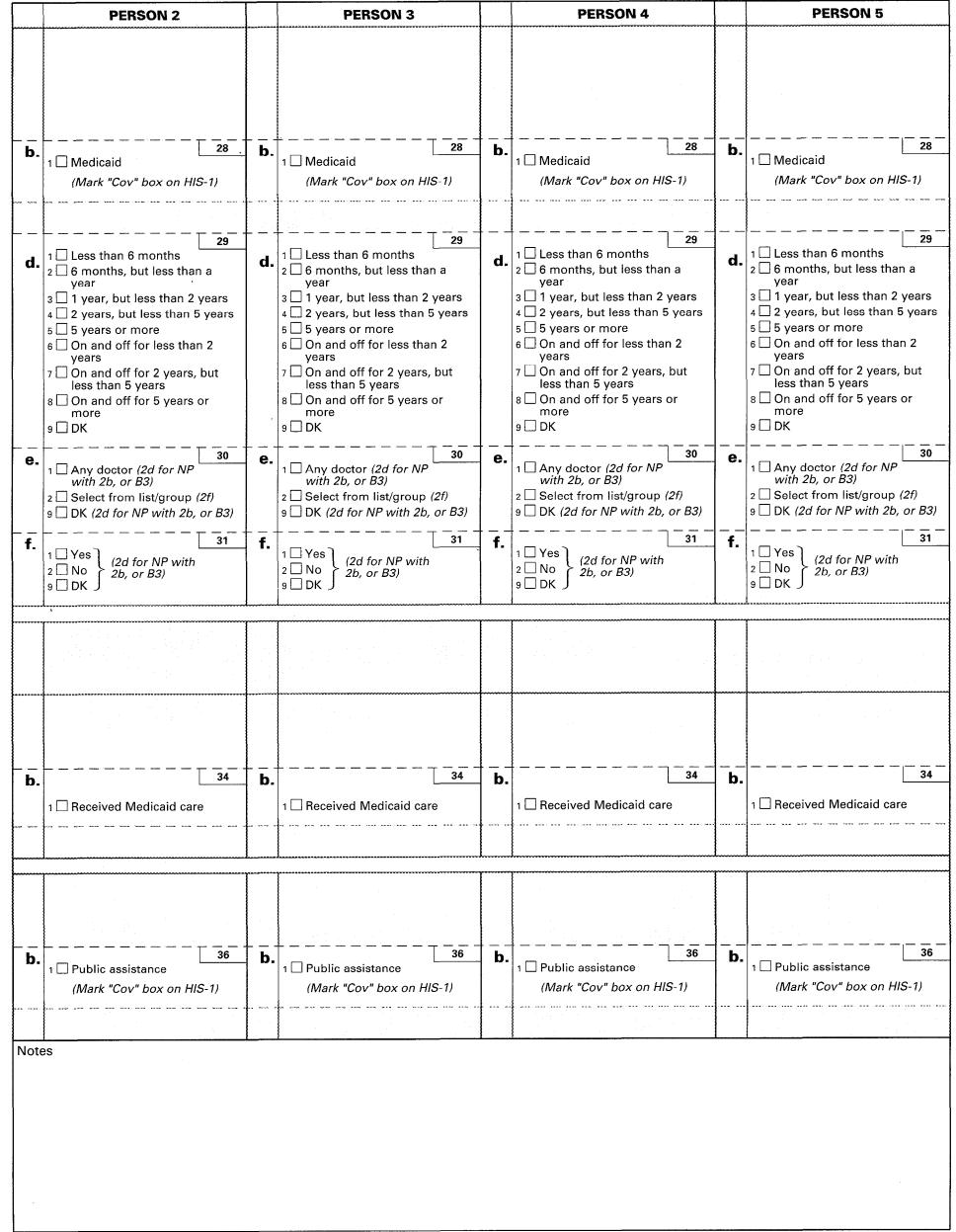
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CENTERS FOR DISEASE CONTROL	1. RO		2. Samp	le	Suffix	_]3. V	Veek		4. Book	of	RT 84
NATIONAL CENTER FOR HEALTH STATISTICS		9-10		11-13	14	-		15-16	boc	oks	3-7 8
NATIONAL HEALTH INTERVIEW SURVEY 1996 SUPPLEMENT BOOKLET II. FAMILY RESOURCES	5. Contro PSU 17-1	Se		Suffix 26-27	Serial 28-29		× {Cł 30] 	veck digit	6. Family nu	Imber	32
A. Access to Care	7. Field	Repres	entative'	s name			i		Coc	le	33-35
B. Health Care Coverage									ł		
C. Private Plan and Coverage Detail					1 00 00				I		44 45
D. Income and Assets	8. Begin	ning ti	me		36-39		9. Enc	ling time	Э	41-	
					1 □ a.m 2 □ p.m					1 🗌 i 2 🗌	
Notes											

COMPLETE FINAL STATUS ITEMS ON BACK COVER

				RT 88
	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	5
income <u>member</u> The ans of the A	t questions are about health insurance coverage and the kinds and amounts of that people receive. For this family, that includes <u>(read names, including Armed Forces</u> is living at home). wers to these questions will add greatly to our knowledge about the health problems merican people, the types of health care they receive, and whether they can afford			
the care finding	that they need. The information will help in planning health care services and ways to lower costs of care.			
	e several government programs that provide medical care or help pay medical bills.			
	overed by Medicare have a card that looks like this. SHOW MEDICARE CARD.			6
1a. In <u>(mont</u>	$\eta \lambda$, was anyone in the family covered by Medicare?	1a.	1 □ Yes (1b) 2 □ No	
b. Who wa Mark (X)	s covered? "Medicare" box in person's column and "Cov" on HIS-1.	b.	1 □ Medicare (Mark "Cov" box on HI	<u>7</u>
C. Anyone	□	+		
d. May I pl and to r Medicar researcl	as appropriate for each person with "Medicare" in 1b. ease see the Medicare card(s) for – – (and – –) to determine the type of coverage ecord the Health Insurance Claim Number. This number is needed to allow e records to be easily and accurately located and identified for statistical purposes. Providing the Health Insurance Claim Number is voluntary and	d.	H.I.C. Number	8-18
given or given to Read if r	d under the authority of the Public Health Service Act. Whether the number is not, there will be no effect on benefits and no identifying information will be any other government or non-government agency. ecessary: The Public Health Service Act is Title 42, United States Code, Section 242k. the number, then mark (X) the appropriate box.		1 Part A – Hospital only ⁻ 2 Part B – Medical only 3 Both Part A & Part B 4 Card N.A. <i>(1e)</i>	(B2)
	for each person with "Card N.A." in 1d. covered by Part A, that part of Medicare that pays for hospital bills?	е.	1 □ Yes 2 □ No 9 □ DK	20
	covered by Part B, that part of Medicare that pays for doctor's bills? eccessary: This is the Part B Medicare plan for which – – or some agency or program must pay a certain amount each month.	f.	1	21
ITEM B2	Refer to age.	B 2	1 🗌 Under age 67 <i>(1g)</i> 2 🗌 Age 67 or older <i>(1h)</i>	22
1g. How lon	g has – – been covered by Medicare?	1g.	 Less than 6 months 6 months, but less tha 1 year, but less than 2 2 years or more DK 	
h. Can – – g group o	o to ANY doctor who will accept Medicare or must – – choose from a specific list of doctors?	h.	1 □ Any doctor (1d for NP 1b, or 2)	
lf doctor	was assigned by the plan, mark box 2.		2 Select from list/group 9 DK (1d for NP with 1b,	
i. What is	the specific name of – – Medicare health plan?	i.		25-26
	. /			(1d for NP with 1b, or 2)
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		RT 88	L		RT 88]	· · · · · · · · · · · · · · · · · · ·	RT 88]		RT 88
	PERSON 2	3-4		PERSON 3	3-4		PERSON 4	3-4		PERSON 5	3-4
B1	1 Civilian 2 AF living at home 3 Deleted	5	B1	1 Civilian 2 AF living at home 3 Deleted	5	B1	1 Civilian 2 AF living at home 3 Deleted	5	B1	1 Civilian 2 AF living at home 3 Deleted	5
		•									
b.	1 ☐ Medicare (Mark "Cov" box on HI	7 3 -1)	b.	1 □ Medicare (Mark "Cov" box on H	[7 IS-1)	b.	1 □ Medicare (Mark "Cov" box on HI	5 -1)	b.	1 □ Medicare (Mark "Cov" box on HI	7 S-1)
d.	H.I.C. Number (1	-> (B2)	d.	H.I.C. Number – – (1 □ Part A – Hospital only 2 □ Part B – Medical only	(B2)	d.	H.I.C. Number – – () 1 □ Part A – Hospital only 2 □ Part B – Medical only	(B2)	d.	H.I.C. Number – – () 1 □ Part A – Hospital only 2 □ Part B – Medical only 3 □ Both Part A & Part B	- (B2)
	3 Both Part A & Part B 4 Card N.A. (1e) 1 Yes 2 No 9 DK		е.	3 Both Part A & Part B 4 Card N.A. <i>(1e)</i> 1 Yes 2 No 9 DK		е.	3 Both Part A & Part B 4 Card N.A. (1e) 1 Yes 2 No 9 DK			 a Both Part A & Part B 4 Card N.A. (1e) 1 Yes 2 No 9 DK 	<u> </u>
f.	1	21	f.	1	21	f.	1	21	f.	1	21
B 2	1	22	B2	1	22	B2	1 🗌 Under age 67 <i>(1g)</i> 2 🗍 Age 67 or older <i>(1h)</i>	22	B2	1	22
1g.	 Less than 6 months 6 months, but less than 1 year, but less than 2 2 years or more DK 	n 1 year	1g.	 1 Less than 6 months 2 6 months, but less that 3 1 year, but less than 2 4 2 years or more 9 DK 	in 1 year		 1 Less than 6 months 2 6 months, but less than 3 1 year, but less than 2 4 2 years or more 9 DK 	n 1 year	1g.	 1 Less than 6 months 2 6 months, but less than 3 1 year, but less than 2 4 2 years or more 9 DK 	n 1 year
h.	1 ☐ Any doctor (1d for NP 1b, or 2) 2 ☐ Select from list/group 9 ☐ DK (1d for NP with 1b,	(1i)	h.	1 ☐ Any doctor (1d for NP 1b, or 2) 2 ☐ Select from list/group 9 ☐ DK (1d for NP with 1b,	(1i)	h.	1 ☐ Any doctor (1d for NP 1b, or 2) 2 ☐ Select from list/group 9 ☐ DK (1d for NP with 1b,	(1 <i>i</i>)	h.	1 ☐ Any doctor (1d for NP 1b, or 2) 2 ☐ Select from list/group (9 ☐ DK (1d for NP with 1b,	(1i)
i.		25-26	i.		25-26	i.		25-26	i.		25-26
Note		NP with 1b, or 2)			NP with 1b, or 2)		/	NP with 1b, or 2)		<i>I</i>	NP with 1b, or 2)

	Part B – HEALTH CARE COVERAGE – Continued		PERSON 1
There is a pro State it is also	gram called Medicaid that pays for health care for persons in need. In this called <u>(State name)</u> .		27
2a. In <u>(month)</u> , wa	s anyone in the family covered by Medicaid?	2a.	1 □ Yes (2b) 2 □ No 9 □ DK } (B3)
b. Who was cove	red?	b.	
Mark (X) "Medi	caid" in person's column and "Cov" on the HIS-1.	ne hier	(Mark "Cov" box on HIS-1)
C. Anyone else?	□ Yes (<i>Reask 2b and c</i>) □ No (2d)		
	ch person with "Medicaid" marked in 2b.		29 1 🗌 Less than 6 months
-	– – had Medicaid coverage?	d.	2 G months, but less than a vear
Mark (X) only c	ne.		 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 A or list of doct	ANY doctor who will accept Medicaid or MUST – – choose from a specific group	е.	
	signed by the program, mark box 2.		with 2b, or B3) ² Select from list/group (2f) ⁹ DK (2d for NP with 2b, or B3)
	go to a different doctor or place for special care other than emergency care, approval or a referral from – – usual doctor(s)?	f.	1 □ Yes 2 □ No 9 □ DK 2 □ NK
			32
ITEM B3	er to household composition and question 2a.	B3	1
3a. During the pa be paid for by	st 12 months, has anyone in the family received health care that has been or will Medicaid or <u>(state name)</u> ?	3a.	33 1 □ Yes (<i>3b</i>) 2 □ No 9 □ DK } (<i>4</i>)
b. Who received	this care in the past 12 months?	b.	34
Mark (X) "Rece	ved Medicaid care" in person's column.		1 🗌 Received Medicaid care
C. Anyone else?	☐ Yes (<i>Reask 3b and c</i>) ☐ No (4)	· · · · · ·	
4a. In <u>(month)</u> , wa than Medicaic the ONLY sou) that pays for health care? (Do NOT include use of public or free clinics if that is	4 a.	35 1 □ Yes (4b) 2 □ No 9 □ DK } (5 on page 16)
b . Who was cove		b.	36
	c assistance" in person's column and "Cov" on HIS-1.		1
C. Anyone else?	☐ Yes (<i>Reask 4b and c</i>) ☐ No (5 on page 16)		
Notes		Ĩ,	



	Part B – HEALTH CARE COVERAGE – Continued		PERSON 1	
5a	. In <u>(month)</u> , 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.	1	37
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.	1 Yes (5c) 2 No (5f) 9 DK (5e)	38
c.	Who was covered by CHAMPUS or TRICARE, or CHAMP-VA?	c.	<u>-</u> _	39
	Mark (X) "CHAMPUS/TRICARE/CHAMP-VA" in person's column and "Cov" on the HIS-1.		1 CHAMPUS/TRICARE/CHA (Mark "Cov" box on HIS	
d.	Anyone else?			
e.	In <u>(month)</u> , 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.	1 ☐ Yes (5f) 2 ☐ No	40
f.	Who was covered by other military health care?	f .	1 🗆 Military	41
	Mark (X) "Military" in person's column and "Cov" box on the HIS-1.		(Mark "Cov" box on HIS	5-1)
g ,	Anyone else?	<u> </u>		
6a.	. In <u>(month)</u> , was anyone in the family covered by the Indian Health Service?	6a.	1 □ Yes (6b) 2 □ No	42
b		b .	1 🗆 IHS	43
	Mark (X) "IHS" in person's column and "Cov" on the HIS-1.		(Mark "Cov" box on HIS	5-1)
С.	Anyone else?			
7a.	. (Not counting the government health programs we just mentioned) In <u>(month)</u> was anyone in	7a.		44
	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).		1 □ Yes (7b) 2 □ No	n 8
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? <i>If "DK", probe:</i> 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.			
С.	In <u>(month)</u> , was anyone in the family covered by any OTHER health insurance plan?	C.	1 □ Yes (Reask 7b and c) 2 □ No (Part C on page 18	45 8)
Not	es			
	en e			
		·		
			· •	

1 □ CHAMPUS/TRICARE/CHAMP-VA (Mark "Cov" box on HIS-1) 1 □ CHAMPUS/TRICARE/CHAMP-VA (Mark "Cov" box on HIS-1) 1 □ CHAMPUS/TRICARE/CHAMP-VA (Mark "Cov" box on HIS-1) 1 □ CHAMPUS/TRICARE/CHAMP-VA (Mark "Cov" box on HIS-1) f . 1 □ Military (Mark "Cov" box on HIS-1) f . 1 □ Military (Mark "Cov" box on HIS-1) f . I □ Military 41 f . 1 □ Military (Mark "Cov" box on HIS-1) f . 1 □ Military (Mark "Cov" box on HIS-1) f .		PERSON 2		PERSON 3		PERSON 4	ey faire	PERSON 5
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1 Military 1 Military 1 Military 1 Military (Mark "Cov" box on HIS-1) Mark "	 f.	41			f.	41	 f.	41
b. 1 1HS 43 b. 1 1HS 1 1HS								1 └─ Military
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	Note	9S						

	Part C – PRIVATE PLAN AND COVERA			PERSON 1	3-4
	TABLE H.I. – PLAN 1				
PL	AN 1 NAME				5-6
	Now, I am going to ask some questions about the plan(s) you j (starting with (<i>plan name</i>).)	ust told me about,			7
1a.	Who was covered under this plan?		1a.	1 🗌 Private insurance	
	Mark (X) "Private insurance" in person's column and "Cov" on the HIS	5-1.		(Mark "Cov" box on F	HIS-1)
b.	Anyone else?			· · · · · · · · · · · · · · · · · · ·	
2.	In whose name is this plan?		2.	1 🗌 In name	8
	Mark (X) "In name" in person's column and also on the HIS-1.			2 Person not in househ	old
3a.	Was this plan originally obtained through the workplace, that is through a present or former employer or union?	1 □ Employer 2 □ Union 3 □ Through workplace, b	ut DK whatha		9 (3b)
	lf "Yes", probe for employer or union.	4□No	out DK whethe	a employer of union y	
	Mark (X) only one.	I 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?			10	
	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.	3 □ None } (4) 9 □ DK			
	HAND CARD FC1. Read categories if telephone interview.	1		······································	11
4.	In <u>(month)</u> , how much did [you/your family] spend for health insurance premiums for <u>(plan name)</u> ? Please include payroll deductions for premiums.	$1 \ 2 \ 31 \ - \ 91$ $3 \ 31 \ 10 \ - \ 919$ $4 \ 920 \ - \ 949$			
	Mark (X) only one.	5 □ \$50 - \$99 6 □ \$100 - \$199			x
	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.	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?	1 □ Variety of services (6) 2 □ Only one type of serv 9 □ DK (6)			12
b.	What type of service or care does the plan pay for?	+			13-1
	Mark (X) only one type of service.	 01 Accidents 02 AIDS care 03 Cancer treatment 04 Catastrophic care 05 Dental care 06 Disability insurance (or for health reasons) 07 Hospice care 08 Hospitalization-only 09 Long term care (nursi) 10 Prescriptions 11 Vision care 98 Other - Specify 99 DK 	ng home care		
		GO TO 1a FOR NE.	XT HI PLAN; I O TO 8 ON PA	F NO OTHER HI PLAN, NGE 26	
Not	əs	I			

		RT 89]		RT 89]		RT 89]		RT 89
بتستست	PERSON 2	3-4		PERSON 3	3-4	 	PERSON 4	3-4		PERSON 5	3-4
		7			7			7			7
1a.	1	IS-1)	1a.	1	IIS-1)	1a.	1 □ Private insurance (Mark "Cov" box on H.	IS-1)	1a.	1 Private insurance (Mark "Cov" box on H	IS-1)
			÷				<u> </u>		-		
2.	1 🗌 In name	8	2.	1 🗆 In name	8	2.	1 🗌 In name	8	2.	1 🗌 In name	8
6a.	is it some other kind Read if necessary: Hea HM Ass mer hea ass Som use plar enr hav	(Individu of plan? Ith Main O's and ociation nbers an Ith care ociation netimes of prov n, but us ollee. Ge	ual P ntena Indivins, of provinger e with ther iders sually eneration	ractice Association), o ance Organizations, or vidual Practice r IPA's, are plans who quired to use only tho viders who work for or h the HMO or IPA. re is an option to perm s not associated with to ally, members do not claims for costs of	r se se r in lit the	1 2	☐ HMO/ IPA ☐ Other] DK				15
b.	Under this plan can y you choose one from	ou choc a speci	ose A fic g	NY doctor or MUST roup or list of doctors	 ?	2	Any doctor <i>(6c)</i> Select from group/list				16
C.	Do you have the option preferred or select lis					2	□ Yes □ No				<u>17</u>
d.	If you select a doctor name) pay for any par	who is t of the	not i cost	in the plan, will <u>(plan</u> ?		2					18
7a.	Does <u>(plan name)</u> pay care?	for any	part	of the cost for dental		2	☐ Yes ☐ No ☐ DK				19
	Mark (X) box or ask:	· — — —				+ — - !		n familv	 רי		20
b.	Does this plan pay fo care, that is visits wh check-up or immuniz	en a chi	the ild is	costs of well child NOT sick, but needs a	a	 1[2[☐ Yes ☐ No ☐ DK	, , ,	la	o to 1a for next plan; if r ther plan go to 8 on page	по е 26
Note	es										

Part C – PRIVATE PLAN AND COVER	AGE DETAIL		PERSON 1	
TABLE H.I. – PLAN 2				
PLAN 2 NAME			<u>}</u>	21
Now, I am going to ask some questions about the plan(s) you (starting with <u>(plan name)</u> .)	just told me about,			2
a. Who was covered under this plan?		1a.	1 Private insurance	
Mark (X) "Private insurance" in person's column and "Cov" on the H	IS-1.		(Mark "Cov" box on HIS	»-1)
b. Anyone else?				
. In whose name is this plan?		2.	⊥ □ In name	2
Mark (X) "In name" in person's column and also on the HIS-1.			2 Person not in household	d
a. 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.	1 Employer 2 Union 3 Through workplace,	but DK whethe	er employer or union } (3)	2 8b)
	$ \begin{array}{c} 4 \square \text{ No} \\ 9 \square \text{ DK} \end{array} \right\} (4) $			
Mark (X) only one.				
D. 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	$1 \square AII (5)$ $2 \square Some$ $3 \square None $ (4) $9 \square DK$		L	
premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.				
HAND CARD FC1. Read categories if telephone interview.				2
In <u>(month)</u> , how much did [you/your family] spend for health insurance premiums for <u>(plan name)</u> ? Please include payroll deductions for premiums.	2 □ \$1 - \$9 3 □ \$10 - \$19 4 □ \$20 - \$49			
Mark (X) only one.	₅			
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.	7 □ \$200 – \$499 8 □ \$500 or more 9 □ DK			
a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?	1 □ Variety of services (6 2 □ Only one type of serv 9 □ DK (6)			2
D. What type of service or care does the plan pay for?	1 1 1 01 🗌 Accidents			29-
Mark (X) only one type of service.	 02 AlDS care 03 Cancer treatment 04 Catastrophic care 05 Dental care 06 Disability insurance (for health reasons) 07 Hospice care 08 Hospitalization-only 09 Long term care (nurs) 10 Prescriptions 11 Vision care 98 Other - Specify 99 DK 			
	GO TO 1a FOR NE	XT HI PLAN; I O TO 8 ON PA	F NO OTHER HI PLAN, IGE 26	
otes	······			
		. 2		

PERSON 2		PERSON 3			PERSON 4			PERSON 5	
				3 A 1997	• ••••		1	FLNJVNJ	a series presidentes de
23			23			23			23
1 Private insurance (Mark "Cov" box on HIS-1)	1a.		IS-1)	1a.		S-1)	1a.	1 □ Private insurance (Mark "Cov" box on Hi	'S-1)
24	2		24	2.		24	2.		24
1 🗌 In name		1 🗌 In name	L		1 🗌 In name	,1		1 🗌 In name	
Organization) or IPA (Individu is it some other kind of plana Read if necessary: Health Main HMO's and Association members at health care association Sometimes use of prov plan, but us enrollee. Ge have to sub	1 2	Other				31			
Under this plan can you choo	se A	NY doctor or MUST		+ 					32
you choose one from a speci	fic g	roup or list of doctors	?	2[Select from group/list ((6d)			
Do you have the option of ch	oosi	ng a doctor from a		L 		- <u> </u>			33
preferred or select list at low	er co	ost to you?		2	$\exists No \{ (7) \}$				
If you select a doctor who is <u>name</u>) pay for any part of the	not i cost	n the plan, will <u>(plan</u> ?		2	No				34
Does <u>(plan name)</u> pay for any care?	part	of the cost for dental		2	No				35
Mark (X) box or ask:	·			+ 	\neg		 ר		36
Does this plan pay for any of care, that is visits when a chi check-up or immunization?	the d Id is	costs of well child NOT sick, but needs a	1	 1[2[☐ Yes] No	i ianiny	lG	io to 1a for next plan; if n ther plan go to 8 on page	o 26
9S									
	(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) 1	(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) 1 In name 24 2. Is (plan name) an HMO (Health Mai Organization) or IPA (Individual P is it some other kind of plan? Read if necessary: Health Maintena HMO's and Indiv Associations, or members are reachealth care prova health care prova association with Sometimes ther use of providers plan, but usually enrollee. Generation with Sometimes ther Sometimes ther use of providers plan, but usually enrollee. Generation with Sometimes ther Sometimes ther Under this plan can you choose A you choose one from a specific gr Do you have the option of choosing preferred or select list at lower compared or select list at lowe	(Mark "Cov" box on HIS-1) (Mark "Cov" box on H 1 In name 24 2. 1 In name 24 1. 1 In name 24 2. 1 In name 24 2. <td< th=""><th>(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) 1 In name 24 1 In name 24</th><th>(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) 1 Image: Image:</th><th>(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) 1 □ In name 24 2 1 □ In name 1 □ In name 24 2 1 □ In name 1 □ In name 24 2 1 □ In name 2 (Jan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? 1 □ HMO/ IPA Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associated with 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. 1 □ Any doctor (6c) 2 □ Select from group/list (0 □ DK (7) 1 □ Any doctor (6c) 2 □ No 0 □ DK (7) Do you have the option of choosing a doctor from a preferred or select list at lower cost to you? 1 □ Any doctor (6c) 2 □ No 0 □ DK 1 □ Any doctor (6c) 2 □ No 0 □ DK (7) Do sou have the option of choosing a doctor from a preferred or select list at lower cost to you? 1 □ Any doctor (6c) 2 □ No 0 □ DK 1 □ Yes 2 □ No 0 □ DK 2 □ No 0 □ DK Does (plan name) pay for any</th><th>(Mark *Cov* box on HIS-1) (Mark *Cov* box on HIS-1) (Mark *Cov* box on HIS-1) (Mark *Cov* box on HIS-1) (Mark *Cov* box on HIS-1) (Mark *Cov* box on HIS-1) 1 □ In name 24 2. 1 □ In name 24 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 24 2. 1 □ In name 2 0 Inter 9 DK Provides and Individual Practice Associations, or IPA is, are planty those membres are regulary those membres do not have to submit claims for costs of medical care services. 1 □ Any doctor (6c) 2 □ Select from group/list (6d) 2 □ No □ □ No 1 □ Yes<!--</th--><th>(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) I □ In name 24 2. 1 □ In name 24 2. I □ In name 24 2. 1 □ In name 24 2. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? 1 □ HMO/IPA 2 ○ Other 1 □ HMO/IPA 2 ○ Other 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 costs of medical care services. 1 □ Any doctor (6c) 2 □ Select from group/list (6d) a □ DK (7) Do you have the option of choosing a doctor from a preferred or select list at lower cost to you? 1 □ Any doctor (6c) 2 □ Select from group/list (6d) a □ DK (7) Do you have the option of choosing a doctor from a preferred or select list at lower cost to you? 1 □ Yes 2 □ No a □ DK Does (plan name) pay for any part of the cost for dental care? 1 □ Yes 2 □ No a □ DK Mark (X) box or ask: 0 □ No persons under 18 in family 1 □ Yes 2 □ No a □ DK Does this plan pay for any of the cost of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization? 0 □ No persons under 18 in family 1 □ Yes 2 □ No a □ DK<th>(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark</th></th></th></td<>	(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) 1 In name 24 1 In name 24	(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) 1 Image:	(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) 1 □ In name 24 2 1 □ In name 1 □ In name 24 2 1 □ In name 1 □ In name 24 2 1 □ In name 2 (Jan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? 1 □ HMO/ IPA Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associated with 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. 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I □ In name 24 2. 1 □ In name 24 2. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? 1 □ HMO/IPA 2 ○ Other 1 □ HMO/IPA 2 ○ Other 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 costs of medical care services. 1 □ Any doctor (6c) 2 □ Select from group/list (6d) a □ DK (7) Do you have the option of choosing a doctor from a preferred or select list at lower cost to you? 1 □ Any doctor (6c) 2 □ Select from group/list (6d) a □ DK (7) Do you have the option of choosing a doctor from a preferred or select list at lower cost to you? 1 □ Yes 2 □ No a □ DK Does (plan name) pay for any part of the cost for dental care? 1 □ Yes 2 □ No a □ DK Mark (X) box or ask: 0 □ No persons under 18 in family 1 □ Yes 2 □ No a □ DK Does this plan pay for any of the cost of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization? 0 □ No persons under 18 in family 1 □ Yes 2 □ No a □ DK<th>(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark</th></th>	(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) I □ In name 24 2. 1 □ In name 24 2. I □ In name 24 2. 1 □ In name 24 2. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? 1 □ HMO/IPA 2 ○ Other 1 □ HMO/IPA 2 ○ Other 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 costs of medical care services. 1 □ Any doctor (6c) 2 □ Select from group/list (6d) a □ DK (7) Do you have the option of choosing a doctor from a preferred or select list at lower cost to you? 1 □ Any doctor (6c) 2 □ Select from group/list (6d) a □ DK (7) Do you have the option of choosing a doctor from a preferred or select list at lower cost to you? 1 □ Yes 2 □ No a □ DK Does (plan name) pay for any part of the cost for dental care? 1 □ Yes 2 □ No a □ DK Mark (X) box or ask: 0 □ No persons under 18 in family 1 □ Yes 2 □ No a □ DK Does this plan pay for any of the cost of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization? 0 □ No persons under 18 in family 1 □ Yes 2 □ No a □ DK <th>(Mark "Cov" box on HIS-1) (Mark "Cov" box on HIS-1) (Mark</th>	(Mark "Cov" box on HIS-1) (Mark

	Part C – PRIVATE PLAN AND COVERA	GE DETAIL		PERSON 1
	TABLE H.I. – PLAN 3			
PL	AN 3 NAME			37-38
1a.	Now, I am going to ask some questions about the plan(s) you ju (starting with <u>(plan name)</u> .) Who was covered under this plan?	ust told me about,	1a.	1 Private insurance
	Mark (X) "Private insurance" in person's column and "Cov" on the HIS	i-1.		(Mark "Cov" box on HIS-1)
b.	Anyone else?	(2)		
2.	In whose name is this plan? 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? If "Yes", probe for employer or union.	1 ☐ Employer 2 ☐ Union 3 ☐ Through workplace, but DK wl 4 ☐ No	hethe	r employer or union } (3b)
	Mark (X) only one.	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?	$\begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \end{array} All (5) \\ 2 \\ 1 \\ 3 \\ 1 \\ 3 \\ 1 \\ 1 \\ 3 \\ 1 \\ 1 \\ 1$		42
	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.	9□DK J		
	HAND CARD FC1. Read categories if telephone interview.	1 [] Zero		43
4.	In <u>(month)</u> , how much did [you/your family] spend for health insurance premiums for <u>(plan name)</u> ? 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.	$2 \square $1 - 9 $3 \square $10 - 19 $4 \square $20 - 49 $5 \square $50 - 99 $6 \square $100 - 199 $7 \square $200 - 499 $8 \square $500 or more$ $9 \square DK$,
5a.	Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?	¹ □ Variety of services <i>(6)</i> 2 □ Only one type of service/care 9 □ DK <i>(6)</i>	(5b)	44
b.	What type of service or care does the plan pay for?	└		45-46
	Mark (X) only one type of service.	 02 AIDS care 03 Cancer treatment 04 Catastrophic care 05 Dental care 06 Disability insurance (cash payle for health reasons) 07 Hospice care 08 Hospitalization-only 09 Long term care (nursing home 10 Prescriptions 11 Vision care 98 Other - Specify 99 DK GO TO 1a FOR NEXT HI PL 	e care)
		GO TO 12 FOR NEXT HITE GO TO 8 C		
Not	es	. *		

RT 89

		RT 89]		RT 89]	······································	RT 89		······	RT 89
	PERSON 2			PERSON 3			PERSON 4	di sa		PERSON 5	
										narko 1984 kura Kakup	
		39		· · · ·	39	1	<u> </u>	39	-	<u>.</u>	39
1.	1 □ Private insurance (Mark "Cov" box on H	'IS-1)	1a.	1 Private insurance (Mark "Cov" box on F	HIS-1)	1a.	1	łIS-1)	1a.	1	'S-1)
	1 🗌 in name	40	2.	1 🗆 In name	40	2.	1 🗌 In name	40	2.	1 🗌 In name	40
	is it some other kind Read if necessary: Hea HM Ass mei hea ass Som use plai enro hav	(Individa of plan O's and ociation mbers a Ith care ociation netimes of prov	ual P ntena Indivis, of re re provision ther iders sually energing	ractice Association), ance Organizations, o vidual Practice r IPA's, are plans who quired to use only tho viders who work for o h the HMO or IPA. re is an option to pern s not associated with y at greater cost to th ally, members do not claims for costs of	or ose ose or in nit the ie	2	☐ HMO/ IPA ☐ Other ☐ DK				47
•	Under this plan can y you choose one from	ou choo a speci	 ose A fic g	NY doctor or MUST	s?	2	Any doctor <i>(6c)</i> Select from group/list				48
;.	Do you have the option preferred or select lis	t at low	ioosi ver co	ng a doctor from a ost to you?		2	□ Yes □ No □ DK } (7)				49
l.	If you select a doctor name) pay for any par	who is t of the	not i cost	in the plan, will <u>(plan</u> ?		2	□ Yes □ No □ DK				50
a .	Does <u>(plan name)</u> pay care?	for any	part	of the cost for dental	 	2	□ Yes □ No □ DK				51
	Mark (X) box or ask:	·				+ — - o[□ No persons under 18	– – – – in family]		52
	Does this plan pay fo care, that is visits wh check-up or immuniz	en a ch	ild is	NOT sick, but needs	a	2	□ Yes □ No □ DK			o to 1a for next plan; if n ther plan go to 8 on page	
ote)S		<u></u>			•					

	Part C – PRIVATE PLAN AND COVERA	GE DETAIL		PERSON 1	RT 89
	TABLE H.I. – PLAN 4		1 <u>1</u> 1000		مىنئىنىپ
PL	AN 4 NAME				53-54
	Now, I am going to ask some questions about the plan(s) you j (starting with (plan name).)	ust told me about,			55
1a.	Who was covered under this plan?		1a.	1 Private insurance	
	Mark (X) "Private insurance" in person's column and "Cov" on the HIS	5-1.		(Mark "Cov" box on HIS-	1)
b.	Anyone else?		·		مندر من
2.	In whose name is this plan?		2.	1 🗌 In name	56
	Mark (X) "In name" in person's column and also on the HIS-1.			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.	1 ☐ Employer 2 ☐ Union 3 ☐ Through workplace, but DK wh 4 ☐ No] (A)	nethe	r employer or union } (3b)	57)
	Mark (X) only one.	4 □ No			
h	Does the employer or union currently pay for all, some,	<u>+</u>			58
IJ.	<i>Read if necessary:</i> The cost of the plan refers to the premiums, which are regular payments for health insurance only, not for health care services. Frequently, these payments are made by payroll deduction.	1 □ All (5) 2 □ Some 3 □ None 9 □ DK } (4)			
	HAND CARD FC1. Read categories if telephone interview.	1			59
4.	In <u>(month)</u> , how much did [you/your family] spend for health insurance premiums for <u>(plan name)</u> ? Please include payroll deductions for premiums.	2 □ \$1 \$9 3 □ \$10 \$19 4 □ \$20 \$49			
	Mark (X) only one.	₅ □ \$50 – \$99 6 □ \$100 – \$199		v	
	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 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?	1 □ Variety of services (6) 2 □ Only one type of service/care (9 □ DK (6)	5b)		60
b.	What type of service or care does the plan pay for?	1 01 🗆 Accidents			61-6
	Mark (X) only one type of service.	 02 AIDS care 03 Cancer treatment 04 Catastrophic care 05 Dental care 06 Disability insurance (cash payn for health reasons) 07 Hospice care 08 Hospitalization-only 09 Long term care (nursing home 10 Prescriptions 11 Vision care 98 Other - Specify 99 DK 	care)	
		GO TO 8 O	N PA	GE 26	
Note	295	· · ·			

	RT 89	7		RT 89			RT 89]		RT 89
	PERSON 2		PERSON 3			PERSON 4	ang		PERSON 5	
							55			55
1a.	1 □ Private insurance (Mark "Cov" box on HIS-1)	1a.	1 ☐ Private insurance (Mark "Cov" box on H	55 IIS-1)	1a.	1 Private insurance (Mark "Cov" box on Hi	L	1a.	1 Private insurance (Mark "Cov" box on H	·
2.	1 🗌 In name 56	2.	1 □ In name	56	2.	1 🗌 In name	56	2.	1 🗌 ln name	56
6a.	Associatio members a health care association Sometimes use of prov plan, but u enrollee. G	lual P ? Intena Indi ns, o ire re prov s prov s thei s thei suall ienera bmit	Practice Association), or ance Organizations, or vidual Practice r IPA's, are plans whos quired to use only tho viders who work for or h the HMO or IPA. re is an option to perm s not associated with to ally, members do not claims for costs of	r se r in iit the	2	☐ HMO/ IPA ☐ Other ☐ DK				63
b.	Under this plan can you cho you choose one from a spec	ose A ific g	NY doctor or MUST roup or list of doctors		2	☐ Any doctor <i>(6c)</i> ☐ Select from group/list ☐ DK <i>(7)</i>	– – – – (6d)			64
C.	Do you have the option of cl preferred or select list at low	hoosi ver c	ing a doctor from a ost to you?		$ \begin{array}{c} 1 \Box Yes \\ 2 \Box No \\ 9 \Box DK \end{array} \right\} (7) $ 65					65
d.	If you select a doctor who is <u>name</u>) pay for any part of the	not cos	in the plan, will <u>(plan</u> t?		2	☐ Yes ☐ No ☐ DK	 			66
7a.	. Does <u>(plan name)</u> pay for any care?	part	of the cost for dental		, 1 2 [☐ Yes ☐ No ☐ DK				67
	Mark (X) box or ask:				+		– – – - n family	- - -		68
b.	Does this plan pay for any o care, that is visits when a ch check-up or immunization?	f the aild is	costs of well child NOT sick, but needs a	a	, 1[2[☐ Yes ☐ No ☐ DK	n ranniy		to 8 on page 26	
Not	es									

Pa	art C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1
limited	past 2 years, has anyone in the family been denied coverage, or had restricted or coverage, (under [this plan/any of the plans you just told me about]) because he already had a particular health condition, sometimes called a pre-existing on?	8a.	1 □ Yes (8b) 2 □ No } 9 □ DK } (9)
b. Who is		b.	
Mark (X) "Pre-existing condition" in person's column.		1
C. Anyon	else?		
9a. In the p	east 2 years, has anyone in the family applied for health insurance and not been	9a.	71
able to	get it?		1 □ Yes (9b) 2 □ No
b. Who is		 b.	
Mark (X) "Turned down" in person's column.		1 🗌 Turned down
C. Anyone	else?		and and and the state of the st
	each person with "Turned down" marked in 9b.		1 🗆 Because of pre- 73
_	as – – unable to get that health insurance? Anything else? () all that apply.	d.	existing condition (such as cancer or diabetes) 2 Because of health risk(s) (such as 74 smoking or
			overweight) 3 🗌 Because of work 🛛 75
			(such as construction worker, beautician,
			farm worker) 4 Because premiums 76
			were too high 8 🗌 Other – <i>Specify</i> 🗾 77
			9 🗋 DK 🛛 🛛 78
10		100	79
10a. In the p than ta	past two years or so, has anyone in the family decided to stay in one job rather ke another job mainly because of reasons related to health insurance?		1 □ Yes (10b) 2 □ No 9 □ DK } (C1)
b. Who is			
	() "Stayed in job" in person's column.		1 🗌 Stayed in job
c. Anyone	else?		
17207	Refer to age and Wa/Wb in HIS-1.		1 □ 70+ (NP, or C3 on page 28)
ITEM C1	Mark (X) first appropriate box.	C1	2 🗌 Wa/Wb marked (<i>C2</i>) 8 🗌 Other (<i>NP, or C3 on page 28</i>)
			8 Other (NP, or C3 on page 28)
		C2	1 □ "In name" <i>(C1 for NP,</i>
ITEM C2	Refer to "In name" box on HIS-1.		or C3 on page 28)
11. Was he	alth insurance offered by – – employer?		1 🗌 Yes 2 🗌 No 9 🗋 DK
Notes		1	

à

	PERSON 2		PERSON 3		PERSON 4		PERSON 5
b.	1 □ Pre-existing condition	b.	1 □ Pre-existing condition	b.	1	b.	☐
b.	1	b .	1 □ Turned down	b .	72 1 □ Turned down	b .	1 🗌 Turned down
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 r 77 9 □ DK 78	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	d.	 Because of pre- existing condition (such as cancer or diabetes) Because of health risk(s) (such as smoking or overweight) Because of work (such as construction worker, beautician, farm worker) Because premiums were too high Other - Specify 77 DK 	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
b.	1 □ Stayed in job	b.	1 🗌 Stayed in job	 b.		b.	<u>80</u> 1 □ Stayed in job
C1	81 1 □ 70+ (NP, or C3 on page 28) 2 □ Wa/Wb marked (C2) 8 □ Other (NP, or C3 on page 28) 82	C1	81 1 - 70+ (NP, or C3 on page 28) 2 - Wa/Wb marked (C2) 8 - Other (NP, or C3 on page 28) 82	C1	81 1 □ 70+ (NP, or C3 on page 28) 2 □ Wa/Wb marked (C2) 8 □ Other (NP, or C3 on page 28) 82	C1	81 1
11.	$\begin{array}{c c} \hline & 1 \\ \hline & 2 \\ \hline & No \\ \hline & 9 \\ \hline & DK \end{array} \begin{array}{c} \hline (C1 \ for \ NP, \ or \ C3 \\ on \ page \ 28) \\ \hline & \hline \\ \hline \end{array}$	C2	1 □ "In name" (C1 for NP, or C3 on page 28) 8 □ Other (11) 1 □ Yes 2 □ No 9 □ DK } (C1 for NP, or C3 on page 28)	11.	1 □ "In name" (C1 for NP, or C3 on page 28) 8 □ Other (11) 1 □ Yes 2 □ No 9 □ DK } (C1 for NP, or C3 on page 28)		1 □ "In name" (C1 for NP, or C3 on page 28) 8 □ Other (11) 1 □ Yes 2 □ No 9 □ DK (C1 for NP, or C3 on page 28)
Note	es						

			PERSON 1	RT 90 3-4
P	art C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	5
ITEM	Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box.	СЗ	1 ☐ Covered (13 on page 2 ☐ Not covered,	_
C3	If no other person in family, go to 14 on page 30.		1 00	12)
HAND	CARD FC2. Read categories if telephone interview.			
lf "Not	covered, 65+," include "or Medicare".		01 Job layoff/loss/ unemployment	6-7
12a. Many p	eople do not have health insurance for various reasons. Which of these	12a.	02 Wasn't offered by employer	8-9
	ents describes why – – is not covered by any health insurance (or Medicare)?		03 🗌 Not eligible because part time worker	10-11
-	ing else?)		04 Gramily coverage not offered by employer	12-13
Mark (>	() all that apply.		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	28-29
			13 Free/inexpensive source of care	30-31
			readily available 98	32-33
				24.05
			99 🗌 DK <i>(12d)</i>	34-35
Ask 12k without	o if more than one box is marked in 12a, otherwise transcribe number of box marked asking.			36-37
	s the MAIN reason – – was not covered in <u>(month)</u> by any health insurance (or Medicare)?	b.	Main reason	-
	number from Card FC2.			38
	if box 11 is marked in 12a; otherwise skip to 12d.	C.	$1 \square \text{ State Plan} $ $2 \square \text{ Private Plan} $ (C3 for)	NP or
	covered by a state sponsored health plan, a private health insurance plan, or ther type of health plan?	G.	3 🗌 Other Plan 🥤 14 on p	age 30)
	() only one.		9□DK	<u> </u>
	vas the LAST time – – had health insurance? (Read categories if necessary.)	d.	1 🗌 Less than 6 months ag	39 107
Mark (>	() only one.		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 5 🗌 Never had health	C3 for
			insurance	14 on page
			9 DK (12f)	30)
	CARD FC3. Read categories if telephone interview.		, 01 □ Lost job or changed	40-41
	vas the MAIN reason – – stopped being covered by health insurance?	е.	employers 02	b
Mark (X) only one.		or changed employers	s
			parent 04 🗌 Became divorced or	
			separated 05 Became ineligible	(12f
			because of age	on page 30)
			offering coverage	30)
			07 Cut back to part time 08 Benefits from employe	r/
			former employer ran of 98 □ Other – <i>Specify</i> 🖌	ut
				_
			99 🗍 DK	J
Page 28		<u> </u>	FORM	HIS-3 (8-1-95)

		RT 90			RT 90 3-4			RT 90 3-4	· .		RT 90
	PERSON 2	3-4		PERSON 3			PERSON 4	L		PERSON 5	
23	1 □ Covered <i>(13 on page 3</i> 2 □ Not covered, under 65 3 □ Not covered, 65+		C3	1 □ Covered (13 on page 2 □ Not covered, under 65 3 □ Not covered, 65+		C3	1 □ Covered (13 on page 2 □ Not covered, under 65 3 □ Not covered, 65+	5 30) 12)	C3	1 Covered (13 on page 2 Not covered, under 65 3 Not covered, 65+	5 30) 12)
12a.	01 Job layoff/loss/ unemployment 02 Wasn't offered by employer 03 Not eligible because part time worker 04 Family coverage not offered by employer 05 Benefits from former employer ran out 06 Can't obtain because of poor health, illness, or age 07 Too expensive/ Can't afford 08 Dissatisfied with previous 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 − <i>Specify</i> ∠	6-7 8-9 10-11 12-13 14-15 16-17 18-19 20-21 22-23 24-25 26-27 28-29 30-31 32-33	12a.	 01 Job layoff/loss/ unemployment 02 Wasn't offered by employer 03 Not eligible because part time worker 04 Family coverage not offered by employer 05 Benefits from former employer ran out 06 Can't obtain because of poor health, illness or age 07 Too expensive/ Can't afford 08 Dissatisfied with previous insurance 09 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 z 	6-7 8-9 10-11 12-13 14-15 16-17 / 18-19 20-21 22-23 24-25 24-25 26-27 28-29 30-31 32-33	12a.	 01 Job layoff/loss/ unemployment 02 Wasn't offered by employer 03 Not eligible because part time worker 04 Family coverage not offered by employer 05 Benefits from former employer ran out 06 Can't obtain because of poor health, illness or age 07 Too expensive/ Can't afford 08 Dissatisfied with previous insurance 09 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 z 		12a.	 01 Job layoff/loss/ unemployment 02 Wasn't offered by employer 03 Not eligible because part time worker 04 Family coverage not offered by employer 05 Benefits from former employer ran out 06 Can't obtain because of poor health, illness or age 07 Too expensive/ Can't afford 08 Dissatisfied with previous insurance 09 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 Z 	6-7 8-9 10-11 12-13 14-15 14-15 20-21 22-23 24-25 24-25 26-27 28-29 30-31 32-33
ь. 	99 DK (12d) Main reason 1 State Plan 2 Private Plan (C3 for N	34-35 36-37 38 <i>IP, or</i>	b. c.	99 DK (12d) Main reason 1 State Plan 2 Private Plan (C3 for		b. 	99 DK (12d) Main reason 1 State Plan 2 Private Plan (C3 for		 b. 	99 DK (12d) Main reason	
d.	3 Other Plan 9 DK 1 Less than 6 months ago 2 6 months ago, but less than 1 year ago 3 1 year ago, but less than 3 years ago 4 3 or more years ago 5 Never had health insurance 9 DK (12f)	39	d.	 3 Other Plan 9 DK 1 Less than 6 months ag 2 6 months ago, but less than 1 year ago 3 1 year ago, but less than 3 years ago 4 3 or more years ago 5 Never had health insurance 9 DK (12f) 	39 (12e) (12e) (C3 for NP, or 14 on page 30)	d.	3 ☐ Other Plan ∫ 14 on p 9 ☐ DK 1 ☐ Less than 6 months ag 2 ☐ 6 months ago, but less than 1 year ago 3 ☐ 1 year ago, but less than 3 years ago 4 ☐ 3 or more years ago 5 ☐ Never had health insurance 9 ☐ DK (12f)	39 (12e) (12e) (C3 for NP, or 14 on page 30)		 3 Other Plan 9 DK 1 Less than 6 months ag 2 6 months ago, but less than 1 year ago 3 1 year ago, but less than 3 years ago 4 3 or more years ago 5 Never had health insurance 9 DK (12f) 	39 (12e (C3 fo. NP, or 14 on page 30)
e.	 Lost job or changed employers Spouse/parent lost job or changed employers Death of spouse or parent Became divorced or separated Became ineligible because of age Employer stopped offering coverage Cut back to part time Benefits from employer/ former employer ran ou 	(12f on page 30)	e.	 01 Lost job or changed employers 02 Spouse/parent lost jol or changed employer 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 o 	s (12f on page 30)	e.	 01 Lost job or changed employers 02 Spouse/parent lost jol or changed employer 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 o 	s (12f on page 30) r/	e.	 01 Lost job or changed employers 02 Spouse/parent lost jo or changed employer 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 o 	s (121 on pag 30)

	Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1
12f. At t oth	he time that – – stopped being covered by health insurance, did – – try to find some er type of health insurance?	12f.	42 1 ☐ Yes (12g) 2 ☐ No 9 ☐ DK ∫ (C3 on page 28 for NP, or 14)
	it was the MAIN reason – – was unable to find some other type of health insurance? k (X) only one.	g.	43 1 □ Could not afford 2 □ Was rejected 3 □ Other reason - Specify ⊋ 9 □ DK
13a. In the or c	ne past 12 months, was there any time that – – did NOT have <u>ANY</u> health insurance overage?	13a.	1 □ Yes (13b) 2 □ No 〕 (C3 on page 28 for 9 □ DK ∫ NP, or 14)
b. in h	ow many of the past 12 months was – – without coverage?	b.	45
	k (X) only one.		1 1 month or less 2 2-3 months 3 4-6 months 4 More than 6 months 9 DK
HAN	ID CARD FC3. Read categories if telephone interview.		46-47
	nt was the MAIN reason – – was without coverage? k (X) only one.	C.	 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 or separated of 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
		l	
14. Dur care insu	D CARD FC4. Read categories if telephone interview. Ing the past 12 months, about how much did [you/your family] spend for medical Provide the cost of over-the-counter remedies, the cost of health rance premiums, or any costs for which you expect to be reimbursed. K (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
ITEN 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
ITEN 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
ITEN 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
Page 30	· · · · · · · · · · · · · · · · · · ·		FORM HIS-3 (8-1-95)

	PERSON 2		PERSON 3		PERSON 4		PERSON 5
12f.	42	12f	42	12f.	42	12f	42
	1 ☐ Yes (12g) 2 ☐ No		1 □ Yes (12g) 2 □ No 9 □ DK ∫ (C3 on page 28 for NP, or 14)		1 ☐ Yes (12g) 2 ☐ No		1 ☐ Yes (12g) 2 ☐ No 9 ☐ DK ∫ (C3 on page 28 for NP, or 14)
g.	1 □ Could not afford 43 2 □ Was rejected (C3 on page 2) 3 □ Other reason – for NP Specify ▼ (c3 n)	- 9	1 □ Could not afford 2 □ Was rejected 3 □ Other reason - Specify ∠ for NP, or 14)	g.	1 □ Could not afford 2 □ Was rejected 3 □ Other reason – Specify ▼ (C3 on page 2 for NP, or 14)	- g	1 □ Could not afford 2 □ Was rejected 3 □ Other reason - Specify ∠
	9 □ DK		9 □ DK		9 🗆 DK		9 🗆 DK
13a.	44	_13a	1 □ Yes (13b)	13a.	1 🗌 Yes (13b)	_13a	• 1 □ Yes (13b)
	$2 \square \text{ No } (C3 \text{ on page 28 for} \\9 \square \text{ DK } NP, \text{ or 14})$		$2 \square No \ (C3 on page 28 for 9 \square DK \ NP, or 14)$		2 □ No		2 □ No
b .	45 1 1 month or less 2 2-3 months 3 4-6 months 4 More than 6 months 9 DK	b	45 1 □ 1 month or less 2 □ 2–3 months 3 □ 4–6 months 4 □ More than 6 months 9 □ DK	b.	45 1 1 month or less 2 2–3 months 3 4–6 months 4 More than 6 months 9 DK	b	1 ☐ 1 month or less 2 ☐ 2–3 months 3 ☐ 4–6 months 4 ☐ More than 6 months 9 ☐ DK
	46-47		46-47	I — —	46-47		46-47
c.	 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 ran out 98 □ Other - Specify ∠ 		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 employer ran out 08 Benefits from employer ran out 98 Other – Specify r	C.	 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 ∠ 	C .	 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		99 🗆 DK		99 🗍 DK		99 🗆 DK
	· ·						
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10. Response Status			
	5		7
a. Section II A (Access to Care)		b. Sections II B-D (Health Care, Income and Assets)	
Interview:		Interview:	
1 Complete (Mark mode) Explain Partial in notes 2 Partial		 Complete (Mark mode) Explain Partial in notes 	
Noninterview:		Noninterview:	
3 □ Refused 4 □ Other		3 ☐ Refused 4 ☐ Other ↓ Explain in notes	
Mode of Interview:		Mode of Interview:	
All or most of the supplement was conducted —		All or most of the supplement was conducted —	
1 ☐ In Person 2 ☐ By Telephone	6	1 □ In Person 2 □ By Telephone	8
Notes			

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