

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

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

**NATIONAL HEALTH INTERVIEW SURVEY**

**1996 SUPPLEMENT BOOKLET**

**II. FAMILY RESOURCES**

**A. Access to Care**

**B. Health Care Coverage**

**C. Private Plan and Coverage Detail**

**D. Income and Assets**

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

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

Notes

RT 87

**Section II - FAMILY RESOURCES**

**Part A - ACCESS TO CARE**

**PERSON 1**

3-4

{The next questions are about medical care.}

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

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

5

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

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

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**ITEM A1**

Refer to questions 1a and 1b above.

- A1** 1  Yes in 1a or 1b (5 on page 4)  
 2  DK in 1a (4 on page 4)  
 8  Other (2)

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HAND CARD FA1. Read categories if telephone interview.

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

Mark (X) only one.

- 2.** 01  Two or more usual doctors/places (A2)  
 02  Doesn't need a doctor  
 03  Doesn't like/trust/believe in doctors  
 04  Doesn't know where to go  
 05  Previous doctor is not available/moved  
 06  No insurance/Can't afford it  
 07  Speak a different language  
 08  No care available/Care too far away, not convenient  
 09  Changed residence  
 98  Other - Specify   
 99  DK
- (4 on page 4)

8-9

**ITEM A2**

Refer to question 1a above.

- A2** 1  "No" in 1a (3a)  
 2  "There is more than one" in 1a (3b)

10

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

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

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

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

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Notes

<b>Part A - ACCESS TO CARE - Continued</b>		<b>PERSON 1</b>
<p><b>4a. At ANY time in the past 12 months, DID -- have a place that -- went to for medical care?</b></p>	<p><b>4a.</b></p> <p>1 <input type="checkbox"/> Yes (4b)                  2 <input type="checkbox"/> No } (A1 for NP, or                  9 <input type="checkbox"/> DK } 10 on page 6)</p>	<p>13</p>
<p><b>b. What kind of place was it — a clinic, a health center, a hospital, a hospital emergency room, a doctor's office, or some other place?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>b.</b></p> <p>01 <input type="checkbox"/> Hospital emergency room                  02 <input type="checkbox"/> Urgent care/walk-in clinic                  03 <input type="checkbox"/> Doctor's office                  04 <input type="checkbox"/> Clinic                  05 <input type="checkbox"/> Health center                  06 <input type="checkbox"/> Hospital outpatient clinic                  07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group                  08 <input type="checkbox"/> Military or VA health care facility                  98 <input type="checkbox"/> Some other place - Specify <u>      </u>                  99 <input type="checkbox"/> DK</p>	<p>14-15</p>
<p><b>c. If -- needed medical care NOW, would -- go to that (place in 4b)?</b></p> <p><i>HAND CARD FA2. Read categories if telephone interview.</i></p>	<p><b>c.</b></p> <p>1 <input type="checkbox"/> Yes (A1 for NP, or 10 on page 6)                  2 <input type="checkbox"/> No (4d)                  9 <input type="checkbox"/> DK (A1 for NP, or 10 on page 6)</p>	<p>16</p>
<p><b>d. What is the MAIN reason -- would not use that place for medical care NOW?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>d.</b></p> <p>01 <input type="checkbox"/> Changed residence/moved                  02 <input type="checkbox"/> Changed jobs                  03 <input type="checkbox"/> Employer changed insurance coverage                  04 <input type="checkbox"/> Former usual source not available                  05 <input type="checkbox"/> Owed money to former usual source                  06 <input type="checkbox"/> Dissatisfied with former source/ liked new source better                  07 <input type="checkbox"/> Medical care needs changed                  08 <input type="checkbox"/> Former usual source stopped taking insurance/ coverage                  98 <input type="checkbox"/> Other - Specify <u>      </u>                  99 <input type="checkbox"/> DK</p> <p style="text-align: right;">(A1 for NP, or 10 on page 6)</p>	<p>17-18</p>
<p><b>5a. What kind of place is it that -- goes to — a clinic, a health center, a hospital, a hospital emergency room, a doctor's office, or some other place?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>5a.</b></p> <p>01 <input type="checkbox"/> Hospital emergency room                  02 <input type="checkbox"/> Urgent care/ walk-in clinic } (7 on page 6)                  03 <input type="checkbox"/> Doctor's office                  04 <input type="checkbox"/> Clinic                  05 <input type="checkbox"/> Health center                  06 <input type="checkbox"/> Hospital outpatient clinic                  07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group                  08 <input type="checkbox"/> Military or VA health care facility                  98 <input type="checkbox"/> Some other place - Specify <u>      </u>                  99 <input type="checkbox"/> DK</p> <p style="text-align: right;">(5b)</p>	<p>19-20</p>
<p><b>b. Is there a particular person -- usually sees when -- goes there?</b></p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Yes (6 on page 6)                  2 <input type="checkbox"/> No } (7 on page 6)                  9 <input type="checkbox"/> DK</p>	<p>21</p>

<b>Part A – ACCESS TO CARE – Continued</b>		<b>PERSON 1</b>
<p><b>6a. Is that person a doctor or nurse or some other health professional?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>6a.</b></p> <p>1 <input type="checkbox"/> Doctor (6b)                  2 <input type="checkbox"/> Nurse                  3 <input type="checkbox"/> Nurse practitioner                  4 <input type="checkbox"/> Physician's assistant                  5 <input type="checkbox"/> Chiropractor                  6 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____                  9 <input type="checkbox"/> DK</p>	<p>22</p> <p>(7)</p>
<p><b>b. Is this a doctor who treats a variety of illnesses and gives routine care, or a doctor who mainly treats just one type of health problem?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician                  2 <input type="checkbox"/> Obstetrician/gynecologist                  3 <input type="checkbox"/> Other specialist                  9 <input type="checkbox"/> DK</p>	<p>23</p>
<p><b>7. When was the last time -- went to the (place in 5a) for ANY kind of medical care? (This is the (place in 5a) that -- usually goes to for medical care.)</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>7.</b></p> <p>0 <input type="checkbox"/> Hasn't been there yet/Never                  1 <input type="checkbox"/> Less than 3 months ago                  2 <input type="checkbox"/> At least 3 months, but less than 6 months ago                  3 <input type="checkbox"/> At least 6 months, but less than 1 year ago                  4 <input type="checkbox"/> At least 1 year, but less than 2 years ago                  5 <input type="checkbox"/> Two or more years ago                  9 <input type="checkbox"/> DK</p>	<p>24</p>
<p><b>8. Is the (place in 5a) the place -- [usually goes/would go] to when -- needs routine or preventive medical care, such as a general physical examination or check-up, a flu shot, or other immunizations? (This is the (place in 5a) that -- usually goes to for medical care.)</b></p>	<p><b>8.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>25</p>
<p><b>9. During the past 12 months, did -- go to any OTHER place for medical care?</b></p>	<p><b>9.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>26</p> <p>(A1 for NP, or 10)</p>
<p><b>10a. At any time in the past 12 months did anyone in the family CHANGE the place to which he or she USUALLY goes for medical care?</b></p>	<p><b>10a.</b></p> <p>1 <input type="checkbox"/> Yes (10b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	<p>27</p> <p>(11 on page 8)</p>
<p><b>b. Who is this?</b></p> <p><i>Mark (X) "Changed usual source" box in person's column.</i></p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Changed usual source</p>	<p>28</p>
<p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No (10d)</p> <p><i>HAND CARD FA2. Read categories if telephone interview.</i></p> <p><i>Ask for each person with 10b marked.</i></p>	<p><b>d.</b></p> <p>01 <input type="checkbox"/> Changed residence/moved                  02 <input type="checkbox"/> Changed jobs                  03 <input type="checkbox"/> Employer changed insurance coverage                  04 <input type="checkbox"/> Former usual source not available                  05 <input type="checkbox"/> Owed money to former usual source                  06 <input type="checkbox"/> Dissatisfied with former source or liked new source better                  07 <input type="checkbox"/> Medical care needs changed                  08 <input type="checkbox"/> Former usual source stopped taking insurance/coverage                  98 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____                  99 <input type="checkbox"/> DK</p>	<p>29-30</p> <p>(10d for NP with 10b, or 11 on page 8)</p>

<b>Part A - ACCESS TO CARE - Continued</b>	<b>PERSON 1</b>
<p><b>11a. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but did not get it?</b></p> <p>-----</p> <p><b>b. Who didn't get needed care?</b> Mark (X) "Didn't get care" box in person's column.</p> <p>-----</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No Ask 11d and e for each person with 11b marked.</p> <p>-----</p> <p><b>d. The LAST time -- did not get the care -- needed, what was the MAIN reason -- didn't get care?</b> Mark (X) only one.</p> <p>-----</p> <p><b>e. At ANY TIME during the past 12 months was lack of insurance or money A reason why -- did not get the medical care -- needed?</b></p>	<p><b>11a.</b> <span style="float: right;">31</span>  <input type="checkbox"/> 1 Yes (11b)  <input type="checkbox"/> 2 No } (12)  <input type="checkbox"/> 9 DK }</p> <p><b>b.</b> <span style="float: right;">32</span>  <input type="checkbox"/> 1 Didn't get care</p> <p><b>d.</b> <span style="float: right;">33-34</span>  <input type="checkbox"/> 01 Could not afford it  <input type="checkbox"/> 02 No insurance  <input type="checkbox"/> 03 Doctor did not accept Medicaid/insurance plan  <input type="checkbox"/> 04 Insurance didn't cover  <input type="checkbox"/> 05 Not serious enough  <input type="checkbox"/> 06 Wait too long in clinic/office  <input type="checkbox"/> 07 Difficulty getting an appointment  <input type="checkbox"/> 08 Doesn't like/trust/believe in doctors  <input type="checkbox"/> 09 No doctor available  <input type="checkbox"/> 10 Didn't know where to go  <input type="checkbox"/> 11 No way to get there  <input type="checkbox"/> 12 Hours not convenient  <input type="checkbox"/> 13 Speak a different language  <input type="checkbox"/> 14 Health of another family member interfered  <input type="checkbox"/> 15 Clinic/office not accessible  <input type="checkbox"/> 98 Other - Specify <input checked="" type="checkbox"/>  <input type="checkbox"/> 99 DK</p> <p><b>e.</b> <span style="float: right;">35</span>  <input type="checkbox"/> 1 Yes -- } (11d for NP with 11b, or 12)  <input type="checkbox"/> 2 No }  <input type="checkbox"/> 9 DK }</p>
<p><b>12a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?</b></p> <p>-----</p> <p><b>b. Who delayed getting needed care?</b> Mark (X) "Delayed getting care" box in person's column.</p> <p>-----</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No (13)</p>	<p><b>12a.</b> <span style="float: right;">36</span>  <input type="checkbox"/> 1 Yes (12b)  <input type="checkbox"/> 2 No } (13)  <input type="checkbox"/> 9 DK }</p> <p><b>b.</b> <span style="float: right;">37</span>  <input type="checkbox"/> 1 Delayed getting care</p>
<p><b>13a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?</b></p> <p>-----</p> <p><b>b. Who is this?</b> Mark (X) "Didn't get dental care" box in person's column.</p> <p>-----</p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No (14 on page 10)</p>	<p><b>13a.</b> <span style="float: right;">38</span>  <input type="checkbox"/> 1 Yes (13b)  <input type="checkbox"/> 2 No } (14 on page 10)  <input type="checkbox"/> 9 DK }</p> <p><b>b.</b> <span style="float: right;">39</span>  <input type="checkbox"/> 1 Didn't get dental care</p>
<p>Notes</p>	

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

**CONTINUE WITH PART B**

Notes

<b>Part B – HEALTH CARE COVERAGE</b>		<b>PERSON 1</b>
<b>ITEM B1</b>	Refer to household composition. Mark (X) for each person including those deleted or excluded in the HIS-1.	<div style="text-align: right; font-size: small;">RT 88</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">3</div> <div style="text-align: right; border: 1px solid black; padding: 2px;">5</div> <div style="font-size: small;">                     1 <input type="checkbox"/> Civilian                      2 <input type="checkbox"/> AF living at home                      3 <input type="checkbox"/> Deleted                 </div>
<p><b>The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes</b> <i>(read names, including Armed Forces members living at home).</i></p> <p><b>The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and finding ways to lower costs of care.</b></p> <p><b>There are several government programs that provide medical care or help pay medical bills. People covered by Medicare have a card that looks like this. SHOW MEDICARE CARD.</b></p>		
<b>1a. In (month), was anyone in the family covered by Medicare?</b>		<div style="text-align: right; border: 1px solid black; padding: 2px;">6</div> <div style="font-size: small;">                     1 <input type="checkbox"/> Yes (1b)                      2 <input type="checkbox"/> No                      9 <input type="checkbox"/> DK } (2 on page 14)                 </div>
<b>b. Who was covered?</b>	Mark (X) "Medicare" box in person's column and "Cov" on HIS-1.	<div style="text-align: right; border: 1px solid black; padding: 2px;">7</div> <div style="font-size: small;">                     1 <input type="checkbox"/> Medicare                      (Mark "Cov" box on HIS-1)                 </div>
<b>c. Anyone else?</b>	<input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (1d) Ask 1d-i as appropriate for each person with "Medicare" in 1b.	
<b>d. May I please see the Medicare card(s) for -- (and --) to determine the type of coverage and to record the Health Insurance Claim Number. This number is needed to allow Medicare records to be easily and accurately located and identified for statistical research purposes. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on benefits and no identifying information will be given to any other government or non-government agency.</b>	Read if necessary: <b>The Public Health Service Act is Title 42, United States Code, Section 242k.</b> Transcribe the number, then mark (X) the appropriate box. Ask 1e-f for each person with "Card N.A." in 1d.	<div style="text-align: right; border: 1px solid black; padding: 2px;">8-18</div> <div style="font-size: small;">                     H.I.C. Number                      _____ ( ) ( )                      1 <input type="checkbox"/> Part A – Hospital only                      2 <input type="checkbox"/> Part B – Medical only } (B2)                      3 <input type="checkbox"/> Both Part A &amp; Part B                      4 <input type="checkbox"/> Card N.A. (1e)                 </div>
<b>e. Was -- covered by Part A, that part of Medicare that pays for hospital bills?</b>		<div style="text-align: right; border: 1px solid black; padding: 2px;">20</div> <div style="font-size: small;">                     1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      9 <input type="checkbox"/> DK                 </div>
<b>f. Was -- covered by Part B, that part of Medicare that pays for doctor's bills?</b>	Read if necessary: <b>This is the Part B Medicare plan for which -- or some agency or program must pay a certain amount each month.</b>	<div style="text-align: right; border: 1px solid black; padding: 2px;">21</div> <div style="font-size: small;">                     1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      9 <input type="checkbox"/> DK                 </div>
<b>ITEM B2</b>	Refer to age.	<div style="text-align: right; border: 1px solid black; padding: 2px;">22</div> <div style="font-size: small;">                     B2 1 <input type="checkbox"/> Under age 67 (1g)                      2 <input type="checkbox"/> Age 67 or older (1h)                 </div>
<b>1g. How long has -- been covered by Medicare?</b>		<div style="text-align: right; border: 1px solid black; padding: 2px;">23</div> <div style="font-size: small;">                     1 <input type="checkbox"/> Less than 6 months                      2 <input type="checkbox"/> 6 months, but less than 1 year                      3 <input type="checkbox"/> 1 year, but less than 2 years                      4 <input type="checkbox"/> 2 years or more                      9 <input type="checkbox"/> DK                 </div>
<b>h. Can -- go to ANY doctor who will accept Medicare or must -- choose from a specific group or list of doctors?</b>	If doctor was assigned by the plan, mark box 2.	<div style="text-align: right; border: 1px solid black; padding: 2px;">24</div> <div style="font-size: small;">                     1 <input type="checkbox"/> Any doctor (1d for NP with 1b, or 2)                      2 <input type="checkbox"/> Select from list/group (1i)                      9 <input type="checkbox"/> DK (1d for NP with 1b, or 2)                 </div>
<b>i. What is the specific name of -- Medicare health plan?</b>		<div style="text-align: right; border: 1px solid black; padding: 2px;">25-26</div> <div style="font-size: small;">                     _____                      _____                      _____                      (1d for NP with 1b, or 2)                 </div>
Notes		

<b>Part B – HEALTH CARE COVERAGE – Continued</b>		<b>PERSON 1</b>
<p><b>There is a program called Medicaid that pays for health care for persons in need. In this State it is also called <i>(State name)</i>.</b></p> <p><b>2a. In <i>(month)</i>, was anyone in the family covered by Medicaid?</b></p>		<div style="text-align: right;">27</div> <p><b>2a.</b></p> <p>1 <input type="checkbox"/> Yes <i>(2b)</i>                  2 <input type="checkbox"/> No } <i>(B3)</i>                  9 <input type="checkbox"/> DK }</p>
<p><b>b. Who was covered?</b></p> <p><i>Mark (X) "Medicaid" in person's column and "Cov" on the HIS-1.</i></p>		<div style="text-align: right;">28</div> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Medicaid  <i>(Mark "Cov" box on HIS-1)</i></p>
<p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes <i>(Reask 2b and c)</i>      <input type="checkbox"/> No <i>(2d)</i></p> <p><i>Ask 2d-f for each person with "Medicaid" marked in 2b.</i></p>		<div style="text-align: right;">29</div>
<p><b>d. How long has -- had Medicaid coverage?</b></p> <p><i>Mark (X) only one.</i></p>		<div style="text-align: right;">29</div> <p><b>d.</b></p> <p>1 <input type="checkbox"/> Less than 6 months                  2 <input type="checkbox"/> 6 months, but less than a year                  3 <input type="checkbox"/> 1 year, but less than 2 years                  4 <input type="checkbox"/> 2 years, but less than 5 years                  5 <input type="checkbox"/> 5 years or more                  6 <input type="checkbox"/> On and off for less than 2 years                  7 <input type="checkbox"/> On and off for 2 years, but less than 5 years                  8 <input type="checkbox"/> On and off for 5 years or more                  9 <input type="checkbox"/> DK</p>
<p><b>e. Can -- go to ANY doctor who will accept Medicaid or MUST -- choose from a specific group or list of doctors?</b></p> <p><i>If doctor was assigned by the program, mark box 2.</i></p>		<div style="text-align: right;">30</div> <p><b>e.</b></p> <p>1 <input type="checkbox"/> Any doctor <i>(2d for NP with 2b, or B3)</i>                  2 <input type="checkbox"/> Select from list/group <i>(2f)</i>                  9 <input type="checkbox"/> DK <i>(2d for NP with 2b, or B3)</i></p>
<p><b>f. If -- needs to go to a different doctor or place for special care other than emergency care, does -- need approval or a referral from -- usual doctor(s)?</b></p>		<div style="text-align: right;">31</div> <p><b>f.</b></p> <p>1 <input type="checkbox"/> Yes } <i>(2d for NP with 2b, or B3)</i>                  2 <input type="checkbox"/> No }                  9 <input type="checkbox"/> DK }</p>
<b>ITEM B3</b>	<p><i>Refer to household composition and question 2a.</i></p>	<div style="text-align: right;">32</div> <p><b>B3</b></p> <p>1 <input type="checkbox"/> Single person family <i>(4)</i>                  2 <input type="checkbox"/> Other <i>(3)</i></p>
<p><b>3a. During the past 12 months, has anyone in the family received health care that has been or will be paid for by Medicaid or <i>(state name)</i>?</b></p>		<div style="text-align: right;">33</div> <p><b>3a.</b></p> <p>1 <input type="checkbox"/> Yes <i>(3b)</i>                  2 <input type="checkbox"/> No } <i>(4)</i>                  9 <input type="checkbox"/> DK }</p>
<p><b>b. Who received this care in the past 12 months?</b></p> <p><i>Mark (X) "Received Medicaid care" in person's column.</i></p>		<div style="text-align: right;">34</div> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Received Medicaid care</p>
<p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes <i>(Reask 3b and c)</i>      <input type="checkbox"/> No <i>(4)</i></p>		
<p><b>4a. In <i>(month)</i>, was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? (Do NOT include use of public or free clinics if that is the ONLY source of care.)</b></p>		<div style="text-align: right;">35</div> <p><b>4a.</b></p> <p>1 <input type="checkbox"/> Yes <i>(4b)</i>                  2 <input type="checkbox"/> No } <i>(5 on page 16)</i>                  9 <input type="checkbox"/> DK }</p>
<p><b>b. Who was covered?</b></p> <p><i>Mark (X) "Public assistance" in person's column and "Cov" on HIS-1.</i></p>		<div style="text-align: right;">36</div> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Public assistance  <i>(Mark "Cov" box on HIS-1)</i></p>
<p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes <i>(Reask 4b and c)</i>      <input type="checkbox"/> No <i>(5 on page 16)</i></p>		
<p>Notes</p>		



<b>Part B – HEALTH CARE COVERAGE – Continued</b>	<b>PERSON 1</b>
<b>5a. In (month), was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS or TRICARE, or CHAMP-VA?</b>	<b>5a.</b> <span style="float: right;">37</span> 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }
<b>b. Was this CHAMPUS or TRICARE, or CHAMP-VA?</b> <i>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.</i>	<b>b.</b> <span style="float: right;">38</span> 1 <input type="checkbox"/> Yes (5c) 2 <input type="checkbox"/> No (5f) 9 <input type="checkbox"/> DK (5e)
<b>c. Who was covered by CHAMPUS or TRICARE, or CHAMP-VA?</b> <i>Mark (X) "CHAMPUS/TRICARE/CHAMP-VA" in person's column and "Cov" on the HIS-1.</i>	<b>c.</b> <span style="float: right;">39</span> 1 <input type="checkbox"/> CHAMPUS/TRICARE/CHAMP-VA <i>(Mark "Cov" box on HIS-1)</i>
<b>d. Anyone else?</b> <input type="checkbox"/> Yes (Reask 5c and d) <input type="checkbox"/> No (5e)	
<b>e. In (month), was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?</b>	<b>e.</b> <span style="float: right;">40</span> 1 <input type="checkbox"/> Yes (5f) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }
<b>f. Who was covered by other military health care?</b> <i>Mark (X) "Military" in person's column and "Cov" box on the HIS-1.</i>	<b>f.</b> <span style="float: right;">41</span> 1 <input type="checkbox"/> Military <i>(Mark "Cov" box on HIS-1)</i>
<b>g. Anyone else?</b> <input type="checkbox"/> Yes (Reask 5f and g) <input type="checkbox"/> No (6)	
<b>6a. In (month), was anyone in the family covered by the Indian Health Service?</b>	<b>6a.</b> <span style="float: right;">42</span> 1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }
<b>b. Who was covered?</b> <i>Mark (X) "IHS" in person's column and "Cov" on the HIS-1.</i>	<b>b.</b> <span style="float: right;">43</span> 1 <input type="checkbox"/> IHS <i>(Mark "Cov" box on HIS-1)</i>
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (7)	
<b>7a. (Not counting the government health programs we just mentioned) In (month) was anyone in the family covered by a health insurance plan?</b> <i>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).</i>	<b>7a.</b> <span style="float: right;">44</span> 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (Part C, question 8 9 <input type="checkbox"/> DK } on page 26)
<b>b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? If "DK", probe: Do you have something with the plan name on it?</b> <i>Ask 7c after recording each plan. Record up to 4 plan names in Part C, Table H.I.</i>	
<b>c. In (month), was anyone in the family covered by any OTHER health insurance plan?</b>	<b>c.</b> <span style="float: right;">45</span> 1 <input type="checkbox"/> Yes (Reask 7b and c) 2 <input type="checkbox"/> No (Part C on page 18)
Notes	

Part C – PRIVATE PLAN AND COVERAGE DETAIL		PERSON 1	RT 89
<b>TABLE H.I. – PLAN 1</b>			3-4
<b>PLAN 1 NAME</b>			5-6
<p><b>Now, I am going to ask some questions about the plan(s) you just told me about, (starting with (plan name).)</b></p> <p><b>1a. Who was covered under this plan?</b></p> <p>Mark (X) "Private insurance" in person's column and "Cov" on the HIS-1.</p>		<p><b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)</p>	7
<p><b>b. Anyone else?</b> <input type="checkbox"/> Yes (Reask 1a and b) <input type="checkbox"/> No (2)</p>			
<p><b>2. In whose name is this plan?</b></p> <p>Mark (X) "In name" in person's column and also on the HIS-1.</p>		<p><b>2.</b> <input type="checkbox"/> In name <input type="checkbox"/> Person not in household</p>	8
<p><b>3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?</b></p> <p>If "Yes", probe for employer or union. Mark (X) only one.</p>		<p><input type="checkbox"/> Employer <input type="checkbox"/> Union <input type="checkbox"/> Through workplace, but DK whether employer or union <input type="checkbox"/> No } (4) <input type="checkbox"/> DK } (3b)</p>	9
<p><b>b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?</b></p> <p>Read if necessary: <b>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.</b></p>		<p><input type="checkbox"/> All (5) <input type="checkbox"/> Some } (4) <input type="checkbox"/> None } <input type="checkbox"/> DK</p>	10
<p><i>HAND CARD FC1. Read categories if telephone interview.</i></p> <p><b>4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.</b></p> <p>Mark (X) only one. Read if necessary: <b>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.</b></p>		<p><input type="checkbox"/> Zero <input type="checkbox"/> \$1 – \$9 <input type="checkbox"/> \$10 – \$19 <input type="checkbox"/> \$20 – \$49 <input type="checkbox"/> \$50 – \$99 <input type="checkbox"/> \$100 – \$199 <input type="checkbox"/> \$200 – \$499 <input type="checkbox"/> \$500 or more <input type="checkbox"/> DK</p>	11
<p><b>5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?</b></p>		<p><input type="checkbox"/> Variety of services (6) <input type="checkbox"/> Only one type of service/care (5b) <input type="checkbox"/> DK (6)</p>	12
<p><b>b. What type of service or care does the plan pay for?</b></p> <p>Mark (X) only one type of service.</p>		<p>01 <input type="checkbox"/> Accidents 02 <input type="checkbox"/> AIDS care 03 <input type="checkbox"/> Cancer treatment 04 <input type="checkbox"/> Catastrophic care 05 <input type="checkbox"/> Dental care 06 <input type="checkbox"/> Disability insurance (cash payments when unable to work for health reasons) 07 <input type="checkbox"/> Hospice care 08 <input type="checkbox"/> Hospitalization-only 09 <input type="checkbox"/> Long term care (nursing home care) 10 <input type="checkbox"/> Prescriptions 11 <input type="checkbox"/> Vision care 98 <input type="checkbox"/> Other – Specify _____ 99 <input type="checkbox"/> DK</p> <p style="text-align: center;">GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8 ON PAGE 26</p>	13-14
Notes			

	RT 89 3-4		RT 89 3-4		RT 89 3-4		RT 89 3-4	
PERSON 2		PERSON 3		PERSON 4		PERSON 5		
<b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)	7	
<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name	8	
<b>6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?</b>  <i>Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.</i>				<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK				15
<b>b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?</b>				<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)				16
<b>c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)				17
<b>d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				18
<b>7a. Does (plan name) pay for any part of the cost for dental care?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				19
<i>Mark (X) box or ask:</i>  <b>b. Does this plan pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?</b>				<input type="checkbox"/> No persons under 18 in family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				20
Notes								

<b>Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued</b>		<b>PERSON 1</b>	
<p><b>8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?</b></p> <p><b>b. Who is this?</b> <i>Mark (X) "Pre-existing condition" in person's column.</i></p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No (9) <input type="checkbox"/> DK (9)</p>		<p><b>8a.</b> <input type="checkbox"/> Yes (8b) <input type="checkbox"/> No <input type="checkbox"/> DK } (9)</p>	<p>69</p> <p>70</p>
<p><b>9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?</b></p> <p><b>b. Who is this?</b> <i>Mark (X) "Turned down" in person's column.</i></p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No (9d) <input type="checkbox"/> DK (9d) <i>Ask for each person with "Turned down" marked in 9b.</i></p> <p><b>d. Why was -- unable to get that health insurance? Anything else?</b> <i>Mark (X) all that apply.</i></p>		<p><b>9a.</b> <input type="checkbox"/> Yes (9b) <input type="checkbox"/> No <input type="checkbox"/> DK } (10)</p> <p><b>b.</b> <input type="checkbox"/> Turned down</p> <p><b>d.</b> <input type="checkbox"/> Because of pre-existing condition (such as cancer or diabetes) <input type="checkbox"/> Because of health risk(s) (such as smoking or overweight) <input type="checkbox"/> Because of work (such as construction worker, beautician, farm worker) <input type="checkbox"/> Because premiums were too high <input checked="" type="checkbox"/> Other - Specify <input type="checkbox"/> DK</p>	<p>71</p> <p>72</p> <p>73</p> <p>74</p> <p>75</p> <p>76</p> <p>77</p> <p>78</p>
<p><b>10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?</b></p> <p><b>b. Who is this?</b> <i>Mark (X) "Stayed in job" in person's column.</i></p> <p><b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No (C1) <input type="checkbox"/> DK (C1)</p>		<p><b>10a.</b> <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No <input type="checkbox"/> DK } (C1)</p> <p><b>b.</b> <input type="checkbox"/> Stayed in job</p>	<p>79</p> <p>80</p>
<b>ITEM C1</b>	<p>Refer to age and Wa/Wb in HIS-1. <i>Mark (X) first appropriate box.</i></p>		<p><b>C1</b> <input type="checkbox"/> 70+ (NP, or C3 on page 28) <input type="checkbox"/> Wa/Wb marked (C2) <input type="checkbox"/> Other (NP, or C3 on page 28)</p>
<b>ITEM C2</b>	<p>Refer to "In name" box on HIS-1.</p>		<p><b>C2</b> <input type="checkbox"/> "In name" (C1 for NP, or C3 on page 28) <input type="checkbox"/> Other (11)</p>
<p><b>11. Was health insurance offered by -- employer?</b></p>		<p><b>11.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (C1 for NP, or C3 on page 28)</p>	<p>83</p>
<p>Notes</p>			

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	RT 90
		3-4	5
<b>ITEM C3</b>	<p>Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box.</p> <p>If no other person in family, go to 14 on page 30.</p>	<b>C3</b>	<p>1 <input type="checkbox"/> Covered (13 on page 30)</p> <p>2 <input type="checkbox"/> Not covered, under 65</p> <p>3 <input type="checkbox"/> Not covered, 65+ } (12)</p>
<p>HAND CARD FC2. Read categories if telephone interview.</p> <p>If "Not covered, 65+," include "or Medicare".</p> <p><b>12a. Many people do not have health insurance for various reasons. Which of these statements describes why -- is not covered by any health insurance (or Medicare)?</b></p> <p><b>(Anything else?)</b></p> <p>Mark (X) all that apply.</p>		<b>12a.</b>	<p>01 <input type="checkbox"/> Job layoff/loss/unemployment 6-7</p> <p>02 <input type="checkbox"/> Wasn't offered by employer 8-9</p> <p>03 <input type="checkbox"/> Not eligible because part time worker 10-11</p> <p>04 <input type="checkbox"/> Family coverage not offered by employer 12-13</p> <p>05 <input type="checkbox"/> Benefits from former employer ran out 14-15</p> <p>06 <input type="checkbox"/> Can't obtain because of poor health, illness, or age 16-17</p> <p>07 <input type="checkbox"/> Too expensive/ Can't afford 18-19</p> <p>08 <input type="checkbox"/> Dissatisfied with previous insurance 20-21</p> <p>09 <input type="checkbox"/> Don't believe in insurance 22-23</p> <p>10 <input type="checkbox"/> Have usually been healthy, haven't needed insurance 24-25</p> <p>11 <input type="checkbox"/> Covered by some other plan 26-27</p> <p>12 <input type="checkbox"/> Too old for coverage under family plans 28-29</p> <p>13 <input type="checkbox"/> Free/inexpensive source of care readily available 30-31</p> <p>98 <input type="checkbox"/> Other reason – Specify <u>      </u> 32-33</p> <p>99 <input type="checkbox"/> DK (12d) 34-35</p>
<p>Ask 12b if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.</p> <p><b>b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?</b></p> <p>Record number from Card FC2.</p> <p>Ask 12c if box 11 is marked in 12a; otherwise skip to 12d.</p>		<b>b.</b>	<p>Main reason _____ 36-37</p> <p>38</p>
<p><b>c. Was -- covered by a state sponsored health plan, a private health insurance plan, or some other type of health plan?</b></p> <p>Mark (X) only one.</p>		<b>c.</b>	<p>1 <input type="checkbox"/> State Plan</p> <p>2 <input type="checkbox"/> Private Plan } (C3 for NP, or 14 on page 30)</p> <p>3 <input type="checkbox"/> Other Plan</p> <p>9 <input type="checkbox"/> DK</p>
<p><b>d. When was the LAST time -- had health insurance? (Read categories if necessary.)</b></p> <p>Mark (X) only one.</p>		<b>d.</b>	<p>39</p> <p>1 <input type="checkbox"/> Less than 6 months ago</p> <p>2 <input type="checkbox"/> 6 months ago, but less than 1 year ago } (12e)</p> <p>3 <input type="checkbox"/> 1 year ago, but less than 3 years ago</p> <p>4 <input type="checkbox"/> 3 or more years ago } (C3 for NP, or 14 on page 30)</p> <p>5 <input type="checkbox"/> Never had health insurance</p> <p>9 <input type="checkbox"/> DK (12f)</p>
<p>HAND CARD FC3. Read categories if telephone interview.</p> <p><b>e. What was the MAIN reason -- stopped being covered by health insurance?</b></p> <p>Mark (X) only one.</p>		<b>e.</b>	<p>40-41</p> <p>01 <input type="checkbox"/> Lost job or changed employers</p> <p>02 <input type="checkbox"/> Spouse/parent lost job or changed employers</p> <p>03 <input type="checkbox"/> Death of spouse or parent</p> <p>04 <input type="checkbox"/> Became divorced or separated</p> <p>05 <input type="checkbox"/> Became ineligible because of age } (12f on page 30)</p> <p>06 <input type="checkbox"/> Employer stopped offering coverage</p> <p>07 <input type="checkbox"/> Cut back to part time</p> <p>08 <input type="checkbox"/> Benefits from employer/ former employer ran out</p> <p>98 <input type="checkbox"/> Other – Specify <u>      </u></p> <p>99 <input type="checkbox"/> DK</p>

<b>Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued</b>		<b>PERSON 1</b>	
<b>12f. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?</b>		<b>12f.</b>	42
<p>-----</p> <b>g. What was the MAIN reason -- was unable to find some other type of health insurance?</b> <i>Mark (X) only one.</i>		<b>g.</b>	43
<p>-----</p> <b>13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?</b>		<b>13a.</b>	44
<p>-----</p> <b>b. In how many of the past 12 months was -- without coverage?</b> <i>Mark (X) only one.</i>		<b>b.</b>	45
<p>-----</p> <i>HAND CARD FC3. Read categories if telephone interview.</i>			46-47
<b>c. What was the MAIN reason -- was without coverage?</b> <i>Mark (X) only one.</i>		<b>c.</b>	46-47
<p>-----</p> <i>HAND CARD FC4. Read categories if telephone interview.</i>			48
<b>14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.</b> <i>Mark (X) only one.</i>		<b>14.</b>	48
<b>ITEM C4</b>	About how often did the Respondent appear to answer the questions in Parts B and C accurately?	<b>C4</b>	49
<b>ITEM C5</b>	About how often did the Respondent appear to answer the questions in Parts B and C honestly?	<b>C5</b>	50
<b>ITEM C6</b>	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.	<b>C6</b>	51-52

<b>Part D – INCOME AND ASSETS</b>		RT 91
		3-4
		5
<p><i>Mark (X) box or ask for each nondeleted family member, including Armed Forces members living at home.</i></p> <p><b>1a. In (month), did -- have a job or business?</b></p>	<p><b>1a.</b></p> <p>0 <input type="checkbox"/> Under 14 (NP, or 6 on page 38)</p> <p>1 <input type="checkbox"/> Yes (1b)</p> <p>2 <input type="checkbox"/> No } (NP, or 6 on page 38)</p> <p>9 <input type="checkbox"/> DK }</p>	5
<p><b>b. In (month), was -- working for an employer, was -- self-employed, or both?</b></p> <p><i>Read if necessary: Examples of self-employment include business, professional practice, or farm.</i></p> <p><i>Mark (X) only one.</i></p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Employer only (2a)</p> <p>2 <input type="checkbox"/> Self-employed only (3 on page 34)</p> <p>3 <input type="checkbox"/> Both (4 on page 36)</p> <p>9 <input type="checkbox"/> DK (NP, or 6 on page 38)</p>	6
<p><b>2a. In (month), how many hours per week did -- usually work in -- MAIN job?</b></p>	<p><b>2a.</b></p> <p>Hours per week</p> <p>(Number)</p> <p>99 <input type="checkbox"/> DK</p>	7-8
<p><b>b. Was -- paid by the hour at this MAIN job?</b></p>	<p><b>b.</b></p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>	9
<p><b>c. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.</b></p>	<p><b>c.</b></p> <p>\$ _____</p> <p>(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>	10-16
<p><b>d. How long has -- worked at this MAIN job?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>d.</b></p> <p>1 <input type="checkbox"/> One year or less</p> <p>2 <input type="checkbox"/> More than a year, but not more than 3 years</p> <p>3 <input type="checkbox"/> More than 3 years, but not more than 5 years</p> <p>4 <input type="checkbox"/> More than 5 years, but not more than 10 years</p> <p>5 <input type="checkbox"/> More than 10 years</p> <p>9 <input type="checkbox"/> DK</p>	17
<p><b>e. In (month), how many hours per week did -- usually work at any OTHER jobs?</b></p>	<p><b>e.</b></p> <p>Hours per week (2f)</p> <p>(Number)</p> <p>88 <input type="checkbox"/> None, only worked one job (2g)</p> <p>99 <input type="checkbox"/> DK (2f)</p>	18-19
<p><b>f. In (month), how much income did -- receive BEFORE deductions in all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.</b></p>	<p><b>f.</b></p> <p>\$ _____</p> <p>(Dollars)</p> <p>9999999 <input type="checkbox"/> DK</p>	20-26
<p><b>g. In how many of the past 12 months did -- have AT LEAST ONE job or business?</b></p>	<p><b>g.</b></p> <p>Months</p> <p>(Number)</p> <p>12 <input type="checkbox"/> All</p> <p>99 <input type="checkbox"/> DK</p> <p style="text-align: right;">} (D1 on page 36)</p>	27-28
<p>Notes</p>		

<b>Part D - INCOME AND ASSETS - Continued</b>	<b>PERSON 1</b>
<b>3a. In (month), how many hours per week did -- usually work in -- MAIN business?</b>	<b>3a.</b> <span style="float: right;">29-30</span> <div style="text-align: right; margin-right: 20px;">Hours per week</div> (Number) 99 <input type="checkbox"/> DK
<b>b. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses.</b>  <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>	<b>b.</b> 1 <input type="checkbox"/> Already included <span style="float: right;">31</span> 0 <input type="checkbox"/> Loss <span style="float: right;">32</span> \$ <span style="float: right;">33-39</span> (Dollars) 9999999 <input type="checkbox"/> DK
<b>c. How long has -- worked at this MAIN business?</b>  <i>Mark (X) only one.</i>	<b>c.</b> <span style="float: right;">40</span> 1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than a year, but not more than 3 years 3 <input type="checkbox"/> More than 3 years, but not more than 5 years 4 <input type="checkbox"/> More than 5 years, but not more than 10 years 5 <input type="checkbox"/> More than 10 years 9 <input type="checkbox"/> DK
<b>d. In (month), how many hours per week did -- usually work at all OTHER businesses?</b>	<b>d.</b> <span style="float: right;">41-42</span> <div style="text-align: right; margin-right: 20px;">Hours per week (3e)</div> (Number) 88 <input type="checkbox"/> None, only worked at one business (3g) 99 <input type="checkbox"/> DK (3e)
<b>e. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</b>	<b>e.</b> 1 <input type="checkbox"/> Already included <span style="float: right;">43</span> 0 <input type="checkbox"/> Loss <span style="float: right;">44</span> \$ <span style="float: right;">45-51</span> (Dollars) 9999999 <input type="checkbox"/> DK
<b>f. In how many of the past 12 months was -- self-employed?</b>	<b>f.</b> <span style="float: right;">52-53</span> <div style="text-align: right; margin-right: 20px;">Months } If 01-11 (3g)</div> (Number) } If 12 (D1 on page 36) 12 <input type="checkbox"/> All } (D1 on page 36) 99 <input type="checkbox"/> DK }
<b>g. In how many of the past 12 months did -- have AT LEAST ONE job or business?</b>	<b>g.</b> <span style="float: right;">54-55</span> <div style="text-align: right; margin-right: 20px;">Months } (D1 on page 36)</div> (Number) } 12 <input type="checkbox"/> All 99 <input type="checkbox"/> DK
Notes	



Part D - INCOME AND ASSETS - Continued		PERSON 1	
<b>4a. In (month), how many hours per week did -- usually work in -- MAIN job or business?</b>		<b>4a.</b>	56-57
		Hours per week (Number) 99 <input type="checkbox"/> DK	
<b>b. Was this a job or business?</b>		<b>b.</b>	58
		1 <input type="checkbox"/> Job (4c) 2 <input type="checkbox"/> Business (4e) 9 <input type="checkbox"/> DK (4c)	
<b>c. Was -- paid by the hour at this MAIN job?</b>		<b>c.</b>	59
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
<b>d. In (month), how much income did -- receive BEFORE deductions from -- MAIN job? Include any tips, bonuses, overtime pay, and commissions.</b>		<b>d.</b>	60-66
		\$ _____ (Dollars) } (4f) 9999999 <input type="checkbox"/> DK	
<b>e. In (month), how much income did -- receive from -- MAIN business? Report NET income, after business expenses.</b>  <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>		<b>e.</b>	67
		1 <input type="checkbox"/> Already included 0 <input type="checkbox"/> Loss	68
		\$ _____ (Dollars) 9999999 <input type="checkbox"/> DK	69-75
<b>f. How long has -- worked at this MAIN [job/business]?</b>  <i>Mark (X) only one.</i>		<b>f.</b>	76
		1 <input type="checkbox"/> One year or less 2 <input type="checkbox"/> More than a year, but not more than 3 years 3 <input type="checkbox"/> More than 3 years, but not more than 5 years 4 <input type="checkbox"/> More than 5 years, but not more than 10 years 5 <input type="checkbox"/> More than 10 years 9 <input type="checkbox"/> DK	
<b>g. In (month), how many hours per week did -- usually work at all OTHER jobs or businesses?</b>		<b>g.</b>	77-78
		Hours per week (Number) 99 <input type="checkbox"/> DK	
<b>h. In (month), how much income did -- receive from all OTHER businesses? Report NET income, after business expenses.</b>  <i>Read if necessary: For farms, include any earnings as a tenant farmer or share cropper.</i>		<b>h.</b>	79
		1 <input type="checkbox"/> Already included 0 <input type="checkbox"/> Loss	80
		\$ _____ (Dollars) 9999998 <input type="checkbox"/> No other business 9999999 <input type="checkbox"/> DK	81-87
<b>i. In (month), how much income did -- receive BEFORE deductions from all OTHER jobs? Include any tips, bonuses, overtime pay, and commissions.</b>		<b>i.</b>	88-94
		\$ _____ (Dollars) 9999998 <input type="checkbox"/> No other job 9999999 <input type="checkbox"/> DK	
<b>j. In how many of the past 12 months was -- self-employed?</b>		<b>j.</b>	95-96
		Months } If 01-11 (4k) (Number) } If 12 (D1) 12 <input type="checkbox"/> All } (D1) 99 <input type="checkbox"/> DK }	
<b>k. In how many of the past 12 months did -- have AT LEAST ONE job or business?</b>		<b>k.</b>	97-98
		Months (Number) 12 <input type="checkbox"/> All 99 <input type="checkbox"/> DK	
<b>ITEM D1</b>	<i>Refer to age.</i>	<b>D1</b>	99
		1 <input type="checkbox"/> 18+ (5 on page 38) 8 <input type="checkbox"/> Other (1a on page 32 for NP, or 6 on page 38)	

<b>Part D - INCOME AND ASSETS - Continued</b>	<b>PERSON 1</b>
<p><i>HAND CARD FD1. Read categories if telephone interview.</i></p> <p><b>5a. Thinking about -- (MAIN) job or business in (month), how many people are employed full and part time, including employees at all locations?</b></p> <p><i>Mark (X) only one.</i></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">100</div> <p><b>5a.</b></p> <p>1 <input type="checkbox"/> 1-9                  2 <input type="checkbox"/> 10-24                  3 <input type="checkbox"/> 25-49                  4 <input type="checkbox"/> 50-99                  5 <input type="checkbox"/> 100-499                  6 <input type="checkbox"/> 500-999                  7 <input type="checkbox"/> 1,000 or more                  9 <input type="checkbox"/> DK (5b)</p> <p style="text-align: right; font-size: small;">(1a on page 32 for NP, or 6)</p>
<p><b>b. Thinking about the particular location where -- worked in (month), how many people are employed THERE full and part time?</b></p> <p><i>Mark (X) only one.</i></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">101</div> <p><b>b.</b></p> <p>1 <input type="checkbox"/> 1-9                  2 <input type="checkbox"/> 10-24                  3 <input type="checkbox"/> 25-49                  4 <input type="checkbox"/> 50-99                  5 <input type="checkbox"/> 100-499                  6 <input type="checkbox"/> 500-999                  7 <input type="checkbox"/> 1,000 or more                  9 <input type="checkbox"/> DK</p> <p style="text-align: right; font-size: small;">(1a on page 32 for NP, or 6)</p>
<p><b>6a. In (month), did anyone in the family receive Social Security or Railroad Retirement payments?</b></p> <p><i>Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are sent in a gold colored envelope.</i></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">102</div> <p><b>6a.</b></p> <p>1 <input type="checkbox"/> Yes (6b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (7)</p>
<p><b>b. Who was this?</b></p> <p><i>Mark (X) "SS/RR" in person's column.</i></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">103</div> <p><b>b.</b></p> <p>1 <input type="checkbox"/> SS/RR</p>
<p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 6b and c)    <input type="checkbox"/> No (6d)    <input type="checkbox"/> DK (6d)</p> <p><i>Ask 6d-g as appropriate for each person with "SS/RR" marked in 6b.</i></p>	
<p><b>d. How much income did -- receive in (month), from Social Security or Railroad Retirement?</b></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">104</div> <p><b>d.</b></p> <p>1 <input type="checkbox"/> Already included</p> <p>\$ _____ (Dollars) <span style="float: right; border-bottom: 1px solid black; margin-right: 5px;">105-108</span></p> <p>9999 <input type="checkbox"/> DK</p>
<p><b>e. How long has -- received Social Security or Railroad Retirement income?</b></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">109-110</div> <div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">111</div> <p><b>e.</b></p> <p>_____ { 1 <input type="checkbox"/> Months                  (Number) { 2 <input type="checkbox"/> Years                  99 <input type="checkbox"/> DK</p>
<p><i>Ask 6f-g ONLY if person is under 65; otherwise, go to 6d for NP with "SS/RR" in 6b, or 7.</i></p> <p><b>f. Was -- Social Security or Railroad Retirement income received as a disability benefit?</b></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">112</div> <p><b>f.</b></p> <p>1 <input type="checkbox"/> Yes (6g)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (6d for NP with "SS/RR" in 6b, or 7)</p>
<p><b>g. Did -- receive this benefit because -- is disabled?</b></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">113</div> <p><b>g.</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (6d for NP with "SS/RR" in 6b, or 7)</p>
<p><b>7a. (Besides --) Has anyone in the family EVER APPLIED for disability benefits from Social Security? This includes people who applied for benefits even if the claim was denied.</b></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">114</div> <p><b>7a.</b></p> <p>1 <input type="checkbox"/> Yes (7b)                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK } (8 on page 40)</p>
<p><b>b. Who was this?</b></p> <p><i>Mark (X) "Applied for SSA" in person's column.</i></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">115</div> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Applied for SSA</p>
<p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 7b and c)    <input type="checkbox"/> No (7d)    <input type="checkbox"/> DK (7d)</p> <p><i>Ask 7d for each person with box marked in 7b.</i></p>	
<p><b>d. How many times has -- applied for disability benefits from Social Security?</b></p>	<div style="text-align: right; border-bottom: 1px solid black; margin-bottom: 5px;">116-117</div> <p><b>d.</b></p> <p>_____ Times applied for SSA                  (Number)                  99 <input type="checkbox"/> DK                  (7d for NP with 7b, or 8 on page 40)</p>

<b>Part D – INCOME AND ASSETS – Continued</b>		<b>PERSON 1</b>
		3-4
<p><b>8a. In (month), did anyone in the family receive Supplemental Security Income or SSI?</b></p> <p><i>Read if necessary: Federal SSI are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.</i></p> <p><b>b. Who was this?</b></p> <p><i>Mark (X) "SSI" in person's column.</i></p> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 8b and c)    <input type="checkbox"/> No (8d)    <input type="checkbox"/> DK (8d)</p> <p><i>Ask 8d-e for each person with "SSI" marked in 8b.</i></p> <p><b>d. How much income did -- receive in (month) for Supplemental Security Income or SSI?</b></p> <p><b>e. How long has -- received Supplement Security Income?</b></p>	<p><b>8a.</b></p> <p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> SSI</p> <p><b>d.</b> \$ _____ (Dollars) 9999 <input type="checkbox"/> DK</p> <p><b>e.</b></p> <p>(Number) { 1 <input type="checkbox"/> Months                   2 <input type="checkbox"/> Years 99 <input type="checkbox"/> DK (8d for NP with 8b, or 9)</p>	<p>5</p> <p>6</p> <p>7-10</p> <p>11-12 13</p>
<p><b>9a. (Besides --) Has anyone in the family EVER applied for Supplemental Security Income or SSI? This includes people who applied for benefits even if the claim was denied.</b></p> <p><b>b. Who was this?</b></p> <p><i>Mark (X) "Applied for SSI" in person's column.</i></p> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 9b and c)    <input type="checkbox"/> No (9d)    <input type="checkbox"/> DK (9d)</p> <p><i>Ask 9d for each person with box marked in 9b.</i></p> <p><b>d. How many times has -- applied for Supplemental Security Income (SSI)?</b></p>	<p><b>9a.</b></p> <p>1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Applied for SSI</p> <p><b>d.</b> _____ Times applied for SSI (Number) 99 <input type="checkbox"/> DK (9d for NP with 9b, or 10)</p>	<p>14</p> <p>15</p> <p>16-17</p>
<p><b>10a. In (month), did anyone in the family receive any disability pension (other than Social Security or Railroad Retirement)?</b></p> <p><b>b. Who was this?</b></p> <p><i>Mark (X) "Disability" in person's column.</i></p> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 10b and c)    <input type="checkbox"/> No (10d)    <input type="checkbox"/> DK (10d)</p> <p><i>Ask 10d for each person with "Disability" marked in 10b.</i></p> <p><b>d. How much did -- receive in (month) BEFORE deductions from a disability pension?</b></p>	<p><b>10a.</b></p> <p>1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (11 on page 42) 9 <input type="checkbox"/> DK }</p> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Disability</p> <p><b>d.</b></p> <p>1 <input type="checkbox"/> Already included</p> <p>\$ _____ (Dollars) 9999 <input type="checkbox"/> DK (10d for NP with 10b, or 11 on page 42)</p>	<p>18</p> <p>19</p> <p>20</p> <p>21-24</p>
Notes		

Part D – INCOME AND ASSETS – Continued		PERSON 1	
<p><b>11a. (In (month), did anyone in the family receive) Any retirement or survivor pension (other than [Social Security or Railroad Retirement/(or) disability pension])?</b></p> <hr style="border-top: 1px dashed black;"/> <p><b>b. Who was this?</b> <i>Mark (X) "Pension" in person's column.</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 11b and c)    <input type="checkbox"/> No (11d)    <input type="checkbox"/> DK (11d) <i>Ask 11d for each person with "Pension" marked in 11b.</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>d. How much income did -- receive BEFORE deductions from retirement or survivor pensions (other than [Social Security or Railroad Retirement/(or) disability pension]) in (month)?</b></p>		<p><b>11a.</b></p> <p>1 <input type="checkbox"/> Yes (11b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (D2)</p> <hr style="border-top: 1px dashed black;"/> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Pension</p> <hr style="border-top: 1px dashed black;"/> <p><b>d.</b></p> <p>1 <input type="checkbox"/> Already included</p> <p>\$ _____ (Dollars) 999999 <input type="checkbox"/> DK (11d for NP with 11b, or D2)</p>	<p>25</p> <p>26</p> <p>27</p> <p>28-33</p>
<p><b>ITEM D2</b></p>	<p><i>Refer to family composition and income in 8a on page 48 of HIS-1.</i></p>	<p><b>D2</b></p> <p>1 <input type="checkbox"/> Single person family and income = \$20,000 or more (14 on page 44) 2 <input type="checkbox"/> Married couple only and family income = \$20,000 or more (14 on page 44) 8 <input type="checkbox"/> Other (12)</p>	<p>34</p>
<p><b>12a. In (month), did anyone in the family receive public assistance or welfare payments from the state or local welfare office? Do not include SSI.</b></p> <hr style="border-top: 1px dashed black;"/> <p><b>b. Who was this?</b> <i>Mark (X) "Welfare" in person's column.</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>c. Anyone else?</b>    <input type="checkbox"/> Yes (Reask 12b and c)    <input type="checkbox"/> No (12d)    <input type="checkbox"/> DK (12d) <i>Ask 12d-f for each person with "Welfare" marked in 12b.</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>d. Did -- receive Aid to Families with Dependent Children, sometimes called AFDC or ADC, or some other type of assistance payments in (month)?</b> <i>Mark (X) only one.</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>e. In how many of the past 12 months did -- receive these payments?</b></p> <hr style="border-top: 1px dashed black;"/> <p><b>f. How much income did -- receive from public assistance or welfare in (month)?</b></p>		<p><b>12a.</b></p> <p>1 <input type="checkbox"/> Yes (12b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (13 on page 44)</p> <hr style="border-top: 1px dashed black;"/> <p><b>b.</b></p> <p>1 <input type="checkbox"/> Welfare</p> <hr style="border-top: 1px dashed black;"/> <p><b>d.</b></p> <p>1 <input type="checkbox"/> AFDC 2 <input type="checkbox"/> Other 3 <input type="checkbox"/> Both 9 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><b>e.</b></p> <p>12 <input type="checkbox"/> All</p> <p>____ Months (Number) 99 <input type="checkbox"/> DK</p> <hr style="border-top: 1px dashed black;"/> <p><b>f.</b></p> <p>1 <input type="checkbox"/> Already included</p> <p>\$ _____ (Dollars) 9999 <input type="checkbox"/> DK (12d for NP with 12b, or 13 on page 44)</p>	<p>35</p> <p>36</p> <p>37</p> <p>38-39</p> <p>40</p> <p>41-44</p>
<p>Notes</p>			

<b>Part D – INCOME AND ASSETS – Continued</b>	<b>PERSON 1</b>
<b>13a.</b> In <i>(month)</i> , did anyone in the family receive food stamps? This includes receipt of a food stamp card or vouchers, or cash grants from the state for food.	<b>13a.</b> <span style="float: right;">45</span> 1 <input type="checkbox"/> Yes (13b) 2 <input type="checkbox"/> No } (14) 9 <input type="checkbox"/> DK }
<b>b.</b> What was the total value of the food stamp allotment received in <i>(month)</i> ? (This includes receipt of a food stamp card or vouchers, or cash grants from the state for food.)	<b>b.</b> <span style="float: right;">46-49</span> \$ _____ (Dollars) 9999 <input type="checkbox"/> DK
<b>14a.</b> In <i>(month)</i> , did anyone in the family have money in any kind of savings or other bank account that EARNED interest? Do not include dividends.  <i>Read if necessary: Include saving accounts, money market funds, treasury notes, IRA's or certificates of deposit, interest earning checking accounts, bonds or any other investments that earn interest.</i>	<b>14a.</b> <span style="float: right;">50</span> 1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No } (15 on page 46) 9 <input type="checkbox"/> DK }
<b>b.</b> Who was this?  <i>Mark (X) "Interest" in person's column.</i>	<b>b.</b> <span style="float: right;">51</span> 1 <input type="checkbox"/> Interest
<b>c.</b> Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No (14d) <input type="checkbox"/> DK (14d)  <i>Ask 14d-f as appropriate for each person with "Interest" marked in 14b.</i>	<b>d.</b> <span style="float: right;">52</span> 1 <input type="checkbox"/> Already included } (14d for NP with 14b, or 15 on page 46) \$ _____ } (Dollars) } <span style="float: right;">53-56</span> 9999 <input type="checkbox"/> DK (14e)
<b>d.</b> What is your best estimate of the total amount of interest -- earned in <i>(month)</i> ?	<b>e.</b> <span style="float: right;">57</span> 1 <input type="checkbox"/> More than \$25 (14f) 2 <input type="checkbox"/> Less than \$25 } (14d for NP with 14b, or 15 on page 46) 3 <input type="checkbox"/> \$25 exactly } 9 <input type="checkbox"/> DK }
<b>e.</b> Was it more than \$25 or less than \$25?  <i>HAND CARD FD2.</i>	<b>f.</b> <span style="float: right;">58</span> 1 <input type="checkbox"/> \$25-\$99, } (14d for NP with 14b, or 15 on page 46) 2 <input type="checkbox"/> \$100-\$499, } 3 <input type="checkbox"/> \$500-\$999, } 4 <input type="checkbox"/> \$1000-\$4999, or } 5 <input type="checkbox"/> \$5000 or more? } 9 <input type="checkbox"/> DK }
<b>f.</b> Was it - Read answer categories.	
Notes	

<b>Part D - INCOME AND ASSETS - Continued</b>	<b>PERSON 1</b>
<p><b>15a. In (month), did anyone in the family receive dividend income from stocks or mutual funds or income from rental property, royalties, estates, or trusts?</b></p> <p>-----</p> <p><b>b. Who was this?</b> Mark (X) "Dividends" in person's column.</p> <p>-----</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 15b and c)      <input type="checkbox"/> No (15d)      <input type="checkbox"/> DK (15d) Ask 15d-f as appropriate for each person with "Dividends" marked in 15b.</p> <p>-----</p> <p><b>d. What is your best estimate of the total amount that -- received from dividends, NET rental property income, royalties, estates, or trusts in (month)?</b></p> <p>-----</p> <p><b>e. Was it more than \$25 or less than \$25?</b></p> <p>-----</p> <p>HAND CARD FD2.</p> <p><b>f. Was it - Read answer categories.</b></p>	<p><b>15a.</b> <span style="float: right;">59</span>  <input type="checkbox"/> Yes (15b)  <input type="checkbox"/> No } (16)  <input type="checkbox"/> DK }</p> <p><b>b.</b> <span style="float: right;">60</span>  <input type="checkbox"/> Dividends</p> <p><b>d.</b> <span style="float: right;">61</span>  <input type="checkbox"/> Already included } (15d for NP with 15b, or 16)  <input type="checkbox"/> Loss }            \$ _____ }            (Dollars) } <span style="float: right;">62</span>            9999 <input type="checkbox"/> DK (15e) } <span style="float: right;">63-66</span></p> <p><b>e.</b> <span style="float: right;">67</span>  <input type="checkbox"/> More than \$25 (15f)  <input type="checkbox"/> Less than \$25 } (15d for NP with 15b, or 16)  <input type="checkbox"/> \$25 exactly }  <input type="checkbox"/> DK }</p> <p><b>f.</b> <span style="float: right;">68</span>  <input type="checkbox"/> \$25-\$99, } (15d for NP with 15b, or 16)  <input type="checkbox"/> \$100-\$499, }  <input type="checkbox"/> \$500-\$999, }  <input type="checkbox"/> \$1000-\$4999, or }  <input type="checkbox"/> \$5000 or more? }  <input type="checkbox"/> DK }</p>
<p><b>16a. In (month), did anyone in the family receive income from ANY OTHER sources, such as veterans payments, worker's or unemployment compensation, child support or alimony? Do not include lump sum payments, such as money from an inheritance or sale of a home.</b></p> <p>-----</p> <p><b>b. Who was this?</b> Mark (X) "Other income" in person's column.</p> <p>-----</p> <p><b>c. Anyone else?</b>      <input type="checkbox"/> Yes (Reask 16b and c)      <input type="checkbox"/> No (16d)      <input type="checkbox"/> DK (16d) Ask 16d-f as appropriate for each person with "Other Income" marked in 16b.</p> <p>-----</p> <p><b>d. How much income did -- receive in (month) from ALL OTHER sources?</b></p> <p>-----</p> <p><b>e. Was it more than \$25 or less than \$25?</b></p> <p>-----</p> <p>HAND CARD FD2.</p> <p><b>f. Was it - Read answer categories.</b></p>	<p><b>16a.</b> <span style="float: right;">69</span>  <input type="checkbox"/> Yes (16b)  <input type="checkbox"/> No } (17 on page 48)  <input type="checkbox"/> DK }</p> <p><b>b.</b> <span style="float: right;">70</span>  <input type="checkbox"/> Other income</p> <p><b>d.</b> <span style="float: right;">71</span>  <input type="checkbox"/> Already included } (16d for NP with 16b, or 17 on page 48)  <input type="checkbox"/> Loss }            \$ _____ }            (Dollars) } <span style="float: right;">72-75</span>            9999 <input type="checkbox"/> DK (15e) }</p> <p><b>e.</b> <span style="float: right;">76</span>  <input type="checkbox"/> More than \$25 (16f)  <input type="checkbox"/> Less than \$25 } (16d for NP with 16b, or 17 on page 48)  <input type="checkbox"/> \$25 exactly }  <input type="checkbox"/> DK }</p> <p><b>f.</b> <span style="float: right;">77</span>  <input type="checkbox"/> \$25-\$99, } (16d for NP with 16b, or 17 on page 48)  <input type="checkbox"/> \$100-\$499, }  <input type="checkbox"/> \$500-\$999, }  <input type="checkbox"/> \$1000-\$4999, or }  <input type="checkbox"/> \$5000 or more? }  <input type="checkbox"/> DK }</p>
<p>Notes</p>	

<b>Part D - INCOME AND ASSETS - Continued</b>		
<p><b>17a. Does anyone in the family own a car, truck, recreational vehicle, motorcycle, or boat?</b></p> <p><i>HAND CARD FD3. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes (17b)                  2 <input type="checkbox"/> No } (18)                  9 <input type="checkbox"/> DK }</p>	78
<p><b>b. Altogether, how much are they worth?</b></p> <p>Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Less than \$2,000                  2 <input type="checkbox"/> \$2,000 - \$4,999                  3 <input type="checkbox"/> \$5,000 - \$9,999                  4 <input type="checkbox"/> \$10,000 - \$19,999                  5 <input type="checkbox"/> \$20,000 - \$49,999                  6 <input type="checkbox"/> \$50,000 - \$99,999                  7 <input type="checkbox"/> \$100,000 or more                  9 <input type="checkbox"/> DK</p>	79
<p><b>18a. Is this [house/apartment] now -</b></p> <p><b>(1) Owned or being bought by you (or someone in the household)?</b></p>	<p>1 <input type="checkbox"/> Yes (18b)                  2 <input type="checkbox"/> No (Ask (2))</p>	80
<p><b>(2) Rented for money?</b></p>	<p>1 <input type="checkbox"/> Yes (18e)                  2 <input type="checkbox"/> No (Ask (3))</p>	81
<p><b>(3) Occupied without payment of money rent?</b></p> <p><i>HAND CARD FD4. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes } (19)                  2 <input type="checkbox"/> No }</p>	82
<p><b>b. About how much is this place worth on today's market?</b></p> <p>Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Less than \$25,000                  2 <input type="checkbox"/> \$25,000 - \$49,999                  3 <input type="checkbox"/> \$50,000 - \$99,999                  4 <input type="checkbox"/> \$100,000 - \$199,999                  5 <input type="checkbox"/> \$200,000 - \$299,999                  6 <input type="checkbox"/> \$300,000 - \$499,999                  7 <input type="checkbox"/> \$500,000 or more                  9 <input type="checkbox"/> DK</p>	83
<p><b>c. Is it fully paid for or do you still owe something?</b></p> <p><i>HAND CARD FD5. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Fully paid for, nothing is owed (19)                  2 <input type="checkbox"/> Still owe something (18d)                  9 <input type="checkbox"/> DK(19)</p>	84
<p><b>d. What is the monthly mortgage payment?</b></p> <p>Mark (X) only one.</p> <p><i>HAND CARD FD5. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Less than \$500                  2 <input type="checkbox"/> \$500 - \$999                  3 <input type="checkbox"/> \$1,000 - \$1,999                  4 <input type="checkbox"/> \$2,000 or more                  9 <input type="checkbox"/> DK } (19)</p>	85
<p><b>e. What is the monthly rent?</b></p> <p>Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Less than \$500                  2 <input type="checkbox"/> \$500 - \$999                  3 <input type="checkbox"/> \$1,000 - \$1,999                  4 <input type="checkbox"/> \$2,000 or more                  9 <input type="checkbox"/> DK</p>	86
<p><b>f. Does the monthly rent include meals and/or utilities?</b></p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  9 <input type="checkbox"/> DK</p>	87
<p><b>19. [Do you/Does your family] own any other assets, such as another house, a business, or stocks and bonds?</b></p>	<p>1 <input type="checkbox"/> Yes (20)                  2 <input type="checkbox"/> No } (Item D3)                  9 <input type="checkbox"/> DK }</p>	88
<p><b>20a. [Do you/Does your family] own other property, such as another home, rental property, or land?</b></p> <p><i>HAND CARD FD4. Read categories if telephone interview.</i></p>	<p>1 <input type="checkbox"/> Yes (20b)                  2 <input type="checkbox"/> No } (21)                  9 <input type="checkbox"/> DK }</p>	89
<p><b>b. If [you/your family] sold this other property now and paid off any debts on it, about how much would [you/your family] get?</b></p> <p>Mark (X) only one.</p>	<p>1 <input type="checkbox"/> Less than \$25,000                  2 <input type="checkbox"/> \$25,000 - \$49,999                  3 <input type="checkbox"/> \$50,000 - \$99,999                  4 <input type="checkbox"/> \$100,000 - \$199,999                  5 <input type="checkbox"/> \$200,000 - \$299,999                  6 <input type="checkbox"/> \$300,000 - \$499,999                  7 <input type="checkbox"/> \$500,000 or more                  9 <input type="checkbox"/> DK</p>	90

**Part D - INCOME AND ASSETS - Continued**

<b>21a. (Besides this property) [Do you/Does your family] own part or all of a business, farm, or professional practice?</b>	1 <input type="checkbox"/> Yes (21b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (22)	91
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HAND CARD FD4. Read categories if telephone interview.  <b>b. If [you/your family] sold this business, farm, or professional practice now and paid off any debts on it, about how much would [you/your family] get?</b>  Mark (X) only one.	1 <input type="checkbox"/> Less than \$25,000 2 <input type="checkbox"/> \$25,000 - \$49,999 3 <input type="checkbox"/> \$50,000 - \$99,999 4 <input type="checkbox"/> \$100,000 - \$199,999 5 <input type="checkbox"/> \$200,000 - \$299,999 6 <input type="checkbox"/> \$300,000 - \$499,999 7 <input type="checkbox"/> \$500,000 or more 9 <input type="checkbox"/> DK	92
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<b>22a. [Do you/Does your family] have any other savings, assets, or property? Include stocks and bonds and certificates of deposit (CDs).</b>	1 <input type="checkbox"/> Yes (22b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Item D3)	93
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HAND CARD FD4. Read categories if telephone interview.  <b>b. Altogether, what is the present value of these other savings, assets, or property?</b>  Mark (X) only one.	1 <input type="checkbox"/> Less than \$25,000 2 <input type="checkbox"/> \$25,000 - \$49,999 3 <input type="checkbox"/> \$50,000 - \$99,999 4 <input type="checkbox"/> \$100,000 - \$199,999 5 <input type="checkbox"/> \$200,000 - \$299,999 6 <input type="checkbox"/> \$300,000 - \$499,999 7 <input type="checkbox"/> \$500,000 or more 9 <input type="checkbox"/> DK	94
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<b>ITEM D3</b>	About how often did the Respondent appear to answer the questions in Part D, Income and Assets accurately?	1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK	95
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<b>ITEM D4</b>	About how often did the Respondent appear to answer the questions in Part D, Income and Assets honestly?	1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK	96
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<b>ITEM D5</b>	Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Part D.	Person number _____	97-98
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Notes
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3-4

**10. Response Status**

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**a. Section II A (Access to Care)**

**Interview:**

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

**Noninterview:**

- 3  Refused
  - 4  Other
- } Explain in notes

**Mode of Interview:**

All or most of the supplement was conducted —

- 1  In Person
- 2  By Telephone

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

**Interview:**

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

**Noninterview:**

- 3  Refused
  - 4  Other
- } Explain in notes

**Mode of Interview:**

All or most of the supplement was conducted —

- 1  In Person
- 2  By Telephone

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Notes