

HEALTH INSURANCE PAGE

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. Show card

1a. Is anyone in this family covered by Medicare? Y N (4) DK

b. Is --- covered? Mark box in person's column.

1b. 1 Cov. 2 Not cov. 9 DK

Ask for each person with "Covered" in 1b.

2a. Is --- covered by that part of Social Security Medicare which pays for hospital bills? Mark box in person's column.

2a. 1 Cov. Hosp. 2 No 9 DK

b. Is --- covered by that part of Medicare which pays for doctor's bills, that is, the Medicare plan for which he or some agency must pay a certain amount each month? Mark box in person's column.

b. 1 Cov. Med. 2 No 9 DK

Ask for each person with "DK" in 2 and for each person under 65 with "Covered" in 1b.

3. May I please see the Social Security Medicare card(s) for --- (and ---) to determine the (type/dates) of coverage? Transcribe the information from the card or mark the "Card N.A." box.

3. 1 Cov. Hosp. 3 Card N.A.
2 Cov. Med.

We are interested in all kinds of health insurance plans except those which pay only for accidents.

4a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill? Y N (4d)

b. What is the name of the plan? (Record in Table H.I.)

c. Is anyone in the family covered by any other hospital insurance plan? Y (Reask 4b and c) N

d. Is anyone in the family covered by any (other) health insurance plan which pays any part of a DOCTOR'S or SURGEON'S bill? Y N (5)

e. What is the name of the plan? (Record in Table H.I., reask 4d)

TABLE H.I.

PLAN	3c. Does this plan pay any part of hospital expenses?	6a. Is --- covered under this (name) plan?	
PLAN 1 5a. Was this (name) plan obtained through an employer or union? 1 Y (c) 2 N 9 DK b. Was it obtained through some other group? 1 Y 2 N 9 DK	3c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK	6a. Is --- covered under this (name) plan? b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan? 1 Y 2 N 9 DK	6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP) b. 1 Y 2 N 9 DK
PLAN 2 5a. Was this (name) plan obtained through an employer or union? 1 Y (c) 2 N 9 DK b. Was it obtained through some other group? 1 Y 2 N 9 DK	3c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK	6a. Is --- covered under this (name) plan? b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan? 1 Y 2 N 9 DK	6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP) b. 1 Y 2 N 9 DK
PLAN 3 5a. Was this (name) plan obtained through an employer or union? 1 Y (c) 2 N 9 DK b. Was it obtained through some other group? 1 Y 2 N 9 DK	3c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK d. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 Y 2 N 9 DK	6a. Is --- covered under this (name) plan? b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan? 1 Y 2 N 9 DK	6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP) b. 1 Y 2 N 9 DK
I For each person review 1, 2, 3, and 6 for each plan and determine if "Covered" by either Medicare or insurance, or "Not covered."			
Ask for each person "Not covered," Circle all reasons given → Many people do not carry health insurance for various reasons. Hand Card N 7a. Which of those statements describes why --- is not covered by any health insurance plan? Any other reason? Mark box or ask: b. What is the MAIN reason --- is not covered by any health insurance plan?			
			7a. 1 <input type="checkbox"/> Cov. (NP) 2 <input type="checkbox"/> Not cov. (NP) 00 <input type="checkbox"/> Only one reason b. 1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> (Specify)

1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. 9 <input type="checkbox"/> DK	1b.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. 9 <input type="checkbox"/> DK	1b.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. 9 <input type="checkbox"/> DK
1 <input type="checkbox"/> Cov. Hosp. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	2a.	1 <input type="checkbox"/> Cov. Hosp. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Cov. Hosp. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	2a.	1 <input type="checkbox"/> Cov. Hosp. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Cov. Hosp. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
1 <input type="checkbox"/> Cov. Med. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Cov. Med. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Cov. Med. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	b.	1 <input type="checkbox"/> Cov. Med. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	1 <input type="checkbox"/> Cov. Med. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
1 <input type="checkbox"/> Cov. Hosp. 3 <input type="checkbox"/> Card N.A. 2 <input type="checkbox"/> Cov. Med.	3.	1 <input type="checkbox"/> Cov. Hosp. 3 <input type="checkbox"/> Card N.A. 2 <input type="checkbox"/> Cov. Med.	1 <input type="checkbox"/> Cov. Hosp. 3 <input type="checkbox"/> Card N.A. 2 <input type="checkbox"/> Cov. Med.	3.	1 <input type="checkbox"/> Cov. Hosp. 3 <input type="checkbox"/> Card N.A. 2 <input type="checkbox"/> Cov. Med.	1 <input type="checkbox"/> Cov. Hosp. 3 <input type="checkbox"/> Card N.A. 2 <input type="checkbox"/> Cov. Med.
1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	6a.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	6a.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)
1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK
1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	6a.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	6a.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)
1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK
1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	6a.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	6a.	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)	1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)
1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK	b.	1 Y 2 N 9 DK	1 Y 2 N 9 DK
1 <input type="checkbox"/> Cov. (NP) 2 <input type="checkbox"/> Not cov. (NP)	I	1 <input type="checkbox"/> Cov. (NP) 2 <input type="checkbox"/> Not cov. (NP)	1 <input type="checkbox"/> Cov. (NP) 2 <input type="checkbox"/> Not cov. (NP)	I	1 <input type="checkbox"/> Cov. (NP) 2 <input type="checkbox"/> Not cov. (NP)	1 <input type="checkbox"/> Cov. (NP) 2 <input type="checkbox"/> Not cov. (NP)
1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>	7a.	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>	7a.	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>
(Specify)		(Specify)	(Specify)		(Specify)	(Specify)
00 <input type="checkbox"/> Only one reason		00 <input type="checkbox"/> Only one reason	00 <input type="checkbox"/> Only one reason		00 <input type="checkbox"/> Only one reason	00 <input type="checkbox"/> Only one reason
1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>	b.	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>	b.	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>
(Specify)		(Specify)	(Specify)		(Specify)	(Specify)

4a. Does anyone in this family receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"?	Y N (5)		
b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.		4b.	1 <input type="checkbox"/> AFDC
c. Are any other family members included in this program?	Y (Reask 4b and c) N		
5a. Does anyone in this family receive the "Supplemental Security Income" or "SSI" gold-colored check?	Y N (6)		
b. Who receives this check? Mark "SSI" box in person's column.		5b.	1 <input type="checkbox"/> SSI
c. Anyone else?	Y (Reask 5b and c) N		
6a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called _____.) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or _____)?	Y N (7)		
b. Who was this? Mark "Medicaid" box in person's column.		6b.	1 <input type="checkbox"/> Medicaid
c. Anyone else?	Y (Reask 6b and c) N		
7a. Does anyone in the family now have a Medicaid (or _____) card which looks like this? Show Medicaid card.	Y N (8)		
b. Who is this? Mark "Card" box in person's column.		7b.	1 <input type="checkbox"/> Card
c. Anyone else?	Y (Reask 7b and c) N		
If "Card," ask: d. May I please see --'s (and --) card(s)? Mark appropriate box(es) in person's column.		d.	<input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 4 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)
8a. During the past 12 months, has anyone in the family received health care provided or paid for by the Veterans Administration?	Y N (9)		
b. Who was this? Mark "VA" box in person's column.		8b.	1 <input type="checkbox"/> VA
c. Anyone else?	Y (Reask 8b and c) N		
FOOTNOTES			

1 <input type="checkbox"/> AFDC	4b. 1 <input type="checkbox"/> AFDC	1 <input type="checkbox"/> AFDC	4b. 1 <input type="checkbox"/> AFDC	1 <input type="checkbox"/> AFDC	1 <input type="checkbox"/> AFDC	
1 <input type="checkbox"/> SSI	5b. 1 <input type="checkbox"/> SSI	1 <input type="checkbox"/> SSI	5b. 1 <input type="checkbox"/> SSI	1 <input type="checkbox"/> SSI	1 <input type="checkbox"/> SSI	
1 <input type="checkbox"/> Medicaid	6b. 1 <input type="checkbox"/> Medicaid	1 <input type="checkbox"/> Medicaid	6b. 1 <input type="checkbox"/> Medicaid	1 <input type="checkbox"/> Medicaid	1 <input type="checkbox"/> Medicaid	
1 <input type="checkbox"/> Card	7b. 1 <input type="checkbox"/> Card	1 <input type="checkbox"/> Card	7b. 1 <input type="checkbox"/> Card	1 <input type="checkbox"/> Card	1 <input type="checkbox"/> Card	
1 <input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	d. 1 <input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	1 <input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	d. 1 <input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	1 <input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	1 <input type="checkbox"/> Medicaid card seen <input checked="" type="checkbox"/> 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)	
1 <input type="checkbox"/> VA	8b. 1 <input type="checkbox"/> VA	1 <input type="checkbox"/> VA	8b. 1 <input type="checkbox"/> VA	1 <input type="checkbox"/> VA	1 <input type="checkbox"/> VA	
FOOTNOTES						

CARD N

1. Care received through Medicaid or Welfare.
2. Unemployed, or reasons related to unemployment.
3. Can't obtain insurance because of poor health, illness, or age.
4. Too expensive, can't afford health insurance.
5. Dissatisfied with previous insurance.
6. Don't believe in insurance.
7. Have been healthy, not much sickness in the family, haven't needed health insurance.
8. Military dependent, (CHAMPUS), veterans' benefits.
9. Some other reason – Specify