

P. HEALTH INSURANCE PAGE

PERSON 1

Read to respondent(s):
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, that is (read names), now covered by Medicare? Yes No (4) DK
b. Is --- now covered? Mark box in person's column.

1b. 1 Cov. 9 DK 5
 2 Not cov.

Ask for each person with "Covered" in 1b:
2a. Is --- now covered by the part of Social Security Medicare which pays for hospital bills? Mark box in person's column.

2a. 1 Yes 9 DK 6
 2 No

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

b. 1 Yes 9 DK 7
 2 No

Ask for each person with "DK" in 2a and/or b:
3. May I please see the Social Security Medicare card(s) for --- (and ---) to determine the type of coverage? Transcribe the information from the card or mark the "Card N.A." box.

3. 1 Hospital 8
 2 Medical
 3 Card N.A.

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 now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? Yes No (P1)

9

b. What is the name of the plan? Record in Table H.I. If more than three plans, go to page 12.

c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? Yes (Reask 4b and c) No (5)

TABLE H.I.

| PLAN 1 | 10 | 6a. Does this plan pay any part of hospital expenses? | 7. Is --- covered under this (name) plan? | 7. |
|---|----|---|---|----|
| 5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 11 | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 13 | 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP) Mark box in person's column. | 15 |
| b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 12 | | b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 14 | | |
| PLAN 2 | 16 | 6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 19 | 7. Is --- covered under this (name) plan? 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP) Mark box in person's column. | 21 |
| 5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 17 | | b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 20 | | |
| b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 18 | | 6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 25 | 7. Is --- covered under this (name) plan? 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP) Mark box in person's column. | 27 |
| PLAN 3 | 22 | b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 26 | | |
| 5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 23 | | | | |
| b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 24 | | | | |

P1 Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."

P1 1 Covered (NP) 46
 2 Not covered under 65 (NP)
 3 Not covered 65 and over (NP)

Ask for each person "Not covered" in P1. If "Not covered 65 and over," include "or Medicare."
8a. Many people do not carry health insurance for various reasons. Hand Card N. Which of those statements describes why --- is not covered by any health insurance (or Medicare)? Any other reason? Circle all reasons given.

8a. 1 2 3 4 5 6 7 8
 Specify 47-48
 49-50
 51-52

Mark box if only one reason. If "Not covered 65 and over," in P1, include "or Medicare."
b. What is the MAIN reason --- is not covered by any health insurance (or Medicare)?

b. 00 Only one reason 53-54
 1 2 3 4 5 6 7 8
 Specify

P. HEALTH INSURANCE PAGE, Continued

PERSON 1

TABLE H.I., Continued

| | | | | | | |
|--|--|--|---|-----------|--|----|
| PLAN 4 28 | | 6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 31 | 7. Is -- covered under this (name) plan? Mark box in person's column. | 7. | 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP) | 33 |
| 5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 29 | | b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 32 | | | | |
| 5b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 30 | | | | | | |
| PLAN 5 34 | | 6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 37 | 7. Is -- covered under this (name) plan? Mark box in person's column. | 7. | 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP) | 39 |
| 5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 35 | | b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 38 | | | | |
| 5b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 36 | | | | | | |
| PLAN 6 40 | | 6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 43 | 7. Is -- covered under this (name) plan? Mark box in person's column. | 7. | 1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP) | 45 |
| 5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 9 <input type="checkbox"/> DK (6) 41 | | b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 44 | | | | |
| 5b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 42 | | | | | | |

P2

Go to item P1 on page 10

FOOTNOTES

| P. HEALTH INSURANCE PAGE, Continued | | PERSON I | |
|---|--|-------------|---|
| 9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"? <input type="checkbox"/> Yes <input type="checkbox"/> No (10) <input type="checkbox"/> DK (10) | | | |
| b. Which (other) family members are included in the AFDC assistance payment? <i>Mark "AFDC" box in person's column.</i> | | 9b. | 1 <input type="checkbox"/> AFDC 55 |
| c. Are any other family members included in this program? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No | | | |
| 10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check? <input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11) | | | |
| b. Who (else) receives this check? <i>Mark "SSI" box in person's column.</i> | | 10b. | 1 <input type="checkbox"/> SSI 56 |
| c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No | | | |
| 11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called (name)). During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))? <input type="checkbox"/> Yes <input type="checkbox"/> No (12) <input type="checkbox"/> DK (12) | | | |
| b. Who was this? <i>Mark "Medicaid" box in person's column.</i> | | 11b. | 1 <input type="checkbox"/> Medicaid 57 |
| c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No | | | |
| 12a. Does anyone in the family now have a Medicaid (or (name)) card which looks like this? Show Medicaid card. <input type="checkbox"/> Yes <input type="checkbox"/> No (13) <input type="checkbox"/> DK (13) | | | |
| b. Who is this? <i>Mark "Card" box in person's column.</i> | | 12b. | 1 <input type="checkbox"/> Card 58 |
| c. Anyone else? <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No | | | |
| d. May I please see — (and —) card(s)? <i>Mark appropriate box(es) in person's column.</i> <i>Ask for each person with "Card" in 12b:</i> | | d. | <input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current ↙ 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen ↘ Specify _____ |
| 13a. Is anyone in the family now covered by any other public assistance program that pays for health care? <input type="checkbox"/> Yes <input type="checkbox"/> No (Next page) <input type="checkbox"/> DK (Next page) | | | |
| b. Who is this? <i>Mark "Other PA" box in person's column.</i> | | 13b. | 1 <input type="checkbox"/> Other PA 60 |
| c. Anyone else? <input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No | | | |

| P. HEALTH INSURANCE PAGE, Continued | | PERSON 1 | |
|---|--|-------------|---|
| 14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation. <input type="checkbox"/> Yes <input type="checkbox"/> No (15) <input type="checkbox"/> DK (15) | | | |
| b. Who is this? Mark "Mil. ret./VA pen." box in person's column. | | 14b. | 1 <input type="checkbox"/> Mil. ret./VA pen. 61 |
| c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No | | | |
| Ask for each person with "Mil. ret./VA pen." in 14b: d. Which does -- receive -- the Armed Forces retirement, the VA pension or both? | | d. | 1 <input type="checkbox"/> Armed Forces 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Both 62 |
| 15a. Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No (16) <input type="checkbox"/> DK (16) | | | |
| b. Who is this? Mark "CHAMP-VA" box in person's column. | | 15b. | 1 <input type="checkbox"/> CHAMP-VA 63 |
| c. Anyone else? <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No | | | |
| 16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? <input type="checkbox"/> Yes <input type="checkbox"/> No (P3) <input type="checkbox"/> DK (P3) | | | |
| b. Who is this? Mark "Health Care" box in person's column. | | 16b. | 1 <input type="checkbox"/> Health Care 64 |
| c. Anyone else? <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No | | | |
| P3 | Refer to "AF" box above person's column. | P3 | 1 <input type="checkbox"/> AF box marked (17) 65 2 <input type="checkbox"/> Other (NP) |
| 17a. Does -- have a disability related to -- service in the Armed Forces of the United States? | | 17a. | 1 <input type="checkbox"/> Yes 66 2 <input type="checkbox"/> No (NP) |
| b. Does -- now receive compensation for this disability from the Veterans Administration? | | b. | 1 <input type="checkbox"/> Yes 67 2 <input type="checkbox"/> No |
| FOOTNOTES | | | |

| P. HEALTH INSURANCE PAGE, Continued | | PERSON 1 | |
|---|--|--|--|
| <p>18a. During the past 12 months, that is since (12-month date) a year ago, have (read names of related HH members 18 or over) been laid off from a job or lost a job? <input type="checkbox"/> Yes <input type="checkbox"/> No (Next Page) <input type="checkbox"/> DK (Next Page)</p> <p>b. Who was this? Mark "Laid off/lost job" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 18b and c) <input type="checkbox"/> No</p> <p>Ask 18d and e for each person with "Laid off/lost job" in 18b.</p> <p>d. How many times has — been laid off or lost a job during the past 12 months?</p> <p>e. In what month was — laid off or did — lose a job ([the last time/the time before that])?</p> | | <p>18b. 1 <input type="checkbox"/> Laid off/lost job</p> | <p>68</p> <hr/> <p>69</p> <hr/> <p>70–71</p> <hr/> <p>72–73</p> <hr/> <p>74–75</p> |
| <p>19a. Because of (names of persons in 18b) job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through (that/those) job(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Next Page) <input type="checkbox"/> DK (Next Page)</p> <p>b. Who was this? Mark "Lost coverage" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 19b and c) <input type="checkbox"/> No</p> | | <p>19b. 1 <input type="checkbox"/> Lost coverage</p> | <p>76</p> |
| <p>P4 Refer to 19b and mark appropriate box.</p> | | <p>P4 1 <input type="checkbox"/> Lost coverage (20) 2 <input type="checkbox"/> Did not lose coverage (NP)</p> | <p>77</p> |
| <p>20a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was — without any type of health insurance coverage? (Do not include health care programs, such as Medicaid, AFDC, or military benefit programs, as health insurance coverage.)</p> <p>b. For how long was — without some type of health insurance coverage? (How many months is that?)</p> | | <p>20a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>b. 00 <input type="checkbox"/> Less than 1 month _____ Months</p> | <p>78</p> <hr/> <p>79–80</p> |
| <p>21a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was — covered by any health care program, such as Medicaid, AFDC, or a military benefit program?</p> <p>b. For how long was — covered by some health care program? (How many months is that?)</p> | | <p>21a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>b. 00 <input type="checkbox"/> Less than 1 month _____ Months</p> | <p>81</p> <hr/> <p>82–83</p> |
| <p>FOOTNOTES</p> | | | |