

Section FA - HEALTH CARE COVERAGE

PERSON 1

3-4

5

ITEM FA1

Refer to Household composition. Mark (X) for each person including those deleted in the HIS-1.

FA 1

- Civilian
- AF living at home
- Deleted

The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes (read names, including Armed Forces members living at home).

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.

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.

1a. In (month), was anyone in the family, that is (read names), covered by Medicare?

1a.

- Yes (1b)
 - No
 - DK
- (2 on page 22)

6

b. Who was covered?

Mark (X) "Medicare" box in person's column.

b.

- Medicare
- (Enter "Cov" on HIS-1.)

7

c. Anyone else?

- Yes (Reask 1b and c)
- No

Ask 1d-g as appropriate for each person with "Medicare" in 1b.

d.

H.I.C. Number

8-18

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.

Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242k.

Transcribe the number, then mark (X) the appropriate box.

- Part A - Hospital only
- Part B - Medical only
- Both Part A & Part B
- Card N.A.

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Ask 1e-g for each person with "Card N.A." in 1d.

e. Was -- covered by Part A, that part of Medicare that pays for hospital bills?

e.

- Yes
- No
- DK

20

f. Was -- covered by Part B, that part of Medicare that pays for doctor's bills?

f.

- Yes
- No
- DK

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Read if necessary: This is the Part B Medicare plan for which -- or some agency or program must pay a certain amount each month.

ITEM FA2

Refer to age.

FA 2

- Under age 67 (1g)
- Age 67 or older (NP)

22

g. How long has -- been covered by Medicare?

g.

- Less than 6 months
- 6 months, but less than 1 year
- 1 year, but less than 2 years
- 2 years or more
- DK

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Notes

Section FA – HEALTH CARE COVERAGE – Continued		PERSON 1	
<p>There is a program called Medicaid that pays for health care for persons in need. In this State it is also called <u>(State name)</u>.</p> <p>2a. Does anyone in the family NOW have a Medicaid or <u>(state name)</u> card?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Has card" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No Ask 2d for each person with "Has card" box marked in 2b.</p> <p>-----</p> <p>d. May I please see -- (and --) card(s)? Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.</p>		<p>24</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>25</p> <p>1 <input type="checkbox"/> Has card</p> <p>-----</p> <p>26</p> <p>1 <input type="checkbox"/> Medicaid card seen Expiration date <u>z</u></p> <p>-----</p> <p>27-28</p> <p>(Month)</p> <p>-----</p> <p>29-30</p> <p>(Day)</p> <p>2 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen -- Specify <u>z</u></p> <p>-----</p>	
<p>3a. In <u>(month)</u>, was anyone in the family covered by Medicaid?</p> <p>-----</p> <p>b. Who was covered? Mark (X) "Medicaid" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No Ask 3d for each person with "Medicaid" box marked in 3b.</p> <p>-----</p> <p>d. How long has -- had Medicaid coverage?</p>		<p>31</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>32</p> <p>1 <input type="checkbox"/> Medicaid (Enter "Cov" on HIS-1.)</p> <p>-----</p> <p>33</p> <p>d. 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>ITEM FA3 Refer to household composition and question 3a.</p>		<p>34</p> <p>FA3 1 <input type="checkbox"/> Single person family and "Yes" in 3a (5) 2 <input type="checkbox"/> Other (4)</p>	
<p>4a. During the past 12 months, has anyone in the family received health care that has been or will be paid for by Medicaid or <u>(state name)</u>?</p> <p>-----</p> <p>b. Who received this care in the past 12 months? Mark (X) "Received Medicaid care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>35</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>36</p> <p>1 <input type="checkbox"/> Received Medicaid care</p>	
<p>5a. In <u>(month)</u>, 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.</p> <p>-----</p> <p>b. Who was covered? Mark (X) "Public assistance" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>		<p>37</p> <p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }</p> <p>-----</p> <p>38</p> <p>1 <input type="checkbox"/> Public assistance (Enter "Cov" on HIS-1.)</p>	

Section FA - HEALTH CARE COVERAGE - Continued		PERSON 1
<p>6a. 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 CHAMP-VA?</p>	<p>6a.</p> <p>1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p>	39
<p>b. Was this CHAMPUS or CHAMP-VA? Read if necessary: CHAMPUS 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.</p>	<p>b.</p> <p>1 <input type="checkbox"/> Yes (6c) 2 <input type="checkbox"/> No (6f) 9 <input type="checkbox"/> DK (6e)</p>	40
<p>c. Who was covered by CHAMPUS or CHAMP-VA? Mark (X) "CHAMPUS/CHAMP-VA" box in person's column.</p>	<p>c.</p> <p>1 <input type="checkbox"/> CHAMPUS/CHAMP-VA (Enter "Cov" on HIS-1.)</p>	41
<p>d. Anyone else? <input type="checkbox"/> Yes (Reask 6c and d) <input type="checkbox"/> No</p>		
<p>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)?</p>	<p>e.</p> <p>1 <input type="checkbox"/> Yes (6f) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p>	42
<p>f. Who was covered by other military health care? Mark (X) "Military" box in person's column.</p>	<p>f.</p> <p>1 <input type="checkbox"/> Military (Enter "Cov" on HIS-1.)</p>	43
<p>g. Anyone else? <input type="checkbox"/> Yes (Reask 6f and g) <input type="checkbox"/> No</p>		
<p>7a. In (month), was anyone in the family covered by the Indian Health Service?</p>	<p>7a.</p> <p>1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (8) 9 <input type="checkbox"/> DK }</p>	44
<p>b. Who was covered? Mark (X) "IHS" box in person's column.</p>	<p>b.</p> <p>1 <input type="checkbox"/> IHS (Enter "Cov" on HIS-1.)</p>	45
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p>		
<p>8a. (Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan? Read if necessary: Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMOs).</p>	<p>8a.</p> <p>1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (8 on page 34) 9 <input type="checkbox"/> DK }</p>	46
<p>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? Record up to 4 plan names in Sec. FB, Table H.I. Then ask 8c.</p>		
<p>c. In (month), was anyone in the family covered by any OTHER private health insurance plan?</p>	<p>c.</p> <p>1 <input type="checkbox"/> Yes (Reask 8b and c) 2 <input type="checkbox"/> No (Section FB)</p>	47
Notes		

Section FB – PRIVATE PLAN AND COVERAGE DETAIL

PERSON 1

TABLE H.I. – PLAN 1

PLAN 1 NAME

3-4

5-6

7

8

9

10

11

12

13-14

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with *(plan name)*.)

1a. Who was covered under this plan?

Mark (X) "Private insurance" box in person's column.

- 1a.** 1 Private insurance
(Enter "Cov" on HIS-1)

- b. Anyone else?** Yes (Reask 1a and b) No

2. In whose name is this plan?

Mark (X) "In name" box in person's column.

- 2.** 1 In name
2 Person not in household

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?

If "Yes", probe for employer or union.

- 1 Employer } (3b)
2 Union }
3 Through workplace, but DK whether employer or union }
4 No } (4)
9 DK }

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?

Read if necessary: The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.

- 1 All (5)
2 Some } (4)
3 None }
9 DK }

HAND CARD FR3. Read each category if telephone interview.

4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.

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

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?

- 1 Variety of services (6)
2 Only one type of service/care (5b)
9 DK (6)

b. What type of service or care does the plan pay for?

Mark (X) only one type of service.

- 01 Accidents
02 AIDS care
03 Cancer treatment
04 Catastrophic care
05 Dental care
06 Disability insurance (cash payments when unable to work for health reasons)
07 Hospice care
08 Hospitalization-only
09 Long term care (nursing home care)
10 Prescriptions
11 Vision care
98 Other – Specify _____
99 DK

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8a

Notes

	RT 72 3-4	PERSON 2	RT 72 3-4	PERSON 3	RT 72 3-4	PERSON 4	RT 72 3-4	PERSON 5
	7		7		7		7	
1a.		<input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)		<input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)		<input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)		<input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)
2.	8	<input type="checkbox"/> In name	8	<input type="checkbox"/> In name	8	<input type="checkbox"/> In name	8	<input type="checkbox"/> In name

6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? <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>	15	<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK
b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?	16	<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)
c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?	17	<input type="checkbox"/> Yes } (7) <input type="checkbox"/> No } <input type="checkbox"/> DK }
d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?	18	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<i>Ask if family has at least one person under the age of 18.</i>	19	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
7a. Does (plan name) 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? <i>Ask if family has at least one female over the age of 39.</i>	20	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
b. Does this plan pay for any part of the cost for mammograms? <i>Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
GO TO 1a FOR NEXT PLAN; IF NO OTHER PLAN GO TO 8a		

Notes

Section FB - PRIVATE PLAN AND COVERAGE DETAIL - Continued		PERSON 1	
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?		8a. 1 <input type="checkbox"/> Yes (8b) 69 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }	
b. Who is this? Mark (X) "Pre-existing condition" box in person's column.		b. 1 <input type="checkbox"/> Pre-existing condition 70	
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No <input type="checkbox"/> DK			
9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?		9a. 1 <input type="checkbox"/> Yes (9b) 71 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }	
b. Who is this? Mark (X) "Turned down" box in person's column.		b. 1 <input type="checkbox"/> Turned down 72	
c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No <input type="checkbox"/> DK Ask for each person with "Turned down" box marked in 9b.			
d. Why was -- unable to get that health insurance? Anything else? Mark (X) all that apply.		d. 1 <input type="checkbox"/> Because of pre-existing condition, as cancer or diabetes 73 2 <input type="checkbox"/> Because of health risk(s), such as smoking or overweight 74 3 <input type="checkbox"/> Because of work, such as construction worker, beautician, farm worker 75 4 <input type="checkbox"/> Because premiums were too high 76 8 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/> 77 9 <input type="checkbox"/> DK 78	
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?		10a. 1 <input type="checkbox"/> Yes (10b) 79 2 <input type="checkbox"/> No } (FB1) 9 <input type="checkbox"/> DK }	
b. Who is this? Mark (X) "Stayed in job" box in person's column.		b. 1 <input type="checkbox"/> Stayed in job 80	
c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No <input type="checkbox"/> DK			
ITEM FB1	Refer to age and Wa/Wb in HIS-1. Mark (X) first appropriate box.	FB 1	1 <input type="checkbox"/> 70+ (NP) 81 2 <input type="checkbox"/> Wa/Wb marked (Check Item FB2) 8 <input type="checkbox"/> Other (NP)
ITEM FB2	Refer to 2 for ALL plans in HI.	FB 2	1 <input type="checkbox"/> Any "In name" (NP) 82 8 <input type="checkbox"/> Other (11)
11. Was health insurance offered by -- employer?		11. 1 <input type="checkbox"/> Yes } (NP) 83 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	
ITEM FB3	Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box.	FB 3	1 <input type="checkbox"/> Covered (13) 84 2 <input type="checkbox"/> Not covered, under 65 } (12) 3 <input type="checkbox"/> Not covered, 65+ }
If no other persons in the family, Skip to 14 on page 40			

Section FB - PRIVATE PLAN AND COVERAGE DETAIL - Continued

PERSON 1

HAND CARD FR4. Read each category if telephone interview. If "Not covered 65 and over," include "or Medicare".

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)?

Anything else?

Mark (X) all that apply.

12a.

- 01 Job layoff/loss/unemployment 5-6
- 02 Wasn't offered by employer 7-8
- 03 Not eligible because part time worker 9-10
- 04 Family coverage not offered by employer 11-12
- 05 Benefits from former employer ran out 13-14
- 06 Can't obtain because of poor health, illness, or age 15-16
- 07 Too expensive/ Can't afford 17-18
- 08 Dissatisfied with previous insurance 19-20
- 09 Don't believe in insurance 21-22
- 10 Have usually been healthy, haven't needed insurance 23-24
- 11 Covered by some other plan 25-26
- 12 Too old for coverage under family plans 27-28
- 13 Free/inexpensive source of care readily available 29-30
- 98 Other reason -- Specify \checkmark 31-32
- 99 DK (12c) 33-34

Ask if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.

b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?

Record number from Card FR4.

c. When was the LAST time -- had health insurance?

b.

Main reason _____

c.

- 1 Less than 6 months ago
 - 2 6 months ago, but less than 1 year ago
 - 3 1 year ago, but less than 3 years ago
 - 4 3 or more years ago
 - 5 Never had health insurance
 - 9 DK (12e)
- (12d)
(FB3 for NP)

HAND CARD FR5. Read categories if telephone interview.

d. What was the MAIN reason -- stopped being covered by health insurance?

Mark (X) only one.

d.

- 01 Lost job or changed employers
- 02 Spouse/parent lost job or changed employers
- 03 Death of spouse or parent
- 04 Became divorced or separated
- 05 Became ineligible because of age
- 06 Employer stopped offering coverage
- 07 Cut back to part time
- 08 Benefits from employer/former employer ran out
- 98 Other -- Specify \checkmark
- 99 DK

e. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?

e.

- 1 Yes (12f)
 - 2 No
 - 9 DK
- (FB3 for NP)

f. What was the MAIN reason -- was unable to find some other type of health insurance?

f.

- 1 Could not afford
 - 2 Was rejected
 - 8 Other reason -- Specify \checkmark
 - 9 DK
- (FB3 for NP)

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	
13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?		13a.	42 <input type="checkbox"/> Yes (13b) <input type="checkbox"/> No <input type="checkbox"/> DK } (FB3 for NP)
b. In how many of the past 12 months was -- without coverage?		b.	43 <input type="checkbox"/> 1 month or less <input type="checkbox"/> 2-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> DK
<i>HAND CARD FR5. Read each category if telephone interview.</i>			44-45
c. What was the MAIN reason -- was without coverage?		c.	<input type="checkbox"/> 01 Lost job or changed employers <input type="checkbox"/> 02 Spouse/parent lost job or changed employers <input type="checkbox"/> 03 Death of spouse or parent <input type="checkbox"/> 04 Became divorced or separated <input type="checkbox"/> 05 Became ineligible because of age <input type="checkbox"/> 06 Employer stopped offering coverage <input type="checkbox"/> 07 Cut back to part time <input type="checkbox"/> 08 Benefits from employer/ former employer ran out <input type="checkbox"/> 98 Other - Specify <i>z</i> _____ <input type="checkbox"/> 99 DK
<i>HAND CARD FR6. Read each category if telephone interview.</i>			46
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.		14.	<input type="checkbox"/> 1 Zero <input type="checkbox"/> 2 Less than \$500 <input type="checkbox"/> 3 \$500 – \$1999 <input type="checkbox"/> 4 \$2,000 – \$2,999 <input type="checkbox"/> 5 \$3,000 – \$4,999 <input type="checkbox"/> 6 \$5,000 or more <input type="checkbox"/> 9 DK
ITEM FB4	About how often did the Respondent appear to answer the questions in Sections FA and FB accurately?	FB 4	47 <input type="checkbox"/> 1 All the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Some of the time <input type="checkbox"/> 4 Rarely or never <input type="checkbox"/> 9 DK
ITEM FB5	About how often did the Respondent appear to answer the questions in Sections FA and FB honestly?	FB 5	48 <input type="checkbox"/> 1 All the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Some of the time <input type="checkbox"/> 4 Rarely or never <input type="checkbox"/> 9 DK
ITEM FB6	<i>Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Sections FA and FB.</i>	FB 6	49-50 Person number _____
Notes			

CARD FR3

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

State names
for Medicaid
FR3

(Cut along broken line)

CARD FR4

- 01. Job layoff/loss/unemployment
- 02. Wasn't offered by employer
- 03. Not eligible because part time worker
- 04. Family coverage not offered by employer
- 05. Benefits from former employer ran out
- 06. Can't obtain because of poor health, illness, or age
- 07. Too expensive/Can't afford
- 08. Dissatisfied with previous insurance
- 09. Don't believe in insurance
- 10. Have usually been healthy, haven't needed insurance
- 11. Covered by some other plan
- 12. Too old for coverage under family plans
- 13. Free/inexpensive source of care readily available
- 98. Other reason (Specify)

CARD FR5

- 01. Lost job or changed employers
- 02. Spouse/parent lost job or changed employers
- 03. Death of spouse or parent
- 04. Became divorced or separated
- 05. Became ineligible because of age
- 06. Employer stopped offering coverage
- 07. Cut back to part time
- 08. Benefits from employer/former employer ran out
- 98. Other (Specify)

FR4
FR5

(Cut along broken line)

CARD FR6

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