The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes [person 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 covered by Medicare?

b. Who was covered?

Mark (X) "Medicare" box in person's column and "Cov" on HIS-1.

c. Anyone else?

Ask 1f-i as appropriate for each person with "Medicare" in 1b.

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.

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

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

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

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

h. Can -- go to ANY doctor who will accept Medicare or must -- choose from a specific group or list of doctors?

If doctor was assigned by the plan, mark box 2.

i. What is the specific name of -- Medicare health plan?
**Part B - HEALTH CARE COVERAGE - Continued**

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (State name).

2a. In (month), was anyone in the family covered by Medicaid?

<table>
<thead>
<tr>
<th>PERSON 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a.</td>
</tr>
<tr>
<td>□ Yes (2b)</td>
</tr>
<tr>
<td>□ No (BS)</td>
</tr>
<tr>
<td>□ DK</td>
</tr>
</tbody>
</table>

b. Who was covered?

Mark (X) "Medicaid" in person's column and "Cov" on the HIS-1.

<table>
<thead>
<tr>
<th>2b.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Medicaid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM  B4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Group A on &quot;State Names for Medicaid&quot; card and the address on the cover of the HIS-1. (Resident of Group A Medicaid State)</td>
</tr>
<tr>
<td>B4.</td>
</tr>
<tr>
<td>□ Resident of Group A State (2x)</td>
</tr>
<tr>
<td>□ Other (2d for NP with 2b, or BS)</td>
</tr>
</tbody>
</table>

2e. Can -- go to ANY doctor who will accept Medicaid or MUST -- choose from a specific group or list of doctors?

If doctor was assigned by the program, mark box 2.

<table>
<thead>
<tr>
<th>2e.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Any doctor (2d for NP with 2b, or BS)</td>
</tr>
<tr>
<td>□ Doctor from list (2d for NP with 2b, or BS)</td>
</tr>
<tr>
<td>□ DK (2d for NP with 2b, or BS)</td>
</tr>
</tbody>
</table>

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)?

Mark (X) only one.

<table>
<thead>
<tr>
<th>2f.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ DK</td>
</tr>
</tbody>
</table>

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 (state name)?

<table>
<thead>
<tr>
<th>PERSON 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a.</td>
</tr>
<tr>
<td>□ Yes (3b)</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ DK</td>
</tr>
</tbody>
</table>

b. Who received this care in the past 12 months?

Mark (X) "Received Medicaid care" in person's column.

<table>
<thead>
<tr>
<th>3b.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes (3b and c)</td>
</tr>
<tr>
<td>□ No (4)</td>
</tr>
</tbody>
</table>

3c. Anyone else?

Mark (X) "Received Medicaid care" in person's column.

<table>
<thead>
<tr>
<th>3c.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes (3b and c)</td>
</tr>
<tr>
<td>□ No (4)</td>
</tr>
</tbody>
</table>

4a. In (month), 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.)

<table>
<thead>
<tr>
<th>PERSON 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a.</td>
</tr>
<tr>
<td>□ Yes (4b)</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ DK</td>
</tr>
</tbody>
</table>

b. Who was covered?

Mark (X) "Public assistance" in person's column and "Cov" on HIS-1.

<table>
<thead>
<tr>
<th>4b.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Public assistance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM  B5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to household composition and question 2a.</td>
</tr>
<tr>
<td>B5.</td>
</tr>
<tr>
<td>□ Single person family (4)</td>
</tr>
<tr>
<td>□ Other (3)</td>
</tr>
</tbody>
</table>

- Notes
### Part B - HEALTH CARE COVERAGE - Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. In (month), was anyone in the family covered by military health care,</td>
<td></td>
</tr>
<tr>
<td>including armed forces retirement benefits, the VA (Department of</td>
<td>1. Yes (6b)</td>
</tr>
<tr>
<td>Veterans' Affairs), CHAMPUS or TRICARE, or CHAMP-VA?</td>
<td>2. No (6)</td>
</tr>
<tr>
<td>b. Was this CHAMPUS or TRICARE, or CHAMP-VA?</td>
<td>3. DK (6a)</td>
</tr>
<tr>
<td>Read if necessary: CHAMPUS or TRICARE is a program of medical care for</td>
<td></td>
</tr>
<tr>
<td>dependents of active or retired military personnel. CHAMP-VA is</td>
<td></td>
</tr>
<tr>
<td>medical insurance for dependents or survivors of disabled veterans.</td>
<td></td>
</tr>
<tr>
<td>c. Who was covered by CHAMPUS or TRICARE, or CHAMP-VA?</td>
<td></td>
</tr>
<tr>
<td>Mark (X) &quot;CHAMPUS/TRICARE/CHAMP-VA&quot; in person's column and &quot;Cov&quot; on</td>
<td></td>
</tr>
<tr>
<td>the HIS-1.</td>
<td></td>
</tr>
<tr>
<td>d. Anyone else?</td>
<td></td>
</tr>
<tr>
<td>f. Was this CHAMPUS or TRICARE, or CHAMP-VA?</td>
<td></td>
</tr>
<tr>
<td>g. Anyone else?</td>
<td></td>
</tr>
<tr>
<td>6a. In (month), was anyone in the family covered by the Indian Health</td>
<td></td>
</tr>
<tr>
<td>Service?</td>
<td></td>
</tr>
<tr>
<td>b. Who was covered?</td>
<td></td>
</tr>
<tr>
<td>Mark (X) &quot;IHS&quot; in person's column and &quot;Cov&quot; on the HIS-1.</td>
<td></td>
</tr>
<tr>
<td>c. Anyone else?</td>
<td></td>
</tr>
<tr>
<td>7a. (Not counting the government health programs we just mentioned) In</td>
<td></td>
</tr>
<tr>
<td>(month), was anyone in the family covered by a health insurance plan?</td>
<td></td>
</tr>
<tr>
<td>b. What is the COMPLETE name of the plan?</td>
<td></td>
</tr>
<tr>
<td>Ask 7c after recording each plan. Record up to 4 plan names in Part C,</td>
<td></td>
</tr>
<tr>
<td>Table H.I.</td>
<td></td>
</tr>
<tr>
<td>c. In (month), was anyone in the family covered by any OTHER health</td>
<td></td>
</tr>
<tr>
<td>insurance plan?</td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td></td>
</tr>
</tbody>
</table>
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" in person's column and "Cov" on the HIS-1.

**b. Anyone else?**
- ☐ Yes (Reask 1a and b) ☐ No (2)

**2. In whose name is this plan?**
- Mark (X) "In name" in person's column and also on the HIS-1.

**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.
  - Mark (X) only one.

**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.

**4. In (month), how much did [you/your family] spend for health insurance premiums for [plan name]? Please include payroll deductions for premiums.**
- Mark (X) only one.
  - Read if necessary: The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.

**5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?**
- ☐ Variety of services (6)
- ☐ Only one type of service/care (5b)

**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
   - 12 Other - Specify

**Notes**
<table>
<thead>
<tr>
<th>PERSON 2</th>
<th>PERSON 3</th>
<th>PERSON 4</th>
<th>PERSON 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>1a.</td>
<td>1a.</td>
<td>1a.</td>
</tr>
<tr>
<td>☐ Private insurance (Mark &quot;Cov&quot; box on HIS-1)</td>
<td>☐ Private insurance (Mark &quot;Cov&quot; box on HIS-1)</td>
<td>☐ Private insurance (Mark &quot;Cov&quot; box on HIS-1)</td>
<td>☐ Private insurance (Mark &quot;Cov&quot; box on HIS-1)</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>☐ In name</td>
<td>☐ In name</td>
<td>☐ In name</td>
<td>☐ In name</td>
</tr>
</tbody>
</table>

6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?

- [ ] HMO/IPA
- [ ] Other
- [ ] DK

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.

b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?

- [ ] Any doctor (8a)
- [ ] Select from group/list (8a)
- [ ] DK (7)

c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?

- [ ] Yes
- [ ] No

d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?

- [ ] Yes
- [ ] No
- [ ] DK

7a. Does (plan name) pay for any part of the cost for dental care?

- [ ] Yes
- [ ] No
- [ ] DK

Mark (X) here or ask:

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?

- [ ] Yes
- [ ] No
- [ ] DK

Go to 1a for next plan; if no other plan go to 8 on page 26

Notes
### Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued

**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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

**b. Who is this?**

Mark (X) "Pre-existing condition" in person's column.

**c. Anyone else?**

Yes (Reask 8b and c)  No (9)  DK (10)

**9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

**b. Who is this?**

Mark (X) "Turned down" in person's column.

**c. Anyone else?**

Yes (Reask 9b and c)  No (9)  DK (10)

**d. Why was -- unable to get that health insurance? Anything else?**

Mark (X) all that apply.

<table>
<thead>
<tr>
<th>Because of pre-existing condition (such as cancer or diabetes)</th>
<th>Because of health risk(s) (such as smoking or overweight)</th>
<th>Because of work (such as construction worker, beautician, farm worker)</th>
<th>Because premiums were too high</th>
<th>Other – Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

**b. Who is this?**

Mark (X) "Stayed in job" in person's column.

**c. Anyone else?**

Yes (Reask 10b and c)  No (11)  DK (11)

**ITEM C1**

Refer to age and WeAWb in HIS-1.

Mark (X) first appropriate box.

**ITEM C2**

Refer to "In name" box on HIS-1.

**11. Was health insurance offered by -- employer?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

**Notes**
**Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued**

<table>
<thead>
<tr>
<th>ITEM C3</th>
<th>Refer to Age and &quot;Cov.&quot; on HIS-1. Mark (X) first appropriate box. If no other person in family, go to 14 on page 30.</th>
</tr>
</thead>
</table>

**HAND CARD FC9** Read categories if telephone interview.

If "Not covered, 65+", 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.

**b. What is the MAIN reason -- was not covered in month by any health insurance (or Medicare)?**
Record number from Card FC2.
Ask 12c if box 11 is marked in 12a; otherwise skip to 12d.

**c. Was -- covered by a state sponsored health plan, a private health insurance plan, or some other type of health plan?**
Mark (X) only one.

**d. When was the LAST time -- had health insurance? (Read categories if necessary.)**
Mark (X) only one.

**HAND CARD FC3. Read categories if telephone interview.**

**e. What was the MAIN reason -- stopped being covered by health insurance?**
Mark (X) only one.
## Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued

**12f. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?**

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

Mark (X) only one.

**13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?**

**b. In how many of the past 12 months was -- without coverage?**

Mark (X) only one.

**c. What was the MAIN reason -- was without coverage?**

Mark (X) only one.

### HAND CARD FC3. Read categories if telephone interview.

**c.**
- 01 Lost job or changed employer
- 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
- 09 Other -- Specify

**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.

**Mark (X) only one.**

### ITEM C4

About how often did the Respondent appear to answer the questions in Parts B and C accurately?

**C4**
- 01 All the time
- 02 Most of the time
- 03 Some of the time
- 04 Rarely or never

**Person number**

### ITEM C5

About how often did the Respondent appear to answer the questions in Parts B and C honestly?

**C5**
- 01 All the time
- 02 Most of the time
- 03 Some of the time
- 04 Rarely or never

**Person number**
CARD FA1
1. Two or more usual doctors / places
2. Doesn't need a doctor
3. Doesn't like / trust / believe in doctors
4. Doesn't know where to go
5. Previous doctor is not available / moved
6. No insurance / Can't afford it
7. Speak a different language
8. No care available / Care too far away, not convenient
9. Changed residence
98. Other (Specify)

CARD FA2
1. Changed residence / moved
2. Changed jobs
3. Employer changed insurance coverage
4. Former usual source not available
5. Owed money to former usual source
6. Dissatisfied with former source / liked new source better
7. Medical care needs changed
8. Former usual source stopped taking insurance / coverage
98. Other (Specify)

CARD FC1
1. Zero
2. $ 1 - $ 9
3. $ 10 - $ 19
4. $ 20 - $ 49
5. $ 50 - $ 99
6. $100 - $199
7. $200 - $499
8. $500 or more
CARD FC2

1. Job layoff / loss / unemployment
2. Wasn't offered by employer
3. Not eligible because part time worker
4. Family coverage not offered by employer
5. Benefits from former employer ran out
6. Can't obtain because of poor health, illness, or age
7. Too expensive / Can't afford
8. Dissatisfied with previous insurance
9. 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
14. Other reason (Specify)

CARD FC3

1. Lost job or changed employers
2. Spouse / parent lost job or changed employers
3. Death of spouse or parent
4. Became divorced or separated
5. Became ineligible because of age
6. Employer stopped offering coverage
7. Cut back to part time
8. Benefits from employer / former employer ran out
98. Other (Specify)

CARD FC4

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

CARD FD1

1. 1 - 9 employees
2. 10 - 24 employees
3. 25 - 49 employees
4. 50 - 99 employees
5. 100 - 499 employees
6. 500 - 999 employees
7. 1000 or more employees