## Part B - HEALTH CARE COVERAGE

### ITEM B1

Refer to household composition. Mark (X) for each person including those deleted or excluded in the HiS-1.

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian</td>
<td>AF living at home</td>
<td>Deleted</td>
</tr>
</tbody>
</table>

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 covered by Medicare?**

b. **Who was covered?**

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

   c. **Anyone else?**

      ☐ Yes (Reask 1b and c)  ☐ No (1d)

      Ask 1-1 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.

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

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.

### ITEM B2

Refer to age.

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 67 (1g)</td>
<td>Age 67 or older (1h)</td>
</tr>
</tbody>
</table>

1g. **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?**

   (1d for NP with 1b, or 2)

   (1d for NP with 1b, or 2)

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Notes
**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?

b. Who was covered?

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

c. Anyone else? ☐ Yes (Reask 2b and c) ☐ No (2d)

Ask 2d-i for each person with "Medicaid" marked in 2b.

d. How long has -- had Medicaid coverage?

Mark (X) only one.

e. 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.

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)?

**ITEM B3**

Refer to household composition and question 2a.

<table>
<thead>
<tr>
<th>B3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Single person family (4)</td>
<td></td>
</tr>
<tr>
<td>2. Other (3)</td>
<td></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]?

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

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

c. Anyone else? ☐ Yes (Reask 3b and c) ☐ No (4)

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.)

b. Who was covered?

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

c. Anyone else? ☐ Yes (Reask 4b and c) ☐ No (5 on page 16)

Notes
<table>
<thead>
<tr>
<th><strong>Part B – HEALTH CARE COVERAGE – Continued</strong></th>
<th><strong>PERSON 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>5a. 1. Yes (5b) 2. No 3. DK</td>
</tr>
<tr>
<td>b. Was this CHAMPUS or TRICARE, or CHAMP-VA?</td>
<td>b. 1. Yes (5c) 2. No (5f) 3. DK (5e)</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>c. Who was covered by CHAMPUS or TRICARE, or CHAMP-VA?</td>
<td>c. 1. CHAMPUS/TRICARE/CHAMP-VA (Mark &quot;Cov&quot; box on HIS-1)</td>
</tr>
<tr>
<td>Mark (X) &quot;CHAMPUS/TRICARE/CHAMP-VA&quot; in person's column and &quot;Cov&quot; on the HIS-1.</td>
<td></td>
</tr>
<tr>
<td>d. Anyone else?</td>
<td>d. Yes (Reask 5c and d) No (5e)</td>
</tr>
<tr>
<td>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)?</td>
<td>e. 1. Yes (5f) 2. No 3. DK</td>
</tr>
<tr>
<td>f. Who was covered by other military health care?</td>
<td>f. Military (Mark &quot;Cov&quot; box on HIS-1)</td>
</tr>
<tr>
<td>Mark (X) &quot;Military&quot; in person's column and &quot;Cov&quot; box on the HIS-1.</td>
<td></td>
</tr>
<tr>
<td>g. Anyone else?</td>
<td>g. Yes (Reask 5f and g) No (6)</td>
</tr>
<tr>
<td>6a. In (month), was anyone in the family covered by the Indian Health Service?</td>
<td>6a. 1. Yes (6b) 2. No 3. DK</td>
</tr>
<tr>
<td>b. Who was covered?</td>
<td>b. IHS (Mark &quot;Cov&quot; box on HIS-1)</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>c. Yes (Reask 6b and c) No (7)</td>
</tr>
<tr>
<td>7a. (Not counting the government health programs we just mentioned) In (month) was anyone in the family covered by a health insurance plan?</td>
<td>7a. 1. Yes (7b) 2. No 3. DK (Part C, question 8 on page 26)</td>
</tr>
<tr>
<td>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).</td>
<td></td>
</tr>
<tr>
<td>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 &quot;DK&quot;, probe: Do you have something with the plan name on it?</td>
<td></td>
</tr>
<tr>
<td>Ask 7c after recording each plan. Record up to 4 plan names in Part C, Table H.J.</td>
<td></td>
</tr>
<tr>
<td>c. In (month), was anyone in the family covered by any OTHER health insurance plan?</td>
<td>c. 1. Yes (Reask 7b and c) 2. No (Part C on page 18)</td>
</tr>
</tbody>
</table>

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

#### TABLE H.I. - PLAN 1

<table>
<thead>
<tr>
<th>PLAN 1 NAME</th>
<th>PERSON 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-4</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.

☐ Yes (Reask 1a and b)  ☐ No (2)

1a. Private insurance (Mark "Cov" box on HIS-1)

**b. Anyone else?**

2. In whose name is this plan?

Mark (X) "In name" in person's column and also on the HIS-1.

☐ Yes  ☐ No (8)

2. In name

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.

Hand Card FC1. Read categories if telephone interview.

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

Mark (X) only one type of service.

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

Mark (X) only one type of service.

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**Notes**

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8 ON PAGE 26
6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?

- Y ☐ 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 (6c)
- ☐ Select from group/list (6d)
- ☐ DK (7)

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

- ☐ Yes (7)
- ☐ No
- ☐ DK

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) box 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>1. Yes (8b)</th>
<th>2. No</th>
<th>3. DK</th>
</tr>
</thead>
</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 (9)

#### 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>1. Yes (9b)</th>
<th>2. No</th>
<th>3. DK</th>
</tr>
</thead>
</table>

**b. Who is this?**

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

**c. Anyone else?**

☐ Yes (Reask 9b and c) ☐ No (9d) ☐ DK (9d)

Ask for each person with "Turned down" marked in 9b.

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

Mark (X) all that apply.

<table>
<thead>
<tr>
<th>1. Because of pre-existing condition (such as cancer or diabetes)</th>
<th>2. Because of health risk(s) (such as smoking or overweight)</th>
<th>3. Because of work (such as construction worker, beautician, farm worker)</th>
</tr>
</thead>
</table>

| 4. Because premiums were too high | 5. Other -- Specify 'g' |

**d.**

<table>
<thead>
<tr>
<th>1. Yes (10b)</th>
<th>2. No</th>
<th>3. DK</th>
</tr>
</thead>
</table>

**b.**

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

**c. Anyone else?**

☐ Yes (Reask 10b and c) ☐ No (C1) ☐ DK (C1)

#### ITEM C1

Refer to age and Wa/Wb in HIS-1.

Mark (X) first appropriate box.

| 1. 70+ (NP, or C3 on page 28) | 2. Wa/Wb marked (C2) | 3. Other (NP, or C3 on page 28) |

#### ITEM C2

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

| 1. "In name" (C1 for NP, or C3 on page 28) | 2. Other (11) |

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

| 1. Yes (C1 for NP, or C3 on page 28) | 2. No | 3. DK |

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

**ITEM C3**

Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box. 
If no other person in family, go to 14 on page 30.

**HAND CARD FC2. 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.

<table>
<thead>
<tr>
<th>C3</th>
<th>1 □ Covered (12 on page 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 □ Not covered, under 65</td>
</tr>
<tr>
<td></td>
<td>3 □ Not covered, 65+</td>
</tr>
</tbody>
</table>

01 □ Job layoff/loss/ unemployment
02 □ Not offered by employer
03 □ Not eligible because part-time worker
04 □ Family coverage not offered by employer (12-13)
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
14 □ Other reason — Specify _

99 □ DK (12d)

Ask 12b 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 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.

<table>
<thead>
<tr>
<th>C3 for NIP, or 14 on page 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 □ State Plan</td>
</tr>
<tr>
<td>2 □ Private Plan</td>
</tr>
<tr>
<td>3 □ Other Plan</td>
</tr>
<tr>
<td>9 □ DK</td>
</tr>
</tbody>
</table>

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 (12d)

Ask 12e if box 11 is marked in 12a, otherwise transcribe number of box marked without asking.

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

Mark (X) only one.

<table>
<thead>
<tr>
<th>C3 for NIP, or 14 on page 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 □ Lost job or changed employers</td>
</tr>
<tr>
<td>2 □ Spouse/parent lost job or changed employers</td>
</tr>
<tr>
<td>3 □ Death of spouse or parent</td>
</tr>
<tr>
<td>4 □ Became divorced or separated</td>
</tr>
<tr>
<td>5 □ Became ineligible because of age</td>
</tr>
<tr>
<td>6 □ Employer stopped offering coverage</td>
</tr>
<tr>
<td>7 □ Cut back to part time</td>
</tr>
<tr>
<td>8 □ Benefits from employer/ former employer ran out</td>
</tr>
<tr>
<td>9 □ Other -- Specify _</td>
</tr>
</tbody>
</table>

99 □ DK
### 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?  
**Mark (X) only one.**

#### 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?  
**Mark (X) only one.**

#### 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.**

#### 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.**

**HAND CARD FC4. Read categories if telephone interview.**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4</td>
<td>About how often did the Respondent appear to answer the questions in Parts B and C accurately?</td>
</tr>
<tr>
<td>C5</td>
<td>About how often did the Respondent appear to answer the questions in Parts B and C honestly?</td>
</tr>
<tr>
<td>C6</td>
<td>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.</td>
</tr>
</tbody>
</table>

**Person number ________**
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
98. 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