

Part B – HEALTH CARE COVERAGE		PERSON 1
ITEM B1	Refer to household composition. Mark (X) for each person including those deleted or excluded in the HIS-1.	<div style="text-align: right; border: 1px solid black; width: 40px; float: right; margin-bottom: 5px;">RT 88</div> <div style="text-align: right; border: 1px solid black; width: 40px; float: right; margin-bottom: 5px;">3-4</div> <div style="text-align: right; border: 1px solid black; width: 40px; float: right; margin-bottom: 5px;">5</div> <div style="clear: both;"></div> 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> AF living at home 3 <input type="checkbox"/> Deleted
<p>The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes <i>(read names, including Armed Forces members living at home).</i></p> <p>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.</p> <p>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.</p>		
1a. In (month), was anyone in the family covered by Medicare?		1a. 1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No } (2 on page 14) 9 <input type="checkbox"/> DK }
b. Who was covered?	Mark (X) "Medicare" box in person's column and "Cov" on HIS-1.	b. 1 <input type="checkbox"/> Medicare (Mark "Cov" box on HIS-1)
c. Anyone else?	<input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No (1d) Ask 1d-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. Ask 1e-f for each person with "Card N.A." in 1d.	d. H.I.C. Number _____ () () 1 <input type="checkbox"/> Part A – Hospital only 2 <input type="checkbox"/> Part B – Medical only } (B2) 3 <input type="checkbox"/> Both Part A & Part B } 4 <input type="checkbox"/> Card N.A. (1e)
e. Was -- covered by Part A, that part of Medicare that pays for hospital bills?		e. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
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.	f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
ITEM B2	Refer to age.	<div style="text-align: right; border: 1px solid black; width: 40px; float: right; margin-bottom: 5px;">22</div> <div style="clear: both;"></div> B2 1 <input type="checkbox"/> Under age 67 (1g) 2 <input type="checkbox"/> Age 67 or older (1h)
1g. How long has -- been covered by Medicare?		1g. 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than 1 year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years or more 9 <input type="checkbox"/> DK
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.	h. 1 <input type="checkbox"/> Any doctor (1d for NP with 1b, or 2) 2 <input type="checkbox"/> Select from list/group (1i) 9 <input type="checkbox"/> DK (1d for NP with 1b, or 2)
i. What is the specific name of -- Medicare health plan?		i. _____ _____ _____ (1d for NP with 1b, or 2)
Notes		

Part B – 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 <i>(State name)</i>.</p> <p>2a. In <i>(month)</i>, was anyone in the family covered by Medicaid?</p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">27</div> <p>2a.</p> <p>1 <input type="checkbox"/> Yes <i>(2b)</i> 2 <input type="checkbox"/> No } <i>(B3)</i> 9 <input type="checkbox"/> DK }</p>
<p>b. Who was covered?</p> <p><i>Mark (X) "Medicaid" in person's column and "Cov" on the HIS-1.</i></p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">28</div> <p>b.</p> <p>1 <input type="checkbox"/> Medicaid <i>(Mark "Cov" box on HIS-1)</i></p>
<p>c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 2b and c)</i> <input type="checkbox"/> No <i>(2d)</i></p> <p><i>Ask 2d-f for each person with "Medicaid" marked in 2b.</i></p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">29</div>
<p>d. How long has -- had Medicaid coverage?</p> <p><i>Mark (X) only one.</i></p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">29</div> <p>d.</p> <p>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>e. Can -- go to ANY doctor who will accept Medicaid or MUST -- choose from a specific group or list of doctors?</p> <p><i>If doctor was assigned by the program, mark box 2.</i></p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">30</div> <p>e.</p> <p>1 <input type="checkbox"/> Any doctor <i>(2d for NP with 2b, or B3)</i> 2 <input type="checkbox"/> Select from list/group <i>(2f)</i> 9 <input type="checkbox"/> DK <i>(2d for NP with 2b, or B3)</i></p>
<p>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)?</p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">31</div> <p>f.</p> <p>1 <input type="checkbox"/> Yes } <i>(2d for NP with 2b, or B3)</i> 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p>
ITEM B3	<p><i>Refer to household composition and question 2a.</i></p>	<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">32</div> <p>B3</p> <p>1 <input type="checkbox"/> Single person family <i>(4)</i> 2 <input type="checkbox"/> Other <i>(3)</i></p>
<p>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 <i>(state name)</i>?</p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">33</div> <p>3a.</p> <p>1 <input type="checkbox"/> Yes <i>(3b)</i> 2 <input type="checkbox"/> No } <i>(4)</i> 9 <input type="checkbox"/> DK }</p>
<p>b. Who received this care in the past 12 months?</p> <p><i>Mark (X) "Received Medicaid care" in person's column.</i></p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">34</div> <p>b.</p> <p>1 <input type="checkbox"/> Received Medicaid care</p>
<p>c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 3b and c)</i> <input type="checkbox"/> No <i>(4)</i></p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">35</div>
<p>4a. In <i>(month)</i>, 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>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">35</div> <p>4a.</p> <p>1 <input type="checkbox"/> Yes <i>(4b)</i> 2 <input type="checkbox"/> No } <i>(5 on page 16)</i> 9 <input type="checkbox"/> DK }</p>
<p>b. Who was covered?</p> <p><i>Mark (X) "Public assistance" in person's column and "Cov" on HIS-1.</i></p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">36</div> <p>b.</p> <p>1 <input type="checkbox"/> Public assistance <i>(Mark "Cov" box on HIS-1)</i></p>
<p>c. Anyone else? <input type="checkbox"/> Yes <i>(Reask 4b and c)</i> <input type="checkbox"/> No <i>(5 on page 16)</i></p>		<div style="text-align: right; border-bottom: 1px solid black; padding-bottom: 2px;">36</div>
<p>Notes</p>		

Part B – HEALTH CARE COVERAGE – Continued	PERSON 1
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?	5a. 37 1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }
b. Was this CHAMPUS or TRICARE, or CHAMP-VA? <i>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.</i>	b. 38 1 <input type="checkbox"/> Yes (5c) 2 <input type="checkbox"/> No (5f) 9 <input type="checkbox"/> DK (5e)
c. Who was covered by CHAMPUS or TRICARE, or CHAMP-VA? <i>Mark (X) "CHAMPUS/TRICARE/CHAMP-VA" in person's column and "Cov" on the HIS-1.</i>	c. 39 1 <input type="checkbox"/> CHAMPUS/TRICARE/CHAMP-VA <i>(Mark "Cov" box on HIS-1)</i>
d. Anyone else? <input type="checkbox"/> Yes (Reask 5c and d) <input type="checkbox"/> No (5e)	
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)?	e. 40 1 <input type="checkbox"/> Yes (5f) 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }
f. Who was covered by other military health care? <i>Mark (X) "Military" in person's column and "Cov" box on the HIS-1.</i>	f. 41 1 <input type="checkbox"/> Military <i>(Mark "Cov" box on HIS-1)</i>
g. Anyone else? <input type="checkbox"/> Yes (Reask 5f and g) <input type="checkbox"/> No (6)	
6a. In (month), was anyone in the family covered by the Indian Health Service?	6a. 42 1 <input type="checkbox"/> Yes (6b) 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }
b. Who was covered? <i>Mark (X) "IHS" in person's column and "Cov" on the HIS-1.</i>	b. 43 1 <input type="checkbox"/> IHS <i>(Mark "Cov" box on HIS-1)</i>
c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No (7)	
7a. (Not counting the government health programs we just mentioned) In (month) was anyone in the family covered by a health insurance plan? <i>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).</i>	7a. 44 1 <input type="checkbox"/> Yes (7b) 2 <input type="checkbox"/> No } (Part C, question 8 9 <input type="checkbox"/> DK } on page 26)
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? <i>Ask 7c after recording each plan. Record up to 4 plan names in Part C, Table H.I.</i>	
c. In (month), was anyone in the family covered by any OTHER health insurance plan?	c. 45 1 <input type="checkbox"/> Yes (Reask 7b and c) 2 <input type="checkbox"/> No (Part C on page 18)
Notes	

Part C – PRIVATE PLAN AND COVERAGE DETAIL		PERSON 1	RT 89
TABLE H.I. – PLAN 1			3-4
PLAN 1 NAME			5-6
<p>Now, I am going to ask some questions about the plan(s) you just told me about, (starting with (plan name).)</p> <p>1a. Who was covered under this plan?</p> <p>Mark (X) "Private insurance" in person's column and "Cov" on the HIS-1.</p>		<p>1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)</p>	7
<p>b. Anyone else? <input type="checkbox"/> Yes (Reask 1a and b) <input type="checkbox"/> No (2)</p>			
<p>2. In whose name is this plan?</p> <p>Mark (X) "In name" in person's column and also on the HIS-1.</p>		<p>2. <input type="checkbox"/> In name <input type="checkbox"/> Person not in household</p>	8
<p>3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?</p> <p>If "Yes", probe for employer or union. Mark (X) only one.</p>		<p><input type="checkbox"/> Employer <input type="checkbox"/> Union <input type="checkbox"/> Through workplace, but DK whether employer or union <input type="checkbox"/> No } (4) <input type="checkbox"/> DK } (3b)</p>	9
<p>b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?</p> <p>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.</p>		<p><input type="checkbox"/> All (5) <input type="checkbox"/> Some } (4) <input type="checkbox"/> None } <input type="checkbox"/> DK }</p>	10
<p><i>HAND CARD FC1. Read categories if telephone interview.</i></p> <p>4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.</p> <p>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.</p>		<p><input type="checkbox"/> Zero <input type="checkbox"/> \$1 – \$9 <input type="checkbox"/> \$10 – \$19 <input type="checkbox"/> \$20 – \$49 <input type="checkbox"/> \$50 – \$99 <input type="checkbox"/> \$100 – \$199 <input type="checkbox"/> \$200 – \$499 <input type="checkbox"/> \$500 or more <input type="checkbox"/> DK</p>	11
<p>5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?</p>		<p><input type="checkbox"/> Variety of services (6) <input type="checkbox"/> Only one type of service/care (5b) <input type="checkbox"/> DK (6)</p>	12
<p>b. What type of service or care does the plan pay for?</p> <p>Mark (X) only one type of service.</p>		<p>01 <input type="checkbox"/> Accidents 02 <input type="checkbox"/> AIDS care 03 <input type="checkbox"/> Cancer treatment 04 <input type="checkbox"/> Catastrophic care 05 <input type="checkbox"/> Dental care 06 <input type="checkbox"/> Disability insurance (cash payments when unable to work for health reasons) 07 <input type="checkbox"/> Hospice care 08 <input type="checkbox"/> Hospitalization-only 09 <input type="checkbox"/> Long term care (nursing home care) 10 <input type="checkbox"/> Prescriptions 11 <input type="checkbox"/> Vision care 98 <input type="checkbox"/> Other – Specify _____ 99 <input type="checkbox"/> DK</p> <p style="text-align: center;">GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8 ON PAGE 26</p>	13-14
Notes			

	RT 89 3-4		RT 89 3-4		RT 89 3-4		RT 89 3-4		
PERSON 2		PERSON 3		PERSON 4		PERSON 5			
1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)	7	1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)	7	1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)	7	1a. <input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)	7		
2. <input type="checkbox"/> In name	8	2. <input type="checkbox"/> In name	8	2. <input type="checkbox"/> In name	8	2. <input type="checkbox"/> In name	8		
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>				<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK				15	
b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?				<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)				16	
c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)				17	
d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				18	
7a. Does (plan name) pay for any part of the cost for dental care?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				19	
<i>Mark (X) box or ask:</i> 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?				<input type="checkbox"/> No persons under 18 in family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK				20 } 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		PERSON 1	
<p>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?</p> <p>b. Who is this? <i>Mark (X) "Pre-existing condition" in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 8b and c</i>) <input type="checkbox"/> No (<i>9</i>) <input type="checkbox"/> DK (<i>9</i>)</p>		<p>8a. <input type="checkbox"/> Yes (<i>8b</i>) 69 <input type="checkbox"/> No } (<i>9</i>) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> Pre-existing condition 70</p>	
<p>9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?</p> <p>b. Who is this? <i>Mark (X) "Turned down" in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 9b and c</i>) <input type="checkbox"/> No (<i>9d</i>) <input type="checkbox"/> DK (<i>9d</i>) <i>Ask for each person with "Turned down" marked in 9b.</i></p> <p>d. Why was -- unable to get that health insurance? Anything else? <i>Mark (X) all that apply.</i></p>		<p>9a. <input type="checkbox"/> Yes (<i>9b</i>) 71 <input type="checkbox"/> No } (<i>10</i>) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> Turned down 72</p> <p>d. <input type="checkbox"/> Because of pre-existing condition (such as cancer or diabetes) 73 <input type="checkbox"/> Because of health risk(s) (such as smoking or overweight) 74 <input type="checkbox"/> Because of work (such as construction worker, beautician, farm worker) 75 <input type="checkbox"/> Because premiums were too high 76 <input checked="" type="checkbox"/> Other - Specify <i>Z</i> 77 <input type="checkbox"/> DK 78</p>	
<p>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?</p> <p>b. Who is this? <i>Mark (X) "Stayed in job" in person's column.</i></p> <p>c. Anyone else? <input type="checkbox"/> Yes (<i>Reask 10b and c</i>) <input type="checkbox"/> No (<i>C1</i>) <input type="checkbox"/> DK (<i>C1</i>)</p>		<p>10a. <input type="checkbox"/> Yes (<i>10b</i>) 79 <input type="checkbox"/> No } (<i>C1</i>) <input type="checkbox"/> DK }</p> <p>b. <input type="checkbox"/> Stayed in job 80</p>	
<p>ITEM C1 <i>Refer to age and Wa/Wb in HIS-1.</i> <i>Mark (X) first appropriate box.</i></p>		<p>C1 <input type="checkbox"/> 70+ (<i>NP, or C3 on page 28</i>) 81 <input type="checkbox"/> Wa/Wb marked (<i>C2</i>) <input type="checkbox"/> Other (<i>NP, or C3 on page 28</i>)</p>	
<p>ITEM C2 <i>Refer to "In name" box on HIS-1.</i></p>		<p>C2 <input type="checkbox"/> "In name" (<i>C1 for NP, or C3 on page 28</i>) 82 <input type="checkbox"/> Other (<i>11</i>)</p>	
<p>11. Was health insurance offered by -- employer?</p>		<p>11. <input type="checkbox"/> Yes } (<i>C1 for NP, or C3 on page 28</i>) 83 <input type="checkbox"/> No } <input type="checkbox"/> DK }</p>	
Notes			

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	RT 90
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.	1 <input type="checkbox"/> Covered (13 on page 30) 2 <input type="checkbox"/> Not covered, under 65 3 <input type="checkbox"/> Not covered, 65+ } (12)	3-4 5
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.		12a. <ul style="list-style-type: none"> 01 <input type="checkbox"/> Job layoff/loss/unemployment 6-7 02 <input type="checkbox"/> Wasn't offered by employer 8-9 03 <input type="checkbox"/> Not eligible because part time worker 10-11 04 <input type="checkbox"/> Family coverage not offered by employer 12-13 05 <input type="checkbox"/> Benefits from former employer ran out 14-15 06 <input type="checkbox"/> Can't obtain because of poor health, illness, or age 16-17 07 <input type="checkbox"/> Too expensive/ Can't afford 18-19 08 <input type="checkbox"/> Dissatisfied with previous insurance 20-21 09 <input type="checkbox"/> Don't believe in insurance 22-23 10 <input type="checkbox"/> Have usually been healthy, haven't needed insurance 24-25 11 <input type="checkbox"/> Covered by some other plan 26-27 12 <input type="checkbox"/> Too old for coverage under family plans 28-29 13 <input type="checkbox"/> Free/inexpensive source of care readily available 30-31 98 <input type="checkbox"/> Other reason – Specify 32-33 	
Ask 12b if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.			34-35
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.		b. Main reason _____	36-37
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.		c. <ul style="list-style-type: none"> 1 <input type="checkbox"/> State Plan 2 <input type="checkbox"/> Private Plan 3 <input type="checkbox"/> Other Plan 9 <input type="checkbox"/> DK } (C3 for NP, or 14 on page 30)	38
d. When was the LAST time -- had health insurance? (Read categories if necessary.) Mark (X) only one.		d. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Less than 6 months ago 2 <input type="checkbox"/> 6 months ago, but less than 1 year ago 3 <input type="checkbox"/> 1 year ago, but less than 3 years ago 4 <input type="checkbox"/> 3 or more years ago 5 <input type="checkbox"/> Never had health insurance 9 <input type="checkbox"/> DK (12f) } (12e) } (C3 for NP, or 14 on page 30)	39
HAND CARD FC3. Read categories if telephone interview.			
e. What was the MAIN reason -- stopped being covered by health insurance? Mark (X) only one.		e. <ul style="list-style-type: none"> 01 <input type="checkbox"/> Lost job or changed employers 02 <input type="checkbox"/> Spouse/parent lost job or changed employers 03 <input type="checkbox"/> Death of spouse or parent 04 <input type="checkbox"/> Became divorced or separated 05 <input type="checkbox"/> Became ineligible because of age 06 <input type="checkbox"/> Employer stopped offering coverage 07 <input type="checkbox"/> Cut back to part time 08 <input type="checkbox"/> Benefits from employer/ former employer ran out 98 <input type="checkbox"/> Other – Specify z } (12f on page 30)	40-41
		99 <input type="checkbox"/> DK	

Part C – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1		
<p>12f. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?</p> <hr/> <p>g. What was the MAIN reason -- was unable to find some other type of health insurance? Mark (X) only one.</p>	<p>12f. 42</p> <p>1 <input type="checkbox"/> Yes (12g) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (C3 on page 28 for NP, or 14)</p>			
<p>13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?</p> <hr/> <p>b. In how many of the past 12 months was -- without coverage? Mark (X) only one.</p> <p>HAND CARD FC3. Read categories if telephone interview.</p> <p>c. What was the MAIN reason -- was without coverage? Mark (X) only one.</p>	<p>13a. 44</p> <p>1 <input type="checkbox"/> Yes (13b) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (C3 on page 28 for NP, or 14)</p>	<p>g. 43</p> <p>1 <input type="checkbox"/> Could not afford 2 <input type="checkbox"/> Was rejected 3 <input type="checkbox"/> Other reason – Specify <u> </u> 9 <input type="checkbox"/> DK } (C3 on page 28 for NP, or 14)</p>		
<p>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.</p>	<p>14. 48</p> <p>1 <input type="checkbox"/> Zero 2 <input type="checkbox"/> Less than \$500 3 <input type="checkbox"/> \$500 – \$1999 4 <input type="checkbox"/> \$2,000 – \$2,999 5 <input type="checkbox"/> \$3,000 – \$4,999 6 <input type="checkbox"/> \$5,000 or more 9 <input type="checkbox"/> DK</p>			
<p>ITEM C4 About how often did the Respondent appear to answer the questions in Parts B and C accurately?</p>	<p>C4 49</p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>			
<p>ITEM C5 About how often did the Respondent appear to answer the questions in Parts B and C honestly?</p>	<p>C5 50</p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>			
<p>ITEM C6 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.</p>	<p>C6 51-52</p> <p>Person number _____</p>			

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

State names
for Medicaid
Card FC1

(Cut along broken lines)

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 FC2
Card FC3

(Cut along broken lines)

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