



**Health status**

First, I have just a few questions about your (NAME'S) health.

>HSTAT< Health Status (from BRFSS)

Would you say that in general your (NAME'S) health is—

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

**Or**

- 5 Poor

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

>HD\_1< Healthy Days — Health-Related Quality of Life (From BRFSS)

Now thinking about your (NAME'S) physical health, which includes physical illness and injury, for how many days during the past 30 days was your (NAME'S) physical health not good?

\_\_ Number of days

- 88 None
- 77 Don't know / Not sure
- 99 Refused

>HD\_2<

Now thinking about your (NAME'S) mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your (NAME'S) mental health not good?

\_\_ Number of days

- 88 None [If hd1 and hd2 = 88 (None), go to next section]

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

>HD\_3<

During the past 30 days, for about how many days did poor physical or mental health keep you (NAME) from doing your (HIS/HER) usual activities, such as self-care, work, or recreation?

\_\_ Number of days

- 88 None

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

**Health insurance coverage**

These next questions are about health insurance coverage.

>HI< (HI is from BRFSS; all other health insurance questions are from the CPS)

Do you (does NAME) have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 Yes – GO TO EMPLOY
- 2 No – GO TO EMPLOY1

**Do not read:**

- 7 Don't know / Not sure – GO TO EMPLOY
- 9 Refused – GO TO EMPLOY

>EMPLOY<

Are you (is NAME) covered by a health plan provided through [your/their] current or former employer or union? <MILITARY HEALTH INSURANCE WILL BE COVERED LATER IN ANOTHER QUESTION.>

- 1 Yes – GO TO DIRECT
- 2 No – GO TO DIRECT

**Do not read:**

- 7 Don't know / Not sure – GO TO DIRECT
- 9 Refused – GO TO DIRECT

>EMPLOY1<

Just to make sure, are you (is NAME) covered by a health plan provided through [your/their] current or former employer or union? <MILITARY HEALTH INSURANCE WILL BE COVERED LATER IN ANOTHER QUESTION.>

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

>DIRECT<

Are you (is NAME) covered by a plan that [you/they] PURCHASED DIRECTLY FROM AN INSURANCE COMPANY, that is, not related to current or past employment?

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

>OUTSIDE<

Are you (is NAME) covered by the health plan of someone who does not live in this household?

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

>MEDCARE<

Are you (is NAME) covered by Medicare?

READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

>MEDCAID<

Are you (is NAME) covered by Medicaid/fill MEDCAID name(s) per state]?

READ IF NECESSARY: Medicaid/fill MEDCAID name(s) is the government assistance program that pays for health care.

- 1 Yes [IF SINGLE-PERSON HH = > go to CICHIP; else = > go to MCAIDWH]
- 2 No – GO TO CICHIP

**Do not read:**

- 7 Don't know / Not sure – GO TO CICHIP
- 9 Refused – GO TO CICHIP

>MILITARY<

Are you (is NAME) covered by TRICARE, CHAMPUS, CHAMPVA, VA, military health care, or Indian Health Service?

NOTE: "CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN'S AFFAIRS.

- 1 Yes – GO TO MILPLAN
- 2 No – GO TO OTHER

**Do not read:**

- 7 Don't know / Not sure – GO TO OTHER
- 9 Refused – GO TO OTHER

>MILPLAN<

What plan are you (is NAME) covered by?

- 1 TRICARE, CHAMPUS or military health care
- 2 CHAMPVA
- 3 VA
- 4 Indian Health Service
- 5 Other

>OTHER<

Other than the plans I have already talked about, are you (is NAME) covered by [IF STATE HAS NO ENTRY IN LIST OF FILLS BELOW FILL: any other type of health plan?/ a health insurance plan such as the [fill OTHER name(s)] plan or any other type of plan?] **ADD HIFA PLAN NAME HERE**

- 1 Yes – GO TO OTHPLAN
- 2 No – GO TO CKVERIF

**Do not read:**

- 7 Don't know / Not sure – GO TO CKVERIF
- 9 Refused – GO TO CKVERIF

>OTHPLAN<

What type of insurance do you (does NAME) have?

- 1 Medicare
- 2 Medicaid
- 3 **HIFA PLAN HERE**
- 4 TRICARE or CHAMPUS
- 5 CHAMPVA ("CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN'S AFFAIRS.)
- 6 VA health care
- 7 Military health care
- 8 Children's Health Insurance Program (CHIP)
- 9 Indian Health Service
- 10 Other government health care
- 11 Employer/union-provided (policyholder)
- 12 Employer/union-provided (as dependent)
- 13 Privately purchased (policyholder)
- 14 Privately purchased (as dependent)
- 15 Plan of someone outside the household
- 16 Other

Specify \_\_\_\_\_ [store  
in VEROth; allow 50 characters]

>CKVERIF<

- If it's a single-person household and if NAME answered "yes" to any of the following items: EMPLOY, DIRECT, OUTSIDE, MEDCARE, MEDCAID, CHIP, MILITARY, OTHER, he/she should be classified as insured; set CKVERIF flag = 1
- Else NAME should be classified as uninsured; set CKVERIF flag = 0 GO TO VERIFY

>VERIFY<

I have recorded that you are (NAME is) not covered by a health plan. Is that correct?

- 1 Yes (not covered) – GO TO ONHIFA
- 2 No – GO TO VERPLAN

**Do not read:**

- 7 Don't know / Not sure – GO TO ONHIFA
- 9 Refused – GO TO ONHIFA

>VERPLAN<

What type of insurance are you (is NAME) covered by? Any other type of plan?

- 1 Medicare
- 2 Medicaid
- 3 HIFA PLAN HERE
- 4 TRICARE or CHAMPUS
- 5 CHAMPVA ("CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN'S AFFAIRS.)
- 6 VA health care
- 7 Military health care
- 8 Children's Health Insurance Program (CHIP)
- 9 Indian Health Service
- 10 Other government health care
- 11 Employer/union-provided (policyholder)
- 12 Employer/union-provided (as dependent)
- 13 Privately purchased (policyholder)
- 14 Privately purchased (as dependent)
- 15 Plan of someone outside the household
- 16 Other

Specify \_\_\_\_\_ [store  
in VEROth; allow 50 characters]

If OTHPLAN = 16 or VERPLAN = 16 go to H\_PREHIFA  
ELSE go to ONHIFA

HIFA QUESTIONS (created by U of M)

>ONHIFA<

Are you (is NAME) currently participating in the (insert state name) (insert HIFA PROGRAM NAME)?

- 1 Yes – GO TO PREHIFA
- 2 No – GO TO EXPLANATION

**Do not read:**

- 7 DK – GO TO EXPLANATION
- 9 Refused – GO TO EXPLANATION

>EXPLANATION<

- Read short description of state programs tailored to the HIFA program the respondent is enrolled in. Be as specific as possible about program features to trigger recognition.
- Repeat ONHIFA

>OFFHIFA<

When did you (NAME) stop participating in the (HIFA PROGRAM NAME)?

- \_\_ \_\_ days ago  
\_\_ \_\_ months ago  
00 Never enrolled – GO TO HCA1

**Do not read:**

- 77 DK – GO TO HCA1
- 99 Refused – GO TO HCA1

>PREHIFA<

Just prior to participating in the (HIFA PROGRAM NAME) did you (NAME) have any health insurance coverage?

- 1 Yes – GO TO PRETYPE
- 2 No – GO TO H\_REASONS

**Do not read:**

- 7 DK – GO TO H\_REASONS
- 9 Refused – GO TO H\_REASONS

>PRETYPE<

What type of insurance were you (was NAME) covered by prior to participating in the (HIFA PROGRAM NAME)?

- 1 Medicare
- 2 Medicaid
- 3 TRICARE or CHAMPUS
- 4 CHAMPVA ("CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN'S AFFAIRS.)
- 5 VA health care



- 6 Military health care
- 7 Children's Health Insurance Program (CHIP)
- 8 Indian Health Service
- 9 Other government health care
- 10 Employer/union-provided (policyholder)
- 11 Employer/union-provided (as dependent)
- 12 Privately purchased (policyholder)
- 13 Privately purchased (as dependent)
- 14 Plan of someone outside the household
- 15 Other

Specify \_\_\_\_\_ [store  
in VEROth; allow 50 characters]

>H\_REASONS<

Why did you (NAME) decide to participate in the (HIFA PROGRAM NAME)?

DO NOT PROMPT -- MAP RESPONSE TO THOSE BELOW OR ENTER TEXT CLOSE TO  
VERBATIM

- 1 YOU (NAME) DID NOT HAVE HEALTH INSURANCE COVERAGE
- 2 YOUR (NAME'S) EMPLOYER DID NOT OFFER INSURANCE COVERAGE
- 3 YOU (NAME) COULD NOT AFFORD COVERAGE THROUGH EMPLOYER
- 4 YOU (NAME) COULD NOT AFFORD TO PURCHASE INSURANCE IN PRIVATE  
MARKET
- 5 YOU (NAME) LOST A JOB THAT PROVIDED HEALTH INSURANCE COVERAGE
- 6 INSURANCE THROUGH A FAMILY MEMBER WAS NO LONGER AVAILABLE
- 7 YOU WERE (NAME WAS) NO LONGER ELIGIBLE FOR THE PUBLIC HEALTH  
INSURANCE PROGRAM YOU WERE (NAME WAS) ENROLLED IN
- 8 OTHER SPECIFY \_\_\_\_\_

>ABSENCE<

If your health insurance coverage through (HIFA PROGRAM NAME) was not (or "had not  
been") available, what type of coverage would you be (or "have been) enrolled in?

- 0 None, would be uninsured
- 1 Medicare
- 2 Medicaid
- 3 TRICARE or CHAMPUS
- 4 CHAMPVA ("CHAMPVA" IS THE CIVILIAN HEALTH AND MEDICAL PROGRAM  
OF THE DEPARTMENT OF VETERAN'S AFFAIRS.)
- 5 VA health care
- 6 Military health care
- 7 Children's Health Insurance Program (CHIP)
- 8 Indian Health Service
- 9 Other government health care
- 10 Employer/union-provided (policyholder)
- 11 Employer/union-provided (as dependent)
- 12 Privately purchased (policyholder)
- 13 Privately purchased (as dependent)
- 14 Plan of someone outside the household

15 Other

Specify \_\_\_\_\_ [store  
in VEROth; allow 50 characters]**Health Care Access** (from BRFSS)

We are close to the end of the survey. My next questions are about your (NAME'S) access to health care.

&gt;HCA1&lt;

Do you (does NAME) have one person you think (he/she thinks) of as your personal doctor or health care provider?

- 1 Yes, only one
- 2 More than one
- 3 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

&gt;HCA2&lt;

Was there a time in the past 12 months when you (NAME) needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

&gt;HCA3&lt;

About how long has it been since you (NAME) last visited a doctor for a routine checkup? A routine checkup is general physical exam, not an exam for a specific injury, illness or condition.

- 1 Within past year (anytime less than 12 months ago)
- 2 Within past 2 years (2 year but less than 2 years ago)
- 3 Within past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure

**Do not read:**

- 8 Never
- 9 Refused

**Chronic Conditions and Health Risk Behavior**

>DIAB< Diabetes (from BRFSS with SHAPE addition of "other health professional")

Have you ever been told by a doctor or other health professional that you have diabetes?

**If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”  
If respondent says pre-diabetes or borderline diabetes, use response code 4.**

(85)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

**Do not read:**

- 7 Don't Know / Not sure
- 9 Refused

>HYPER< Hypertension (From BRFSS with SHAPE addition of “other health professional”)  
Have you ever been told by a doctor or other health professional that you had hypertension,  
also called high blood pressure?

**If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No

**Do not read:**

- 7 Don't Know / Not sure
- 9 Refused

>DEPRES1< (From BRFSS with SHAPE addition of “other health professional”)  
Have you ever been told by a doctor or other health professional that you have depression?

- 1 Yes
- 2 No – GO TO SMOKE1

**Do not read:**

- 7 Don't Know / Not sure
- 9 Refused

>DEPRES2< (From SHAPE)

Are you currently under the care of a doctor or other health professional such as a psychiatrist, a psychologist, a therapist, or a counselor for your depression?

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't Know / Not sure
- 9 Refused

>DEPRES3< (From SHAPE)

Are you currently taking any medication that was prescribed to you for you to treat depression?

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't Know / Not sure
- 9 Refused

>DEPRES4< (From SHAPE)

Do you still have depression?

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't Know / Not sure
- 9 Refused

>SMOKE1< (from BRFSS)

Have you smoked at least 100 cigarettes in your entire life?

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No– GO TO AGE

**Do not read:**

- 7 Don't know / Not sure– GO TO AGE
- 9 Refused– GO TO AGE

>SMOKE2< (from BRFSS)

Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all – GO TO AGE

**Do not read:**

- 7 Don't know/Not sure – GO TO AGE
- 9 Refused – GO TO AGE

>SMOKE3< (from BRFSS)

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**Demographics** (from BRFSS unless otherwise indicated)

>AGE<

What is your (NAME'S) age?

\_\_ \_\_ Code age in years

**Do not read:**

- 07 Don't know / Not sure
- 09 Refused

>ETHNICITY<

Are you (is NAME) Hispanic or Latino?

- 1 Yes
- 2 No

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

>RACE<

Which one or more of the following would you say is your (NAME'S) race?  
**(Check all that apply)**

**Please read:**

- 1 White

- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify]\_\_\_\_\_

**DO NOT READ:**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

>MARSTAT<

Are you (is NAME) ...?

**Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple

**Do not read:**

- 9 Refused

>KIDSHH<

How many children less than 18 years of age live in your household?

- \_\_ Number of children
- 88 None

**Do not read:**

- 99 Refused

>EDUC<

What is the highest grade or year of school you (NAME) completed?

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 9 Refused

>EMPLOY<

Are you (is NAME) currently...?

**Please read:**

- 1 Employed for wages – GO TO EMPSTAT2
- 2 Self-employed– GO TO EMPSTAT2
- 3 Out of work for more than 1 year – GO TO INCOME
- 4 Out of work for less than 1 year – GO TO INCOME
- 5 Homemaker – GO TO INCOME
- 6 Student – GO TO INCOME
- 7 Retired – GO TO INCOME

**Or**

- 8 Unable to Work

**Do not read:**

- 9 Refused

>EMPSTAT2< (from MNHA)

Do you (does NAME) have more than one paying job?

- 1 Yes – GO TO HOURS
- 2 No – GO TO EMPERM
- 7 Don't know / Not sure
- 9 Refused – GO TO EMPERM

>HOURS< from MNHA

Thinking about all of your (NAME'S) jobs, what is the total number of hours usually worked per week?

\_\_\_\_\_ (1-100) hours

**Do not read:**

777 Don't Know / Not sure

999 Refused

>HRS

How many hours per week do you (does NAME) usually work at your (their) primary place of employment?

\_\_\_\_\_ (1-100) hours

**Do not read:**

777 Don't Know / Not sure

999 Refused

>EMPERM< from MNHA

Thinking about your (NAME'S) primary job, is this a permanent, temporary, or seasonal job?

1 Permanent

2 Temporary

3 Seasonal

**Do not read:**

7 Don't Know / Not sure

9 Refused

**IF EMPLOY = 1 GO TO SIZE1**

**IF EMPLOY = 2 GO TO SIZE 2**

>SIZE1< from MNHA

Counting all locations where this employer operates, are there more than 50 people working for your (NAME'S) employer?

1 Yes – GO TO SIZEB

2 No – GO TO SIZEA

**Do not read:**

7 Don't Know / Not sure

9 Refused



>SIZE2< from MNHA

Including yourself (NAME) are there more than 50 people working for this business?

- 1 Yes -- GO TO SIZEB
- 2 No – GO TO SIZEA

**Do not read:**

- 7 Don't Know / Not sure
- 9 Refused

NOTE FOR SIZEA AND SIZEB: If EMPLOY=2, use “business” instead of “employer.”  
Which category best represents the total number of persons who work for your (NAME'S) employer/business?

>SIZEA< from MNHA

- 1 Just one
- 2 Between 2 and 10
- 3 Between 11 and 50

**Do not read:**

- 7 Don't Know
- 9 Refused

>SIZEB< from MNHA

Which category best represents the total number of persons who work for your (NAME'S) employer/business?

- 1 Between 51 and 100
- 2 Between 101 and 500
- 3 Between 501 and 1000
- 4 Over 1000

**Do not read:**

- 7 Don't Know / Not sure
- 9 Refused

>INDUST< from MNHA 2001

What industry best describes the business that you (NAME) work/s for or own?  
(Please listen to the whole list of choices before deciding)

- 1 Government
- 2 Health/Education/Social/Child Care Services
- 3 Agriculture/Farming
- 4 Construction/Mining
- 5 Manufacturing \*
- 6 Computer Technology
- 7 Public Utilities/Transportation/Communications \*\*
- 8 Retail and Wholesale Trade/Sales \*\*\*

- 9 Banking/Finance/Insurance/Real Estate
- 10 Other (specify) \_\_\_\_\_

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

\* Manufacturing examples: factory, textile mill, steel mill, automobile manufacturer, electronic equipment manufacturer, chemical/drug manufacturer, food processing, printing, publishing  
 \*\* Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)  
 \*\*\* Retail/Wholesale examples: department stores, restaurants, grocery stores, distributor

>INCOME<

Is your (NAME'S) annual household income from all sources—

**If respondent refuses at ANY income level, code '99' (Refused)**

**Read only if necessary:**

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**  
(\$20,000 to less than \$25,000)
- 05 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," ask 08**  
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused

>TOTCNT< From MNHA

How many people live on this income?

\_\_\_\_ people (1-20)

**Do not read:**

- 77. Don't Know
- 99. Refused

>WEIGHT< (From BRFSS)

About how much do you weigh without shoes?

**Note: If respondent answers in metrics, put "9" in column \_\_\_\_.**

**Round fractions up**

\_\_\_\_ Weight  
(pounds/kilograms)

**Do not read:**

- 7777 Don't know / Not sure
- 9999 Refused

>HEIGHT< (From BRFSS)

About how tall are you without shoes?

**Note: If respondent answers in metrics, put "9" in column \_\_\_\_.**

**Round fractions down**

\_\_\_\_ Height  
(ft/inches/meters/centimeters)

**Do not read:**

- 7777 Don't know / Not sure
- 9999 Refused

>COUNTY<

What county do you (does NAME) live in?

\_\_\_\_ FIPS county code

**Do not read:**

- 777 Don't know / Not sure
- 999 Refused

>ZIP<

What is the ZIP Code where you live (NAME lives)?

\_\_\_\_\_ ZIP Code

**Do not read:**

77777 Don't know / Not sure

99999 Refused

>SEX<

Indicate sex of respondent. Ask only if necessary.

Are you (is NAME) male or female?

1 Male

2 Female

**Closing statement**

**Please read:**

That is my last question. Do you have any questions for me?

Thank you very much for your time.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 30 **minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.