

**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.050\_00.000      **Instrument Variable Name:** FHICOV      **QuestionnaireFileName:** Family

**QuestionText:** (book) F12 and (book) F13

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[fill:Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All families

**SkipInstructions:** <1,R,D> [goto HIKIND]  
<2> [if QUARTER=1 or 2, goto SINCOV; else, if QUARTER=3 or 4 and AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]

**Question ID:** FHI.070\_00.000      **Instrument Variable Name:** HIKIND      **QuestionnaireFileName:** Family

**QuestionText:** (book) F12 and (book) F13 ? [F1]

What kind of health insurance or health care coverage [fill: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

\* Enter all that apply, separate with commas.

- 01 Private health insurance
- 02 Medicare
- 03 Medi-Gap
- 04 Medicaid
- 05 SCHIP (CHIP/Children's Health Insurance Program)
- 06 Military health care (TRICARE/VA/CHAMP-VA)
- 07 Indian Health Service
- 08 State-sponsored health plan
- 09 Other government program
- 10 Single service plan (e.g., dental, vision, prescriptions)
- 11 No coverage of any type
- 97 Refused
- 99 Don't know

**UniverseText:** All persons in families where FHICOV= yes, don't know, or refused

**SkipInstructions:** <R,D> [goto HCSPFYR]  
<1-10> [if QUARTER=1 or 2 and HIKIND ne 10, goto SINCOV; else, goto HICHANGE]  
<1-10> [if QUARTER=3 or 4 and AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]  
<11> [if QUARTER=1 or 2 and HIKIND=1-10, goto ERR\_HIKIND; else, goto HICHANGE]  
<11> [if QUARTER=3 or 4 and HIKIND = 1-10, goto ERR\_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]

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**Question ID:** FHI.072\_00.000    **Instrument Variable Name:** MCAREPRB    **QuestionnaireFileName:** Family

**QuestionText:** (book) F12a  
People covered by Medicare have a card that looks like this.  
[fill: Are you/Is ALIAS] covered by Medicare?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND

**SkipInstructions:** if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

NOTE: MCAREPRB was only asked in Quarters 3 and 4.

**Question ID:** FHI.073\_00.000    **Instrument Variable Name:** MCAIDPRB    **QuestionnaireFileName:** Family

**QuestionText:** (book F13)

\* Refer to flashcard F13 for state Medicaid names.

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (\* fill State name). [fill: Are you/Is ALIAS] covered by Medicaid?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons less than 65 years of age with no insurance coverage of any type

**SkipInstructions:** goto SINCOV

NOTE: MCAIDPRB was only asked in Quarters 3 and 4.

**Question ID:** FHI.074\_00.000    **Instrument Variable Name:** SINCOV    **QuestionnaireFileName:** Family

**QuestionText:** [fill: Do you/Does ALIAS] have any type of insurance that pays for only one type of service such as dental, vision, or prescriptions?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND

**SkipInstructions:** goto HICHANGE

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**Question ID:** FHI.075\_00.000    **Instrument Variable Name:** HICHANGE    **QuestionnaireFileName:** Family

**QuestionText:** I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:  
fill3: ^HIKIND] / not covered by health insurance.]

Is this correct?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons

**SkipInstructions:** <1,R,D> [repeat for all eligible persons, then goto MCNO]  
<2> [goto ERR\_HICHANGE]

**Question ID:** FHI.080\_01.000    **Instrument Variable Name:** MCNO    **QuestionnaireFileName:** Family

**QuestionText:** 1 of 2 ? [F1]

I recorded that you are covered by Medicare. May I please see your Medicare card to determine the type of coverage and to record the Health Insurance Claim Number?

\*Enter the claim number from the card.

This number is needed to allow Medicare records of the Centers for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone, including any other government agency. 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 your benefits. This number will be held in strict confidence.

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

- 0-999999996 0-999999996
- 999999997 Refused
- 999999999 Don't know

**UniverseText:** Family respondents with Medicare

**SkipInstructions:** <0-999999996> [goto MCLET]  
<R,D> [goto MCPART]

**Question ID:** FHI.080\_02.000    **Instrument Variable Name:** MCLET    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2

\*Enter the letters that appear after the claim number.

- 2 letters
- 97 Refused
- 99 Don't know

**UniverseText:** Family respondents with Medicare who reported a Medicare claim number

**SkipInstructions:** goto MCPART

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**Question ID:** FHI.090\_00.000    **Instrument Variable Name:** MCPART    **QuestionnaireFileName:** Family

**QuestionText:** {if subject ne respondent};  
Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS's Medicare card to determine the type of coverage?

{if subject eq respondent};  
\* Read if necessary.

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

\* Fill in appropriate coverage type below.

- 1 Part A - Hospital only
- 2 Part B - Medical only
- 3 Both Part A and Part B
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with Medicare

**SkipInstructions:** <1-3> [goto MCCARD]  
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

**Question ID:** FHI.092\_00.000    **Instrument Variable Name:** MCCARD    **QuestionnaireFileName:** Family

**QuestionText:** \* Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?

- 1 Yes
- 2 No

**UniverseText:** All persons with Part A Medicare coverage, Part B Medicare coverage, or both

**SkipInstructions:** if MCPART = 1, goto MCPARTD; else, goto MCCHOICE

**Question ID:** FHI.095\_00.000    **Instrument Variable Name:** MCCHOICE    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:** goto MCHMO

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**Question ID:** FHI.100\_00.000    **Instrument Variable Name:** MCHMO    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

[fill: Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

- 1      Yes
- 2      No
- 7      Refused
- 9      Don't know

**UniverseText:**      All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:**      <1> [goto MCNAME]  
                             <2,R,D> [goto MCREF]

**Question ID:** FHI.110\_00.000    **Instrument Variable Name:** MCNAME    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

What is the name of the HMO?

\* Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7      Refused
- 9      Don't know

**Verbatim**      Verbatim response

**UniverseText:**      All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for part B coverage, and are enrolled under a Medicare managed care arrangement

**SkipInstructions:**      goto MCREF

**Question ID:** FHI.114\_00.000    **Instrument Variable Name:** MCREF    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1: your/ALIAS's] Medicare plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

- 1      Yes
- 2      No
- 7      Refused
- 9      Don't know

**UniverseText:**      All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:**      goto MCPAYPRE

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**Question ID:** FHI.116\_00.000    **Instrument Variable Name:** MCPAYPRE    **QuestionnaireFileName:** Family

**QuestionText:** Besides [fill1: your/ALIAS's] Medicare insurance, [fill2: are you/is ALIAS] paying an additional monthly or yearly premium to receive a more comprehensive health benefit plan?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

**SkipInstructions:** goto MCPARTD

**Question ID:** FHI.118\_00.000    **Instrument Variable Name:** MCPARTD    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with Medicare

**SkipInstructions:** goto MCPART for next person with Medicare; else, goto MACHMD

**Question ID:** FHI.120\_00.000    **Instrument Variable Name:** MACHMD    **QuestionnaireFileName:** Family

**QuestionText:** (book F13) ? [F1]

\* Refer to flashcard F13 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (\* fill State Name). [fill1: You are/ALIAS is] listed as having Medicaid coverage. Can [fill2: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill3: you/he/she] choose from a book or list of doctors or is a doctor assigned?

- 1 Any doctor
- 2 Select from book/list
- 3 Doctor is assigned
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with Medicaid

**SkipInstructions:** <1,R,D> [goto MAPCMD]  
<2> [goto MACHMD1]  
<3> [goto MACHMD2]

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**Question ID:** FHI.130\_00.000    **Instrument Variable Name:** MACHMD1    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask or verify.

What is the name of the health plan that provided the book or list?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7 Refused
- 9 Don't know

**Verbatim** Verbatim Response

**UniverseText:** All persons with Medicaid who must select a doctor from a book or list of doctors

**SkipInstructions:** goto MANAM

**Question ID:** FHI.131\_00.000    **Instrument Variable Name:** MACHMD2    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask or verify.

What is the name of the health plan that assigned the doctor?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7 Refused
- 9 Don't know

**Verbatim** Verbatim Response

**UniverseText:** All persons with Medicaid for whom a doctor is assigned

**SkipInstructions:** goto MANAM

**Question ID:** FHI.132\_00.000    **Instrument Variable Name:** MANAM    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?

- 1 Yes
- 2 No

**UniverseText:** All persons with Medicaid who must select a doctor from a book or list or for whom a doctor is assigned

**SkipInstructions:** goto MAPCMD

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**Question ID:** FHI.140\_00.000    **Instrument Variable Name:** MAPCMD    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with Medicaid

**SkipInstructions:** goto MAREF

**Question ID:** FHI.150\_00.000    **Instrument Variable Name:** MAREF    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1: your/ALIAS's] Medicaid plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with Medicaid

**SkipInstructions:** goto MACHMD for the next person with Medicaid; else, goto SSTYPE2



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**Question ID:** FHI.156\_00.000    **Instrument Variable Name:** SSTYPE2    **QuestionnaireFileName:** Family

**QuestionText:** (book) F14

\* Enter all that apply, separate with commas.

You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?

- 01 Accidents
- 02 AIDS care
- 03 Cancer treatment
- 04 Catastrophic care
- 05 Dental care
- 06 Disability insurance
- 07 Hospice care
- 08 Hospitalization only
- 09 Long-term care
- 10 Prescriptions
- 11 Vision care
- 12 Other (specify)
- 97 Refused
- 99 Don't know

**UniverseText:** All persons with single service plans

**SkipInstructions:** <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]  
<12> [goto SSOTHER]

**Question ID:** FHI.157\_00.000    **Instrument Variable Name:** SSOTHER    **QuestionnaireFileName:** Family

**QuestionText:** \* Other type of single-service plan

- 7 Refused
  - 9 Don't know
- Verbatim** Verbatim Response

**UniverseText:** All persons with an "other" single service plan

**SkipInstructions:** goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6

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**Question ID:** FHI.158\_00.000    **Instrument Variable Name:** FHICCI6    **QuestionnaireFileName:** Family

**QuestionText:** The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[fill2: We have the following persons listed as being covered by such plans:

\* Read names.  
(display roster of eligible persons)]

\* Enter 1 to continue

1        Continue

**UniverseText:** All families with at least one person covered by private health insurance

**SkipInstructions:** goto HIPNAM1

**Question ID:** FHI.160\_00.000    **Instrument Variable Name:** HIPNAM1    **QuestionnaireFileName:** Family

**QuestionText:** It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

\* Read if necessary: Do you have your health plan card or something with the plan name on it?

7        Refused  
9        Don't know

**Verbatim**    Verbatim Response

**UniverseText:** All families with at least one person covered by private health insurance

**SkipInstructions:** <verbatim> [goto PCARD1]  
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]

**Question ID:** FHI.160\_01.000    **Instrument Variable Name:** PCARD1    **QuestionnaireFileName:** Family

**QuestionText:** \* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1        Yes  
2        No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM1

**SkipInstructions:** goto HIPNAM1B

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**Question ID:** FHI.170\_00.000    **Instrument Variable Name:** HIPNAM1B    **QuestionnaireFileName:** Family

**QuestionText:**

\* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by this plan?

\* Indicate each family member covered by this plan.

- 1      Yes
- 2      No
- 7      Refused
- 9      Don't know

**UniverseText:**            All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

**SkipInstructions:**        <R,D> [if HIPNAM1= R or D, goto STNAME]  
                              goto MORPLAN

NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the respondent.  
As shown above, each eligible person receives an edited response code in subsequent data processing.

**Question ID:** FHI.171\_00.000    **Instrument Variable Name:** MORPLAN    **QuestionnaireFileName:** Family

**QuestionText:**        \* Ask if necessary

Are there any more private health insurance plans?

- 1      Yes
- 2      No
- 7      Refused
- 9      Don't know

**UniverseText:**            All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

**SkipInstructions:**        <1> [goto HIPNAM2]  
                              <2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

**Question ID:** FHI.172\_00.000    **Instrument Variable Name:** HIPNAM2    **QuestionnaireFileName:** Family

**QuestionText:**        What is the name of the next plan?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7      Refused
- 9      Don't know

**Verbatim**            Verbatim Response

**UniverseText:**            All families with a second private health insurance plan

**SkipInstructions:**        <verbatim> [goto PCARD2]  
                              <R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]

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**Question ID:** FHI.172\_01.000    **Instrument Variable Name:** PCARD2    **QuestionnaireFileName:** Family

**QuestionText:** \* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

- 1 Yes
- 2 No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM2

**SkipInstructions:** goto HIPNAM2B

**Question ID:** FHI.173\_00.000    **Instrument Variable Name:** HIPNAM2B    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

\* Indicate each family member covered by this plan.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

**SkipInstructions:** <R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2

**Question ID:** FHI.174\_00.000    **Instrument Variable Name:** MORPLAN2    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask if necessary

Are there any more private health insurance plans?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

**SkipInstructions:** <1> [goto HIPNAM3]  
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]

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**Question ID:** FHI.175\_00.000    **Instrument Variable Name:** HIPNAM3    **QuestionnaireFileName:** Family

**QuestionText:** What is the name of the next plan?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7 Refused
- 9 Don't know

**Verbatim** Verbatim Response

**UniverseText:** All families with a third private health insurance plan

**SkipInstructions:** <verbatim> [goto PCARD3]  
<R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B]

**Question ID:** FHI.175\_01.000    **Instrument Variable Name:** PCARD3    **QuestionnaireFileName:** Family

**QuestionText:** \* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

- 1 Yes
- 2 No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM3

**SkipInstructions:** goto HIPNAM3B

**Question ID:** FHI.176\_00.000    **Instrument Variable Name:** HIPNAM3B    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask or verify. Enter all that apply, separate with commas.  
  
Which family members are covered by that plan?

\* Indicate each family member covered by this plan.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

**SkipInstructions:** <R,D> [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3] goto MORPLAN3

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**Question ID:** FHI.177\_00.000    **Instrument Variable Name:** MORPLAN3    **QuestionnaireFileName:** Family

**QuestionText:** \* Ask if necessary

Are there any more private health insurance plans?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

**SkipInstructions:** <1> [goto HIPNAM4]  
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

**Question ID:** FHI.178\_00.000    **Instrument Variable Name:** HIPNAM4    **QuestionnaireFileName:** Family

**QuestionText:** What is the name of the next plan?

\*Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7 Refused
- 9 Don't know

**Verbatim** Verbatim Response

**UniverseText:** All families with a fourth private health insurance plan

**SkipInstructions:** <verbatim> [goto PCARD4]  
<R,D> [prefill PCARD4 with a "2" and goto HIPNAM4B]

**Question ID:** FHI.178\_01.000    **Instrument Variable Name:** PCARD4    **QuestionnaireFileName:** Family

**QuestionText:** \* Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

- 1 Yes
- 2 No

**UniverseText:** All private health insurance plans where the plan name was entered at HIPNAM4

**SkipInstructions:** goto HIPNAM4B

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**Question ID:** FHI.179\_00.000    **Instrument Variable Name:** HIPNAM4B    **QuestionnaireFileName:** Family

**QuestionText:**

\* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

\* Indicate each family member covered by this plan.

- 1    Yes
- 2    No
- 7    Refused
- 9    Don't know

**UniverseText:**        All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

**SkipInstructions:**    <R,D> [if HIPNAM4 eq R or D and persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]  
goto FHICCI8

**Question ID:** FHI.180\_00.000    **Instrument Variable Name:** HIVER1    **QuestionnaireFileName:** Family

**QuestionText:**        ? [F1]

[fill1: You are/ALIAS is] listed as having private insurance but [fill2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill3: Are you/Is ALIAS] covered by private insurance?

- 1    Yes
- 2    No
- 7    Refused
- 9    Don't know

**UniverseText:**        All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

**SkipInstructions:**    <1> [ goto HIVER2]  
<2,R,D> [goto ERR\_HIVER1]

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**Question ID:** FHI.190\_00.000    **Instrument Variable Name:** HIVER2    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Enter all that apply, separate with commas.

Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

- 1 1st plan mentioned (^HIPNAM1)
- 2 2nd plan mentioned (^HIPNAM2)
- 3 3rd plan mentioned (^HIPNAM3)
- 4 4th plan mentioned (^HIPNAM4)
- 5 Some other plan not already mentioned
- 7 Refused
- 9 Don't know

**UniverseText:** All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

**SkipInstructions:** <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]  
<5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]  
<R,D> [goto FHICCI8]

**Question ID:** FHI.195\_01.000    **Instrument Variable Name:** FHICCI8    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].

\* Enter 1 to continue.

- 1 Continue

**UniverseText:** All families where a private health insurance plan was reported

**SkipInstructions:** goto FHI200

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.



**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.200\_01.000    **Instrument Variable Name:** FHI200    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

\* Enter line number of family member (from list below) in whose name this plan is held.

\* Enter 0 if the policyholder is not on the family roster."

- 00 Policyholder not on family roster
- 01-25 Two-digit person number
- 97 Refused
- 99 Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** goto PLNWRK

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Question ID:** FHI.210\_01.000    **Instrument Variable Name:** PLNWRK    **QuestionnaireFileName:** Family

**QuestionText:** (book) F15 ? [F1]

Which one of these categories best describes how this plan was obtained?

- 01 Through employer
- 02 Through union
- 03 Through workplace, but don't know if employer or union
- 04 Through workplace, self-employed or professional association
- 05 Purchased directly
- 06 Through a state/local government or community program
- 07 Other, specify
- 97 Refused
- 99 Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** <1-6,R,D> [goto PLNPAY]  
<7> [goto PLNWKSP]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**2007 NHIS Questionnaire - Family**  
**Family Health Insurance**  
Document Version Date: 12-Jul-06

**Question ID:** FHI.211\_01.000    **Instrument Variable Name:** PLNWKSP    **QuestionnaireFileName:** Family

**QuestionText:** \*Read if necessary.

How was this plan obtained?

- 7 Refused
- 9 Don't know

**Verbatim** Verbatim Response

**UniverseText:** All private health insurance plans where the plan was obtained through an "other" source

**SkipInstructions:** goto PLNPAY

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Question ID:** FHI.220\_10.000    **Instrument Variable Name:** PLNPAY    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

\* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

- 01 Self or family (living in the household)
- 02 Employer or union
- 03 Someone outside the household
- 04 Medicare
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP/SCHIP)
- 07 State or local government or community program
- 97 Refused
- 99 Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** <1> [goto HICOSTN]  
<2-7,R,D> [if PLNPAY=1, goto HICOSTN; else, goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.230\_11.000    **Instrument Variable Name:** HICOSTN    **QuestionnaireFileName:** Family

**QuestionText:** 1 of 2 ? [F1]

How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.

\*Enter dollar amount for premium payments.

- 00001-99995** \$1-\$99,995
- 99997** Refused
- 99999** Don't know

**UniverseText:** All private health insurance plans paid for by self or family

**SkipInstructions:** <1-99995> [goto HICOSTT]  
<R> [store "R" in HICOSTT and goto PLNMGD]  
<D> [store "D" in HICOSTT and goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Question ID:** FHI.230\_12.000    **Instrument Variable Name:** HICOSTT    **QuestionnaireFileName:** Family

**QuestionText:** 2 of 2 ? [F1]

\* Enter time period for premium payments.

- 01** Once a week
- 02** Once every 2 weeks
- 03** Once a month
- 04** Twice a month
- 05** Every 2 months
- 06** Quarterly (every 3 months)
- 07** Once a year
- 08** Twice a year
- 97** Refused
- 99** Don't know

**UniverseText:** All private health insurance plans with a valid response to HICOSTN

**SkipInstructions:** goto PLNMGD

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.240\_01.000    **Instrument Variable Name:** PLNMGD    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

- 1 HMO/IPA
- 2 PPO
- 3 POS
- 4 Fee-for-service/indemnity
- 5 Other
- 7 Refused
- 9 Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** goto HDHP

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Question ID:** FHI.241\_00.000    **Instrument Variable Name:** HDHP    **QuestionnaireFileName:** Family

**QuestionText:** ?[F1]

[If only one person covered by this plan:]

Is the deductible for medical care for this plan less than \$1,100 or \$1,100 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

[If two or more persons in the family are covered by this plan:]

Is the family deductible for medical care for this plan less than \$2,200 or \$2,200 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

- 1 Less than [fill 1: \$1,100/\$2,200]
- 2 [fill 1: \$1,100/\$2,200] or more
- 7 Refused
- 9 Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** <1,R,D> [goto MGCHMD] <2> [goto HSAHRA]

**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.242\_00.000    **Instrument Variable Name:** HSAHRA    **QuestionnaireFileName:** Family

**QuestionText:**    ?[F1]

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

- 1      Yes
- 2      No
- 7      Refused
- 9      Don't know

**UniverseText:**      Asked of all high deductible private health insurance plans

**SkipInstructions:**    <1,2,R,D> [goto MGCHMD]

**Question ID:** FHI.243\_01.000    **Instrument Variable Name:** MGCHMD    **QuestionnaireFileName:** Family

**QuestionText:**    Under this plan, can [fill1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?

- 1      Any doctor
- 2      Select from group/list
- 7      Refused
- 9      Don't know

**UniverseText:**      All private health insurance plans

**SkipInstructions:**    <1> [goto MGPRMD]  
                         <2> [goto MGPYMD]  
                         <R,D> [goto MGPREF]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Question ID:** FHI.244\_01.000    **Instrument Variable Name:** MGPRMD    **QuestionnaireFileName:** Family

**QuestionText:**    [fill: Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

- 1      Yes
- 2      No
- 7      Refused
- 9      Don't know

**UniverseText:**      All private health insurance plans where covered persons can choose any doctor

**SkipInstructions:**    goto MGPREF

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.246\_01.000    **Instrument Variable Name:** MGPYMD    **QuestionnaireFileName:** Family

**QuestionText:** If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All private health insurance plans where covered persons must select from a group or list of doctors

**SkipInstructions:** goto MGPREF

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Question ID:** FHI.248\_01.000    **Instrument Variable Name:** MGPREF    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

When [fill1: you need/ALIAS needs/the family members with this plan need] to go to a different doctor or place for special care, [fill2: do you/does ALIAS/do they] need approval or a referral? Do not include emergency care.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** goto PRRXCOV

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**Question ID:** FHI.249\_01.000    **Instrument Variable Name:** PRRXCOV    **QuestionnaireFileName:** Family

**QuestionText:** Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

\* Read if necessary: Does this plan have a drug benefit?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All private health insurance plans

**SkipInstructions:** goto FHICCI8 for the next private health insurance plan; else, goto STNAME1

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.250\_00.000    **Instrument Variable Name:** STNAME1    **QuestionnaireFileName:** Family

**QuestionText:** Earlier I recorded that [fill: you are/ALIAS is] covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

\* Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7 Refused
- 9 Don't know

**Verbatim** Verbatim Response

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STDOC1

**Question ID:** FHI.251\_00.000    **Instrument Variable Name:** STDOC1    **QuestionnaireFileName:** Family

**QuestionText:** Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

- 1 Any doctor
- 2 Select from book/list
- 3 Doctor is assigned
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STPCMD1

**Question ID:** FHI.252\_00.000    **Instrument Variable Name:** STPCMD1    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with SCHIP

**SkipInstructions:** goto STREF1

**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.253\_00.000    **Instrument Variable Name:** STREF1    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1: ^STNAME1/this SCHIP plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

- 1      Yes
- 2      No
- 7      Refused
- 9      Don't know

**UniverseText:**            All persons with SCHIP

**SkipInstructions:**        goto STNAME1 for the next person with SCHIP; else, goto STNAME2

**Question ID:** FHI.257\_00.000    **Instrument Variable Name:** STNAME2    **QuestionnaireFileName:** Family

**QuestionText:**        Earlier I recorded that [fill: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?

\* Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7      Refused
- 9      Don't know

**Verbatim**            Verbatim Response

**UniverseText:**            All persons covered by a state sponsored health plan

**SkipInstructions:**        goto STDOC2

**Question ID:** FHI.258\_00.000    **Instrument Variable Name:** STDOC2    **QuestionnaireFileName:** Family

**QuestionText:**        Under the [fill1:^STNAME2/state sponsored plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

- 1      Any doctor
- 2      Select from book/list
- 3      Doctor is assigned
- 7      Refused
- 9      Don't know

**UniverseText:**            All persons covered by a state sponsored health plan

**SkipInstructions:**        goto STPCMD2



**2007 NHIS Questionnaire - Family**  
**Family Health Insurance**  
**Document Version Date: 12-Jul-06**

**Question ID:** FHI.259\_00.000    **Instrument Variable Name:** STPCMD2    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons covered by a state sponsored health plan

**SkipInstructions:** goto STREF2

**Question ID:** FHI.260\_00.000    **Instrument Variable Name:** STREF2    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1:^STNAME2/this state sponsored plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons covered by a state sponsored health plan

**SkipInstructions:** goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3

**Question ID:** FHI.264\_00.000    **Instrument Variable Name:** STNAME3    **QuestionnaireFileName:** Family

**QuestionText:** Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?

\* Read if necessary: Do you have a health plan card or something with the plan name on it?

- 7 Refused
- 9 Don't know

**Verbatim** Verbatim Response

**UniverseText:** All persons covered by an "other" government plan

**SkipInstructions:** goto STDOC3

**2007 NHIS Questionnaire - Family  
Family Health Insurance  
Document Version Date: 12-Jul-06**

**Question ID:** FHI.265\_00.000    **Instrument Variable Name:** STDOC3    **QuestionnaireFileName:** Family

**QuestionText:** Under the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3:you/he/she] choose from a book or list of doctors or is the doctor assigned?

- 1 Any doctor
- 2 Select from book/list
- 3 Doctor is assigned
- 7 Refused
- 9 Don't know

**UniverseText:** All persons covered by an "other" government plan

**SkipInstructions:** goto STPCMD3

**Question ID:** FHI.266\_00.000    **Instrument Variable Name:** STPCMD3    **QuestionnaireFileName:** Family

**QuestionText:** [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons covered by an "other" government plan

**SkipInstructions:** goto STREF3

**Question ID:** FHI.267\_00.000    **Instrument Variable Name:** STREF3    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Under [fill1:^ STNAME3/this other government plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All persons covered by an "other" government plan

**SkipInstructions:** goto STNAME3 for the next person with an "other" government plan; else, goto MILSPC

**2007 NHIS Questionnaire - Family**  
**Family Health Insurance**  
**Document Version Date: 12-Jul-06**

**Question ID:** FHI.270\_00.000    **Instrument Variable Name:** MILSPC    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Enter all that apply, separate with commas.

Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

- 1 TRICARE
- 2 VA
- 3 CHAMP-VA
- 4 Other military coverage (specify)
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with military health care

**SkipInstructions:** <1> [goto MILMAN]  
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]  
<4> [goto MILSPCOT]

**Question ID:** FHI.271\_00.000    **Instrument Variable Name:** MILSPCOT    **QuestionnaireFileName:** Family

**QuestionText:** \* Other military coverage

- 7 Refused
  - 9 Don't know
- Verbatim** Verbatim Response

**UniverseText:** All persons with "other" military coverage

**SkipInstructions:** if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST

**Question ID:** FHI.275\_00.000    **Instrument Variable Name:** MILMAN    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

- 1 TRICARE Prime
- 2 TRICARE Extra
- 3 TRICARE Standard
- 4 TRICARE for life
- 5 TRICARE other (specify)
- 7 Refused
- 9 Don't know

**UniverseText:** All persons with TRICARE coverage

**SkipInstructions:** <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]  
<5> [goto MILMANOT]

**2007 NHIS Questionnaire - Family**  
**Family Health Insurance**  
**Document Version Date: 12-Jul-06**

**Question ID:** FHI.276\_00.000    **Instrument Variable Name:** MILMANOT    **QuestionnaireFileName:** Family

**QuestionText:** \* Other type of TRICARE coverage

- 7 Refused
- 9 Don't know
- Verbatim** Verbatim Response

**UniverseText:** All persons with "other" type of TRICARE coverage

**SkipInstructions:** goto MILSPC for the next person with military health care; else, goto HILAST

**Question ID:** FHI.280\_00.000    **Instrument Variable Name:** HILAST    **QuestionnaireFileName:** Family

**QuestionText:** (book) F16 ? [F1]

Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** All persons without known health insurance or with only single service plans

**SkipInstructions:** goto HISTOP

**Question ID:** FHI.290\_00.000    **Instrument Variable Name:** HISTOP    **QuestionnaireFileName:** Family

**QuestionText:** (book) F17

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3:you do/ALIAS does] not have health insurance?]

\* Enter up to 5 reasons, separate with commas.

- 01 Person in family with health insurance lost job or changed employers
- 02 Got divorced or separated/death of spouse or parent
- 03 Became ineligible because of age/left school
- 04 Employer does not offer coverage/or not eligible for coverage
- 05 Cost is too high
- 06 Insurance company refused coverage
- 07 Medicaid/Medical plan stopped after pregnancy
- 08 Lost Medicaid/Medical plan because of new job or increase in income
- 09 Lost Medicaid (other)
- 10 Other (specify)
- 97 Refused
- 99 Don't know

**UniverseText:** All persons without known health insurance or with only single service plans

**SkipInstructions:** <1-9,R,D> [goto HCSPFYR]  
<10> [goto HISTOPOT]

**2007 NHIS Questionnaire - Family**  
**Family Health Insurance**  
**Document Version Date: 12-Jul-06**

**Question ID:** FHI.291\_00.000    **Instrument Variable Name:** HISTOPOT    **QuestionnaireFileName:** Family

**QuestionText:** ? [F1]

\* Other reason for not having coverage

7 Refused

9 Don't know

**Verbatim** Verbatim Response

**UniverseText:** All persons without known health insurance and an "other" reason for stopping or not having coverage

**SkipInstructions:** goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto HCSPFYR

**Question ID:** FHI.300\_00.000    **Instrument Variable Name:** HINOTYR    **QuestionnaireFileName:** Family

**QuestionText:** In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?

1 Yes

2 No

7 Refused

9 Don't know

**UniverseText:** All persons with known health insurance coverage except single service plans

**SkipInstructions:** <1> [goto HINOTMYR]  
<2,R,D> [goto HCSPFYR]

**Question ID:** FHI.310\_00.000    **Instrument Variable Name:** HINOTMYR    **QuestionnaireFileName:** Family

**QuestionText:** In the PAST 12 MONTHS, about how many months [fill: were you/was ALIAS] without coverage?

\* If less than 1 month, enter '1'.

01-12 1-12 months

97 Refused

99 Don't know

**UniverseText:** All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

**SkipInstructions:** goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto HCSPFYR

**2007 NHIS Questionnaire - Family**  
**Family Health Insurance**  
Document Version Date: 12-Jul-06

**Question ID:** FHI.320\_00.000    **Instrument Variable Name:** HCSPFYR    **QuestionnaireFileName:** Family

**QuestionText:** (book) F18

The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?

- 0 Zero
- 1 Less than \$500
- 2 \$500 - \$1,999
- 3 \$2,000 - \$2,999
- 4 \$3,000 - \$4,999
- 5 \$5,000 or more
- 7 Refused
- 9 Don't know

**UniverseText:** All families

**SkipInstructions:** goto FSA

**Question ID:** FHI.330\_00.000    **Instrument Variable Name:** FSA    **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** All families

**SkipInstructions:** <1,2,R,D> [goto PLBORN]