**HEALTH COVERAGE QUESTIONNAIRE**

1. Do you NOW have any type of health plan or health coverage?

 [ ]  Yes **→ Go to #2**

 [ ]  No **→ STOP HERE**

1. In order to better understand the health care needs of Americans, we’d like to learn more about how you get that coverage. Is it provided through a job, the government, or some other way?

 [ ]  Job **→ Go to #8 (on back)**

 [ ]  Government **→ Go to #6**

 [ ]  Other way **→ Go to #3**

1. How is that coverage provided? Is it through a parent or spouse, do you buy it yourself, or is it through

some other source?

 [ ]  Parent or spouse **→ Go to #5**

 [ ]  Buy it myself **→** How do you get your coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**→ STOP HERE**

 [ ]  Some other way **→ Go to #4**

1. Is it provided through a former employer, a union or business association, or some other way?

 [ ]  Former employer **→ Go to #8**

 [ ]  Union or business association **→ Go to #8**

 [ ]  Some other way **→** How do you get your coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**→ STOP HERE**

1. And is that coverage provided through their job, do they buy it themselves, or do they get it some other

way?

 [ ]  Job **→ STOP HERE**

 [ ]  Buy it themselves **→** How do they get the coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**→ STOP HERE**

 [ ]  Some other way **→** How do they get that coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**→ STOP HERE**

1. Is that coverage related to a JOB with the government?

 [ ]  Yes **→ Go to #8**

 [ ]  No **→ Go to #7**

1. What type of government plan is it – Medicaid, Medical Assistance or S-CHIP, Medicare, military or Veterans Administration coverage, or something else?

 [ ]  Medicaid, Medical Assistance, SCHIP **→ STOP HERE**

 [ ]  Medicare **→ STOP HERE**

 [ ]  Military or Veterans Administration care **→ STOP HERE**

 [ ]  Other **→** What type of coverage is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **→ STOP HERE**

1. Who is the policyholder? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **→ STOP HERE**