

**DRAFT 2011 NHIS Questionnaire - Family
Family Health Insurance-Health Care Reform
Document Version Date: 18-Nov-10**

Question ID: FHI.202_01.010 **Instrument Variable Name:** PRPOLH **QuestionnaireFileName:** Family

QuestionText: How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]?

[fill3:You are/ALIAS is} the policyholder's...

- 1 Child (including stepchildren)
- 2 Spouse
- 3 Former spouse
- 4 Some other relationship
- 7 Refused
- 9 Don't know

UniverseText: All persons on each plan where the policyholder is outside of the family roster

SkipInstructions: <1-4,R,D> [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.204_01.010 **Instrument Variable Name:** PRCOOH **QuestionnaireFileName:** Family

QuestionText: Does this plan cover anyone who does not live here?

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

UniverseText: All private health insurance plans with policyholder on family roster

SkipInstructions: <1 > [goto PRCTOH]
<2,R,D> [goto PLNWRK]

Question ID: FHI.205_01.010 **Instrument Variable Name:** PRCTOH **QuestionnaireFileName:** Family

QuestionText: How many people does this plan cover who live somewhere else?

- 01-30 1-30 people
- 97 Refused
- 99 Don't know

UniverseText: All private health insurance plans with policyholder on family roster that cover someone outside the family roster

SkipInstructions: <1-30 > [goto PRRELOH]
<R,D> [goto PLNWRK]

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Question ID: FHI.206_01.010 **Instrument Variable Name:** PRRELOH **QuestionnaireFileName:** Family

QuestionText: What is the relationship of [fill1: this person/these persons] to the policyholder?

*Read if necessary: Children includes adult children.

*Enter all that apply, separate with commas.

- | | |
|---|---|
| 1 | Child/Children (including stepchildren) |
| 2 | Spouse |
| 3 | Former spouse |
| 4 | Some other relationship |
| 7 | Refused |
| 9 | Don't know |

UniverseText: All private health insurance plans with policyholder on family roster that cover someone outside the family roster

SkipInstructions: <1 > [goto PRCNUM]
 <2-4,R,D> [goto PLNWRK]

Question ID: FHI.207_01.010 **Instrument Variable Name:** PRCNUM **QuestionnaireFileName:** Family

QuestionText: How many children are covered who live elsewhere?

*If more than 10 children, enter '10'.

- | | |
|-------|---------------|
| 01-10 | 1-10 children |
| 97 | Refused |
| 99 | Don't know |

UniverseText: All private health insurance plans with policyholder on family roster that cover a child or children not on the roster

SkipInstructions: <01-10> [goto PRAGEOH1]
 <R,D> [goto PLNWRK]

Question ID: FHI.208_01.010 **Instrument Variable Name:** PRAGEOH1 **QuestionnaireFileName:** Family

QuestionText: How old is {fill1: this child/the first child}?

- | | |
|---------|-------------|
| 000-100 | 0-100 years |
| 997 | Refused |
| 999 | Don't know |

UniverseText: All private health insurance plans with policyholder on family roster that cover one or more children not on the roster

SkipInstructions: <000-100,R,D> if PRCNUM GE 2 [goto PRAGEOH2] else [goto PLNWRK]

Question ID: FHI.208_02.010 **Instrument Variable Name:** PRAGEOH2 **QuestionnaireFileName:** Family

QuestionText: How old is the next child?

- | | |
|---------|-------------|
| 000-100 | 0-100 years |
| 997 | Refused |
| 999 | Don't know |

UniverseText: All private health insurance plans with policyholder on family roster that cover one or more children not on the roster

SkipInstructions: <000-100,R,D> if PRCNUM GE 3 [goto PRAGEOH3] (repeat for up to 10 children); else [goto PLNWRK]

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Question ID: FHI.235_00.010 **Instrument Variable Name:** EMPPAY **QuestionnaireFileName:** Family

QuestionText: Do you know how much the employer or union is paying for [fill1: plan1/plan2/plan3/plan4]?

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

UniverseText: All private health insurance plans paid for by employer or union

SkipInstructions: <1> [goto EMPCOSTN] <2,R,D> [goto PLNMGD]

Question ID: FHI.237_01.010 **Instrument Variable Name:** EMPCOSTN **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How much does the employer or union currently pay for health insurance premiums for [fill1: Plan 1/Plan 2/Plan 3/Plan 4]?

*Enter dollar amount for premium payments.

*Enter 'ZZ' to go to percentage format.

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

UniverseText: All private health insurance plans where amount of premium employer/union pays is known

SkipInstructions: <1-99995> [goto EMPCOSTT]
<R> [store "R" in EMPCOSTT and goto PLNMGD] <D> [store "D" in EMPCOSTT and goto PLNMGD] <ZZ> [goto EMPCOSTP]

Question ID: FHI.237_02.020 **Instrument Variable Name:** EMPCOSTT **QuestionnaireFileName:** Family

QuestionText: 1 of 2

* 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
- Refused
- Don't know

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

SkipInstructions: goto PLNMGD

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Question ID: FHI.237_03.000 **Instrument Variable Name:** EMPCOSTP **QuestionnaireFileName:** Family**QuestionText:** What percent of the premiums does the employer or union pay for [fill1: Plan 1/Plan 2/Plan 3/Plan 4]?

001-100 1-100%
997 Refused
999 Don't know

UniverseText: All private health insurance plans paid for by employer or union where respondent wanted to report percentage of premium paid**SkipInstructions:** <1-100,R,D> [goto PLNMGD]

Question ID: FHI.248_05.000 **Instrument Variable Name:** PCPREQ **QuestionnaireFileName:** Family**QuestionText:** Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor or group of doctors for all routine care?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All private health insurance plans**SkipInstructions:** <1,2,R,D> [goto PRRXCOV]

Question ID: FHI.249_03.010 **Instrument Variable Name:** FCOVCONF **QuestionnaireFileName:** Family**QuestionText:** If [fill1: you/your family] had to buy a health plan on [fill3: your/their] own with no help from [fill 2: your/an] employer, how confident are you that [fill4: you/your family] would be able to obtain affordable coverage? Would you say...

*Read categories below.

1 Very confident
2 Somewhat confident
3 Not too confident
4 Not confident at all
7 Refused
9 Don't know

UniverseText: All families with a employment-based health plan**SkipInstructions:** <1-4,R,D> [goto STNAME1]

Question ID: FHI.312_00.010 **Instrument Variable Name:** FHICHNG **QuestionnaireFileName:** Family**QuestionText:** Did [fill1: you/ALIAS] have [fill2: type of health insurance coverage] for the past 12 months?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: All persons who are currently insured who were continuously covered in the past year**SkipInstructions:** <1,R,D> [goto HCSPFYR] <2> [goto FHIKDB]

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Question ID: FHI.315_00.010 **Instrument Variable Name:** FHIKDB **QuestionnaireFileName:** Family

QuestionText: (book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

If person had a period without coverage in the past year:

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

If person had a change in coverage type in the past year:

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

- | | |
|----|---|
| 01 | Private health insurance |
| 02 | Medicare |
| 03 | Medi-Gap |
| 04 | Medicaid |
| 05 | CHIP (SCHIP/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 who are currently uninsured for less than a year

SkipInstructions: <1> [goto PWRKB]
<2-11,R,D> [goto HCSPFYR]

Question ID: FHI.316_00.010 **Instrument Variable Name:** PWRKB **QuestionnaireFileName:** Family

QuestionText: Which one of these categories best describes how [fill1: your/ALIAS's] private health insurance 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 persons who had previous private health insurance

SkipInstructions: <1-7,R,D> [goto HCSPFYR]

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Question ID: FHI.317_00.010 **Instrument Variable Name:** PWRKBSP **QuestionnaireFileName:** Family

QuestionText: *Enter how private health insurance was obtained.

Verbatim response_____

UniverseText: All persons who had previous private health insurance obtained from other source

SkipInstructions: <Allow 75 characters> [goto HCSPFYR]

Question ID: FHI.325_00.010 **Instrument Variable Name:** MEDBILL **QuestionnaireFileName:** Family

QuestionText: In the past 12 months did [fill1: you/your family] have any problems paying or [fill2: were you / were they] unable to pay any of [fill3: your/their] medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

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

UniverseText: All families

SkipInstructions: <1,2,7,9> [goto MEDBPAY]

Question ID: FHI.327_00.010 **Instrument Variable Name:** MEDBPAY **QuestionnaireFileName:** Family

QuestionText: [fill 1: Do you/Does anyone in your family] currently have any medical bills that you are paying off over time? This could include medical bills you are paying off with your credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

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

UniverseText: All families

SkipInstructions: <1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP]

Question ID: FHI.327_00.020 **Instrument Variable Name:** MEDBNOP **QuestionnaireFileName:** Family

QuestionText: [fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?

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

UniverseText: All families other than those who don't have problems paying medical bills

SkipInstructions: <1,2,7,9> [goto FSA]

DRAFT 2011 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization-Health Care Reform
Document Version Date: 18-Nov-10

Question ID: CAU.050_00.010 **Instrument Variable Name:** CNOUSLPL **QuestionnaireFileName:** Sample Child

QuestionText: Why doesn't [fill: alias] have a usual source of medical care?

*Enter all that apply, separate with commas.

- 01 Doesn't need a doctor/Haven't had any problems
- 02 Doesn't like/trust/believe in doctors
- 03 Doesn't know where to go
- 04 Previous doctor is not available/moved
- 05 Too expensive/no insurance/cost
- 06 Speak a different language
- 07 No care available/Care too far away, not convenient
- 08 Put it off/Didn't get around to it
- 09 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample children <18 without a place of usual care

SkipInstructions: <1-9,R,D>[goto CPRVTRYR]

Question ID: CAU.052_00.010 **Instrument Variable Name:** CPRVTRYR **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see [fill: alias]?

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

UniverseText: Sample children <18

SkipInstructions: <1> [goto CPRVTRFD] <2,R,D> [goto CDRNANP]

Question ID: CAU.053_00.010 **Instrument Variable Name:** CPRVTRFD **QuestionnaireFileName:** Sample Child

QuestionText: Were you able to find a general doctor or provider who could see [fill: alias]?

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

UniverseText: Sample children <18 who had trouble finding a provider in the last year

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

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Child Access to Health Care & Utilization-Health Care Reform
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Question ID: CAU.055_00.010 **Instrument Variable Name:** CDRNANP **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept [fill: alias] as a new patient?

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

UniverseText: Sample children <18

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

Question ID: CAU.056_00.010 **Instrument Variable Name:** CDRNAI **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept [fill: alias]'s health care coverage?

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

UniverseText: Sample children <18

SkipInstructions: <1,2,R,D>[goto CHCDLYR_1]

Question ID: CAU.133_00.010 **Instrument Variable Name:** CHCAFYRN **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...To see a specialist?

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

UniverseText: Sample children <2

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

Question ID: CAU.133_00.020 **Instrument Variable Name:** CHCAFYRF **QuestionnaireFileName:** Sample Child

QuestionText: DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Follow-up care?

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

UniverseText: Sample children <2

SkipInstructions: <1,2,R,D> [if AGE <1 goto CHCSYR1_2; else goto CDENLONG]

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Child Access to Health Care & Utilization--Health Care Reform
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Question ID: CAU.135_05.010 **Instrument Variable Name:** CHCAFYR1_6 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

To see a specialist?

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

UniverseText: Sample children GE 2

SkipInstructions: <1,2,R,D> [goto CHCAFYR1_7]

Question ID: CAU.135_06.010 **Instrument Variable Name:** CHCAFYR1_7 **QuestionnaireFileName:** Sample Child

QuestionText: * Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when [fill: alias] NEEDED any of the following, but didn't get it because you couldn't afford it...

Follow-up care?

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

UniverseText: Sample children GE 2

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

Question ID: CAU.281_00.010 **Instrument Variable Name:** CERVISND **QuestionnaireFileName:** Sample Child

QuestionText: Thinking about [fill: S.C. name]'s most recent emergency room visit, did [fill: he/she] go to the emergency room either at night or on the weekend?

- 1 Yes
- 2 No
- 7 Refused
- 9 Refused

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to CERHOS]

DRAFT 2011 NHIS Questionnaire - Sample Child
Child Access to Health Care & Utilization--Health Care Reform
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Question ID: CAU.282_00.010 **Instrument Variable Name:** CERHOS **QuestionnaireFileName:** Sample Child

QuestionText: Did this emergency room visit result in a hospital admission?

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

UniverseText: Sample children <18 who had at least one ER visit in the past year

SkipInstructions: <1,R,D> [goto CHCHYR] <2> [go to CERREAS1]

Question ID: CAU.283_01.010 **Instrument Variable Name:** CERREAS1 **QuestionnaireFileName:** Sample Child

QuestionText: Tell me which of these apply to [fill: alias] last emergency room visit?

... [fill: alias] didn't have another place to go

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

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto CERREAS2]

Question ID: CAU.283_02.020 **Instrument Variable Name:** CERREAS2 **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... [fill: alias] doctor's office or clinic was not open

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

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto CERREAS3]

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Question ID: CAU.283_03.030 **Instrument Variable Name:** CERREAS3 **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... [fill: alias] health provider advised that [fill: he/she] go

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

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto CERREAS4]

Question ID: CAU.283_04.040 **Instrument Variable Name:** CERREAS4 **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... The problem was too serious for the doctor's office or clinic

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

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto CERREAS5]

Question ID: CAU.283_05.050 **Instrument Variable Name:** CERREAS5 **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... Only a hospital could help [fill: alias]

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

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto CERREAS6]

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Question ID: CAU.283_06.060 **Instrument Variable Name:** CERREAS6 **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

... the emergency room is [fill: alias]'s closest provider

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

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto CERREAS7]

Question ID: CAU.283_07.070 **Instrument Variable Name:** CERREAS7 **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

...[fill: alias] gets most of [fill: his/her] care at the emergency room

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

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto CERREAS8]

Question ID: CAU.283_08.080 **Instrument Variable Name:** CERREAS8 **QuestionnaireFileName:** Sample Child

QuestionText: *Read lead-in if necessary.

Tell me which of these apply to [fill: alias] last emergency room visit?

...[fill: alias] arrived by ambulance or other emergency vehicle

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

UniverseText: Sample children <18 who had at least one ER visit in the past year which did not result in a hospital admission

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

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.050_00.010 **Instrument Variable Name:** ANOUSLPL **QuestionnaireFileName:** Sample Adult

QuestionText: Why don't you have a usual source of medical care?

*Enter all that apply, separate with commas.

- 01 Doesn't need a doctor/Haven't had any problems
- 02 Doesn't like/trust/believe in doctors
- 03 Doesn't know where to go
- 04 Previous doctor is not available/moved
- 05 Too expensive/no insurance/cost
- 06 Speak a different language
- 07 No care available/Care too far away, not convenient
- 08 Put it off/Didn't get around to it
- 09 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ without a place of usual care

SkipInstructions: <1-9,R,D>[goto APRVTRYR]

Question ID: AAU.051_00.010 **Instrument Variable Name:** APRVTRYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto APRVTRFD] <2,R,D>[goto ADRNANP]

Question ID: AAU.053_00.010 **Instrument Variable Name:** APRVTRFD **QuestionnaireFileName:** Sample Adult

QuestionText: Were you able to find a general doctor or provider who could see you?

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

UniverseText: Sample adults 18+ who had trouble finding a provider

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

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Question ID: AAU.057_00.010 **Instrument Variable Name:** ADRNANP **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient?

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

UniverseText: Sample adults 18+

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

Question ID: AAU.059_00.010 **Instrument Variable Name:** ADRNAI **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept your health care coverage?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_1]

Question ID: AAU.111_05.010 **Instrument Variable Name:** AHCAFY_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...To see a specialist.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_6]

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Question ID: AAU.111_06.010 **Instrument Variable Name:** AHCAFY_6 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Follow-up care.

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

UniverseText: Sample adults 18+

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

Question ID: AAU.113_00.010 **Instrument Variable Name:** AWORPAY **QuestionnaireFileName:** Sample Adult

QuestionText: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

- 1 Very worried
- 2 Somewhat worried
- 3 Not at all worried
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,3,R,D>[goto AHICOMP]

Question ID: AAU.113_00.020 **Instrument Variable Name:** AHICOMP **QuestionnaireFileName:** Sample Adult

QuestionText: In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,3,R,D>[goto ARXPR_1]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
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Question ID: AAU.127_01.010 **Instrument Variable Name:** ARXPR_1 **QuestionnaireFileName:** Sample Adult

QuestionText: The following questions concern the use of prescription medication DURING THE PAST 12 MONTHS, are any of the following true for you?

... You skipped medication doses to save money

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARXPR_2]

Question ID: AAU.127_02.010 **Instrument Variable Name:** ARXPR_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

The following questions concern the use of medication DURING THE PAST 12 MONTHS, are any of the following true for you?

... you took less medicine to save money

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARXPR_3]

Question ID: AAU.127_03.010 **Instrument Variable Name:** ARXPR_3 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

The following questions concern the use of medication DURING THE PAST 12 MONTHS, are any of the following true for you?

... You delayed filling a prescription to save money

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARXPR_4]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.127_04.010 **Instrument Variable Name:** ARXPR_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

The following questions concern the use of medication DURING THE PAST 12 MONTHS, are any of the following true for you?

...You asked your doctor for a lower cost medication to save money.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARXPR_5]

Question ID: AAU.127_05.010 **Instrument Variable Name:** ARXPR_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

The following questions concern the use of medication DURING THE PAST 12 MONTHS, are any of the following true for you?

...You bought prescription drugs from another country to save money.

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARXPR_6]

Question ID: AAU.127_06.010 **Instrument Variable Name:** ARXPR_6 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

The following questions concern the use of medication DURING THE PAST 12 MONTHS, are any of the following true for you?

...You used alternative therapies to save money.

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

UniverseText: Sample adults 18+

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

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.243_00.010 **Instrument Variable Name:** AERVISND **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to AERHOS]

Question ID: AAU.245_00.010 **Instrument Variable Name:** AERHOS **QuestionnaireFileName:** Sample Adult

QuestionText: Did this emergency room visit result in a hospital admission?

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,R,D> [goto AHCHYR] <2> [go to AERREAS1]

Question ID: AAU.248_01.010 **Instrument Variable Name:** AERREAS1 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

... You didn't have another place to go

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto AERREAS2]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.248_02.020 **Instrument Variable Name:** AERREAS2 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

... Your doctor's office or clinic was not open

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto AERREAS3]

Question ID: AAU.248_03.030 **Instrument Variable Name:** AERREAS3 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

... Your health provider advised you to go

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto AERREAS4]

Question ID: AAU.248_04.040 **Instrument Variable Name:** AERREAS4 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

... The problem was too serious for the doctor's office or clinic

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto AERREAS5]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.248_05.050 **Instrument Variable Name:** AERREAS5 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

... Only a hospital could help you

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto AERREAS6]

Question ID: AAU.248_06.060 **Instrument Variable Name:** AERREAS6 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

... the emergency room is your closest provider

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto AERREAS7]

Question ID: AAU.248_07.070 **Instrument Variable Name:** AERREAS7 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

...you get most of your care at the emergency room

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission

SkipInstructions: <1,2,R,D> [goto AERREAS8]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.248_08.080 **Instrument Variable Name:** AERREAS8 **QuestionnaireFileName:** Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

...you arrived by ambulance or other emergency vehicle

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

UniverseText: Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission

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

Question ID: AAU.306_00.010 **Instrument Variable Name:** AVISLAST **QuestionnaireFileName:** Sample Adult

QuestionText: Thinking about your last visit for any type of medical care, where did you go?

*Read categories if necessary.

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Urgent care center
- 6 Some other place
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever seen a doctor or other health professional

SkipInstructions: <3,5> [goto AWAITRMN] <1,2,4,6> [goto ALASTTYP] <R,D> [goto HIT1A]

Question ID: AAU.306_00.020 **Instrument Variable Name:** ALASTTYP **QuestionnaireFileName:** Sample Adult

QuestionText: Did you see a general doctor, a specialist, or someone else?

- 1 General doctor
- 2 Specialist
- 3 Someone else
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else (not ER or urgent care center) on their last visit

SkipInstructions: <1-3,R,D> [goto AVISAPTIN]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
 Document Version Date: 18-Nov-10

Question ID: AAU.306_01.030 **Instrument Variable Name:** AVISAPTN **QuestionnaireFileName:** Sample Adult

QuestionText: For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor or other health professional?
 *Enter '0' for same day, walk-in appointment, or no appointment made.
 *Enter number for appointment wait time.

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else (not ER or urgent care center) on their last visit

SkipInstructions: <0-96,D> [goto AVISAPTT] [<R> AWAITRMN]

Question ID: AAU.306_02.030 **Instrument Variable Name:** AVISAPTT **QuestionnaireFileName:** Sample Adult

QuestionText: *Enter time period for appointment wait time.

1	Days		
2	Weeks	7	Refused
3	Months	9	Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else (not ER or urgent care center) on their last visit and did not answer refused to appointment wait time

SkipInstructions: <1-3,R,D> [goto AWAITRMN]

Question ID: AAU.306_01.040 **Instrument Variable Name:** AWAITRMN **QuestionnaireFileName:** Sample Adult

QuestionText: How long did you have to wait in the waiting room before you saw a doctor or other health professional for this visit?
 *Enter number for time in waiting room.

UniverseText: Sample adults 18+ who had a place of last medical visit

SkipInstructions: <0-96,D> [goto AWAITRMT] [<R> [goto HIT1A]

Question ID: AAU.306_02.040 **Instrument Variable Name:** AWAITRMT **QuestionnaireFileName:** Sample Adult

QuestionText: *Enter time period for time in waiting room.

1	Minutes	7	Refused
2	Hours	9	Don't know

UniverseText: Sample adults 18+ who had a place of last medical visit and did not refuse number portion of waiting room time

SkipInstructions: <1,2,R,D> [goto HIT1A]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization--Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.309_00.010 **Instrument Variable Name:** HIT1A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following
 ...Look up health information on the Internet

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT2A]

Question ID: AAU.309_00.020 **Instrument Variable Name:** HIT2A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following
 ...Fill a prescription

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT3A]

Question ID: AAU.309_00.030 **Instrument Variable Name:** HIT3A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following
 ...Schedule an appointment with a health care provider

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT4A]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization-Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.305_00.040 **Instrument Variable Name:** HIT4A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Communicate with a health care provider by email

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT5A]

Question ID: AAU.309_00.050 **Instrument Variable Name:** HIT5A **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Use online chat groups to learn about health topics

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

UniverseText: Sample adults 18+

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

Question ID: AAU.500_00.010 **Instrument Variable Name:** APSBPCHK **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health professional?

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

UniverseText: Sample adults 18+

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

Question ID: AAU.510_00.010 **Instrument Variable Name:** APSCHCHK **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health professional?

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

UniverseText: Sample adults 18+

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

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization-Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.520_00.010 **Instrument Variable Name:** APSBSCHK **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> and SEX=1 and AGE GE 40 [gotoAPSCOL]
<1,2,R,D> and SEX=1 and AGE < 40 [goto APSDIET]
<1,2,R,D> and SEX=2 [goto APSPAP]

Question ID: AAU.530_00.010 **Instrument Variable Name:** APSPAP **QuestionnaireFileName:** Sample Adult

QuestionText: QuestionText: Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

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

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D> if AGE GE 30 [goto APSMAM];
else [goto APSDIET]

Question ID: AAU.540_00.010 **Instrument Variable Name:** APSMAM **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?

*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

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

UniverseText: Female sample adults 30+

SkipInstructions: <1,2,R,D> if AGE GE 40 [gotoAPSCOL]; else [goto APSDIET]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization-Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.550_00.010 **Instrument Variable Name:** APSCOL **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?

*Read if necessary.

Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

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

UniverseText: Sample adults 40+

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

Question ID: AAU.560_00.010 **Instrument Variable Name:** APSDIET **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SMKNOW eq 1, 2 [goto APSSMKC]; if age GE 40 and age LE 65 [goto LTCFAM]; else [goto AINDINS]

Question ID: AAU.570_00.010 **Instrument Variable Name:** APSSMKC **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?

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

UniverseText: Sample adults 18+ currently who smoke every day or some days

SkipInstructions: <1,2,R,D> if age GE 40 and age LE 65 [goto LTCFAM]; else [goto AINDINS]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization-Health Care Reform
Document Version Date: 18-Nov-10

Question ID: AAU.580_00.010 **Instrument Variable Name:** LTCFAM **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have a parent, spouse, sibling, or adult child who has needed help for at least a year with everyday needs like bathing, dressing or eating due to a long term condition?

*Read if necessary: Due to a chronic illness or disability

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

UniverseText: Sample adults 40-65

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

Question ID: AAU.582_00.010 **Instrument Variable Name:** LTCHELP **QuestionnaireFileName:** Sample Adult

QuestionText: How likely is it that you may someday need help with daily activities like bathing, dressing, eating, or using the toilet due to a long term condition? Would you say...

*Read categories below.

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40-65

SkipInstructions: <1-4,R,D> [goto LTCWHO]

Question ID: AAU.584_00.010 **Instrument Variable Name:** LTCWHO **QuestionnaireFileName:** Sample Adult

QuestionText: If you needed such help, who would provide this help?

*Enter all that apply, separate with commas.

- 1 My family
- 2 Someone I hire
- 3 Home health care organization
- 4 Nursing home/assisted living
- 5 Other
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40-65

SkipInstructions: <1-5,R,D> [goto LTCPRCH]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization-Health Care Reform
Document Version Date:18-Nov-10

Question ID: AAU.586_00.010 **Instrument Variable Name:** LTCPRCH **QuestionnaireFileName:** Sample Adult

QuestionText: Health Care Reform establishes a voluntary, government-run insurance program to pay for help with everyday needs like bathing, dressing or eating. People will be able to enroll, and pay a monthly premium. Once they need care they would receive an average of \$50 each day. Would you be interested in purchasing this insurance?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 40-65

SkipInstructions: <1,D> [goto LTCPAY] <2,R> [goto AINDINS]

Question ID: AAU.588_00.010 **Instrument Variable Name:** LTCPAY **QuestionnaireFileName:** Sample Adult

QuestionText: How much would you be willing to pay per month NOW to receive this benefit later in life?

01 \$1-\$24 per month
02 \$25-\$49 per month
03 \$50-\$74 per month
04 \$75-\$99 per month
05 \$100-\$124 per month
06 \$125 per month or more
07 Nothing/Not interested in the program
97 Refused
99 Don't know

UniverseText: Sample adults 40-65 who would be interested in purchasing long-term care insurance or don't know if they are interested

SkipInstructions: <1-7,R> [goto AINDINS] <D> [goto LTC100M]

Question ID: AAU.590_00.010 **Instrument Variable Name:** LTC100M **QuestionnaireFileName:** Sample Adult

QuestionText: How likely would it be for you to pay \$100 per month for this insurance? Would you say...

*Read categories below.

1 Very likely
2 Somewhat likely
3 Somewhat unlikely
4 Very unlikely
7 Refused
9 Don't know

UniverseText: Sample adults 40-65 who don't know how much they would be willing to pay per month for long-term care insurance

SkipInstructions: <1-4,R,D> [goto AINDINS]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization-Health Care Reform
Document Version Date:18-Nov-10

Question ID: AAU.600_00.010 **Instrument Variable Name:** AINDINS **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer, union, or government program?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AINDPRCH] <2,R,D> [goto HIVTST1]

Question ID: AAU.600_00.020 **Instrument Variable Name:** AINDPRCH **QuestionnaireFileName:** Sample Adult

QuestionText: Was a plan purchased?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

SkipInstructions: <1> [goto AINDWHO] <2> [goto AINDNOT] <R,D> [goto HIVTST1]

Question ID: AAU.600_00.030 **Instrument Variable Name:** AINDWHO **QuestionnaireFileName:** Sample Adult

QuestionText: Was this plan for yourself, someone else in your family, or both?

1 Self
2 Someone else in family
3 Both
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF1]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization-Health Care Reform
Document Version Date:18-Nov-10

Question ID: AAU.600_00.040 **Instrument Variable Name:** AINDDIF1 **QuestionnaireFileName:** Sample Adult

QuestionText: How difficult was it to find a plan with the type of coverage you needed? Would you say...

*Read categories below.

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not at all difficult
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF2]

Question ID: AAU.600_00.050 **Instrument Variable Name:** AINDDIF2 **QuestionnaireFileName:** Sample Adult

QuestionText: How difficult was it to find a plan you could afford? Would you say...

*Read categories below.

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not at all difficult
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDENY1]

Question ID: AAU.600_01.060 **Instrument Variable Name:** AINDENY1 **QuestionnaireFileName:** Sample Adult

QuestionText: Did any company turn you down when you tried to buy coverage on your own?

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

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto AINDENY2]

Question ID: AAU.600_02.060 **Instrument Variable Name:** AINDENY2 **QuestionnaireFileName:** Sample Adult

QuestionText: Did any company charge a higher price because of {fill: your/your family's/you or your family's} health?

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

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto AINDENY3]

DRAFT 2011 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization-Health Care Reform
Document Version Date:18-Nov-10

Question ID: AAU.600_03.060 **Instrument Variable Name:** AINDENY3 **QuestionnaireFileName:** Sample Adult

QuestionText: Did any company exclude a specific health problem from the coverage?

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

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto HIVTST1]

Question ID: AAU.601_00.070 **Instrument Variable Name:** AINDNOT **QuestionnaireFileName:** Sample Adult

QuestionText: Why did you not buy a plan?

*Enter all that apply, separate with commas.

- 1 Turned down
- 2 Cost
- 3 Pre-existing condition
- 4 Got health insurance from other source
- 5 Other reason (specify)
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who tried to purchase health insurance directly in the past 3 years but did not

SkipInstructions: <1-4,R,D> [goto HIVTST1] <5> [goto AINDNTSP]

Question ID: AAU.601_00.080 **Instrument Variable Name:** AINDNTSP **QuestionnaireFileName:** Sample Adult

QuestionText: *Specify other reason plan was not obtained.

Verbatim _____

UniverseText: Sample adults 18+ who had other reason plan was not purchased

SkipInstructions: <allow 75,R,D> [goto HIVTST1]

DRAFT 2011 NHIS Questionnaire - Family**Family Food Security**Document Version Date: 19-Nov-10

Question ID: FFS.010_00.000 **Instrument Variable Name:** FSRUNOUT **QuestionnaireFileName:** Family**QuestionText:** These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days.

The first statement is "[fill 2: I/We] worried whether [fill 3: my/our] food would run out before [fill 4: I/we] got money to buy more." Was that often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days?

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 7 Refused
- 9 Don't know

UniverseText: All families**SkipInstructions:** <1-3,R,D> goto FSLAST

Question ID: FFS.020_00.000 **Instrument Variable Name:** FSLAST **QuestionnaireFileName:** Family**QuestionText:** "The food that [fill 1: I/we] bought just didn't last, and [fill 1: I/we] didn't have money to get more." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 7 Refused
- 9 Don't know

UniverseText: All families**SkipInstructions:** <1-3,R,D> goto FSBALANC

Question ID: FFS.030_00.000 **Instrument Variable Name:** FSBALANC **QuestionnaireFileName:** Family**QuestionText:** "[fill 1: I/We] couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 7 Refused
- 9 Don't know

UniverseText: All families**SkipInstructions:** <1,2> [goto FSSKIP]
<3,D,R> [if FSRUNOUT in(1,2) or FSLAST in(1,2), goto FSSKIP; else goto FINJ3M]

DRAFT 2011 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 19-Nov-10

Question ID: FFS.040_00.000 **Instrument Variable Name:** FSSKIP **QuestionnaireFileName:** Family

QuestionText: In the last 30 days did [fill 1: you/you or other adults in your family] ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

UniverseText: Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

SkipInstructions: <1> [goto FSSKDAY5]
<2,R,D> [goto FSLESS]

Question ID: FFS.050_00.000 **Instrument Variable Name:** FSSKDAY5 **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, how many days did this happen?

- 1-30 Days
- 97 Refused
- 99 Don't know

UniverseText: Adults in the family cut the size of their meals or skipped meals in the last 30 days because there wasn't enough money for food

SkipInstructions: <1-30,R,D> [goto FSLESS]

Question ID: FFS.060_00.000 **Instrument Variable Name:** FSLESS **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

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

UniverseText: Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

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

DRAFT 2011 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 19-Nov-10

Question ID: FFS.070_00.000 **Instrument Variable Name:** FSHUNGRY **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

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

UniverseText: Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

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

Question ID: FFS.080_00.000 **Instrument Variable Name:** FSWEIGHT **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, did you lose weight because there wasn't enough money for food?

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

UniverseText: Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

SkipInstructions: <1> [goto FSNOTEAT]
<2,R,D> [if FSSKIP=1 or FSLESS=1 or FSHUNGRY=1, goto FSNOTEAT; else goto FINJ3M]

Question ID: FFS.090_00.000 **Instrument Variable Name:** FSNOTEAT **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, did [fill 1: you/you or other adults in your family] ever not eat for a whole day because there wasn't enough money for food?

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

UniverseText: All families where adult(s) cut the size of meals or meals were skipped, ate less than they felt they should, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food

SkipInstructions: <1> [goto FSNEEDAYS]
<2,R,D> [goto FINJ3M]

DRAFT 2011 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 19-Nov-10

Question ID: FFS.100_00.000 **Instrument Variable Name:** FSNEDAYS **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, how many days did this happen?

- 1-30 Days
- 97 Refused
- 99 Don't know

UniverseText: All families where the adult(s) did not eat for a whole day, in the last 30 days, because there wasn't enough money for food

SkipInstructions: <1-30,R,D> [goto FINJ3M]

DRAFT 2011 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**Document Version Date: 18-Nov-10

Question ID: AHB.135_00.010 **Instrument Variable Name:** DISHFAC **QuestionnaireFileName:** Sample Adult**QuestionText:** The next questions are about health clubs, wellness programs or fitness facilities, such as the YMCA, community recreation programs, and employer fitness programs. If you wanted to use one, is there a health club, wellness program or fitness facility in your area that meets your needs?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1,R,D> [goto ALC1YR]
<2> [goto DISHFL02]

Question ID: AHB.136_01.010 **Instrument Variable Name:** DISHFL02 **QuestionnaireFileName:** Sample Adult**QuestionText:** Do any of these barriers limit or prevent you from using a health club, wellness program, or fitness facility that meets your needs? I am going to read a list. Please say yes or no to each one.

...Cost is too high.

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

UniverseText: Sample adults 18+ who do not have a health club, wellness program or fitness facility in their area that meets their needs, if they wanted to use one**SkipInstructions:** <1,2,R,D> [goto DISHFL03]

Question ID: AHB.136_02.020 **Instrument Variable Name:** DISHFL03 **QuestionnaireFileName:** Sample Adult**QuestionText:** * Read if necessary.

Do any of these barriers limit or prevent you from using a health club, wellness program, or fitness facility that meets your needs?

...Lack of staff or instructors who understand your needs.

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

UniverseText: Sample adults 18+ who do not have a health club, wellness program or fitness facility in their area that meets their needs, if they wanted to use one**SkipInstructions:** <1,2,R,D> [goto DISHFL04]

DRAFT 2011 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**Document Version Date: 18-Nov-10

Question ID: AHB.136_03.030 **Instrument Variable Name:** DISHFL04 **QuestionnaireFileName:** Sample Adult**QuestionText:** * Read if necessary.

Do any of these barriers limit or prevent you from using a health club, wellness program, or fitness facility that meets your needs?

...Lack of exercise equipment that meets your needs.

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

UniverseText: Sample adults 18+ who do not have a health club, wellness program or fitness facility in their area that meets their needs, if they wanted to use one**SkipInstructions:** <1,2,R,D> [goto DISHFL05]

Question ID: AHB.136_04.040 **Instrument Variable Name:** DISHFL05 **QuestionnaireFileName:** Sample Adult**QuestionText:** * Read if necessary.

Do any of these barriers limit or prevent you from using a health club, wellness program, or fitness facility that meets your needs?

...Difficulty getting into or moving around the building.

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

UniverseText: Sample adults 18+ who do not have a health club, wellness program or fitness facility in their area that meets their needs, if they wanted to use one**SkipInstructions:** <1,2,R,D> [goto DISHFL06]

Question ID: AHB.136_05.050 **Instrument Variable Name:** DISHFL06 **QuestionnaireFileName:** Sample Adult**QuestionText:** * Read if necessary.

Do any of these barriers limit or prevent you from using a health club, wellness program, or fitness facility that meets your needs?

...Inadequate transportation.

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

UniverseText: Sample adults 18+ who do not have a health club, wellness program or fitness facility in their area that meets their needs, if they wanted to use one**SkipInstructions:** <1,2,D,R> [goto DISHFL07]

DRAFT 2011 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 18-Nov-10

Question ID: AHB.136_06.060 **Instrument Variable Name:** DISHFL07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary.

Do any of these barriers limit or prevent you from using a health club, wellness program, or fitness facility that meets your needs?

...Some other barrier.

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

UniverseText: Sample adults 18+ who do not have a health club, wellness program or fitness facility in their area that meets their needs, if they wanted to use one

SkipInstructions: <1,2,R,D> [goto ALC1YR]

DRAFT 2011 NHIS Questionnaire - Family**Family Socio-Demographic**Document Version Date: 19-Nov-10

Question ID: FSD.020_00.000 **Instrument Variable Name:** ARMFVER **QuestionnaireFileName:** Family**QuestionText:** Earlier [fill1: you said/it was said] [fill2: you/alias] [fill3: were/was] on full-time active duty with the Armed Forces. Is this correct?

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

UniverseText: All families with a person age 18 or older who were said to be on active duty in the armed forces in the HHC section**SkipInstructions:** <1> [goto ARMFFC] <2,R,D> [goto ARMFEV]

Question ID: FSD.021_00.000 **Instrument Variable Name:** ARMFEV **QuestionnaireFileName:** Family**QuestionText:** [fill1: Have you/Has alias] ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

*Read if necessary. Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the US or in a foreign country, in support of military or humanitarian operations.

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

UniverseText: All families with a person age 18 or older**SkipInstructions:** <1> [goto ARMFFC] <2,R,D> [goto DOINGLW]

Question ID: FSD.022_00.000 **Instrument Variable Name:** ARMFFC **QuestionnaireFileName:** Family**QuestionText:** Did [fill1: you/alias] ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

*Read if necessary. This would include National Guard or reserve or active duty monitoring or conducting peace keeping operations in Bosnia Kosovo, in the Sinai between Egypt and Israel, or in response to the 2004 tsunami, or Haiti in 2010.

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

UniverseText: All families with a person age 18 or older who has ever served in the armed forces**SkipInstructions:** <1,2,R,D> [goto ARMFTMP]

DRAFT 2011 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 19-Nov-10

Question ID: FSD.023_00.000 **Instrument Variable Name:** ARMFTMP **QuestionnaireFileName:** Family

QuestionText: When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces?

*Enter all that apply, separate with commas.

*Enter all periods in which this person served. Enter the item even if the person served for just part of that period.

- 01 Sept 2001 or later
- 02 August 1990 to August 2001 (including Persian Gulf War)
- 03 September 1980 to July 1990
- 04 May 1975 to August 1980
- 05 Vietnam era (August 1964 to April 1975)
- 06 March 1961 to July 1964
- 07 February 1955 to February 1961
- 08 Korean War (July 1950 to January 1955)
- 09 January 1947 to June 1950
- 10 World War II (December 1941 to December 1946)
- 11 November 1941 or earlier
- 97 Refused
- 99 Don't know

UniverseText: All families with a person age 18 or older who has ever served in the armed forces

SkipInstructions: <1,3-11,R,D> [goto DOINGLW] <2> [goto ARMFDS]

Question ID: FSD.024_00.000 **Instrument Variable Name:** ARMFDS **QuestionnaireFileName:** Family

QuestionText: Did [fill1: you/alias] serve in the Persian Gulf during Operation Desert Shield or Operation Desert Storm between August 1990 and April 1991?

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

UniverseText: All families with a person age 18 or older who served from August 1990 to August 2001

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

DRAFT 2011 NHIS Questionnaire - Family
Family IncomeDocument Version Date: 02-Aug-10

Question ID: FIN.261_00.000 **Instrument Variable Name:** F200PV35 **QuestionnaireFileName:** Family**QuestionText:** Was your total family income from all sources less than \$44,000 or \$44,000 or more?

- 1 Less than \$44,000
- 2 \$44,000 or more
- 7 Refused
- 9 Don't Know

UniverseText: The respondent answered More than \$35,000 and there are 4 persons in the family**SkipInstructions:** <1,2,R,D> [goto HOUSEOWN]

Question ID: FIN.268_00.000 **Instrument Variable Name:** F200POV **QuestionnaireFileName:** Family**QuestionText:** Was your total family income from all sources less than [fill1: fill based on 200% poverty threshold] or [fill1: fill based on 200% poverty threshold] or more?

- 1 Less than [Fill 2: fill based on 200% poverty threshold]
- 2 [Fill 2: fill based on 200% poverty threshold] or more
- 7 Refused
- 9 Don't Know

UniverseText: The respondent answered More than poverty threshold and there are 2 or fewer persons in the family**SkipInstructions:** <1,2,R,D> [goto HOUSEOWN]

Question ID: FIN.272_00.000 **Instrument Variable Name:** FINC150 **QuestionnaireFileName:** Family**QuestionText:** Was your total [fill: family] income from all sources less than \$150,000 or \$150,000 or more?

- 1 Less than \$150,000
- 2 \$150,000 or more
- 7 Refused
- 9 Don't know

UniverseText: The respondent answered \$100,000 or more in FINC100**SkipInstructions:** <1,2,R,D> [goto HOUSEOWN]

Question ID: FIN.276_00.000 **Instrument Variable Name:** F200PV75 **QuestionnaireFileName:** Family**QuestionText:** Was your total family income from all sources less than [fill1: fill based on 200% poverty threshold] or [fill1: fill based on 200% poverty threshold] or more?

- 1 Less than [fill 2: fill based on 200% poverty threshold]
- 2 [fill 2: fill based on 200% poverty threshold] or more
- 7 Refused
- 9 Don't Know

UniverseText: The respondent answered More than \$75,000 and there are 9 or more persons in the family OR The respondent answered Less than \$75,000 and there are 6-7 persons in the family**SkipInstructions:** <1,2,R,D> [goto HOUSEOWN]

DRAFT 2011 NHIS Questionnaire - Family
Family IncomeDocument Version Date: 02-Aug-10

Question ID: FIN.360_00.000 **Instrument Variable Name:** FSNAP **QuestionnaireFileName:** Family**QuestionText:** ? [F1]

At any time during [fill 1: last calendar year in 4-digit format], did [fill 2: you/any family members living here] receive [fill 3: food stamp benefits/SNAPNAME] or food stamp benefits?

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

UniverseText: All families**SkipInstructions:** <1> [If one person family, store person number in PSNAP [Goto FSNAPMYR]; else goto PSNAP]

Question ID: FIN.370_00.000 **Instrument Variable Name:** PSNAP **QuestionnaireFileName:** Family**QuestionText:** * Ask or verify. Enter applicable line number(s), separate with commas.

Who received [fill 1: food stamp benefits/SNAPNAME or food stamp benefits]?

*Indicate family members who received SNAP or food stamp benefits.

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

UniverseText: All families with two or more persons and at least one received SNAP in the last year**SkipInstructions:** goto FSTPMYR

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: FIN.380_00.000 **Instrument Variable Name:** FSNAPMYR **QuestionnaireFileName:** Family**QuestionText:** During [fill1: last year in 4-digit format], about how many months [fill2: did you/did ALIAS] receive [fill2: SNAPNAME] or food stamp benefits?

* Enter '1' if less than 1 month

- 01-12 1-12 months
- 97 Refused
- 99 Don't know

UniverseText: All persons mentioned in PSNAP**SkipInstructions:** goto FINWIC
