

ATTACHMENT B1
CHIP SURVEY OF ENROLLEES AND DISENROLLEES

PAGE INTENTIONALLY LEFT BLANK FOR DOUBLE—SIDED COPYING

Children's Health Insurance Program (CHIP) Survey of Enrollees and Disenrollees

As the survey instrument will be administered electronically (Computer-Assisted Telephone Interview – CATI), it will be made available to the interviewer to read to respondents as needed by accessing the help screen.

Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

PAGE INTENTIONALLY LEFT BLANK FOR DOUBLE-SIDED COPYING

CHIP 2011 SURVEY

OVERVIEW OF CHIP 2011 SURVEY INSTRUMENT

The CHIP 2011 survey is designed to capture information on children in each of three sampling domains determined during selection: new enrollees, established enrollees (enrolled at least 12 months), and recent disenrollees in either CHIP or Medicaid. These sample domains will be constructed using enrollment records provided by each state. A child's enrollment status may change between selection and interview, and sometimes respondents report an enrollment status that differs from the child's actual status. Consequently, in addition to the sample domains, three more factors help determine the questions asked of each child (pathing) and the time frames about which the questions are asked:

- Whether the sample child was enrolled or disenrolled at the time of the interview (question 1.1)
- Whether the difference between the actual and reported date of enrollment or disenrollment was 9 months or more (calculated based on responses to questions 1.2–1.4 and 2.1–2.12); and
- Whether a sample child in the disenrollee domain was enrolled in CHIP or Medicaid for 12 months or more (calculated based on responses to questions to 2.1–2.12). (Note: established enrollees are, by definition, enrolled 12 months or more.)

Based on combinations of these four factors, there are 12 different question “paths” with differing timeframes to questions asked about the sample child (see Table 1.0).

Table 1.0. Pathing Definitions: Interaction of Sample Domains and Time Frames

Sample Domain and Pathing Definition	Reported Current Enrollment Status (Q.1.1)	Difference Between Actual and Reported Dates (Q1.2–Q1.4 and Q2.1–Q2.12)	Length of Previous Enrollment (Q2.1–Q2.12)	Time Frame for Questions (May Vary by Questionnaire Section)
New Enrollees				
P = 1	Enrolled	<=9 months (enrollment date)	NA	Prior to current enrollment
P = 2	Enrolled	> 9 months (enrollment date)	NA	NA
P = 3	Disenrolled	<=9 months (enrollment date)	NA	Prior to last enrollment
P = 4	Disenrolled	> 9 months (enrollment date)	NA	NA
Established Enrollees				
P = 5	Enrolled	NA	NA	Last 12 months
P = 6	Disenrolled	NA	NA	Since disenrollment/ last 12 months

Sample Domain and Pathing Definition	Reported Current Enrollment Status (Q.1.1)	Difference Between Actual and Reported Dates (Q1.2-Q1.4 and Q2.1-Q2.12)	Length of Previous Enrollment (Q2.1-Q2.12)	Time Frame for Questions (May Vary by Questionnaire Section)
Recent Disenrollees				
P = 7	Disenrolled	<= 9 months (disenrollment date)	< 12 months	Since disenrollment
P = 8	Disenrolled	<= 9 months (disenrollment date)	12+ months	Since disenrollment/ before disenrollment
P = 9	Disenrolled	> 9 months (disenrollment date)	NA	NA
P = 10	Enrolled	<=9 months (prior disenrollment date)	< 12 months	Since disenrollment/ NA
P = 11	Enrolled	<=9 months (prior disenrollment date)	12+ months	Since disenrollment/ before disenrollment
P = 12	Enrolled	> 9 months (prior disenrollment date)	NA	NA

Finally, different paths through the questionnaire also are dictated by responses to individual questions. The result is a combination of intricate and technically complex survey instruments that are difficult to explain to a lay audience.

At the start of each of the six questionnaire sections, we chart the variations in question flow and time frame wording based on the variations discussed above.

Throughout the questionnaire, above each question, we note its source and whether we modified the wording of the question. We also note the entrance condition or “universe” of the question, that is, which respondents are asked each question. We have used generic question text (either no time frame, or “in the past 12 months”) to avoid making the text variation for each individual question confusing. Following each question are response categories (with “go to” instructions) and any interviewer instructions. Note that if there is no “go to” instruction next to a response category, it is assumed that the response goes to the next question. Frequently we show boxes with instructions to programmers for complex operations.

In addition, readers will find the following information useful for understanding some of the entrance conditions – that is, who is asked each question.

For a complete overview, readers may refer to Appendix 1 to review a table called Survey Questions and Associated Timeframes, by Sample Domain.

Sample File Information

S1 Insurance Type

1 = CHIP

2 = Medicaid

S2 Domain

1 = New enrollees

2 = Established enrollees

3 = Recent disenrollees

S3 = Enrollment/Disenrollment Actual Dates (on file)

1 = New enrollees current start date

2 = Established enrollees current start date

3 = Recent disenrollees most recent end date

S4 CHILD's Birth Date of Record: MM DD YYYY

S5 CHILD's Gender of Record

1 = Male

2 = Female

S6 Child's FULL NAME of Record

S7 CHILD's FIRST NAME of Record [CHILD]

S8 Respondent's FULLNAME of Record

S9 Respondent's FIRST NAME of Record

S10 = State program names for CHIP

SECTION 1: APPLICATION, ENROLLMENT, REDETERMINATION, DISENROLLMENT

A. Section 1 Overview

A sample child's "path" through Section 1 is based on a combination of his or her sample domain and his or her parent's answer to question Q1.1: Is [CHILD] covered by [CHIP/Medicaid] right now? Since final question timeframes are not established until after questions 2.1 – 2.12 are answered, all questions in Section 1 refer to the 'current' time frame. We show Table 1.1 to provide a sense of how respondents move through Section 1.

Table I.1. Pathing in Section 1

Sample Domain and Enrollment Status	Current Enrollment Status (Q1.1)	Disenrolled: Current Disenrollment Date (Q1.2–1.5)	Why Disenrolled (Q1.6–1.7)	Application (Q1.8–1.12)	Enrollment Process (Q1.13–1.23)	Renewal Knowledge (Q1.24–1.25)	Renewal Process (Q1.26–1.37)
New Enrollees, Currently Enrolled (Future P = 1 or 2)	X			X	X	X	
New Enrollees, Currently Disenrolled (Future P = 3 or 4)	X	X	X	X	X	X	
Established Enrollees, Currently Enrolled (Future P = 5)	X					X	X
Established Enrollees Currently Disenrolled (Future P = 6)	X	X	X			X	X
Recent Disenrollees Currently Disenrolled (Future P = 7, 8 or 9)	X	X	X			X	X
Recent Disenrollees Currently Enrolled (Future P = 10, 11, or 12)	X					X	X

ESTABLISH REPORTED CURRENT ENROLLMENT STATUS

2001 CHIP 3.2

S2 = 1, 2, or 3

1.1 First, is [CHILD] covered by [CHIP/Medicaid] right now?

PROBE: This is the health insurance program you call [CHIP STATE NAME/MEDICAID STATE NAME].

YES, COVERED BY NAMED PROGRAM 00 GO TO Q1.8
YES, CHANGED FROM CHIP TO MEDICAID 02 GO TO Q1.8
YES, CHANGED FROM MEDICAID TO CHIP 03 GO TO Q1.8
NO 00
DK D GO TO Q6.1
REF..... R GO TO Q7.1

ESTABLISH DISENROLLMENT DATE (F4) FOR SAMPLE MEMBERS DISENROLLED AT THE TIME OF INTERVIEW

2001 CHIP 3.3

If Q1.1 = 00 currently disenrolled

1.2 About how many months has it been since [CHILD]'s [CHIP/Medicaid] coverage ended?

INSTRUCTION: FOR LESS THAN ONE MONTH, RECORD 00.

RECORD NUMBER OF MONTHS: |_|_| GO TO BOX 1.6

DK D
REF..... R

2001 CHIP 3.4

If Q1.2 = D, R

1.3 Would you say it has been about...

CODE ONLY ONE

Less than 1 month 01
1 month but less than 2 months 02
2 months but less than 3 months 03
3 months but less than 4 months 04
4 months but less than 5 months 05
5 months but less than 6 months 06
6 months 07
7 months or more 08 GO TO Q1.5
DK D GO TO Q1.5
REF..... R GO TO Q1.5

2001 CHIP 3.5

If Q1.2 = 6 months or fewer or Q1.3 = 01 – 06

1.4 So, [CHILD] has not been covered by [CHIP/Medicaid] since [DATE FROM BOX 1.3]. Is that correct?

YES 01 GO TO BOX 1.6
NO 00
DK D
REF R

2001 CHIP 3.5.1a & 3.5.1b modified

If Q1.3 = 08, D, R or Q1.4 = 0, D, R
 If Q1.5 = YEAR and/or 01 – 12, go to Box 1.6

1.5 In about what month and year did [CHILD]'s [CHIP/Medicaid] coverage end? Your best estimate is fine.
 PROBE: Was it near a holiday or a birthday or some other time you remember?

2 0 __ __ YEAR

CODE ONE ONLY

- JANUARY01
- FEBRUARY02
- MARCH03
- APRIL04
- MAY05
- JUNE06
- JULY07
- AUGUST08
- SEPTEMBER09
- OCTOBER10
- NOVEMBER11
- DECEMBER12
- DKD GO TO Q6.1
- REFR GO TO Q7.1

DISENROLLMENT REASONS REPORTED BY DISENROLLEES

2001 CHIP 3.26 modified

If Q1.1 = 00

1.6 Now I am going to read some reasons why [CHILD]'s [CHIP/Medicaid] coverage may have ended. Did [his/her] coverage end because.... CODE ONE RESPONSE PER ROW.

	YES (01)	NO (00)	DK (D)	REF (R)
01. You obtained some other kind of insurance for [CHILD]?				
02. [CHILD] was too old to remain enrolled?				
03. Your income changed so that [CHILD] was no longer eligible?				
04. The payment to stay enrolled was late or not paid?				
05. [CHILD] moved out of state?				
06. [CHILD] left household – for example, [he/she] is living with another family member or is in foster care?				
07. You decided not to re-enroll [CHILD]?				
08. Some other reason I didn't mention (SPECIFY)				

Box 1.7. Programmer: If any response Q1.6 = 01 - 06 or 08, go to Q1.8.
 If Q1.6 = 07, go to Q1.7.

2001 CHIP 3.26 modified

If Q1.1 = 00 and Q1.6.07= 01

1.7 Why did you decide not to re-enroll [CHILD] in [CHIP/Medicare]?

CODE ONE ONLY

- COULD NO LONGER AFFORD IT 01
- UNHAPPY WITH HEALTH CARE/SERVICES 02
- NOT NEEDED/CHILD DOES NOT GET SICK 03
- TOO MUCH WORK TO REAPPLY 04
- DK D
- REF..... R

APPLICATION (NEW ENROLLEES ONLY)

Box 1.8, programmer: If S2 = 2 or 3, go to Q1.24 (note: these cases will be designated P = 5 – 12 in Section 2)

2001 CHIP 2.1.15 modified

If S2 = 1 (note, these cases will be designated P = 1 – 4 in the future)

1.8 How did you hear about [CHIP/Medicaid]? Was it from...

PROBES IF NEEDED:

TANF = TEMPORARY ASSISTANCE TO NEEDY FAMILIES

WIC = WOMEN, INFANTS, & CHILDREN

SNAP = SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

NOTE: WE WILL LIST STATE PROGRAMS BY STATE WHEN STATES ARE IDENTIFIED

CODE ALL THAT APPLY

- A friend or family member? 01
- A hospital or doctor’s office or clinic? 02
- School 03
- Another program such as TANF, SNAP or
WIC? 04
- TV, radio, newspaper or the internet? 05
- Religious Group or Organization? 06
- Some other way? (SPECIFY) 07
- DK D GO TO Q1.10
- REF..... R GO TO Q1.10

Box 1.9, programmer: if only one response to Q1.8 (01 – 07, or d, r), go to Q1.10. If two or more responses in Q1.8, display them in Q1.9.

2001 CHIP 2.2.1 modified

If 2 or more responses were coded in Q1.8 and S2 = 1

1.9 What source of information was the most useful or helpful in making the decision to enroll [CHILD] in [CHIP/Medicaid]? Was it...READ TWO OR MORE RECORDED RESPONSES FROM Q1.8.

RECORD MOST USEFUL CODE FROM Q1.9 HERE: _____

- DK D
- REF..... R

2001 CHIP 2.14 modified

If S2 = 1 and Q1.1 = 01 - 03 (currently enrolled) or 00 (currently disenrolled)

1.10 Now think back to when you enrolled [CHILD] in [CHIP/Medicaid]. Did you decide to enroll [him/her] at that time because [CHILD].....

CODE ONE FOR EACH ROW

	YES (01)	NO (00)	DK (D)	REF (R)
01. was sick or injured and needed medical care?				
02. had a problem with [his/her] teeth that needed dental care?				
03. needed prescription medicine that the family could not afford?				

2001 CHIP 2.14 modified

If S2 = 1 and Q1.1 = 01 - 03 (currently enrolled) or 00 (currently disenrolled)

1.11 Is there another important reason you decided to enroll [CHILD] in [CHIP/Medicaid] that I did not already mention?

- YES, WANTED CHILD TO BE INSURED 01
- YES, OTHER REASON(S) 02
- NO 00 GO TO Q1.13
- DK D GO TO Q1.13
- REF R GO TO Q1.13

2001 CHIP 2.14 modified

If S2 = 1 and Q1.1 = 01 - 03 or 00 and Q1.11 = 01 or 02

1.12 Why else did you want [CHILD] to be insured by [CHIP/Medicaid]?

PROBE: ANYTHING ELSE? UNTIL R SAYS: NOTHING ELSE.

INSTRUCTION: IF R ANSWERS "BECAUSE IT WAS/IS REQUIRED," ASK WHO REQUIRED YOU TO GET INSURANCE FOR [CHILD]? WAS IT A SCHOOL, SPORTS PROGRAM, OR SOME OTHER ORGANIZATION?

CODE ALL THAT APPLY.

LOST OTHER INSURANCE

- PARENT LOST OR CHANGED JOB 01
- LOST OTHER HEALTH INSURANCE 02

AFFORDABILITY

- COULD NOT AFFORD OTHER COVERAGE 03
- CHIP/MEDICAID IS LESS EXPENSIVE..... 04

OTHER

- CHILD HAS A MEDICAL CONDITION..... 05
- GET BETTER CARE THAN WITH OTHER COVERAGE 06
- REQUIRED BY SCHOOL (PHYSICAL/VACCINATIONS).... 07
- REQUIRED BY SPORTS PROGRAM/OTHER ORG..... 08
- SOME OTHER REASON (SPECIFY) 09
- DK D
- REF R

ENROLLMENT PROCESS FOR NEW ENROLLEES ONLY

2001 CHIP 2.17 modified

If S2 = 1 and Q1.1 = 01 - 03 (currently enrolled) or 00 (currently disenrolled)

1.13 **New enrollee, currently enrolled.** When you enrolled [CHILD] in [CHIP/Medicaid] did you complete an application form...

New enrollee, currently disenrolled. The last time that you enrolled [CHILD] in [CHIP/Medicaid], did you complete an application form ...

INSTRUCTION: STOP AFTER FIRST YES (01) RESPONSE.

	YES (01)	NO (00)	DK (D)	REF (R)
01. By mail or fax?				
02. By telephone?				
03. Online – that is, by using the internet or a website?				
04. In-person?				

Box 1.14, programmer: if any responses from Q1.13.01- Q1.13.03 = 01, go to Q1.15
 If Q1.13.04 = 01, continue to Q1.14.
 If all responses Q1.13.01 – 1.13.04 = 00 or D, go to Q1.14.

2001 Chip 2.17 modified using 2001 CHIP 2.18 response categories

If Q1.13 = 04 or all responses in Q1.13=00, d, r

1.14 So, where did you complete the application?

CODE ALL THAT APPLY

- WELFARE OFFICE OR OTHER AGENCY OFFICE 01
- HOSPITAL OR HOSPITAL EMERGENCY ROOM 02
- DOCTOR'S OFFICE..... 03
- PHARMACY 04
- SCHOOL OR CHURCH/RELIGIOUS ORGANIZATION..... 05
- HOME OF FRIEND OR RELATIVE 06
- SOME OTHER PLACE 07
- DK D
- REF R

2001 CHIP 2.29 modified

If S2 = 01 and Q1.1 = 01 - 03 or 00

1.15 Thinking about the entire application process, how easy or hard was it to get the required documents together? Was it...

CODE ONE ONLY

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- WAS NOT REQUIRED TO GET ANY DOCUMENTS 05
- DK D
- REF R

2001 CHIP 2.29 modified

If S2 = 1 and Q1.1 = 01 - 03 or 00

1.16 Was the application form written in English, Spanish, or another language?

CODE ONE ONLY

- ENGLISH.....01
- SPANISH02
- OTHER LANGUAGE (SPECIFY)03
- DK D
- REF R

2001 CHIP 2.20

If S2 = 1 and Q1.16 = answered, d, r

1.17 Did a translator or another professional help translate the application form into a language you could understand?

PROBE: Please don't count family members or friends who might have helped with the translation.

- YES 01
- NO 00
- DK D
- REF R

2001 CHIP 2.21 modified

If S2 = 1 and Q1.1 = 01 - 03 or 00

1.18 **If Q1.17 = YES**, Besides help with translating did you get any other help in completing the application?

If Q1.17 = NO, d, r, Did you get any help in completing the application?

- YES 01
- NO 00 GO TO Q1.21
- DK D GO TO Q1.21
- REF..... R GO TO Q1.21

2001 CHIP 2.22 modified

If Q1.18= 01

1.19 Who helped you complete the application form? Was it...STOP AFTER FIRST YES (01) RESPONSE

	YES (01)	NO (00)	DK (D)	REF (R)
01. Someone from a government office or community organization?				
02. Someone at a hospital, clinic, or doctor's office?				
03. A friend or family member?				
04. Some other person? (Specify)				

2001 CHIP 2.24.1 modified

If any answers to Q1.19.1 – Q1.19.4 = 01

1.20 How helpful was the assistance you received? Would you say it was...

CODE ONE ONLY

- Very helpful 01
- Somewhat helpful 02
- Not very helpful..... 03
- Not at all helpful..... 04
- DK D
- REF..... R

2001 CHIP 2.29.1 modified

If S2 = 1 and Q1.1 = 01 - 03 or 00 and Q1.18 = 00, D, R or Q1.19 = 00, D, R and Q1.20 = answered

1.21 Thinking about all the experiences you just told me about, would you say your overall experience applying for [CHIP/Medicaid] was it...

CODE ONE ONLY

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- DK D
- REF R

2001 CHIP 2.30 modified

If S2 = 1 and Q1.1 = 01 - 03 or 00

1.22 After you completed and submitted the entire application, about how long did it take before you were notified that [CHILD] was enrolled in [CHIP/Medicaid]? PROBE: You may answer in weeks and/or months.

- __ WEEKS GO TO Q1.24
- __ MONTHS GO TO Q1.24
- NOTIFIED OF ENROLLMENT RIGHT AWAY..... 00 GO TO Q1.24
- NEVER NOTIFIED 999 GO TO Q1.24
- DK D
- REF..... R GO TO Q1.24

2001 CHIP 2.30.1

If Q1.22 = D

1.23 Would you say...

CODE ONE ONLY

- Less than 1 week? 01
- At least 1 week but less than 2 weeks? 02
- At least 2 weeks but less than 3 weeks? 03
- At least 3 weeks but less than 4 weeks? 04
- At least 4 weeks but less than 8 weeks? 05
- At least 2 months but less than 3 months?..... 06
- Three months or more 07
- DK D
- REF R

KNOWLEDGE OF RENEWAL / REDETERMINATION: ALL SAMPLE MEMBERS

2001 CHIP 2.34 modified

If S = 1 – 3 and Q1.1 = 01 - 03 or 00

- 1.24 After enrolling in [CHIP/Medicaid], you may need to renew [CHILD]’s coverage by filling out a form or providing information in some other way that will help determine if [CHILD] can stay enrolled. Have you ever heard about this renewal requirement for [CHIP/Medicaid]?
- YES 01
 NO 00
 DK D
 REF..... R

2001 CHIP 2.34 modified

If Q1.27 = 01

- 1.25 Based on what you know, how often do you need to complete this renewal requirement? Would you say...
- CODE ONE ONLY
- Every month01
 Every 3 months02
 Every 6 months03
 Once a year04
 Once every 2 years05
 OTHER TIME PERIOD (SPECIFY)06
 NEVER.....07
 DKD
 REFR

EXPERIENCE WITH THE RENEWAL/REDETERMINATION PROCESS: ESTABLISHED ENROLLEES AND RECENT DISENROLLEES

Box 1.26. Programmer: If S2 = 1 (NEW ENROLLEE) GO TO Q2.1.
 IF S2 = 2 (ESTABLISHED ENROLLEES) OR 3 (RECENT DISENROLLEES), CONTINUE.

2001 CHIP 2.34 modified

If S2 = 02 or 03 and Q1.24=01

- 1.26 Have you or another family member ever received a renewal form, perhaps as part of a packet, and been asked to complete it so that [CHILD] could stay enrolled in the program?
- YES 01
 NO 00 GO TO Q2.1
 DK D GO TO Q2.1
 REF..... R GO TO Q2.1

New

If S2 = 02 or 03 and Q1.26=01 and P = 5 – 12

1.27 How did you or your family member get the renewal form or packet? Did you....

STOP AFTER FIRST YES (01) RESPONSE

	YES (01)	NO (00)	DK (D)	REF (R)
01. get it in the mail?				
02. get it from a website?				
03. get it at a government office or a community organization?				
04. get it some other way (SPECIFY)?				

2001 CHIP 2.43 modified

If Q1.26=01

1.28 The last time you got a renewal form or packet, did you complete the form and return it?

YES 01 GO TO Q1.30
 NO 00
 DK D GO TO Q2.1
 REF R GO TO Q2.1

New

If Q1.28= 00

1.29 Why did you not return the form? PROBE: What else, till R answers: "nothing"

CODE ALL THAT APPLY

[CHILD] NO LONGER ELIGIBLE

GOT OTHER INSURANCE 01
 CHILD TOO OLD 02
 DID NOT MEET INCOME RULES 03
 MOVED OUT OF STATE 04

DID NOT WANT TO RE-ENROLL

COULD NOT AFFORD IT 05
 NOT INTERESTED/NOT SATISFIED/NOT NEEDED..... 06

OTHER REASONS

FORGOT 07
 FORMS CONFUSING 08
 GATHERING DOCUMENTS DIFFICULT 09
 SOME OTHER REASON (SPECIFY _____) 10
 DK D
 REF R

Box 1.30 . Programmer: If Q1.29 = answered, go to Q2.1.

New

If S2 = 2 or 3 and Q1.28 = 01

1.30 Did you get help to complete the renewal form?

- YES 01
- NO 00 GO TO Q1.34
- DK..... D GO TO Q1.34
- REF..... R GO TO Q1.34

New

If S2 = 2 or 3 and Q1.28=01

1.31 How easy or hard was it to get help to complete the renewal form? Would you say it was...

- Very easy01
- Somewhat easy02
- Somewhat hard03
- Very hard04
- DK D
- REF.....R GO TO Q1.34

New

If Q1.31=answered

1.32 Who helped you complete the renewal form?

STOP AFTER FIRST YES (01) RESPONSE

	YES (01)	NO (00)	DK (D)	REF (R)
01. Someone from a government office or agency?				
02. Someone at a hospital, clinic, or doctor's office?				
03. A friend or family member?				
04. Some other person? (Specify)				

New

If any response Q1.32.01 – Q1.32.04 = 01, ELSE go to Q1.34.

1.33 How helpful was the assistance you received? Would you say it was...

CODE ONE ONLY

- Very helpful01
- Somewhat helpful02
- Not very helpful03
- Not at all helpful04
- DK D
- REF R

New

If Q1.30 = 00, D, R

1.34 After you submitted the renewal form, did someone tell you through a letter, phone call, or some other way that you had any missing information?

- YES 01
- NO 00 GO TO Q1.37
- DK D GO TO Q1.37
- REF R GO TO Q1.37

New

If Q1.34=01

1.35 Did you provide this information?

- YES 01 GO TO Q1.37
- NO 00
- DK D GO TO Q1.37
- REF R GO TO Q1.37

New

If Q.1.35=00

1.36 Why did you not provide this information?

CODE ALL THAT APPLY

- FORGOT 01
- TOO DIFFICULT/TOO MUCH WORK TO PROVIDE 02
- OTHER (SPECIFY)..... 03
- DK D
- REF R

2001 CHIP 2.44 modified

If Q1.28=01

1.37 Based on your overall experience, how easy or hard was it to complete the renewal form? Was it...

CODE ONE ONLY

- Very easy 01
- Somewhat easy 02
- Somewhat hard 03
- Very hard 04
- DK D
- REF R

CHIP SECTION 2: CHILD'S HEALTH CARE COVERAGE

Section 2 Overview

Responses to questions 2.1–2.12 will define the questionnaire paths and time frame of questions about the sample child in the disenrollee domain. The questions will determine (1) reported enrollment and disenrollment dates of the sample child's past episodes with CHIP/Medicaid and (2) the difference between the actual and reported enrollment and disenrollment dates. Below we show questions sequences that will be answered about the sample child (pathing definitions). See Table 1.0 for the definitions of the paths.

Table 2.1. Pathing in Section 2

Pathing Definitions	Last/Current Start Date (Q2.1–Q 2.4)	Previous End Date (Q2.5–Q2.8)	Previous Start Date (Q2.9–Q2.12)	Reasons coverage ended (Q2.13–Q2.13.1)	Prior Coverage (Q2.14–Q2.27)	Coverage Post Enrollment (Q2.28–Q2.34)
New Enrollees						
P = 1	X				X	
P = 2	X					
P = 3	X				X	
P = 4	X					
Established Enrollees						
P = 5	X					
P = 6	X					X
Recent Disenrollees						
P = 7	X					X
P = 8	X					X
P = 9	X					X
P = 10	X	X	X	X		X
P = 11	X	X	X	X		X
P = 12	X	X	X			

Timeframe wording variations in Section 2 will be based on the following pathing definitions after they are established in question 2.1 – 2.12:

New enrollees

P = 1 respondents are asked about the 12 months prior to sample child's current enrollment

P = 2 respondents are skipped to Q3.1 after questions Q2.1 – Q2.4

P = 3 respondents are asked about the 12 months prior to previous enrollment

P = 4 respondents are skipped to Q3.1 after questions Q2.1 – Q2.4

Established enrollees

P = 5 respondents are skipped to Q3.1 after questions Q2.1 – Q2.4

P = 6 respondents are asked a subset of questions about the period since they disenrolled

Recent disenrollees

P = 7 respondents are asked a subset of questions about the period since they disenrolled

P = 8 respondents are asked a subset of questions about the period since they disenrolled

P = 9 respondents are asked a subset of questions about the period since they disenrolled

P = 10 respondents are asked most questions about the period since they disenrolled

P = 11 respondents are asked most questions about the period since they disenrolled

P = 12 respondents are skipped to Q3.1 after questions Q2.1 – Q2.12

Establish Last/ Current Enrollment Date (F5)

2001 CHIP 3.7

Q1.1 = 01 – 03 (currently enrolled) or 00 (currently disenrolled)

2.1 **Currently enrolled:** How many months and/or years has [CHILD] been covered by [CHIP/Medicaid] without any interruption in coverage?

Currently disenrolled: Before [CHILD]’s [CHIP/Medicaid] coverage ended in [F4 DATE], how many months and/or years was [CHILD] covered without any interruption in coverage?

__ YEARS AND/OR __ MONTHS..... GO TO Q2.3
DK D
REF..... R

2001 CHIP 3.8

If Q2.1 = d, r

2.2 Would you say...

Less than 1 month 01
1 month but less than 2 months 02
2 months but less than 3 months..... 03
3 months but less than 4 months..... 04
4 months but less than 5 months..... 05
5 months but less than 6 months..... 06
6 months 07
Longer than 6 months 08 GO TO Q2.4
DK D GO TO Q2.4
REF..... R GO TO Q2.4

2001 CHIP 3.9

If Q2.1 = months or years or Q2.2= 01-07

2.3 **Currently enrolled.** So, [CHILD]’s current [CHIP/Medicaid] coverage started in [F5 date]. Is that correct?

Currently disenrolled. So, [CHILD]’s last [CHIP/Medicaid] coverage started in [F5 date]. Is that correct?

YES 01 GO TO BOX 2.5
NO 00
DK D
REF..... R

2001 CHIP 3.9.1.A and 3.91B modified

If Q2.2 = 08, d, r or Q2.3=00, d, r

2.4 In about what month and year did [CHILD]'s [CHIP/Medicaid] coverage start? Your best estimate is fine.
PROBE: Was it near a holiday or a birthday or some other time you remember?

2 0__ __YEAR

- JANUARY..... 01
- FEBRUARY..... 02
- MARCH 03
- APRIL 04
- MAY 05
- JUNE 06
- JULY 07
- AUGUST 08
- SEPTEMBER 09
- OCTOBER10
- NOVEMBER.....11
- DECEMBER.....12
- DKD GO TO Q7.1 END SURVEY
- REF.....R GO TO Q7.1 END SURVEY

Box 2.5. Programmer:
 If P = 1 or 3, go to Q2.14
 If P = 2, 4, or 5, go to Q3.1
 If P = 6, 7, 8, or 9 go to Q2.28 ELSE CONTINUE TO Q2.5 (This will determine P = 10, 11, 12)

ESTABLISH PREVIOUS DISENROLLMENT DATE FOR DISENROLLEES WHO REENROLLED (F6)

2001 CHIP 3.11

If Q2.3 = 1 or Q2.4 = answered

2.5 Now I am going to ask about the time that [CHILD]'s current [CHIP/Medicaid] coverage started in [F5 DATE] and [his/her] previous [CHIP/Medicaid] coverage ended. How many months were there between these two periods of [CHIP/Medicaid] coverage?

INSTRUCTION: IF LESS THAN ONE MONTH, CODE 00 MONTHS

- __ MONTHS GO TO Q2.7
- DK D
- REF..... R

2001 CHIP 3.12

If Q2.5 = d, r

2.6 Would you say...

- Less than 1 months.....01
- 1 month but less than 2 months02
- 2 months but less than 3 months.....03
- 3 months but less than 4 months.....04
- 4 months but less than 5 months.....05
- 5 months but less than 6 months.....06
- 6 months07
- Longer than 6 months08 GO TO Q2.8
- DK D GO TO Q2.8
- REF..... R GO TO Q2.8

2001 CHIP 3.13

If Q2.6 = 01 – 07

2.7 So, [CHILD]'s previous [CHIP/Medicaid] coverage ended on [F6 DATE]. Is that correct?

- YES01 GO TO Q2.9
- NO00
- DK D
- REF..... R

2001 CHIP 3.13.1A and 3.13.1B modified

If Q2.7=00,d,r

2.8 In about what month and year did [CHILD]'s previous [CHIP/ Medicaid] coverage end? Your best estimate is fine. PROBE: Was it near a holiday or a birthday or some other time you remember?

2 0__ __YEAR

- JANUARY 01
- FEBRUARY..... 02
- MARCH 03
- APRIL 04
- MAY 05
- JUNE 06
- JULY 07
- AUGUST 08
- SEPTEMBER 09
- OCTOBER 10
- NOVEMBER..... 11
- DECEMBER..... 12
- DK D GO TO Q7.1, END SURVEY
- REF..... R GO TO Q7.1 , END SURVEY

ESTABLISH PREVIOUS START DATE FOR DISENROLLEES WHO REENROLLED (F7)

2001 CHIP 3.14

Q2.7=01 or Q2.8=answered

2.9 Before [CHILD]'s previous [CHIP/ Medicaid] coverage ended in [F6 DATE], how many months and/or years was [he/she] covered by [CHIP/ Medicaid] without any interruption in coverage?

INSTRUCTION: IF LESS THAN ONE MONTH, CODE 00 MONTHS
__ YEARS AND/OR __ MONTHS..... GO TO Q2.11

DK D
REF R

2001 CHIP 3.15

If Q2.9 = d, r

2.10 Would you say...

Less than 1 months..... 01
1 month but less than 2 months 02
2 months but less than 3 months..... 03
3 months but less than 4 months..... 04
4 months but less than 5 months..... 05
5 months but less than 6 months..... 06
6 months 07
Longer than 6 months 08 GO TO Q2.12
DK D GO TO Q2.12
REF..... R GO TO Q2.12

2001 CHIP 3.16

If Q2.9 = answered

2.11 So, [CHILD]'s previous [CHIP/ Medicaid] coverage started in [F7 DATE]. Is that correct?

YES01 GO TO Q2.13
NO00
DK D
REF..... R

3.16.1A AND 3.16.1B modified

If Q2.10=08,d, r and Q2.11=00, d,r

2.12 In about what month and year did [CHILD]'s previous [CHIP/ Medicaid] coverage start? Your best estimate is fine. PROBE: Was it near a holiday or a birthday or some other time you remember?

2 0 __ __ YEAR

- JANUARY 01
- FEBRUARY 02
- MARCH 03
- APRIL 04
- MAY 05
- JUNE 06
- JULY 07
- AUGUST 08
- SEPTEMBER 09
- OCTOBER 10
- NOVEMBER..... 11
- DECEMBER..... 12
- DK D GO TO Q7.1 -END SURVEY
- REF..... R GO TO Q7.1 - END SURVEY

Box 2.13. Code case P = 10, 11, 12 based on answers to S2, Q1.1, and Q2.6 – Q2.12.
If P = 12, go to Q3.1

RECENT DISENROLLEE WHO REENROLLED

2001 CHIP 3.26 modified

If Q2.11=01 and Q2.12 = answered and P = 10, 11

2.13 Now I'm going to read you some reasons why [CHILD]'s [CHIP/Medicaid] coverage may have ended in [F6 DATE]. There can be more than one reason so I'll ask you about each one.. Did [CHILD]'s coverage end because... CODE ONE RESPONSE PER ROW

REASON COVERAGE ENDED	YES (01)	NO (00)	DK (D)	REF (R)
01. you obtained other insurance for [him/her]?				
02. [he/she] was too old to remain enrolled?				
03. your income changed so [he/she] was no longer eligible?				
04. the payment to stay enrolled was late or not paid?				
05. [CHILD] moved out of state?				
06. [he/she] left the household, and, is living with another family member or is in foster care, for example?				
07. You decided not to re-enroll?				
08. of some other important reason that I did not mention?				

Box 2.13.1. Programmer, if Q2.13.07 = 01, go to Q2.13.1, else go to Q2.28

2001 CHIP 3.26 modified

If Q2.13.07 = 01 and P = 10 or 11

2.13.1 Why did you decide not to re-enroll [CHILD] in [CHIP/Medicaid]?

LISTEN AND CODE ALL THAT APPLY. PROBE: "Anything else?" UNTIL R ANSWERS "nothing else."

- COULD NO LONGER AFFORD IT 01
- UNHAPPY WITH HEALTH CARE/SERVICES 02
- NOT NEEDED/CHILD DOES NOT GET SICK 03
- TOO MUCH WORK TO REAPPLY 04
- DK D
- REF..... R

Box 2.14. Programmer, If P = 10 or 11, go to Q2.28

NEW ENROLLEES' COVERAGE DURING 12 MONTHS PRIOR TO LAST/CURRENT START DATE (F5)

2001 CHIP 3.31 modified

If P = 1 or 3

2.14 **Currently enrolled (P = 1).** Now, I am going to ask you some questions about the 12 months before [CHILD]'s current [CHIP/Medicaid] coverage started, in [F5 DATE].

Currently disenrolled (P = 3). Now, I am going to ask you some questions about the 12 months before [CHILD]'s previous [CHIP/Medicaid] coverage started, in [F5 DATE].

Just before [F5 DATE], was [CHILD] without health insurance coverage or did [he/she] have health insurance, such as [Medicaid or private insurance\ CHIP or private insurance?]

- WITHOUT HEALTH INSURANCE 01 GO TO Q2.15
- HAD HEALTH INSURANCE 02 GO TO BOX 2.17.1
- [PROGRAMMER CHECK CHILD'S BIRTH DATE (S3) AND LAST START DATE (F5)] IF CHILD BORN WHEN COVERAGE STARTED AND NEW ENROLLEE (S2 = 01)* 03 GO TO Q6.1
- [PROGRAMMER CHECK CHILD'S BIRTH DATE (S3) AND LAST START DATE (F5)] IF CHILD BORN WHEN COVERAGE STARTED AND ESTABLISHED ENROLLEE (S2 = 02)* 04 GO TO Q2.31
- DK D
- REF R

2001 CHIP 3.35.1 modified

Q2.14=D, R and P = 1 or 3

2.14.1 Was [CHILD] covered by health insurance such as [Medicaid or private insurance \CHIP or private insurance] at any time during the twelve months before [his/her]

Currently enrolled (P = 1) current [CHIP/Medicaid] coverage started, that is before [F5 DATE]?

Currently disenrolled (P = 3). last [CHIP/Medicaid] coverage started, that is before [F5 DATE]?

YES 01 GO TO Q2.17.1
 NO 00 GO TO BOX Q2.28
 DK D GO TO BOX Q2.28
 REF R GO TO BOX Q2.28

2001 CHIP 3.32 modified

If Q2.14=01 and P = 1 or 3

2.15 How many months or years was [CHILD] without health insurance just before [his/her]

Currently enrolled (P = 1). ...current [CHIP/ Medicaid] coverage started at [F5 DATE]?

Currently disenrolled (P = 3). ...last [CHIP/ Medicaid] coverage started at [F5 DATE]?

INSTRUCTION: IF LESS THAN ONE MONTH, CODE 00 MONTHS

__ YEARS AND/OR __ MONTHS

NEVER HAD INSURANCE 999 GO TO Q3.1

DK D

REF R

2001 CHIP 3.34 modified

If Q2.15 = months, years, d, r and P = 1 or 3

2.16 What was the main reason [CHILD] was without any health insurance during this period?

INSTRUCTION: LISTEN CAREFULLY BEFORE CODING.

PROBE: I can only record the main reason.. PROBE FIRST WITH MAJOR CATEGORIES AND, IF NEEDED, GIVE EXAMPLES FROM THE SUBCATEGORIES.

CODE ONE ONLY

FAMILY SITUATION

PARENT GOT DIVORCED, SEPARATED OR DIED 01
CHILD CUSTODY CHANGED 02

JOB-RELATED REASON

PARENT LOST A JOB 03
NO ONE IN FAMILY HAS A JOB 04
EMPLOYER DOES NOT OFFER/STOPPED OFFERING **ANY INSURANCE** 05
EMPLOYER DOES NOT OFFER/STOPPED OFFERING **INSURANCE FOR CHILD** 06

COST REASONS

INSURANCE IS TOO EXPENSIVE 07
COST OF INSURANCE FROM JOB WENT UP, GOT TOO EXPENSIVE 08
DROPPED OTHER INSURANCE 09

OTHER REASONS

DROPPED INSURANCE TO QUALIFY FOR CHIP (WAITING PERIOD) 10
INSURANCE COMPANY REFUSED COVERAGE/PREEXISTING CONDITION OR CHILD'S HEALTH 11
INSURANCE DID NOT MEET CHILD'S NEEDS 12
INSURANCE NOT NEEDED / CHILD DOES NOT GET SICK 13
NO LONGER ELIGIBLE FOR COVERAGE 14
TOO DIFFICULT / TOO MUCH WORK TO RENEW 15
OTHER (SPECIFY) 16
DK D
REF R

Box 2.17.1 Programmer, if P = 1 or 3 and Q2.15 > 12 months (uninsured for 12 months or more just prior to CHIP enrollment), GO TO 3.1, ELSE, CONTINUE TO Q2.17.1.

2001 CHIP 3.36.1A modified

If P = 1 or 3 and Q2.14= 02 (insured before enrolling at F5) or if Q2.14 = 01 (not insured before enrolling at F5) and Q2.15 = <12 months (uninsured less than 12 months)

2.17.1 If Q2.14 = 02, d, r. Just prior to enrolling in [CHIP/Medicaid],
If Q2.14 = 01 d, r and Q2.15 = <12 months. Just prior to being uninsured,

...was [CHILD] covered by insurance from a current or past employer or union?

YES01 GO TO Q2.18
NO00
DKD
REFR

2001 CHIP 3.36.1B modified

If Q2.17.1=00,D,R and P = 1 or 3

2.17.2 If Q2.14 = 02, d, r. Just prior to enrolling in [CHIP/Medicaid],
If Q2.14 = 01, d, r and Q2.15 = <12 months. Just prior to being uninsured,

...was [CHILD] covered by a private insurance plan purchased directly from an insurance company? Do not include plans that only provide extra cash while in the hospital or those that cover only one type of service, such as dental care, vision care, nursing home care, or accidents.

YES01 GO TO Q2.18
NO00
DKD
REF.....R

Box 2.17.3. Programmer, If S1=01 (CHIP) and Q2.14=02 (had insurance just prior to CHIP enrollment), go to Q2.17.4

2001 CHIP 3.36.1G

If S1= 02 (Medicaid) and Q2.14=01,02, D,R and Q2.17.2=00,D,R and P= 1 or 3

2.17.3 If Q2.14 = 02, d, r. Just prior to enrolling in [Medicaid]
If Q2.14 = 01, d, r and Q2.15 = <12 months. Just prior to being uninsured,

...was [CHILD] covered by [CHIP]?

YES01 GO TO Q2.18
NO00
DKD
REF.....R

Box 2.17.4. Programmer, If S1=02 (Medicaid) and Q2.14=02 (had insurance just prior to CHIP enrollment), go to Q2.17.5.

2001 CHIP 3.36.1D

If S1=01 (CHIP) and Q2.14=01, 02, D, R and P = 1 or 3

2.17.4 If Q2.14 = 02, d, r. Just prior to enrolling in [CHIP]
If Q2.14 = 01, d, r and Q2.15 = <12 months. Just prior to being uninsured,

...was [CHILD] covered by Medicaid or a Medicaid HMO, the government assistant program for people in need?

YES01 GO TO Q2.18
NO00
DKD
REF.....R

2001 CHIP 3.36.1H modified

If Q2.14=01 or 02 or D or R and Q2.17.4=00,D,R and P = 1 or 3

2.17.5 If Q2.14 = 02, d, r. Just prior to enrolling in [CHIP/Medicaid],
If Q2.14 = 01, d, r and Q2.15 = <12 month. Just prior to being uninsured,

...was [CHILD] covered by some other type of coverage, I have not yet mentioned?

- YES- SPECIFY 01
- NO 00 GO TO Q3.1
- DK D GO TO Q3.1
- REF..... R GO TO Q3.1

2001 CHIP 3.36.1AM modified

If any Q2.17.1 – Q2.17.5 = 01 and P = 1 or 3

2.18 About how many years and/ or months was [CHILD] covered by this insurance?

INSTRUCTION: IF LESS THAN ONE MONTHS, CODE 00 FOR MONTHS.

__ YEARS AND/OR __ MONTHS

- DK D
- REF..... R

Box 2.18.1. Programmer, If Q2.17.1=01 (covered by employer or union), continue to Q2.18.1. ELSE go to Box 2.19.1

3.38.2 modified

If Q2.17.1=01 and P = 1 or 3

2.18.1 Did the employer pay all, some, or none of the premium for this health insurance?

- ALL 01
- SOME 02
- NONE 03
- DK D
- REF..... R

NHIS FHI.074_00.000 modified

IF Q2.17.1 = 01 and P = 1 or 3

2.18.2 Did [CHILD] have any type of insurance that paid for dental care?

- YES 01
- NO 00
- DK D
- REF..... R

NEW

If Q2.17.1= 01 (covered by employer or union) and P = 1 or 3

2.18.3 Is the person who had this insurance still working for the employer that offered it?

- YES01
- NO00 GO TO BOX 2.19.1
- DK D GO TO BOX 2.19.1
- REF R GO TO BOX 2.19.1

New

If Q2.17.1= 01 and P = 1 or 3

2.18.4 Does this employer still offer insurance for children of its employees?

- YES01 GO TO Q2.18.5
- NO00 GO TO BOX 2.19.1
- DK D GO TO Q2.18.5
- REF R GO TO BOX 2.19.1

New

If Q2.18.4=01 or D and P = 1 or 3

2.18.5 What was the main reason [CHILD]'s coverage ended just before the ...

Variations:

Currently enrolled (P = 1) ...current period of [CHIP/Medicaid] coverage started?

Currently disenrolled (P = 3)...last period of [CHIP/Medicaid] coverage started?

PROBE: I can only record the main reason why coverage ended.

INSTRUCTION: PROBE TO DISTINGUISH BETWEEN TWO "COULD NOT AFFORD" REASONS

CODE ONE ONLY

WAITING PERIOD

DROPPED PLAN TO QUALIFY FOR CHIP (WAITING PERIOD) 01

FAMILY SITUATION

PARENT GOT DIVORCED, SEPARATED OR DIED 02

CHILD CUSTODY CHANGED 03

COULD NOT AFFORD

FAMILY INCOME CHANGED 04

COST OF INSURANCE OR DEPENDENT COVERAGE WENT UP 05

PLAN CHANGED/LESS DESIRABLE

EMPLOYER SWITCHED TO LESS GENEROUS PLAN 06

OTHER REASONS

CHIP COSTS LESS/ HAS BETTER BENEFITS 07

INSURANCE NOT NEEDED / CHILD DOES NOT GET SICK 08

OTHER (SPECIFY) 09

DK D

REF R

Box 2.19.1. Programmer, if Q2.15 + Q2.18 = 12 months or more, go to Q2.24

If Q2.15 + Q2.18 = <12 months, continue with Q2.19.1

2001 CHIP 3.31 modified

If Q2.15 + Q2.18 is less than 12 months and P = 1 or 3

2.19.1 Just prior to being covered by this insurance, was [CHILD] without health insurance?

- CHILD WITHOUT COVERAGE 01
- CHILD HAD COVERAGE 02 GO TO BOX 2.20.1
- DK D GO TO BOX 2.20.1
- REF R GO TO BOX 2.20.1

2001 CHIP 3.36.1B modified

If Q2.19.1 = 01 and P = 1 or 3

2.19.2 About how many months was [CHILD] without health insurance at this time?

INSTRUCTION: IF LESS THAN ONE MONTH, CODE 00 MONTHS

__ MONTHS

- DK D
- REF R

Box 2.20.1. Programmer, if Q2.15 + Q2.18 + Q2.19.2= 12 months or more, go to Q2.24
If Q2.15 + Q2.18 + Q2.19.2 < 12 months, continue to Q2.20.1

2001 CHIP 3.36.1A modified

If P = 1 or 3 and Q2.14 = 01 or 02 and Q2.15 + 2.18 + 2.19.2 =< 12 months

2.20.1 **If Q2.19.1 = 01.** Just prior to being uninsured,
If Q2.19.1=02. Just prior to being covered by this insurance,

... was [CHILD] covered by an (if Q2.17.1 = 01 another) insurance plan from a current or past employer or union?

- YES 01 GO TO Q2.21
- NO 00
- DK D
- REF R

2001 CHIP 3.36.1B modified

If P = 1 or 3 and Q2.14=01 or 02 and Q2.20.1=00,D,R

2.20.2 **If Q2.19.1 = 01.** Just prior to being uninsured,
If Q2.19.1=02. Just prior to being covered by this insurance,

...was [CHILD] covered by a (if Q2.17.2 = 01 another) private insurance plan purchased directly from an insurance company? Do not include plans that only provide extra cash while in the hospital or those that cover only one type of service, such as dental care, vision care, nursing home care, or accidents.

- YES 01 GO TO Q2.21
- NO 00
- DK D
- REF R

Box 2.20.3. Programmer, If Q2.19.1 = 02,D,R and Q2.17.3 = 01, go to Q2.20.4.

2001 CHIP 3.36.1G modified

If S1 = 2 (Medicaid) and Q2.20.2=00,D,R and P = 1 or 3

2.20.3 If Q2.19.1 = 01. Just prior to being uninsured,
If Q2.19.1=02. Just prior to being covered by this insurance,

...was [CHILD] covered by [CHIP]?

YES01 GO TO Q2.21
NO00
DKD
REF.....R

Box 2.20.4. Programmer, If 2.19.1=02,D,R and 2.17.4=01, go to 2.20.5

2001 CHIP 3.36.1D modified

If S1 = 1 (CHIP) and Q2.20.3=00,D,R and P = 1 or 3

2.20.4 If Q2.19.1 = 01. Just prior to being uninsured,
If Q2.19.1=02. Just prior to being covered by this insurance,

...was [CHILD] covered by Medicaid or a Medicaid HMO, the government assistance program for people in need?

YES01 GO TO Q2.21
NO00
DKD
REF.....R

2001 CHIP 3.36.1H modified

If Q2.20.4=00,D,R or Q2.20.3=00,D, R and P = 1 or 3

2.20.5 If Q2.19.1 = 01. Just prior to being uninsured,
If Q2.19.1=02. Just prior to being covered by this insurance,

... was [CHILD] covered by some other type of coverage, I have not yet mentioned?

YES (SPECIFY)01NO 00 GO TO Q2.24
DKD GO TO Q2.24
REF.....R GO TO Q2.24

2001 CHIP 3.36.1AM modified

If any Q2.20.1 - Q2.20.5=01 and P = 1 or 3

2.21 About how many months was [CHILD] covered by this insurance?

INSTRUCTION: IF LESS THAN ONE MONTHS, CODE 00 MONTHS

__ MONTHS

DKD
REF.....R

Box 2.22. Programmer: If Q2.14 does not equal 01 and Q2.19.1 does not equal 01 (no uninsurance spells reported yet) and (Q2.18 + Q2.21) < 12 MONTHS, continue to Q2.22. ELSE go to BOX 2.28

2001 CHIP 3.31 modified

If Q2.14 NE 01 and Q2.19.1 NE 01 AND (Q2.18 +Q2.21) < 12 months and P = 1 or 3

2.22 In the 12 months before [CHILD] enrolled in [CHIP/Medicaid] in [F5], was there a period in which [he/she] was without health insurance coverage?

- YES 01
- NO 00 GO TO Q2.24
- DK D GO TO Q2.24
- REF R GO TO Q2.24

2001 CHIP 3.32 modified

If Q2.14 NE 01 and Q2.22=01 and P = 1 or 3

2.23 During the 12 months before [CHILD] enrolled in [CHIP/Medicaid], how many months was [CHILD] without health insurance coverage?

__ MONTHS

- DK D
- REF R

NSCH K3Q20 modified

If Q2.18 >00 and P = 1 or 3

2.24 The next questions are about the health insurance or health care plans [CHILD] had during the 12 months before enrolling in [CHIP/Medicaid].

Did [CHILD's] health insurance offer benefits or cover services that meet [his/her] needs? Would you say the benefits and coverage...

CODE ONE ONLY

- Never met [his/her] needs? 01
- Sometimes met [his/her] needs? 02
- Usually met [his/her] needs? 03
- Always met [his/her] needs? 04
- DK D
- REF R

NSCH K3Q22 modified

Q2.18= more than 00 and P = 1 or 3

2.25 Did [CHILD]'s health insurance allow [him/her] to see the health care providers [he/she] needed? Would you say:...

CODE ONE ONLY

- Never 01
- Sometimes 02
- Usually 03
- Always 04
- DK D
- REF R

NSCH K3Q21A

If Q2.18>00 and P = 1 or 3

2.26 Not including health insurance premiums or costs that were covered by insurance, did you pay any money for [CHILD]'s health care?

PROMPT: Include out-of-pocket payments for all types of health-related needs such as copayments, dental or vision care, medications, and any kind of therapy.

- YES 01
- NO 00 GO TO BOX 2.28
- DK D GO TO BOX 2.28
- REF R GO TO BOX 2.28

NSCH K3Q21B

If Q2.26 = 01 and P = 1 or 3

2.27 How often were these costs reasonable? Would you say never, sometimes, usually or always?
CODE ONE ONLY

- Never 01
- Sometimes 02
- Usually 03
- Always 04
- DK D
- REF R

Box 2.28. Programmer, If P = 1, 3, 5, go to Q3.1
If P = 6 – 11, continue with Q2.28

COVERAGE POST DISENROLLMENT

2001 CHIP 3.60 modified

If P = 6 – 11

2.28 **P = 6, 7, 8, 9.** Now, I would like to ask you questions about the time since [CHILD]'s last [CHIP/ Medicaid] coverage ended in [F4 DATE]. Since [F4 DATE], was (CHILD) without health insurance, or did he/she have health insurance coverage, such as [Medicaid or private insurance/ CHIP or private insurance?]

P = 10, 11. Now, I would like to ask you some questions about the time between [F6 DATE] when [CHILD]'s previous coverage ended and [F5 DATE] when the current coverage started. Just after [his/her] previous [CHIP/ Medicaid] coverage ended was [CHILD] without health insurance coverage or did [he/she] have health insurance such as [Medicaid or private insurance/ CHIP or private insurance?] since [CHILD]'s last [CHIP/ Medicaid] coverage ended, that is since (F4 DATE).

- WITHOUT HEALTH INSURANCE 01
- HAD HEALTH INSURANCE 02 GO TO Q2.31.1
- DK D GO TO Q2.31
- REF R GO TO Q2.31

2001 CHIP 3.63

If 2.28=01 and P = 6 - 11

2.29 How many months was [CHILD] without any health insurance coverage just after [his/her]...

P = 6, 7, 8, 9 ... last [CHIP/Medicaid] coverage ended on [F4 date]?

P = 10, 11 ...previous [CHIP/Medicaid] coverage ended on [F6 date]?

INSTRUCTION: IF LESS THAN ONE MONTH, CODE 00 MONTHS

__ MONTHS

WHOLE PERIOD999 GO TO Q3.1

DK D GO TO Q2.31

REF..... R GO TO Q2.31

Box 2.30. Programmer, add number of months disenrolled at Q2.29 to F4 date. If this = interview month, go to Q3.1, else continue.

2001 CHIP 3.64

If Q2.28=01 and P = 6, 7, 8, 9

Or if P = 10 or 11 and Q2.28=01

2.30 P = 6, 7, 8, 9. Since [CHILD]'s last [CHIP/Medicaid] coverage ended on [F4 DATE], has [he/she] been covered by any health insurance?

P = 10, 11. Since [CHILD]'s previous [CHIP/Medicaid] coverage ended in [F6 DATE] and before [CHILD] was enrolled again in [F5 DATE], was [he/she] covered by any health insurance?

YES.....01

NO00

DK D GO TO Q3.1

REF..... R GO TO Q3.1

2001 CHIP 3.64.1

IF Q2.30= 01 and P= 6 - 11

2.31 P = 6, 7, 8, 9 How many months was [CHILD] covered by health insurance just after [his/her] last [CHIP/Medicaid] coverage ended on [F4 DATE]?

P = 10, 11 How many months was [CHILD] covered by health insurance between [F6 DATE] and [F5 DATE]?

INSTRUCTION: IF LESS THAN ONE MONTH, CODE 00 MONTHS

__ MONTHS

WHOLE PERIOD999

DK D

REF..... R

2001 CHIP 3.65.A

If Q2.31 = 00 - 999 (answered) and P= 6 – 11

2.31.1 During this time, was [CHILD] covered by insurance from a current or past employer or union?

- YES01
- NO00
- DK D
- REF R

2001 CHIP 3.65.B modified

If Q2.31 = 00- 999 (answered) and P= 6 – 11

2.31.2 During this time, was [CHILD] covered by a private insurance plan purchased directly from an insurance company? Do not include plans that only provide extra cash while in the hospital or plans for only one type of service, such as dental care, vision care, nursing home care or accidents.

- YES01
- NO00
- DK D
- REF R

Box 2.31.3. Programmer, if S1 = 1 (CHIP), go to Q2.31.4.

2001 CHIP 3.65.G

If Q2.31=00-999 (answered)and S1 = 02 and P= 6 – 11

2.31.3 Was [CHILD] covered by [CHIP]?

- YES01
- NO00
- DK D
- REF R

Box 2.31.4. Programmer, If S1 = 2 (MEDICAID) , go to Q2.31.5

2001 CHIP 3.65.D

If Q2.31= 00 - 999 and S1 ne 02 and P= 6 – 11

2.31.4 Was [CHILD] covered by Medicaid or a Medicaid HMO, the government assistance program for people in need?

- YES01
- NO00
- DK D
- REF R

2001 CHIP 3.65.H

If Q2.31 =00 – 999 and P= 6 – 11

2.31.5 Was [CHILD] covered by some other type of coverage I have not yet mentioned?

- YES01
- NO00
- DK D
- REF R

2001 CHIP 3.66.1-3.66.7

If Q2.31.1 – Q2.31.5 has more than one answer = 01 (YES) and P= 6 – 11

2.32 Of the health insurance plan(s) you just mentioned, which plan or plans did [CHILD] have....

P = 6, 7, 8, 9just after the last period of [CHIP/Medicaid] coverage ended in (F4 DATE)?

P = 10, 11... just after [CHILD] became uninsured?

PROGRAMMER: DISPLAY ONLY YES RESPONSES TO 2.31.1 – 2.31.5 HERE AND ALLOW CODE ALL THAT APPLY.

Box 2.33. Programmer, if Q2.31.1= 01 (insurance through employer), continue to Q2.33.
If all responses in Q2.31.1 – Q2.31.5 = 00, d, r, go to Q3.1.

2001 CHIP 3.66.2

If Q2.31.1 , Q2.31.2 or Q2.31.5 =01 and P= 6 – 11

2.33 **If insurance only through employer (Q2.31-1 = 01).** Did the employer pay all, some, or none of the premium for this health insurance?

If insurance through employer and other sources (Q2.31.01 = 01 and any other Q2.31.2 – Q2.31.52 = 01)
For the health insurance from an employer, did the employer pay all, some, or none of the premium for this health insurance?

- ALL01
- SOME02
- NONE03
- DK D
- REF..... R

2001 CHIP 3.66.3

If Q2.33 = 01 or 02 and P= 6 – 11

2.34 Is [CHILD] covered by this insurance coverage right now?

- YES01
- NO00
- DK D
- REF..... R

GO TO 3.1.

SECTION 3: CHILD'S HEALTH

Section 3 Overview

Section 3 questions will be asked about the sample child's current or on-going health; thus, there will be no need to vary question timeframe wording depending on the sample domain and current enrollment status. All questions in the final questionnaire will be worded exactly as they appear in this OMB document.

Table 3.1. Pathing in Section 3

Pathing Status	General Health Status (Q3.1 – 3.4)	Height/ Weight (Q3.5 – 3.6)	CSHCN Screener (Q3.7 – 3.24)	Acute/ Chronic Conditions (Q3.25 – 3.37)
New Enrollees				
P = 1	x	x	x	x
P = 2	Q3.1, Q3.3			
P = 3	x	x	x	x
P = 4	Q3.1, Q3.3			
Established Enrollees				
P = 5	x	x	x	x
P = 6	x	x	x	x
Recent Disenrollees				
P = 7	x	x	x	x
P = 8	x	x	x	x
P = 9	Q3.1, Q3.3			
P = 10	x	x	x	x
P = 11	x	x	x	x
P = 12	Q3.1, Q3.3	x		

The next questions are about your child's health at this time.

GENERAL HEALTH STATUS

2001 CHIP 4.1 modified; NSCH K2Q01 modified

If P = 1 – 12

3.1 In general, how would you describe [CHILD]'s health. Would you say [his/her] health is...

CODE ONE ONLY

- Excellent01
- Very Good02
- Good03
- Fair04
- Poor05
- DK D
- REF R

Box 3.2. Programmer: note 1: if S4 = 12 months or fewer, go to Q3.3.
Note 2: If P = 2,4,9, or 12, go to Q3.3.

2001 CHIP 4.2

If P = 1, 3, 5, 6, 7, 8, 10, 11 and S4>12 months

3.2 Compared to 12 months ago, would you say [CHILD]'s health is now...

CODE ONE ONLY

- Better01
- Worse02
- About the same03
- DK D
- REF R

MEPS PE PE00B response categories

If P = 1 – 12

3.3 In general, how would you describe [CHILD]'s mental health? Would you say [his/her] mental health is...

CODE ONE ONLY

- Excellent01
- Very Good02
- Good03
- Fair04
- Poor05
- DK D
- REF R

Box 3.4. Programmer, if P = 2, 4, 9, or 12, go to Q6.1

NSCH K2Q02

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.4 How would you describe the condition of [CHILD]'s teeth?

CODE ONE ONLY

- Excellent01
- Very Good02
- Good03
- Fair04
- Poor05
- DKD
- REFR

Box 3.5 Programmer, If P = 2, 4, 9 or 12, skip to Q6.1.

HEIGHT/ WEIGHT

NSCH K2Q03

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.5 How tall is [CHILD] now?

PROBE: Your best estimate is fine. You may answer in feet and inches or meters and centimeters.

Feet: |__| and |__ __| Inches

OR

|__ __| Centimeters

INSTRUCTION: If parent answers in inches or centimeters for a child less than 12 months, record 0 feet or 0 meters.

NSCH K2Q03

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.6 How much does [CHILD] weigh now?

PROBE: Your best estimate is fine. You may answer in pounds or kilograms.

Pounds: |__|__|__| AND |__|__|Ounces

OR

Kilograms: |__|__|__|

PRESENCE OF A SPECIAL HEALTH CARE NEED (BASED ON CSHCN SCREENER)

NSCH K2Q10 modified

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.7 Does [CHILD] currently need or use medicine prescribed by a doctor, other than vitamins?

PROBE: This does not include routine immunizations or over-the-counter medication such as cold or headache medicines

- YES01
- NO00 GO TO Q3.11
- DKD GO TO Q3.11
- REFR GO TO Q3.11

NSCH K2Q11

If Q3.7=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.8 Is [his/her] need for prescription medicine because of any medical, behavioral or other health condition?

- YES01
- NO00 GO TO Q3.10
- DK D GO TO Q3.10
- REF..... R GO TO Q3.10

NSCH K2Q12 modified

If Q3.8=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.9 Is this a condition that has lasted or is expected to last 12 months or longer?

- YES01 GO TO Q3.11
- NO00 GO TO Q3.11
- DK D GO TO Q3.11
- REF R GO TO Q3.11

NSCH K2Q12A

If Q3.8 = 00, D, R and P = 1, 3, 5, 6, 7, 8, 10, 11

3.10 Has [CHILD]'s need for prescription medication lasted or is it expected to last 12 months or longer?

- YES01
- NO00
- DK D
- REF..... R

NSCH K2Q13

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.11 Does [CHILD] need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- YES01
- NO00 GO TO Q3.15
- DK D GO TO Q3.15
- REF..... R GO TO Q3.15

NSCH K2Q14

If Q3.11=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.12 Is [his/her] need for medical care, mental health or educational services because of any medical, behavioral or other health condition?

- YES01
- NO00 GO TO Q 3.14
- DK D GO TO Q 3.14
- REF..... R GO TO Q 3.14

NSCH K2Q15

If Q3.12=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.13 Is this a condition that has lasted or is expected to last 12 months or longer?

- YES01 GO TO Q3.15
- NO00 GO TO Q3.15
- DK D GO TO Q3.15
- REF R GO TO Q3.15

NSCH K2Q15A

If Q3.12=00, D, R and P = 1, 3, 5, 6, 7, 8, 10, 11

3.14 Has [CHILD]'s need for medical care, mental health, or educational services lasted or is it expected to last 12 months or longer?

- YES01
- NO00
- DK D
- REF..... R

NSCH K2Q16

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.15 Is [CHILD] limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?

- YES01
- NO00 GO TO Q3.19
- DK D GO TO Q3.19
- REF R GO TO Q3.19

NSCH K2Q17

If Q3.15=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.16 Is [his/her] limitation in abilities because of any medical, behavioral, or other health condition?

- YES01
- NO00 GO TO Q3.18
- DK D GO TO Q3.18
- REF R GO TO Q3.18

NSCH K2Q18

If Q3.16=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.17 Is this a condition that has lasted or is expected to last 12 months or longer?

- YES01 GO TO Q3.19
- NO00 GO TO Q3.19
- DK D GO TO Q3.19
- REF R GO TO Q3.19

NSCH K2Q18A

If Q3.16=00, D, R and P = 1, 3, 5, 6, 7, 8, 10, 11

3.18 Has [CHILD]'s limitation in abilities lasted or is it expected to last 12 months or longer?

- YES01
- NO00
- DKD
- REF.....R

NSCH K2Q19

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.19 Does [CHILD] need or get special therapy, such as physical, occupational, or speech therapy?

PROBE: This does not include psychological therapy.

- YES01
- NO00 GO TO Q3.23
- DKD GO TO Q3.23
- REFR GO TO Q3.23

NSCH K2Q20

If Q3.19=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.20 Is [CHILD]'s need for special therapy because of any medical, behavioral, or other health condition?

- YES01
- NO00 GO TO Q3.22
- DKD GO TO Q3.22
- REFR GO TO Q3.22

NSCH K2Q21

If Q3.20=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.21 Is this a condition that has lasted or is expected to last 12 months or longer?

- YES01 GO TO Q3.23
- NO00 GO TO Q3.23
- DKD GO TO Q3.23
- REFR GO TO Q3.23

NSCH K2Q21A

If Q3.20=00, D, R and P = 1, 3, 5, 6, 7, 8, 10, 11

3.22 Has [CHILD]'s need for special therapy lasted or is it expected to last 12 months or longer?

- YES01
- NO00
- DKD
- REF.....R

NSCH K2Q22

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.23 Does [CHILD] have any kind of emotional, developmental, or behavioral problem for which [he/she] needs treatment or counseling?

- YES01
- NO00 GO TO Q3.25
- DK D GO TO Q3.25
- REF..... R GO TO Q3.25

NSCH K2Q23

If Q3.23=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.24 Has [his/her] emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

- YES01
- NO00
- DK D
- REF..... R

ACUTE/CHRONIC CONDITIONS (P = 1, 3, 5, 6, 7, 8, 10, 11)

2001 CHIP 4.13

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.25 The next questions ask about common acute and chronic conditions [CHILD] might have. Has a doctor or other health provider ever told you that [he/she] had a mental health condition or behavioral problem?

PROBE IF ASKED: Please include only conditions diagnosed by a doctor or other health provider.

- YES01
- NO00 GO TO Q3.31
- DK D GO TO Q3.27
- REF..... R GO TO Q3.27

2001 CHIP 4.14 (not in public access file)

If Q3.25=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

3.26 How old was [CHILD] when a doctor or other health care provider first said [he/she] had a mental health condition or a behavioral problem?

___ AGE IN YEARS (LESS THAN 1, CODE 00)

- DK D
- REF R

NSCH K2Q31A modified

If S4 = 24 months or older and P = 1, 3, 5, 6, 7, 8, 10, 11

3.27 Has a doctor or other health care provider ever told you that [CHILD] had Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD)?

- YES01
- NO00 GO TO Q3.29
- DK D GO TO Q3.29
- REF..... R GO TO Q3.29

NSCH K2Q32B

If Q3.27=01 and S4 = 24 months or older and P = 1, 3, 5, 6, 7, 8, 10, 11

3.28 Does [CHILD] currently have ADD or ADHD?

- YES01
- NO00
- DK D
- REF..... R

NSCH K2Q34A modified

If Q1.1=01-03 or 00 and S4 = 24 months or older and P = 1, 3, 5, 6, 7, 8, 10, 11

3.29 Has a doctor or other health care provider ever told you that [CHILD] had behavioral or conduct problems, such as an oppositional defiant disorder or conduct disorder?

- YES01
- NO00 GO TO Q3.31
- DK D GO TO Q3.31
- REF..... R GO TO Q3.31

NSCH K2Q35B

If Q3.29=01 and S4 = 24 months or older and P = 1, 3, 5, 6, 7, 8, 10, 11

3.30 Does [CHILD] currently have behavioral or conduct problems?

- YES01
- NO00
- DK D
- REF..... R

NSCH K2Q40A modified

If P = 1, 3, 5, 6, 7, 8, 10, 11

3.31 Has a doctor or other health care provider ever told you that [CHILD] had asthma?

- YES01
- NO00 GO TO Q3.36
- DK D GO TO Q3.36
- REF..... R GO TO Q3.36

2001 CHIP 4.10

If Q3.31=01 (provider ever told you child had asthma) and P = 1, 3, 5, 6, 7, 8, 10, 11

3.32 How old was [CHILD] when [he/she] had [his/her] first episode of asthma or first asthma attack?

___ AGE IN YEARS (IF LESS THAN 1, CODE 0)

DK D
REF..... R

NSCH K2Q41B

If Q3.31=01 (provider ever told you child had asthma) and P = 1, 3, 5, 6, 7, 8, 10, 11

3.33 Does [CHILD] currently have asthma?

YES01
NO00 GO TO Q3.36
DK D GO TO Q3.36
REF..... R GO TO Q3.36

NSCH K2Q40C

If Q3.31 = 01 (provider ever told you child had asthma) and P = 1, 3, 5, 6, 7, 8, 10, 11

3.34 During the past 12 months, would you describe [his/her] asthma as mild, moderate, or severe?

MILD01
MODERATE02
SEVERE03
DK D
REF R

2009 NHIS Child CHS.090_00.000

If Q3.31 = 01 (provider ever told you child had asthma) and P = 1, 3, 5, 6, 7, 8, 10, 11

3.35 During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?

YES01
NO00
DK D
REF..... R

Box 3.36. Programmer, if S4 = 59 months or less, go to Q4.1.

NHIS 2009, CHS.220_00.000 modified

If S4=60 months or older and P = 1, 3, 5, 6, 7, 8, 10, 11

3.36 During the past 12 months, that is, since [DATE ONE YEAR PRIOR TO INTERVIEW DATE], about how many days did [CHILD] miss school because of illness or injury? Please include doctor's appointments related to that illness or injury. Was it...

PROBE: Do not include visits to the doctor for checkups or routine shots.

CODE ONE ONLY

- No days.....00
- 1-2 days01
- 3-4 days02
- 5-10 days03
- More than 10 days04
- Not currently enrolled in school.....05
- DK D
- REF..... R

NHIS 2009, CHS.220_00.000, modified

If Q3.31 = 01 and Q3.36=01-04 and S4=60 months or older and P = 1, 3, 5, 6, 7, 8, 10, 11

3.37 During the past 12 months, that is, since [DATE ONE YEAR PRIOR TO INTERVIEW DATE] about how many days did [CHILD] miss school because of asthma? Was it ...

CODE ONE ONLY

- None00
- 1-2 days01
- 3-4 days02
- 5-10 days03
- More than 10 days04
- DK D
- REF..... R

GO TO Q4.1

SECTION 4: ACCESS TO AND SATISFACTION WITH USUAL PLACE OF CARE AND HEALTH SERVICE UTILIZATION

Section 4 Overview

Question language in Section 4 is shown as “generic” in this document. The specific timeframe language to be programmed into the final questionnaire will depend on the pathing definitions laid out below.

Table 4.1 Timeframe Pathing in Section 4

Pathing Definitions	Usual Source of Care (Q4.1 – Q4.11)	Service Use (Q4.12 – Q4.34)	Unmet Need (Q4.35 – Q4.35a)	Content of Care (Q4.36 – Q4.39)	Adequacy of Care (Q4.40 – Q4.50)	Willing to Pay (Q4.51 – Q4.52)
New Enrollees						
P = 1	x	x	x	x	x	x
P = 2						
P = 3	x	x	x	x	x	x
P = 4						
Established Enrollees						
P = 5	x	x	x	x	x	x
P = 6	x	x	x	x	x	x
Recent Disenrollees						
P = 7	Q4.1 – Q4.3, Q4.8 – Q4.11	Q4.15 – Q4.16	x		Q4.40 – 4.45, Q4.47, Q4.48	
P = 8a*	x	x	x	x	x	x
P = 8b*	Q4.1 – Q4.3, Q4.8 – Q4.11	Q4.15 – Q4.16	x		Q4.40 – Q4.45 Q4.47, Q4.48	
P = 9						
P = 10						
P = 11	x	x	x	x	x	x
P = 12						

P = 8a* All recent disenrollees, currently disenrolled but having 12+ months of CHIP/Medicaid experience will be asked Section 4 questions in two time frames: once for the time frame prior to disenrollment and then a second small subset of questions for the time frame after their disenrollment.

1) Where the difference between actual and reported enrollment or disenrollment dates varies by more than 9 months, we assume respondents will have poor recall and they will be skipped out of Section 4 entirely (P = 2, 4, 9, 10, and 12) to Q6.1.

2) Where the difference between actual and reported enrollment and disenrollment dates varies by less than 9 months, we assume respondents will have good recall and they will be asked appropriate questions in all subsections of Section 4.

P = 1 will be asked about the 12 months prior to current enrollment

P = 3 will be asked about the 12 months prior to last enrollment

P = 8a will be asked about the 12 months prior to disenrollment

P = 8b (same respondents as P = 8a) will be asked a subset of questions about the time since disenrollment

P = 11 will be asked about the 12 months prior to disenrollment

3) Where the difference between actual and reported enrollment and disenrollment dates varies by less than 9 months and the respondent was previously enrolled less than one year, we assume that, while the recall may be good, the CHIP/Medicaid experience will be minimal. Therefore, we ask these respondents only a subset of questions in Section 4.

P = 7 will be asked a subset of questions since disenrollment

4) By definition, established enrollees have 12+ months of enrollment experience. They will be asked all appropriate questions in all subsections of Section 4.

P = 5 will be asked about the past 12 months

P = 6 will be asked about the past 12 months

USUAL SOURCE OF CARE

Box 4.1. Programmer: If P = 2, 4, 9, 10, 12 GO TO Q6.1

NSCH K4Q01 modified

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4. 1 The next questions are about [CHILD]’s usual place of care. Is there a place where [he/she] usually goes when [he/she] is sick or you need advice about [his/her] health?

PROBE: This is the usual place of medical care, not child care.

PROBE IF RESPONDENT SAYS “YES”: Was that one place or more than one place?

CODE ONE ONLY

YES, ONE PLACE ONLY 01
YES, MORE THAN ONE PLACE 02
NO 00 GO TO Q4.6
DK D GO TO Q4.6
REF R GO TO Q4.6

NSCH K4Q02 modified

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.2 I’m going to read a list of places [CHILD] might go for health care.

If Q4.1 = 01. What kind of place is it?

If Q4.1 = 02. What kind of place does [he/she] go to most often?

PROBE: I can only record one place.

CODE ONE ONLY

Private doctor’s office or group practice 01 GO TO Q4.4
An HMO-run office or facility 02 GO TO Q4.4
A public clinic or community health center 03 GO TO Q4.4
A hospital emergency room 04 GO TO Q4.6
A hospital outpatient department 05 GO TO Q4.4
Another type of clinic or health center 06
DK D GO TO Q4.4

NSCH K4Q03 modified

If Q4.2 = 06 and P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.3 What kind of place does [CHILD] go to most often?

_____ (RECORD VERBATIM RESPONSE)

DK D
REF R

Box 4.4. Programmer if P = 7 or 8b, GO TO Q4.8, ELSE CONTINUE.

MEPS, 2009, AC24

If Q 4.1 = 01 or 02 and Q4.2 not equal to 04 and P = 1, 3, 5, 6, 8a, 11

4.4 Does [CHILD]'s usual place of care have office hours at night or on the weekends?

- YES 01
- NO 00
- DK D
- REF R

CAHPS Health Plan Survey 1158a_engchild survey_40.doc, Q2020, modified

If Q4.1 = 01 or 02 and P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.5 During the past 12 months, how often has it been easy to get appointments for [CHILD] at this place?
Would you say it was...

CODE ONE ONLY

- Never easy 01
- Somewhat easy 02
- Usually easy 03
- Always easy 04
- DID NOT TRY TO GET APPOINTMENT 05
- DK D
- REF R

2001 CHIP 5.23.2

Q4.1= 01 or Q4.2 is not equal to 04 and P = 1, 3, 5, 6, 8a, 11

4.6 If [CHILD]'s usual place of care were closed and [he/she] got sick would you be able to reach and talk to a doctor or other health care provider from the usual place of care about [his/her] condition?

- YES 01
- NO 00
- DK D
- REF R

2001 CHIP 5.27B modified

If P = 1, 3, 5, 6, 8a, 11

4.7 Think about the [place if 4.1=01/places if 4.1=02] [CHILD] usually goes for medical care.

When you take [him/her] for a health care visit, when [he/she] arrived on time for an appointment, about how long would [he/she] usually have to wait before getting medical care?

CODE ONE ONLY

- __ MINUTES
- PLACE DID NOT TAKE APPOINTMENTS.....1 GO TO Q4.9
- DK D
- REF R

2001 CHIP 5.27.1 modified

If Q4.7 = d, r and P = 1, 3, 5, 6, 8a, 11

4.8 Would [he/she] have to wait...

CODE ONE ONLY

- Less than 15 minutes.....01
- 15 minutes but less than 30 minutes02
- 30 minutes but less than 45 minutes03
- 45 minutes but less than one hour04
- One hour but less than two hours.....05
- Two hours or more.....06
- DK D
- REF..... R

NSCH K4Q04

P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.9 A personal doctor or nurse is a health care provider who knows your child well and is familiar with your child’s health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician’s assistant.

Do you have one or more persons you think of as [CHILD]’s personal doctor or nurse?

PROBE: IF RESPONDENT ANSWERS “YES”, ASK: Is that one person or more than one person?

CODE ONE ONLY

- YES, ONE PERSON 01
- YES, MORE THAN ONE PERSON..... 02
- NO 00
- DK D
- REF R

NSCH K4Q01 modified for dental

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.10 The next questions are about [CHILD]’s usual place of dental care.

Is there a place that [CHILD] usually goes for a dental check-up or when [he/she] needs care for [his/her] teeth?

- YES01
- NO00 GO TO Q4.13
- DK D GO TO Q 4.13
- REF..... R GO TO Q4.13

MEPS 2009, AC24 modified

If Q4.10 = 01 and P = 1, 3,5, 6, 7, 8a, 8b, 11

4.11 Does [CHILD]’s usual dental provider have office hours at night or on weekends?

- YES01
- NO00
- DK D
- REF..... R

If Q4.10 = 01 and P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.12 During the past 12 months, how often has it been easy to get appointments for [him/her] with that dentist? Would you say it was...

CODE ONE ONLY

- Never easy 01
- Somewhat easy 02
- Usually easy 03
- Always easy 04
- DID NOT TRY TO GET APPOINTMENT 05
- DK D
- REF R

Box 4.13. Programmer, if P = 7 or 8b, GO TO Q4.15

USE OF SERVICES

2001 CHIP 6.2

If Q4.12 = 04 or 05 and P = 1, 3, 5, 6, 8a, 11

4.13 The next questions are about different kinds of places [CHILD] may have received medical care.

During the past 12 months, how many different times did [he/she] stay in the hospital?

___ TIMES

- NEVER.....00 GO TO Q 4.15
- DK D GO TO Q4.15
- REF..... R GO TO Q4.15

2001 CHIP 6.2.1

If 4.13 = 1 or more times and P = 1, 3, 5, 6, 8a, 11

4.14 During the [if Q4.13 = 1: time /if Q4.13 = >1: times] [CHILD] stayed in the hospital, how many nights was [he/she] in the hospital altogether?

___ NIGHTS

- DK D
- REF..... R

NHIS 2009 CAU_280_00.000

P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.15 In the past 12 months, how many times did [he/she] go to a hospital emergency room about [his/her] health? This includes emergency room visits that resulted in a hospital admission.

___ TIMES GO TO Q4.17

- NEVER.....00 GO TO Q4.18
- DK D
- REF..... R GO TO Q4.18

2001 CHIP 6.7

If Q4.15=d and P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.16 Would you say...

- 1 time01
- 2 or 3 times.....02
- 4 to 9 times.....03
- 10 to 12 times.....04
- 13 or more times05
- DK D
- REF R GO TO Q4.18

Box 4.17. Programmer: If P = 7 or 8b, GO TO Q4.35

New

If Q3.31=01 (ever told child had asthma) and Q4.15 = 1 or more times or Q4.16 = 01 - 05 or d and P = 1, 3, 5, 6, 8a, 11

4.17 **If Q4.15 = 01 or Q4.16 = 01 (one visit only)** Was the emergency room visit for asthma?
If Q4.15 =>2 or Q4.16 => 02 (more than one visit) How many of the emergency room visits were for asthma?

INSTRUCTION: IF ZERO VISITS, RECORD 'O'

___ NUMBER OF VISITS FOR ASTHMA

- DK D
- REF R

NHIS 2009 CAU.320_00.000 modified

If Q4.16 = r and If P = 1, 3, 5, 6, 8a, 11

4.18 During the past 12 months, how many times did [CHILD] see a health care provider about [his/her] health at a doctor's office, a clinic, or some other place?

Do not include times [he/she] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits or telephone calls.

- ___ TIMES GO TO Q4.20
- NEVER.....00 GO TO Q4.20
- ONE TIME ONLY.....01 GO TO Q4.20
- DK D
- REF R GO TO Q4.20

2001 CHIP 6.9.1

If Q4.18 = d and P = 1, 3, 5, 6, 8a, 11

4.19 Would you say [he/she] saw a health care provider...

CODE ONE ONLY

- 1 time only,.....01
- 2 or 3 times,02
- 4 to 9 times,03
- 10 to 12 times, or04
- 13 or more times?05
- DK D
- REF..... R

NSCH 2007 K4Q22 modified

If S = 24 months or older and P = 1, 3, 5, 6, 8a, 11

4.20 Mental health providers include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.

During the past 12 months, has [CHILD] received any treatment or counseling from a mental health service provider?

- YES.....01
- NO00 GO TO Q4.22
- DK D GO TO Q4.22
- REF..... R GO TO Q4.22

NSCH 2007 K4Q22 modified for N of visits

If S4 = 24 months or older and Q4.20 = 01 (any mental health visits) and P = 1, 3, 5, 6, 8a, 11

4.21 During the past 12 months, how many times did [he/she] receive treatment or counseling from a mental health provider?

- ___ TIMES
- DK..... d
- REF..... r

NEW

If S4 = 24 months or older and Q4.21 is answered. and P = 1, 3, 5, 6, 8a, 11

4.21.1 How many of these visits were with a mental health professional in [his/her] school?

- ___ TIMES
- DK..... d
- REF..... r

NSCH 2007 K4Q24

If P = 1, 3, 5, 6, 8a, 11

4.22 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. During the past 12 months did [he/she] see a specialist [other than a mental health specialist]?

- YES01
- NO00 GO TO Q4.24
- DKDGO TO Q4.24
- REFR GO TO Q4.24

NSCH 2007 K4Q24 modified for N visits

If Q4.22 = 01 and P = 1, 3, 5, 6, 8a, 11

4.23 During the past 12 months, how many times did [CHILD] see a specialist [other than a mental health specialist]?

- ___ TIMES
- DK..... d
- REF..... r

NHIS 2009 CAU.270_00.000 modified

If P = 1, 3, 5, 6, 8a, 11

4.24 During the past 12 months did [CHILD] receive a well-child check-up, that is, a general check-up, when [he/she] was not sick or injured?

- YES01
- NO00 GO TO Q4.26
- DKD GO TO Q4.26
- REFR GO TO Q4.26

NHIS 2009 CAU.270_00.000 modified

If Q4.24 = 01 and S4 = 35 months or less and P = 1, 3, 5, 6, 8a, 11

4.25 And, how many times during the past 12 months did [he/she] receive a well-child check-up, that is, a general check-up, when [he/she] was not sick or injured?

- ___ TIMES
- DK..... DK
- REF..... R

NHIS 2010 CFI.010_00.000 modified

If P = 1, 3, 5, 6, 8a, 11

4.26 During the past 12 months, has [CHILD] had a flu vaccination (shot or nasal spray)? A flu vaccination is usually given in the fall and protects against influenza for the flu season.

- YES..... 01
- NO..... 00
- DK..... D
- REF..... R

LA Healthy Kids QD14 modified probe and NSCH K2Q10 modified

If P = 1, 3, 5, 6, 8a, 11

4.27 Other than vitamins, during the past 12 months, has [CHILD] used medicine prescribed by a doctor?

PROBE: Please do not include over-the-counter medications, such as cold or headache medication, or other vitamins, minerals or supplements purchased without a prescription.

- YES01
- NO00 GO TO Q4.30
- DK D GO TO Q4.30
- REF R GO TO Q4.30

NEW

If Q4.27= 01 and Q3.31 = 01 (provider ever told you child had asthma) and P = 1, 3, 5, 6, 8a, 11

4.28 In the past 12 months, has [CHILD] taken any medication for asthma?

- YES01
- NO00
- DK D
- REF R

K2Q31D modified

If Q3.35, Q3.27 or Q3.29 = 01 and P = 1, 3, 5, 6, 8a, 11

4.29 During the past 12 months, has [CHILD] taken medication for ADD or ADHD or because of difficulties with [his/her] emotions, concentration, or behavior?

PROBE: ADD IS ATTENTION DEFICIT DISORDER; ADHD IS ATTENTION DEFICIT HYPERACTIVITY DISORDER.

- YES01
- NO00
- DK D
- REF R

2001 CHIP 6.20 and NSCH 2007 K4Q21 modified

If P = 1, 3, 5, 6, 8a, 11

4.30 During the past 12 months, did [CHILD] go to a dentist or dental hygienist for preventive dental care, such a check-up or dental cleaning?

- YES01
- NO00 GO TO Q4.32
- DK D GO TO Q4.32
- REF R GO TO Q4.32

NEW

If Q4.30 = 01 and P = 1, 3, 5, 6, 8a, 9

4.30.1 Did the dentist recommend additional or follow up treatment other than a future check up?

- YES01
- NO00 GO TO Q4.32
- DK D GO TO Q4.32
- REF R GO TO Q4.32

NSCH 20007 K4Q21

If P = 1, 3, 5, 6, 8a, 11

4.31 During the past 12 months, did [CHILD] go to a dentist for a dental procedure, such as having a cavity treated or a tooth pulled?

- YES01
- NO00
- DK D
- REF..... R

Maine Child Health Survey modified, Q35

If S4 = 72 months or more and P = 1, 3, 5, 6, 8a, 11

4.32 Has [CHILD] ever had dental sealants placed on [his/her] back teeth?

PROBE: Sealants are a clear or white material placed on the chewing surface of teeth to prevent cavities.

- YES01
- NO00 GO TO Q4.33
- DK D GO TO Q4.33
- REF R GO TO Q4.33

New

If Q4.32=01 and P = 1, 3, 5, 6, 8a, 11

4.32.1 Were the sealants placed on [his/her] teeth at...

CODE ONE ONLY

- ...[his/her] dentist’s office?01
- ...through a school program?02
- DK D
- REF..... R

2011 NSCH “new 18”

If P = 1, 3, 5, 6, 8a, 11

4.33 **If child is less than 60 months:** Has [CHILD] ever had [his/her] vision tested with pictures, shapes or letters?

If child is 60 months or more: During the past two years, that is, since [DATE], has [CHILD] had [his/her] vision tested with pictures, shapes or letters?

PROBE: IF RESPONDENT REPORTS CHILD IS BLIND, RECORD 02.

- YES01
- NO00 GO TO Q4.35
- CHILD IS BLIND.....02 GO TO Q4.35
- DK D GO TO Q4.35
- REF..... R GO TO Q4.35

Box 4.34. Programmer: For Q4.34 if S4 = 24 months or more, display 01 and 02. If S4= 36 months or more, also display 03.

New

Q4.33 = 01 and P = 1, 3, 5, 6, 8a, 11

4.34 Was [his/her] vision last tested...

- In the past 12 months?.....01
- In the past 13-24 months?02
- Longer ago than 24 months?.....03
- DK D
- Ref R

UNMET NEEDS

2001 CHIP 6.23, 31, 36; NSHCN 2005-2006 modified C4Q05_X06

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.35 Now I am going to ask you some questions about experiences [CHILD] may have had getting health care. During the past 12 months, was there a time [he/she] did not get or postponed...

PROBE: REREAD STEM IF NEEDED. [IF R SAYS CHILD HAD TO WAIT A LONG TIME IN THE WAITING ROOM, THIS IS NOT A POSTPONEMENT. POSTPONE MEANS "PUT OFF DOING SOMETHING TILL A LATER TIME."

CODE ONE FOR EACH ROW

	YES (01)	NO (00)	DK (D)	REF (R)
01. ...getting <u>hospital care</u> when you thought [he/she] needed it?				
02. ...getting care <u>from a specialist</u> when you thought [he/she] needed it?				
03. ...getting care from a <u>regular doctor or other health care provider for an illness, accident or injury</u> when you thought [he/she] needed it?				
04. ...getting a medical test, treatment or follow-up recommended by a doctor?				
05. ...(If S4 = 12 month or more) getting <u>dental care</u> when you thought [he/she] needed it?				
06. ...getting <u>physical, occupational, speech therapy</u> when you thought [he/she] needed it?				
07. ...getting <u>eyeglasses or vision care</u> when you thought [he/she] needed it?				
08. ...getting <u>mental health services</u> when you thought [he/she] needed it?				
09. ...getting a <u>prescription drug</u> when you thought [he/she] needed it?				

Box 4.35a. Programmer: If ANY Q4.35.01-08 = 01 GO TO Box 4.36. If Q4.35.09 = 1, GO TO Q4.35a

2001 CHIP 6.58

If 4.34.09 = 01 and Q3.7=01 (used or needed rx in past 12 months) and P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.35a During the past 12 months was there a time [CHILD] took less than the recommended dosage of a prescription drug or took the drug less frequently so that it would last longer?

- YES01
- NO00
- DK D
- REF R

Box 4.36. Programmer, If P = 7 or 8b, GO TO Q4.40

CONTENT OF CARE: DEVELOPMENTAL SCREENING FOR CHILDREN

Box 4.36. Programmer:
 If child age (S4) = 72 months or more, go to Q4.38.
 If child age (S4) = 10 months to 71 months, continue with Q4.36.

NSCH K6Q12 modified

If S4 = 10 months or more and S4 <72 months and P = 1, 3, 5, 6, 8a, 11

4.36 Sometimes a child’s doctor or other health care provider will ask a parent to fill out a questionnaire at home or during their child’s visit. During the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about [CHILD’s] development, communication, or social behaviors?

INSTRUCTIONS: IF ANOTHER PERSON READ THE QUESTIONNAIRE TO THE PARENT AND FILLED IN THE ANSWERS ON A QUESTIONNAIRE FOR THE PARENT, THEN CODE 01 FOR YES. BUT IF A DOCTOR OR NURSE JUST ASKED ABOUT CONCERNS AND DID NOT FILL OUT A QUESTIONNAIRE, THEN CODE 00 FOR NO.

- YES01
- NO00 GO TO Q4.38
- DK D GO TO Q4.38
- REF R GO TO Q4.38

Box 4.37. Programmer. In Q4.37, If S4 = 10 months or older but less than 24 months DISPLAY Q4.37.01- 02.
 If S4 = 24 months or older but less than 72 months, DISPLAY Q4.37.03 – 04.

NCHS K6Q13A-D modified

If S4 = 10 months or older but less than 72 months and P = 1, 3, 6a, 9 and S2 = 2

4.37 Did this questionnaire ask about your concerns or observations about the following...

CODE ONE ONLY PER ROW

	YES (01)	NO (00)	DK (D)	REF (R)
01. ...how [CHILD] talks or makes speech sounds?				
02. ...how [CHILD] interacts with you and others?				
03. ...the words and phrases [CHILD] uses and understands?				
04. ...how [CHILD] behaves and gets along with you and others?				

2008 MEPS Child Preventive Health (CS) CS22, CS23_01, CS23_02, CS24, CS25_01, CS25_02 modified

If P = 1, 3, 5, 6, 8a, 11

4.38 During the past 12 months, has a doctor or other health care provider ever measured the child's height and weight?

- YES01
- NO00
- DK D
- REF R

CAHPS Clinician and Group Survey Q17H11 (Q5.26.01-03), MEPS-Child Preventative Health (5.27.04) modified

P = 1, 3, 5, 6, 8a, 11

4.39 During the last 12 months, did a doctor or other health care provider talk with you about any of the following topics?

CODE ONE ONLY PER ROW

	YES (01)	NO (00)	DK (D)	REF (R)
01. How to keep [CHILD] from getting injured?				
02. How much or what kinds of food [he, she] eats?				
03. How much and/or what kind of exercise [he/she] gets?				
04. How smoking in the house can be bad for [he/she] health?				

ADEQUACY OF INSURANCE

2001 CHIP 6.59

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.40 During the past 12 months, how confident have you been that [CHILD] could get health care if [he/she] needed it? Would you say...

- Very confident01
- Somewhat confident02
- Not very confident03
- Not confident at all.....04
- DK D
- REF R

2001 CHIP 6.62

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.41 And during the past 12 months, how often did you feel stress about meeting [CHILD's] health care needs?

- All of the time01
- Very often02
- Not very often03
- Never04
- DK D
- REF R

NSCH K3Q20 modified

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.42 The next questions are about [CHILD's] health insurance or health care plans during the past 12 months.

During the past 12 months, how often has [CHILD's] coverage under [CHIP/Medicaid] offered benefits or covered services that met [his/her] needs?

Would you say the benefits and coverage...

CODE ONE ONLY

- Never met [his/her] needs?01
- Sometimes met [his/her] needs?02
- Usually met [his/her] needs?03
- Always met [his/her] needs?04
- DK D
- REF R

NSCH K3Q20 modified

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.43 Does [CHILD's] [CHIP/ Medicaid] offer dental benefits or cover dental services?

- YES01
- NO00
- DK D
- REF R

MEPS 2009: CS21 modified

P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.44 During the past 12 months, how often has it been easy to see a dental health care provider that [CHILD] needed to see?

Would you say:

CODE ONE ONLY

- Never?01
- Sometimes?02
- Usually?03
- Always?04
- DK D
- REF R

MEPS 2009: CS21

If P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.45 During the past 12 months, how often has it been easy to see a specialist that [CHILD] needed to see?

Would you say:

CODE ONE ONLY

- Never?01
- Sometimes?02
- Usually?03
- Always?.....04
- DK D
- REF..... R

Box 4.46. Programmer: If P = 7, 8b, go to Q4.47

NSCH K3Q21A modified

If P = 1, 3, 5, 6, 8a, 11

4.46 During the past 12 months, how often have you paid any money for [CHILD]'s health care, not including health insurance premiums or costs that are covered by insurance? **NOTE: WE MAY NEED TO REMOVE THIS QUESTION FOR STATE PROGRAMS WITH NO PREMIUMS.**

PROMPT: Include out of pocket payments for all types of health-related needed such as copayments, dental or vision care, medications and any kind of therapy.

CODE ONE ONLY

- Never?01
- Sometimes?02
- Usually?03
- Always?.....04
- DK D
- REF..... R

Health Tracking Household Survey, C94 modified

If Q4.45 is not equal to 01 or Q2.36.3 = 01 and P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.47 For health care that [CHILD] received in the past 12 months, has your family had a big problem, a small problem, or no problem paying [CHILD]'s medical bills?

PROMPT: This includes doctor or hospital bills, dentist bills, or bills for prescription drugs.

CODE ONE ONLY

- BIG PROBLEM01
- SMALL PROBLEM02
- NO PROBLEM.....03
- DK D
- REF R

Health Tracking Household Survey, C93 modified

If Q4.47 = answered and P = 1, 3, 5, 6, 7, 8a, 8b, 11

4.48 How much do you currently owe in health care bills, if any, for health care that [CHILD] received in the past 12 months? Is it....

- \$000 (You do not owe anything) 01
- Less than \$500 02
- \$501 - \$1,000 03
- \$1,001 - \$2,000..... 03
- Or more than \$2,000 04
- DK D
- REF..... R

Box 4.49. Programmer: if P = 7, go to Q6.1
If P = 8b, go to Q5.1

NEW based on Kaiser Health Tracking Poll: March 2011 Q42 and MEPS-HC HX45, modified

If P = 1, 3, 5, 6, 8a, 11

4.49 During the past 12 months, did anyone in the family pay a premium for [CHILD's] enrollment in [CHIP/Medicaid]?

PROBE: A premium is the amount paid each month or year for enrollment in health insurance coverage.

- YES 01
- NO 00 GO TO Q4.51
- DK D GO TO Q4.51
- REF..... R GO TO Q4.51

Health Tracking Household Survey, C94 modified

If Q4.49= 01 or if admin data (S15 = 1) indicates a premium was paid and P = 1, 3, 5, 6, 8a, 11

4.50 During the past 12 months, has your family had a big problem, a small problem, or no problem paying the premium for [CHILD's] enrollment in [CHIP/Medicaid]?

PROMPT: If the premium includes coverage for family members other than [CHILD], try to think about only the part of the premium related to [CHILD's] coverage.

CODE ONE ONLY

- BIG PROBLEM 01
- SMALL PROBLEM 02
- NO PROBLEM 03
- DK D
- REF..... R

WILLINGNESS TO PAY

LA Care "Health Kids Program Survey to Assess Premium Contribution Capacity" 2009, modified

P = 1, 3, 5, 6, 8a, 11

4.51 If necessary, would you be willing to pay [If Q4.49=00, D, R: some money\If Q4.49=01: additional money] every month to continue coverage for [CHILD] in [CHIP/Medicaid]? Would you say, definitely yes, probably yes, probably no, or definitely no?

CODE ONE ONLY

- DEFINITELY YES01
- PROBABLY YES02
- PROBABLY NO03
- DEFINITELY NO03 GO TO Q5.1
- DK D
- REF.....R GO TO Q5.1

Box 4.52. Programmer: rotate monthly [AMOUNT] / additional monthly [AMOUNT] of \$10, \$15, \$20 for each case.

LA Care "Health Kids Program Survey to Assess Premium Contribution Capacity" 2009, modified

If Q4.49=01 and Q4.51 = 01 or 02 (would be willing to pay some/more money to continue CHIP/Medicaid) and P = 1, 3, 5, 6, 8a, 11

4.52 What if the [If Q4.49=00, D, R: monthly amount \ If Q4.49=01: additional monthly amount] was [AMOUNT], would you be willing to pay this amount to continue coverage for [CHILD] in [CHIP/Medicaid]? Would you say, definitely yes, probably yes, probably no, or definitely no?

CODE ONE ONLY

- DEFINITELY YES01
- PROBABLY YES02
- PROBABLY NO03
- DEFINITELY NO03
- DK D
- REF.....R

GO TO Q5.1

CHIP SECTION 5: PATIENT- CENTEREDNESS OF HEALTH CARE

Section 5 Overview

Section 5 is asked for different timeframes depending on the pathing definitions.

If P = 1 or 3, questions are asked about the 12 months prior to current or last enrollment

If P = 2, 4, 7, 9, 10, 12, respondents skip to Q6.1

If P = 5 or 6 (established enrollees), questions are asked about the past 12 months

If P = 8 or 11, questions are asked about the time prior to disenrollment.

As usual, the time frame language in the questions for the OMB version of the instrument is either unspecified or “in the past 12 months.”

Table 5.2 Pathing in Section 5

Pathing Definitions	Q5.1 – 5.15 PCMH Series
New Enrollees	
P = 1	x
P = 2	
P = 3	x
P = 4	
Established Enrollees	
P = 5	x
P = 6	x
Recent Disenrollees	
P = 7	
P = 8	x
P = 9	
P = 10	
P = 11	x
P = 12	

Box 5.1. Programmer: If P = 2, 4, 7, 9, 10, 12 GO TO Q6.1

NSCH K5Q10

P = 1, 3, 5, 6, 8, 11

5.1 During the past 12 months, did [CHILD] need a referral to see any doctors or receive any services?

YES 01
NO 00 GO TO Q5.3
DK D GO TO Q5.3
REF..... R GO TO Q5.3

NSCH K5Q11

If Q5.1= 01 and P = 1, 3, 5, 6, 8, 11

5.2 Was getting referrals a big problem, a small problem, or not a problem?

BIG PROBLEM 01
SMALL PROBLEM 00
NOT A PROBLEM 03
DK D
REF..... R

Box 5.3. Programmer: Count the types of services received from Q4.20 , Q4.22, Q4.24, and Q4.30. The maximum number is 4.

If number = 0, go to Q5.14

If number = 2 OR MORE, go to Q5.3

If number = 1, go to Q5.7

NSCH K5Q20

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 2 or more and P = 1, 3, 5, 6, 8, 11

5.3 Does anyone help you arrange or coordinate [CHILD]'s care among the different doctors or services that [he/she] uses?

PROBE: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that [CHILD] gets all the health care and services [he/she] needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

PROBE: This is during the past 12 months.

YES 01
NO 00
DK D
REF R

NSCH K5Q21

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 2 or more and P = 1, 3, 5, 6, 8, 11

5.4 During the past 12 months, have you felt that you could have used extra help arranging or coordinating [CHILD]’s care among the different health care providers or services?

- YES 01
- NO 00 GO TO Q5.6
- DK D GO TO Q5.6
- REF R GO TO Q5.6

NSCH K5Q22

If Q5.4=01 and P = 1, 3, 5, 6, 8, 11

5.5 During the past 12 months, how often did you get as much help as you wanted with arranging or coordinating [CHILD]’s care? Would you say never, sometimes, or usually?

- NEVER..... 01
- SOMETIMES.....02
- USUALLY 03
- DK D
- REF R

NSCH K5Q30

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 2 or more and P = 1, 3, 5, 6, 8, 11

5.6 Overall, are you satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with the communication among [CHILD]’s doctors and other health care providers?

PROBE: This is during the past 12 months.

- VERY SATISFIED 01
- SOMEWHAT SATISFIED..... 02
- SOMEWHAT DISSATISFIED 03
- VERY DISSATISFIED 04
- NO COMMUNICATION NEEDED OR WANTED 05
- DK D
- REF R

NSCH K5Q31

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 1 or more and P = 1, 3, 5, 6, 8, 11

5.7 Do [CHILD]'s doctors or other health care providers need to communicate with [his/her] ... [TEXT]
PROGRAMMER: CHECK CHILD'S AGE AT S4 AND DISPLAY AT 'TEXT'

If S4 = less than 36 months, child care providers or early intervention program?

If S4 = 36 or more months but less than 72 months, child care providers, school, or special education program?

If S4 = 72 months or more (and no special health care needs), that is, Q3.9 = 00 and or Q3.13 = 00 and Q3.17 = 00 and Q3.21 = 00 and Q3.24 = 00, d, r, school?

If S4 = 72 months or more but less than 144 months and (yes, special health care needs), that is, Q3.9 = 01 or Q3.13 = 01 or Q3.17 = 01 or Q3.21 = 01 or Q3.24 = 01, school or special education program?

If S4 = 144 months or more and (yes, special health care needs) Q3.9 = 01 or Q3.13 = 01 or Q3.17 = 01 or Q3.21 = 01 or 3.24 = 01, school, special education program, or vocational education program?

YES01
NO00 GO TO Q5.9
DKD GO TO Q5.9
REFR GO TO Q5.9

NSCH K5Q32

If Q5.7= 01 and P = 1, 3, 5, 6, 8, 11

5.8 Overall, are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with that communication?

VERY SATISFIED 01
SOMEWHAT SATISFIED 02
SOMEWHAT DISSATISFIED 03
VERY DISSATISFIED 04
NO COMMUNICATION NEEDED OR WANTED 05
DK D
REF R

NSCH K5Q40

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 1 or more and P = 1, 3, 5, 6, 8, 11

5.9 During the past 12 months, how often did [CHILD]'s doctors and other health care providers spend enough time with [him/her]? Would you say never, sometimes, usually, or always?

NEVER01
SOMETIMES02
USUALLY03
ALWAYS04
DKD
REFR

NSCH K5Q41

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 1 or more and P = 1, 3, 5, 6, 8, 11

5.10 During the past 12 months, how often did [CHILD]’s doctors and other health care providers listen carefully to you? Would you say never, sometimes, usually, or always?

- NEVER01
- SOMETIMES02
- USUALLY03
- ALWAYS04
- DK D
- REF..... R

NSCH K5Q42

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 1 or more and P = 1, 3, 5, 6, 8, 11

5.11 When [CHILD] is seen by doctors or other health care providers, how often are they sensitive to your family’s values and customs? Would you say never, sometimes, usually, or always?

- NEVER01
- SOMETIMES02
- USUALLY03
- ALWAYS04
- DK D
- REF..... R

NSCH K5Q43

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 1 or more and P = 1, 3, 5, 6, 8, 11

5.12 Information about a child’s health or health care can include things such as the causes of any health problems, how to care for a child now, and what changes to expect in the future. During the past 12 months, how often did you get the specific information you needed from [CHILD]’s doctors and other health care providers? Would you say never, sometimes, usually, or always?

- NEVER01
- SOMETIMES02
- USUALLY03
- ALWAYS04
- DK D
- REF..... R

NSCH K5Q44

If services received at Q4.20 , Q4.22, Q4.24, Q4.30 = 1 or more and P = 1, 3, 5, 6, 8, 11

5.13 During the past 12 months, how often did [CHILD]’s doctors or other health care providers help you feel like a partner in [his/her] care? Would you say never, sometimes, usually, or always?

- NEVER01
- SOMETIMES02
- USUALLY03
- ALWAYS04
- DK D
- REF..... R

NSCH K5Q45

If answer to screener question about language is a language other than English and P = 1, 3, 5, 6, 8, 11

5.14 In the past 12 months, did you or [CHILD] need an interpreter to help speak with [his/her] doctors or other health care providers?

PROMPT: An interpreter is someone who repeats what one person says in a language used by another person.

- YES 01
- NO 00 GO TO Q6.1
- DK D GO TO Q6.1
- REF R GO TO Q6.1

NSCH K5Q44

If Q5.14 = 01 and P = 1, 3, 5, 6, 8, 11

5.15 When you or [CHILD] needed an interpreter, how often were you able to get someone other than a family member to help you speak with [his/her] doctors or other health care providers? Would you say ...

- Never 01
- Sometimes 02
- Usually 03
- Always 04
- DK D
- REF R

GO TO 6.1

CHIP SECTION 6: SOCIO- DEMOGRAPHICS AND ATTITUDES

Section 6 Overview

All questions in Section 6 are asked about the ‘current’ timeframe.

Table 6.1 Pathing in Section 6

Pathing Definitions	Child's Race & Ethnicity (Q6.1 – Q6.2)	Respondent's Health (Q6.3 – Q6.5)	Attitudes about Health & Insurance (Q6.6 – Q6.8)	Household Composition (Q6.9 – Q6.13)	Parent Demographics (Q6.14 – Q6.17)	Parents' Coverage (Q6.18 – Q6.33)	Parent Income (Q6.34 – Q6.44)	Health Care Expenditure (Q6.45 – Q6.46)
P = 1	x	x	x	x	x	x	x	x
P = 2	x				Age, marital status, education*		x	
P = 3	x	x	x	x	x	x	x	x
P = 4	x				Age, marital status, education*		x	
P = 5	x	x	x	x	x	x	x	x
P = 6	x	x	x	x	x	x	x	x
P = 7	x	x	x	x	x	x	x	x
P = 8	x	x	x	x	x	x	x	x
P = 9	x				Age, marital status, education*		x	
P = 10	x	x	x	x	x	x	x	x
P = 11	x	x	x	x	x	x	x	x
P = 12	x				Age, marital status, education*		x	

* These questions are for the Parent/Guardian #1: Age = Q6.14; Marital Status = Q6.11.1 (previously 6.16), and Q6.15 = education.

CHILD’S RACE AND ETHNICITY

2001 CHIP 7.109

If P = 1 - 12

6.1 The next questions ask about [CHILD] [himself/herself]. Do you consider [him/her] to be of Hispanic or Latino origin?

- YES..... 01
- NO 00 GO TO Q6.3
- DK..... D GO TO Q6.3
- REF..... R GO TO Q6.3

NSCH K11Q02EX modified

If Q6.1 = 01 and P = 1 - 12

6.2 Now I’m going to read a list of categories. Please choose one or more of the following categories to describe [CHILD]’s race. You may choose more than one. Is [CHILD]

CODE ALL THAT APPLY

- White.....01
- Black or African American02
- American Indian or Alaskan Native03
- Asian.....04
- Native Hawaiian or Other Pacific Islander.....05
- DK D
- REF..... R

Box 6.3. Programmer, If P = 2, 4, 9, or 12 GO TO Q6.11

RESPONDENT’S HEALTH

2001 CHIP 7.3.21

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.3 The next questions are about you. In general, would you say that your health is...

- Excellent 01
- Very Good.....02
- Good.....03
- Fair.....04
- Poor05
- DK D
- REF R

NSCH K9Q23

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.4 Would you say that, in general, your mental and emotional health is...

- Excellent01
- Very Good.....02
- Good.....03
- Fair.....04
- Poor05
- DK D
- REF R

NSCH K9Q41 modified

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.5 Does anyone smoke cigarettes, cigars, or pipe tobacco inside [CHILD]'s home?

- YES01
- NO00
- DK D
- REF..... R

ATTITUDES ABOUT HEALTH AND INSURANCE

2001 CHIP 7.3.32, 7.3.38, 7.3.40, 7.3.41 modified

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.6 Now, I am going to read you some statements about health and health insurance. For each statement, please tell me if in your opinion the statement is definitely true, mostly true, mostly false, or definitely false. First, ...

	DEFINITELY TRUE (01)	MOSTLY TRUE (02)	MOSTLY FALSE (03)	DEFINITELY FALSE (04)	DK (D)	REF (R)
01. You can overcome most illnesses without help from a medically trained professional.						
02. Doctors and nurses look down on people who are in [CHIP/Medicaid].						
03. Getting a child enrolled in [CHIP/Medicaid] whenever you want is easy if the child is eligible.						
04. Children on [CHIP/Medicaid] get better health care than children with no insurance.						

Box 6.7. Programmer: display either Q6.7 or Q6.8: rotate Q6.7 and Q6.8

New

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.7 Next, I'm going to read a list of factors that some people consider when choosing a health plan. On a scale of 1 to 10 where 1 is not at all important and 10 is very important, how important to you are each of these factors? PROBE: If asked: out-of-pocket means the amount you pay in deductibles and co-pays when you use services.

	Not at all important..... Very Important	DK	REF
	1 2 3 4 5 6 7 8 9 10	(D)	(R)
01. The premium, that is, the monthly cost of paying for coverage?	1.....10		
02. The amount of out-of-pocket costs required to use services?	1.....10		
03. Your choice of providers in the plan?	1.....10		
04. Your ability to keep [CHILD]'s current providers?	1.....10		
05. Whether everyone in the family who is covered has health insurance coverage in the same plan?	1.....10		
06. Whether the plan covers speech, occupational, or other therapy services?	1.....10		
07. Whether the plan covers services with a mental health provider?	1.....10		
08. Whether the plan covers transportation to and from services?	1.....10		

New

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.8. Next, I'm going to read a list of factors that some people consider when choosing a health plan. On a scale of 1 to 10 where 1 is not at all important and 10 is very important, how important to you are each of these factors? PROBE: If asked: out-of-pocket means the amount you pay in deductibles and co-pays when you use services.

	Not at all important..... Very Important	DK	REF
	1 2 3 4 5 6 7 8 9 10	(D)	(R)
01. Whether the plan covers speech occupational, or other therapy services?	1.....10		
02. Whether the plan covers services with a mental health provider?	1.....10		
03. Whether the plan covers transportation to and from services?	1.....10		
04. The premium, that is, the monthly cost of paying for coverage?	1.....10		
05. The amount of out-of-pocket costs required to use services?	1.....10		
06. Your choice of providers in the plan?	1.....10		
07. Your ability to keep [CHILD]'S current providers?	1.....10		
08. Whether everyone in the family who is covered has health insurance coverage in the same plan?	1.....10		

HOUSEHOLD COMPOSITION

NSCH K9Q00 modified

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.9 The next questions are about your household. Including yourself and all the adults and all the children, how many people live in your household? By "live in your household" I mean all people who usually stay here. Please do include people who are away, such as students, people on vacation or traveling for business, or people who are in the hospital for a brief stay. Do not include people in institutions, in the military, or people who are temporary visitors.

____ NUMBER OF PEOPLE IN THE HOUSEHOLD

DKD

REF.....R

2001 CHIP 7.4.1.1

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.10 Including yourself, how many people in the household are 18 years or older?

PROGRAMMER: IF ONLY ONE ADULT IN HOUSEHOLD, GO TO Q6.12.

____ NUMBER OF PEOPLE WHO ARE 18 OR OLDER

DK D

REF R

Box 6.11. Programmer, prepare a roster for all adults in Q6.10. Each cell of the roster Q6.12, Q6.13, Q6.15, Q6.16, or Q6.17 should have drop down boxes with categories listed in the question order below. Allow collection of Q6.14 – Q6.17 ONLY for the parents or guardians of sample child. Collect information by question number (“down”).

ROSTER

6.11	6.12	6.13	6.14	6.15	6.16	6.17
Name of adults (18 or older)	Relation to [CHILD]	Parent/Guardian	Age as of last bday	Highest grade or year of school	Country of Origin	Citizenship
1. RESPONDENT						
2. SPOUSE/PARTNER NAME						
3. PERSON 3 NAME						
4. PERSON 4 NAME						
n. PERSON 5...N NAME						

CHIP 6.14 modified

If Q6.10 = >1 and P = 1 - 12

6.11 Do you have a spouse or partner who lives with you in this household? Please do not include a spouse or partner who lives elsewhere.

YES 01

NO 00 GO TO Q6.11.2

DK D GO TO Q6.11.2

REF R GO TO Q6.11.2

Box 6.11.2 Programmer: If P = 2, 4, 9, 12, go to Q6.14.

New

If Q6.11=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

6.11.1 What is the first name of your spouse/partner?

PROGRAMMER RECORD SPOUSE/ PARTNER NAME IN Q6.11, LINE 2 OF ROSTER: _____

NEW

If Q6.10 = 2 or more adults and Q6.11 = 01 and P = 1, 3, 5, 6, 7, 8, 10, 11

6.11.2 Please tell me the first names of the other adults besides yourself and your spouse or partner who live in this household with you.

PROGRAMMER: RECORD EACH NAME IN ROSTER AT Q6.11, LINES 3.....n

NEW

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.12 What is [your]\[other person's (#2 – n)] relationship to [CHILD]?

PROGRAMMER: RECORD CODE FROM DROP DOWN BOX IN Q6.12 FOR EACH PERSON IN THE ROSTER

- BIOLOGICAL PARENT 01
- STEP PARENT 02
- ADOPTIVE PARENT 03
- GUARDIAN 04
- SIBLING 05
- UNCLE/AUNT 06
- GRANDPARENT 07
- OTHER RELATIVE 08
- NON-RELATIVE..... 09
- DK D
- REF..... R

2001 CHIP 6.15 modified

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.13 [Are you]/[Is spouse/partner]/[Is person #3....n] [CHILD]'s parent or guardian?

PROGRAMMER: ASK Q6.13 FOR EACH PERSON LISTED ON THE ROSTER: STOP ASKING WHEN TWO PARENT/GUARDIANS (PGs) ARE IDENTIFIED (THAT IS, Q6.13 HAS TWO YES (01) RESPONSES)

CHECK: PROGRAMMER: IF Q6.10 = >1 AND THE ROSTER INDICATES ONLY ONE PG DISPLAY THIS CHECK: Can you please confirm that [you are/other person is] the only parent or guardian of [CHILD] currently living in this household? YES/NO. PERMIT CORRECTION IF NEEDED.

- YES: PARENT OR GUARDIAN 01
- NO 00
- DK D
- REF..... R

PARENT/GUARDIAN (PG) BOX:

PROGRAMMER: BASED ON RESPONSES TO Q6.10 and Q6.13, IDENTIFY UP TO TWO PARENT/GUARDIANS (PGs)

ONLY ONE PG :

- Q6.10 = 1 and RESPONDENT IS THE ONLY PG: L1
- ANOTHER HOUSEHOLD MEMBER IS THE ONLY PG = L2

TWO PGs

- RESPONDENT IS ONE OF TWO PGs: = L3
- RESPONDENT NOT PG: ANOTHER HOUSEHOLD MEMBER IS A PG = L4
- AN ADDITIONAL HOUSEHOLD MEMBER IS ALSO A PG: = L5

2001 CHIP 6.16 modified

If Q6.13 identified one or two PGs and P = 1 – 12
ASK Q6.14 only for the PGs and record in roster.

6.14 What is [your\NAME]'s age as of the last birthday?

AGE 01
DK D
REF R

2001 CHIP 6.17 modified

If Q6.13 identified one or two PGs and P = 1 – 12
ASK Q6.15 only for the PGs and record in roster

6.15 What is the highest grade of school [you\NAME] completed?

CODE ONE ONLY

8TH GRADE OR LESS 01
9TH – 12TH GRADE, NO DIPLOMA 02
HIGH SCHOOL: DIPLOMA/GED 03
SOME COLLEGE/NO DEGREE 04
ASSOCIATE'S DEGREE 05
BACHELOR'S OR HIGHER 06
DK D
REF R

Box 6.16. Programmer: If P = 2, 4, 9, 12, go to Q6.34

2001 CHIP 6.18 modified

If Q 6.13 identified one or two PGs and P = 1, 3, 5, 6, 7, 8, 10, or 11
ASK Q6.16 only for the PGs and record in roster

6.16 In what country [were you \ was NAME] born?

CODE ONE ONLY

USA 01 GO TO Q6.18
OTHER..... 02
DK D
REF R

2001 CHIP 6.19 modified

If Q6.13 identified one or two PGs and Q6.16 = 02, d, r and P = 1, 3, 5, 6, 7, 8, 10, or 11
Ask Q6.17 only for the PGs and record in roster.

6.17 [Are you\ls NAME] a citizen of the U.S.?

YES 01
NO 00
DK D
REF R

PARENT/ GUARDIAN COVERAGE

2001 CHIP 7.63

P = 1, 3, 5, 6, 7, 8, 10, 11

Q6.18 SKIPS
 IF PG = L1 or L2 and Q6.18.1 = 01 (YES), go to Q6.20.
 If PG = L3 or L4 or L5 and Q6.18.1 and/or Q6.18.2 = 01 (ONE OR BOTH PGs HAVE COVERAGE) GO TO Q6.19
 If PG = L1 or L2, THERE IS NO L5 SO DO NOT DISPLAY Q6. 18.2
 IF NO PG HAS COVERAGE (Q6.18. 1 = 00, d, r and Q6.18. 2 = 00, d, r) GO TO Q6.27.

6.18 The next questions are about [your/name's] insurance coverage)\[the insurance coverage of the parents or guardians of [CHILD]]. **ASK FIRST FOR Q6.18.1 then for Q6.18.2:** [Are you/Is name] covered by any health insurance, such as Medicaid or CHIP, right now?

	YES (01)	NO (00)	DK (D)	REF (R)
6.18.1. L1 or L2 or L3 or L4				
6.18.2 . L5				

2001 CHIP 7.66

If Q6.18.1 = 01 and/or Q6.18.2=01 (at least one PG is insured) and P = 1, 3, 5, 6, 7, 8, 10, 11

6.19 Is [L5 name] covered by the same health insurance as [L3 you are\ L4 NAME] is]?

YES 01
 NO 00
 DK D
 REF R

Box 6.20. SKIPS FOR Q6.20 – Q6.26
 If Q6.19 = 01 (YES, L5 covered by L3 or L4 insurance), DO NOT ASK QUESTIONS Q6.20 – Q6.26 ABOUT L5
 If PG = L1 or L2, DO NOT ASK QUESTIONS Q6.20 – Q6.26 ABOUT L5 (THERE IS ONLY ONE PG)

2001 CHIP 7.70.1-7.70.5 modified

If Q6.18.1 = 01 or Q6.18.2=01 (at least one PG is insured) and Q6.19 = 00, d, r (L5 not covered by same insurance) and P = 1, 3, 5, 6, 7, 8, 10, 11

6.20 [Are you/Is [NAME]] covered by any of the kinds of health insurance I'm going to read for you? You may answer more than one kind of insurance.

INSTRUCTION: : IF R INDICATES EITHER PARENT/GUARDIAN IS COVERED BY A SPOUSE OR PARTNER'S INSURANCE FROM A CURRENT OR PAST EMPLOYER OR UNION, RECORD YES.

	Column 1 (L1 or L2 or L3 or L4) [YOU\name]				Column 2 (L5) [name]			
	YES (01)	NO (00)	DK (D)	REF (R)	YES (01)	NO (00)	DK (D)	REF (R)
6.20.1. Insurance from a current or past employer or union?								
6.20.2. Private insurance purchased directly from an insurance company?								
6.20.3. [Medicaid]?								
6.20.4. [CHIP]?								
6.20.5. Medicare?								
6.20.6. Some other type of coverage I have not yet mentioned?								

Box 6.21. Programmer, if Q6.20.1 = 01 for COLUMN 1 OR COLUMN 2 (regardless of responses to Q6.20.2 - 6), go to Q6.23. Else, continue to Q6.21.

MEPS-HC, EM114 modified

If Q6.13 identified 1 or 2 PGs and Q6.20.01 = 00, d, r for one or two PGs and P = 1, 3, 5, 6, 7, 8, 10, 11
 SKIPS FOR Q6.21
 If PG = L1 or L2, THERE IS NO L5 SO DO NOT DISPLAY Q6. 21.2
 If Q6.21.1 and Q6.21.2 = 00, d, r, GO TO Q6.27 ELSE CONTINUE to Q6.22

6.21 6.21.1 [Do you]/[Does [L2 or L4 name] have an offer of insurance through [your\his or her] job or business?
 6.21.2 Does [L5 name] have an offer of insurance through [his or her] job or business?

	YES (01)	NO (00)	DK (D)	REF (R)
6.21.1. L1 or L2 or L3 or L4				
6.21.2 .L5				

NEW

If Q6.21. 1=01 or 6.21. 2=01 and P = 1, 3, 5, 6, 7, 8, 10, 11
 If PG = L1 or L2, THERE IS NO L5 SO DO NOT DISPLAY Q6. 22.2

6.22 6.22.1 Does this health insurance offered through [your]/[L2 NAME's or L4 NAME's] job or business offer health insurance for (your/ [his or her] children?)
 6.22.2 Does this health insurance offered through [L5 NAME's] job or business offer health insurance for [his or her] children?

INSTRUCTION: IF RESPONDENT IS SELF-EMPLOYED, THESE QUESTIONS STILL APPLY.

	YES (01)	NO (00)	DK (D)	REF (R)
6.22.1. L1 or L2 or L3 or L4				
6.22.2 .L5				

Box 6.23. Programmer: If Q6.21.1 and Q6.21.2 and Q6.22.1 and Q6.22.2 = answered go to Q6.27

2001 CHIP 7.71 + 7.73

If Q6.20. 1=01 (insurance through an employer/ union) for any PG (L1 – L5) and P = 1, 3, 5, 6, 7, 8, 10, 11
 If PG = L1 or L2, THERE IS NO L5 SO DO NOT DISPLAY Q6. 23.2

6.23 [Does the employer pay all, some or none of the premium for this health insurance?]/[For the health insurance from an employer, does the employer pay all, some or none of the premium for this health insurance?] Please tell me first for [yourself/L2 or L4 NAME] then [L5 NAME]. ASK FIRST FOR 6.23.1 THEN 6.23.2.

	ALL (01)	SOME (02)	NONE (03)	DK (D)	REF (R)
6.23.1 L1 or L2 or L3 or L4					
6.23.2 L5					

2001 CHIP 7.79 (LPER1) AND 7.80 (LPER2) modified

If Q6.20.01 = 01 (insurance through an employer/ union) for any PG (L1 - L5) and P = 1, 3, 5, 6, 7, 8, 10, 11
 If PG = L1 or L2, THERE IS NO L5 SO DO NOT DISPLAY Q6. 24.2

- 6.24 6.24.1 Could [CHILD] be covered by [your\L2 NAME or L4 NAME]'s health insurance?
 6.24.2 And how about [L5 NAME]'s health insurance?

	YES (01)	NO (00)	DK (D)	REF (R)
6.24.1. L1 or L2 or L3 or L4				
6.24.2 L5				

2001 CHIP 7.79.1.1 AND 7.79.1.2

If Q6.24.1 OR 6.24.2 = 01 and P = 1, 3, 5, 6, 7, 8, 10, 11
 If PG = L1 or L2, THERE IS NO L5 SO DO NOT DISPLAY Q6. 25.2

- 6.25 6.25.1 For this health insurance from the [your\L2 NAME or L4 NAME]'s employer, would the employer pay all, some or none of the premium to cover [CHILD]?
 6.25.2 And how about [L5 NAME]'s insurance from an employer?

	ALL (01)	SOME (02)	NONE (03)	DK (D)	REF (R)
6.25.1. L1 or L2 or L3 or L4					
6.25.2 L5					

Box 6.26. SKIPS:

If Q6.25.1 and Q6.25.2 = 03, d, r, GO TO Q6.27, ELSE CONTINUE

2001 CHIP 7.79.1 AND 7.79.2 modified

If Q6.25.1 or Q6.25.2=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

- 6.26 6.26.1 What is the main reason [CHILD] is not covered by [your\NAME]'s health insurance?
 6.26.2 And what is the main reason why [CHILD] is not covered by [L5 NAME]'s health insurance?

INSTRUCTION: LISTEN CAREFULLY AND PROBE FOR REASONS REGARDING AFFORDABILITY (ITEMS 03 AND 04) AND TO DISTINGUISH BETWEEN 02 AND 03.

REASONS	L1 – L4 your/NAME	L5 NAME
01. SERVICES DO NOT MEET THE CHILD'S HEALTH CARE NEEDS.		
02 CHILD CANNOT SEE THE HEALTH CARE PROVIDERS [HE/SHE] NEEDS.		
03. CANNOT AFFORD: PREMIUM TOO EXPENSIVE		
04. CANNOT AFFORD: OUT OF POCKET COSTS TOO HIGH		
05. CHIP COSTS LESS		
06. CHIP HAS BETTER BENEFITS		
07. ALREADY COVERED BY OTHER INSURANCE		
08. DO NOT BELIEVE IN HEALTH INSURANCE FOR CHILD		
09. OTHER (SPECIFY)		
D. DK		
R. REF		

Box 6.27. SKIP

If Q6.11 = 00, D, R (NO SPOUSE/ PARTNER), GO TO Q6.34.

2001 CHIP 7.82 modified

If Q6.11 = 01 AND Q6.13 = 00 (PG NOT =L5, only one PG)and Q6.18.1 AND Q6.18.2 = 00,D,R (no PG coverage) and Q6.24.1 AND Q6.24.2 = 00,D,R or Q6.25.1 AND Q6.25.2 = 00,D,R and P = 1, 3, 5, 6, 7, 8, 10, 11

6.27 Is [NAME] covered by any health insurance, such as Medicaid or private insurance, right now?

YES 01
NO 00 GO TO Q6.34
DK D GO TO Q6.34
REF..... R GO TO Q6.34

2001 CHIP 7.83 modified

If Q6.11 = 01 AND Q6.13 = 00 (PG NOT = L5) and Q6.27 = 01 and P = 1, 3, 5, 6, 7, 8, 10, 11

6.28 Is [NAME] covered by the same health insurance as (you are\NAME is)?

YES 01 GO TO Q6.34
NO 00
DK D
REF..... R

2001 CHIP 7.84.1 - 7.84.5 modified

If Q6.28 = 00, D, R and P = 1, 3, 5, 6, 7, 8, 10, 11

6.29 Is [NAME] covered by health insurance from an employer, a private insurance purchased directly from an insurance company, Medicaid, CHIP or any other health insurance coverage? If [NAME] has more than one coverage, please mention all health insurance coverage this person currently has.

INSURANCE FROM A CURRENT OR PAST
EMPLOYER OR UNION 01
PRIVATE INSURANCE PURCHASED DIRECTLY FROM
AN INSURANCE COMPANY.....02 GO TO Q6.34
MEDICAID03 GO TO Q6.34
CHIP 04 GO TO Q6.34
SOME OTHER TYPE OF COVERAGE I HAVE NOT
YET MENTIONED05 GO TO Q6.34
DK D GO TO Q6.34
REF R GO TO Q6.34

2001 CHIP 7.85

If Q6.29=01and P = 1, 3, 5, 6, 7, 8, 10, 11

6.30 Does the employer pay all, some or none of the premium for this health insurance?/ [If Q6.29.01 = 01 plus any other code 02 – 05]: For the health insurance from an employer, does the employer pay all, some, or none of the premium for this health insurance?

ALL 01
SOME 02
NONE03
DK D
REF..... R

2001 CHIP 7.89.1

If Q6.29 = 01 and P = 1, 3, 5, 6, 7, 8, 10, 11

6.31 Could [CHILD] be covered by this health insurance?

- YES 01
- NO 00 GO TO Q6.34
- DK D GO TO Q6.34
- REF R GO TO Q6.34

2001 CHIP 7.89.1.1

If Q6.31=01 and P = 1, 3, 5, 6, 7, 8, 10, 11

6.32 For the health insurance from an employer, would the employer pay all, some, or none of the premium to cover [CHILD]?

- ALL 01
- SOME 02
- NONE 03 GO TO Q6.34
- DK D
- REF R

2001 CHIP 7.89.2 modified

If 6.11.1 = 01 and Q6.32= 01, 02, d, r and P = 1, 3, 5, 6, 7, 8, 10, 11

6.33 What is the main reason [CHILD] is not covered by this health insurance?

INSTRUCTION: PROBE FOR REASONS REGARDING AFFORDABILITY (ITEMS 03 AND 04)
CODE ONE ONLY

01. SERVICES DO NOT MEET THE CHILD'S HEALTH CARE NEEDS.
02. CHILD CANNOT SEE THE HEALTH CARE PROVIDERS HE/SHE NEEDS.
03. CANNOT AFFORD: PREMIUM TOO EXPENSIVE
04. CANNOT AFFORD: OUT OF POCKET COSTS TOO HIGH
05. CHIP COSTS LESS
06. CHIP HAS BETTER BENEFITS
07. ALREADY COVERED BY OTHER INSURANCE
08. DO NOT BELIEVE IN HEALTH INSURANCE FOR CHILD
09. OTHER (SPECIFY)
D. DK
R. REF

PARENT INCOME

SCHIP 7.90

If P = 1-12

6.34 The next questions are about money people living in the household with (CHILD) have earned at a job or through self-employment. Remember, this information is completely confidential and will not be reported to any agency or program.

SCHIP 7.91 (LPER1) AND 7.92 (LPER2)

If P = 1-12

6.35 In the past 12 months, did (you, L2 or L4 NAME) work at a job or business, either full-time or part-time, for pay or profit? What about [L5 NAME]?

	YES (01)	NO (00)	DK (D)	REF (R)
6.35.1 L1 or L2 or L3 or L4				
6.35.2 L5				

NHIS ASD.060_00.000 modified

If P = 1-12

6.36 What is [your/L2 or L4 NAME]'s current working status? I will read each category for you. Please answer first for [yourself/L2 or L4 NAME] then [L5 NAME]

INSTRUCTION: ANSWER ONLY ONE STATUS FOR EACH PERSON.)

Work Status	L1 – L4	L5
01. Working 35 or more hours per week at main full time job		
02. Working 35 or more hours per week at one or more jobs		
03. Working less than 35 hours per week on one or more jobs		
04. Not working		
D. DK		
R. REF		

NSCH K12Q66

If Q6.36= 01 or 02 or 03 for any L1-L5

6.37 6.37.1 Think about all the locations where [your/NAME]'s employer operates. Would you say that the total number of persons who work for this employer is above or below 100?
6.37.2 And what about where [L5 NAME] works?

PROBE: Would you say the total number of person who work for this employer is above or below 100?

	100 OR MORE (01)	LESS THAN 100 (02)	DK (D)	REF (R)
6.37.1 L1 or L2 or L3 or L4				
6.37.2 L5				

Box 6.38. SKIP:

If Q6.37.1 or Q6.37.2 NE 02 GO TO Q6.39, ELSE CONTINUE

NSCH K12Q67 (based on 2011 NSCH/SLAITS)

If Q6.36 = 01 or 02 and Q6.37. 1 or 6.37. 2 =02

6.38 6.38.1 Is the total number of persons who work for [your, NAME]'s employer above or below 50?
6.38.2 And what about [L5 NAME]'s employer.

PROBE: Is that above or below 50 employees?

	50 OR MORE (01)	LESS THAN 50 (02)	DK (D)	REF (R)
6.38.1 L1 or L2 or L3 or L4				
6.38.2 L5				

2001 CHIP 7.93

If P = 1 -12

6.39 In the past 12 months, was the total household income from all jobs and all other sources \$25,000 or less or more than \$25,000? CODE ONE ONLY.

- \$25,000 or less 01
- More than \$25,000 02 GO TO Q6.41
- DK D
- REF..... R GO TO Q6.45

2001 CHIP 7.100

If Q6.39=01 or d

6.40 Would you say it was...

INSTRUCTION: STOP READING CATEGORIES WHEN RESPONDENT ANSWERS.

- \$5,000 or less?..... 01 GO TO Q6.45
- \$5,001 but less than \$10,000 02 GO TO Q6.45
- \$10,001but less than \$15,000 03 GO TO Q6.45
- \$15,001 but less than \$20,000 04 GO TO Q6.45
- \$20,001but less than \$25,000 05 GO TO Q6.45
- DK D GO TO Q 6.45
- REF..... R GO TO Q6.45

2001 CHIP 7.101

If Q6.39=02

6.41 Was it below \$60,000 or \$60,000 or more?

- Below \$60,000 01
- \$60,000 or more 02 GO TO Q6.43
- DK D
- REF..... R GO TO Q6.45

New

If Q6.41 = 01, d

6.42 Would you say it was...

INSTRUCTION: STOP READING CATEGORIES WHEN RESPONDENT ANSWERS.

- \$25,001 but less than \$30,000? 01 GO TO Q6.45
- \$30,001 but less than \$40,000? 02 GO TO Q6.45
- \$40,001 but less than \$50,000? 03 GO TO Q6.45
- \$50,001 but less than \$60,000? 04 GO TO Q6.45

New

If Q6.41 = 02

6.43 Was it below \$100,000 or \$100,000 or more?

- Below \$100,000 01
- \$100,000 or more 02 GO TO Q6.45
- DK D
- REF..... R GO TO Q6.45

New

If Q6.43 = 01,d

6.44 Would you say it was....

INSTRUCTION: STOP READING CATEGORIES WHEN RESPONDENT ANSWERS.

- \$60,001 but less than \$70,000? 05
- \$70,001 but less than \$80,000? 06
- \$80,001 but less than \$90,000? 07
- \$90,001 but less than \$100,000? 08
- More than \$100,000? 09
- DK D
- REF..... R

Box 6.45. If P = 2, 4, 9, 12, go to Q7.1

SCHIP 7.103

If P = 1, 3, 5, 6, 7, 8, 10, 11

6.45 During the past 12 months, about how much did your household spend on health care, that is, money you or someone else in the household paid for doctors' visits, hospital stays, or prescription drugs? Please include all out-of-pocket expenses that health insurance does not or will not pay for. Do not include any cost for health insurance premiums, non-prescription drugs or dental care.

- DID NOT PAY ANYTHING 00 GO TO SECTION 7
- LESS THAN \$500 01
- \$501 BUT LESS THAN \$1,000 02
- \$1001 BUT LESS THAN \$2,000 03
- \$2,001 OR MORE 04
- DK D
- REF..... R

HSC Household Survey c96 modified

If Q6.45=01 – 04

6.46 During the past 12 months has your family had a big problem, a small problem, or no problem paying medical bills for your entire family?

- BIG PROBLEM 01
- SMALL PROBLEM 02
- NO PROBLEM..... 03
- DK D
- REF..... R

GO TO SECTION 7