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| --- | --- | --- | --- | --- | --- | --- |
|  |  | **All** |  | **Adults only** |  | **All** |
| **Person No.** | **Person Name/ Nickname** | **Age** | **Relationship to Respondent**  | **Military status (Yes/No/DK/ REF)** | **Employment status****(EmpFT/EmpPT/ SelfFT/ SelfPT/ Unemployed/ Home maker/ Retired/ Disabled/Other/ DK/REF)** | **Coverage (Yes/No/DK/ REF)** | **Dependent on someone else’s plan (Person no. of policy holder)** |
| **1. (R)** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |  |