CHIME March 2015 DRAFT Questionnaire
April 2, 2015

Overview: Content and Sequence

1. Introduction ("Front/Back"): Contact and callback screens

2. Demographics
   A. Household roster (first, middle, last name)
   B. Sex
   C. Relationship to household respondent
   D. Date of birth and age
   E. Hispanic origin
   F. Race
   G. Education (only asked about age 15+)
   H. Armed forces service (only asked about age 15+)
   I. Marital status (only asked about age 15+)
   J. State of residence
   K. Family size and income (ranges mimic program eligibility bands)

3. Labor force (only asked about age 15+)
   A. Any work in 2014 (full or part time)
   B. If not, main reason
   C. If worked, number of weeks worked
   D. Usual hours worked per week
   E. Employer size

4. Unearned Income (only asked about age 15+)
   A. Unemployment compensation
   B. Social Security
   C. SSI
   D. TANF
   E. Food Stamps
   F. WIC
   G. Pension income

5. Health Insurance: asked about all ages
   A. CPS redesign, plus follow-up questions on:
      a. premium amount and unit
      b. metal level
   B. ACS, plus follow-up questions on:
      a. Marketplace (yes/no)
      b. Premium (yes/no)
      c. Subsidy (yes/no)
      d. Premium amount and unit
      e. metal level
      f. pathway to enrollment

6. Wrap Up
   A. Health status
   B. Address
   C. Thank you

1. FRONT/BACK (display and check items only)

INITIAL CONTACT SCREENS

LANDCELL
Hello. This is .... from the U.S. Census Bureau. I'm calling to conduct a survey about health insurance. Have I reached you on a cell phone?
1. Yes (this IS a cell phone) ➔ CELLSAFE
2. No (this is NOT a cell phone) ➔ HELLO_NEW
3. Other outcome ➔ PROBCALL
• DK/REF ➔ TY_CLBK

CELLSAFE
Since we have reached you on your cell phone, we want to ensure your safety. Are you currently driving?
1. Yes ➔ TY_CLBK
2. No ➔ HELLO_NEW
3. DK/REF ➔ TY_CLBK

HELLO_NEW
I'd like to speak with someone who lives in your household who is 18 years old or older. [If appropriate]: Would that be you?
1. Respondent is resident 18+ ➔ INTRO_1st
2. Resident 18+ called to phone ➔ INTRO_1st
3. Eligible person not home now or not available now ➔ ID_OTHER
4. No one living in household is 18+ ➔ THANKRES set OUTCOME=020 (ineligible hh unit)
5. Other outcome ➔ PROBCALL

INTRO_1ST
(If necessary: Hello. This is ... from the U.S. Census Bureau.) We're conducting an important survey on health insurance coverage and we'd like your participation to make the survey as accurate as possible. The survey will take 13 minutes and is voluntary. You can skip any questions you don't want to answer and you can end the interview at any time. We are conducting this survey under the authority of Title 13, United States Code, Sections 141, 182 and 193. Title 13, United States Code, Section 9, requires us to keep your information confidential and use it for statistical purposes only. Response to this collection of information is not required unless it displays a valid approval number from the Office of Management and Budget (OMB). The following is the eight-digit OMB number: 0607-XXXX.

⇨ ID_SPVR

CALLBACK-ONLY SCREENS: these screens are only used for callbacks -- that is, where an initial contact was made but the interview was not completed. The break-off point may have occurred before even reaching the demographics section, or it may have occurred at some later point in the interview. The fills in these four screens account for these various conditions.

HELLOTWO
May I please speak to <fill RESNAME> ?
1. This is correct person ➔ CB_LANDCELL
2. Correct person called to phone ➔ CB_LANDCELL
3. Person not home or not available now ➔ HELLO_RS
4. Other outcome ➔ PROBCALL
RESNAME FILL instructions:
*   If the end of the household roster was reached, use FIRSTNAME LASTNAME of respondent from previous interview
*   else if CBNAME is not blank, use CBNAME
*   else use "a resident who is 18 years old or older. Would that be you?"

HELLO_RS
Perhaps you can help me. I'd like to speak with a member of this household who is 18 years old or older.
1. Respondent is resident 18+ ➔ CK-NEWRESP
2. Resident 18+ called to phone ➔ CK-NEWRESP
3. Eligible person not home now or not available now ➔ TY_CLBCK
4. No one living in household is 18+ ➔ THANKRES
5. Other outcome ➔ PROBCALL

CK-NEWRESP
*   if a new household member (different from the person originally listed as Person 1) is now completing the survey ➔ NEWRESP
*   else ➔ CB_LANDCELL

NEWRESP
(FILL instructions: display ROSTER)
To whom am I speaking?
Select appropriate person from displayed household roster ➔ CB_LANDCELL
NOTE: the original HHR is always listed as Person 1. If there is a change in HHR part-way thru the interview, the HHR and all household members remain listed in the same line numbers where they were originally listed, but questions for the new HHR should fill "you" (versus NAME) and questions for the original Person 1 should fill NAME.

CB_LANDCELL
(If necessary: Hello. This is .... from the U.S. Census Bureau). I'm calling to conduct a survey about health insurance. Have I reached you on a cell phone?
1. Yes (this IS a cell phone) ➔ CB_CELLSAFE
2. No (this is NOT a cell phone) ➔ ID_SPVR
3. Other outcome ➔ PROBCALL
DK/REF ➔ TY_CLBK

CB_CELLSAFE

Since we have reached you on your cell phone, we want to ensure your safety. Are you currently driving?
1. Yes ➔ TY_CLBK
2. No ➔ ID_SPVR
DK/REF ➔ TY_CLBK

ID_SPVR

[If HELLOTWO=1 or 2 (correct person is on phone) or HELLO_RS=1 or 2 (resident 18+ is on phone) fill: We recently contacted your household as part of a survey on health insurance coverage that the Census Bureau is conducting.]

[If fill in HELLOTWO was "a resident who is..." then fill: We're conducting an important survey on health insurance coverage and we'd like your participation to make the survey as accurate as possible. The survey will take 13 minutes and is voluntary. You can skip any questions you don't want to answer and you can end the interview at any time. We are conducting this survey under the authority of Title 13, United States Code, Sections 141, 182 and 193. Title 13, United States Code, Section 9, requires us to keep your information confidential and use it for statistical purposes only. Response to this collection of information is not required unless it displays a valid approval number from the Office of Management and Budget (OMB). The following is the eight-digit OMB number: 0607-XXXX.

This interview may be recorded for quality assurance purposes. Do I have your permission to record this interview?
PERSUADE RESPONDENT TO COMPLETE INTERVIEW NOW IF POSSIBLE.
If the respondent indicates they do not wish to be recorded, please click on the NICE stop recording button located in your CTI Toolkit Agent Desktop.
1. Continue with interview ➔ FIND_QUEST ➔ set MARK ge 11 (eligible hh unit)
2. Inconvenient time, callback needed ➔ ID_OTHER
3. Refused to participate ➔ EXITTHNK
4. Language problem ➔ EXITTHNK
5. Refer to supervisor ➔ EXITTHNK

FIND_QUEST

- Press the <END> key for the next unanswered question.

PROBCALL
Person Not Available
1. Respondent wants to be called back at a different number ➔ ID_OTHER
2. No one uses this place as usual residence (for example: vacation home, vacant, business, teen phone line) ➔ THANKRES
3. No one living in household is 18 or older ➔ THANKRES
4. Away, ill, physically or mentally unable, language or hearing problem, bad connection; Nobody available through closeout ➔ EXITTHNK
5. Answering machine/service reached ➔ TY_LAST ➔ set OUTCOME=130
6. Refer to Supervisor ➔ TY_LAST
7. Refused interview ➔ EXITTHNK
8. Immediate hangup ➔ TY_LAST

ID_OTHER

Ok that's fine. I'll call back later. Whom should I ask for when I call back? (If appropriate: What number should I call?)

PROBE: If respondent prefers NOT to give their name, use YOUR best judgment and key LADY OF HOUSE or MAN of HOUSE.

[open-text] ➔ store in CBNAME ➔ TY_CLBCK

 [Do not allow DK or Refused]

THANKRES

Thank you for your time. Your phone number is not eligible for this survey. ➔ set OUTCOME=020 (ineligible hh unit) ➔ TY_LAST

EXITTHNK

Thank you for your time and cooperation**.** If you'd like to send us any comments about this survey I'd be glad to give you an address. The expiration date for this survey is XXXX ➔ TY_LAST

READ IF NECESSARY

Paperwork Project 0607-XXXX

U.S. Census Bureau

4600 Silver Hill Road, Room 3K138

Washington, DC 20233.

e-mail: Paperwork@census.gov (use "Paperwork Project 0607-XXXX" as the subject).

If ID_SPVR=3 or PROBCALL=7,8 then set OUTCOME=035 (refusal)

If ID_SPVR=5 or PROBCALL=6 then set OUTCOME=059 (refer to supervisor)

TY_CLBCK

We will try again at another time. What are the best days and times to call? [record days/times] Thank you for your help.

  ⇨ TY_LAST

F10_TY_CLBCK

Thank you for your time. I would like to set an appointment to call back at a better time to complete the interview. What are the best days and times to call? [record days/times] Thank you for your help.

⇨ TY_LAST

TY_LAST

End Call

2. DEMOGRAPHICS

FNAME/MNAME/LNAME
What are the names of all persons living or staying here? Let's start with you. (What is your name?)
PROBE: And what is [your/NAME's] middle name?
   Fill 1: Is anyone else living or staying here now?
   Fill 2: What is the name of the next person living or staying here?
⇨ HHCHECK

HHCHECK
So I have listed [one person/# people] living or staying here now: [READ NAMES]. Is there anyone else living or staying here now -- any babies, small children, non-relatives or anyone else?
• Yes
• No
INTERVIEWER: Please verify that the information on this screen is correct. You will not be able to alter the list of household members after this screen.
⇨ SEX

SEX
ASK ONLY IF NECESSARY:
Person 1: What is your sex?
Persons 2+: And how about NAME? (What is NAME's sex?)
1. Male
2. Female
⇨ CK-RELATE

CK-RELATE
• if single-person household ➔ DOB
• else ➔ RELATE

RELATE
Person 1: How is NAME related to you/Person 1?
Persons 2+: How about NAME? (How is NAME related to you/Person 1?)
19. Self
20. Spouse
21. Unmarried partner
22. Child
23. Grandchild
24. Parent (mother/father)
25. Brother/Sister
26. Other relative (Aunt, Cousin, Nephew, Mother-in-Law, etc.)
27. Foster child
28. Housemate/Roommate
29. Other non-relative
DK/Ref
⇨ DOB
NOTE: Once the roster is collected, household members maintain their original line number throughout the entire survey. "Person 1" will always start off as the HHR, but if there's a break-off/callback and the interviewer cannot reach the original household respondent, a different household member may serve as the new household respondent. In these cases the wording above would fill the name of the original household respondent as "Person 1" rather than "you."

DOB
Person 1: What is your date of birth?
Persons 2+: And how about NAME? (What is NAME's date of birth?)
- MONTH
- DAY
- YEAR
- DK/REF

Skips:
- if day/month combination is are not possible (e.g.: February 30) ➔ MONTH_CHECK
- else if MONTH=DK or Ref ➔ AGEGSS
- else if DAY=DK or Ref ➔ AGEGSS
- else ➔ VERIFY_AGE

Note: complete series from DOB thru to AGE2 about each person before moving on to the next person on the roster

VERIFY_AGE
As of last week, that would make [you/NAME] [if YEAR=DK fill: approximately] [agefill] years old. Is that correct?
1. Yes ➔ HSPNON
2. No ➔ AGEGSS
- DK ➔ AGEGSS
- Ref ➔ AGE2

AGEGSS
Even though you don't know [NAME's] exact birth date, what is your best guess as to how old [he/she] was on [his/her] last birthday?
<number> ➔ HSPNON
- DK/REF ➔ AGE2

AGE2
ASK IF NECESSARY
Is he/she under 15, 15 to 64, or 65 or older?
1. under 15 years old
2. 15-64 years old
3. 65 years old or older
- DK
- Ref
⇨ **HSPNON**

THSPNON
Person 1: Are you Spanish, Hispanic, or Latino?
Persons 2+: And how about NAME? (Is NAME Spanish, Hispanic, or Latino?**)**
1. Yes
2. No
- DK
- Ref
⇨ RACE

RACE

Person 1: I am going to read you a list of five race categories. Please choose one or more races that you consider yourself to be: White; Black or African American; American Indian or Alaska Native; Asian; OR Native Hawaiian or Other Pacific Islander.

Persons 2+: And how about NAME? (Please choose one or more races that NAME considers himself/herself to be: White; Black or African American; American Indian or Alaska Native; Asian; OR Native Hawaiian or Other Pacific Islander).

Do not probe unless response is Hispanic or a Hispanic origin.

Enter all that apply.

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Native Hawaiian or Other Pacific Islander
6. Other [DO NOT READ] => **RACEOT:** What is his/her/your race? [open text]
- DK/Ref
⇨ **EDUCA**

EDUCA

ASK ONLY FOR PEOPLE AGE 15+

Person 1: What is the highest level of school you have completed or the highest degree you have received?

Persons 2+: And how about NAME? (What is the highest level of school NAME has completed or the highest degree NAME has received?)

31. Less than 1st grade
32. 1st,, 2nd, 3rd or 4th grade
33. 5th or 6th grade
34. 7th or 8th grade
35. 9th grade
36. 10th grade
37. 11th grade
38. 12th grade, NO DIPLOMA
39. HIGH SCHOOL GRADUATE, High school DIPLOMA or the equivalent (For example: GED)
40. Some college but no degree
41. Associate degree in college Β Occupational/vocational program
42. Associate degree in college Β Academic program
43. Bachelor's degree (For example: BA, AB, BS)
44. Master's degree (For example: MA, MS, MEng, Med, MSW, MBA)
45. Professional School Degree (For example: MD, DDS, DVM, LLB, JD)
46. Doctorate degree (For example: PhD, EdD)
- DK/Ref
⇨ AFEVER

AFEVER

ASK ONLY FOR PEOPLE AGE 15+

Person 1: Did you ever serve on active duty in the U.S. Armed Forces**?**

Persons 2+: And how about NAME? (Did NAME ever serve on active duty in the U.S. Armed Forces**?)**

1. Yes
2. No
- DK/REF
⇨ MARITL

MARITL
READ IF NECESSARY; ASK ONLY FOR PEOPLE AGE 15+
[NOTE: If reference person reports being married to any other household member in RELATE, store "married" in MARITL for both the reference person and his/her spouse and do not ask this question for either of them.]
Person 1: Are you now married, widowed, divorced, separated, or never married?
Persons 2+: And how about NAME? (Is NAME now married, widowed, divorced, separated, or never married?)
1. Married
2. Widowed
3. Divorced
4. Separated
5. Never married
• DK/Ref
⇨ STATE

STATE
What state do you live in?
[menu with hard-coded state codes for all 50 states plus District of Columbia]
⇨ HHINC

FAMSIZE
To better understand the affordability of health care, we're interested in your family's income, which would include your income plus the income of your spouse and any children or stepchildren under 19 who are living with you. [If household respondent's unmarried partner lives in the household AND the household respondent has at least one child who lives in the household then fill: If [UNMARRIED PARTNER NAME] is the parent of any of the children in this household, please count [UNMARRIED PARTNER NAME] as family]. Your family size, including you, is…
1. One person
2. Two people
3. Three people
4. Four people
5. Five people
6. Six people
7. Seven people
8. Eight people
9. Nine people
10. Ten or more people
• DK/Ref

FAMINC

Please tell me the category that best describes your family's total income during 2014 before taxes and other deductions. Your best estimate is fine.

[AUTHOR NOTE: use answer to FAMSIZE along with table below to determine how to fill response categories 1-4]

1. Response category 1
2. Response category 2
3. Response category 3
4. Response category 4
- DK/Ref
⇨ JOBS

FAMSIZE answer	Response item 1 (at or below 138%)	Response item 2 (above 138% and less than 200%)	Response item 3 (at or above 200% and less than 400%)	Response item 4 (above 400%)
One person	At or below $16,200	Above $16,200 and less than $23,400	At or above $23,400 and less than $46,700	At or above $46,700
Two people	At or below $21,800	Above $21,800 and less than $31,500	At or above $31,500 and less than $63,000	At or above $63,000
Three people	At or below $27,400	Above $27,400 and less than $39,600	At or above $39,600 and less than $79,200	At or above $79,200
Four people	At or below $33,000	Above $33,000 and less than $47,700	At or above $47,700 and less than $95,400	At or above $95,400
Five people	At or below $38,600	Above $38,600 and less than $55,900	At or above $55,900 and less than $111,700	At or above $111,700
Six people	At or below $44,200	Above $44,200 and less than $64,000	At or above $64,000 and less than $127,900	At or above $127,900
Seven people	At or below $50,000	Above $50,000 and less than $72,100	At or above $72,100 and less than $144,200	At or above $144,200
Eight people	At or below $55,400	Above $55,400 and less than $80,200	At or above $80,200 and less than $160,400	At or above $160,400
Nine people	At or below $61,000	Above $61,000 and less than $88,300	At or above $88,300 and less than $176,600	At or above $176,600
Ten or more people	At or below $66,600	Above $66,600 and less than $96,500	At or above $96,500 and less than $192,900	At or above $192,900

LABOR FORCE

NOTE: Questions only asked of household members 15+

JOBS
(Next I have some questions about work experience.) (First/Next I'd like to ask you about yourself/NAME). Did [you/NAME] work at a job or business at any time during 2014?
1. Yes ➔ WKSWORK
2. No ➔ PART
- DK/Ref ➔ PART

PART
Did [you/NAME] do any temporary, part-time, or seasonal work even for a few days during 2014?
1. Yes ➔ WKSWORK
2. No ➔ NOWRK
- DK/Ref ➔ CK_MORE_JOBS

NOWRK
What was the main reason [you/NAME] did not work in 2014?
1. Ill, or disabled and unable to work
2. Taking care of home or family
3. Going to school
4. Retired
5. No work available
6. Other (please specify) ➔ **NOWRKSP** (open-text specify)
- DK/Ref
⇨ CK_MORE_JOBS

WKSWORK
During 2014 in how many weeks did [you/NAME] work even for a few hours? Include paid vacation and sick leave as work.
PROBE: If respondent can only answer in months, multiply the number of months by four to derive number of weeks and ask if that number sounds about right.
- [number of weeks (1-52)] ➔ HRSWEEK
- DK ➔ EMP_SIZE
- Ref ➔ EMP_SIZE

HRSWEEK (Q41)
In the weeks that [you/NAME] worked, how many hours did [you/NAME] usually work per week?
- [number of hours, 1-168]
- DK/Ref
⇨ EMP_SIZE

EMP_SIZE

Counting all locations where your/NAME's employer operates, what is the total number of persons who work for that employer?

READ IF NECESSARY: If you/NAME works for more than one employer, answer for the largest employer.

1. Less than 10
2. 10-50
3. 51-99
4. 100-499
5. 500-999
6. 1000+
- DK/REF
⇨ CK_MORE_JOBS

CK_MORE_JOBS
- if there are more people age 15+ ➔ back to JOBS
- else ➔ CK-UNEMP

4. UNEARNED INCOME

CK-UNEMP:
- if SUBJECT did not work all year (PART=no) or worked less than 35 weeks (WKSWORK<35) or is retired (NOWRK=4) ➔ UNEMP
- else ➔ SSYN

UNEMP
(Now I have some questions about benefits.) (First/Next I'd like to ask you about yourself/NAME). At any time during 2014 did [you/NAME] receive any State or Federal unemployment compensation?
1. Yes
2. No
- DK/Ref
⇨ CK-SSYN

CK-SSYN
- if there are more people age 15+ ➔ back to CK-UNEMP for next person on the roster
- else ➔ SSYN

SSYN (56a)
(Now I have some questions about benefits.) During 2014 did (you/anyone in this household) receive any Social Security payments from the U.S. Government?
1. Yes ➔ if single-person household ➔ SSWHO
2. No ➔ SSIYN
- DK/Ref ➔ SSIYN

SSWHO (56b)
Who received Social Security payments either for themselves or as combined payments with other family members?
PROBE: Anyone else?
- [display hh roster]
- DK/Ref
➔ SSIYN

SSIYN (57a)
During 2014 did (you/anyone in this household) receive any SSI payments, that is, Supplemental Security Income?
Note: SSI are assistance payments to low-income aged, blind and disabled persons, and come from state or local welfare offices, the Federal government, or both.
1. Yes ➔ SSIWHO
2. No ➔ TANFYN
- DK/Ref ➔ TANFYN

SSIWHO (57b)
Who received SSI?
PROBE: Anyone else?
⇨ TANFYN

TANFYN (59a88)
At any time during 2014, even for one month, did (you/anyone in this household) receive any CASH assistance from a state or county welfare program [fill state-specific name]?
PROBE: Include cash payments from:
   welfare or welfare-to-work programs,
   Temporary Assistance for Needy Families program (TANF),
   Aid to Families with Dependent Children (AFDC),
   General Assistance/Emergency Assistance program,
   Diversion Payments,
   Refugee Cash and Medical Assistance program,
   General Assistance from Bureau of Indian Affairs, or
   Tribal Administered General Assistance.
PROBE: Do not include food stamps, Supplemental Nutrition Assistance Program (SNAP) benefits, SSI, energy assistance, WIC, school meals or transportation, childcare, rental, or educational assistance.
1. Yes ➔ TANFWHO
2. No ➔ FSYN
• DK/Ref ➔ FSYN

TANFWHO (59b_88)
Who received this cash assistance?
PROBE: Anyone else?
• display hh roster]
• [no one selected]
• DK/Ref
➔ FSYN

FSYN (Q87ar)
At any time during 2014, even for one month, did (you/anyone in this household) receive any food assistance from [fill state-specific name]?
PROBE: Do not include WIC benefits.
PROBE: Include SNAP (Supplemental Nutrition Assistance Program).
1. Yes ➔ FSWHO
2. No ➔ CK-WIC
• DK/Ref ➔ CK-WIC

FSWHO (Q88)
Which of the people now living here were covered by food stamps during 2014?
PROBE: Anyone else?
1. [display hh roster]
2. [no one selected]
• DK/Ref
➔ CK-WIC

CK-WIC
• if there is at least one female age 15-64 in the household ➔ WICYN
• else ➔ PENSYN

WICYN
At any time during 2014, (was/were) (you/ anyone in this household) on WIC, the Women, Infants, and Children Nutrition Program?
1. Yes ➔ WICWHO
2. No ➔ PENSYN
• DK/Ref ➔ PENSYN

WICWHO

Who received WIC for themselves or on behalf of a child?

PROBE: Anyone else?

⇨ PENSYN

PENSYN (Q62A)

During 2014 did (you/anyone in this household) receive any pension or retirement income from a previous employer or union, or any other type of retirement income (other than Social Security)?

1. Yes ➔ PENSWHO
2. No ➔ HEALTH_TREAT
- DK/Ref ➔ HEALTH_TREAT

PENSWHO (Q62b)

Who received pension or retirement income?

PROBE: Anyone else?

- [display hh roster]
- [DK/REF/no one selected]

➔ HEALTH_TREAT

HEALTH_TREAT

- If 1st digit in case ID=1 then ➔ CPS health insurance module (HINTRO)
- Else if 1st digit in case ID=y then ➔ ACS health insurance module (ACSJOB)

5A. HEALTH INSURANCE: CPS Health Insurance Module

Section A: Coverage Status (Leader)

HINTRO
These next questions are about health coverage between January 1, [CY-1] and now.
- Press 1 to continue ➔ PINTRO

PINTRO
[First/Next] I'm going to ask about [your/NAME's] health coverage.
- Press 1 to continue ➔ CK-MCARE1

CK-MCARE1
Is NAME either 65+?
- Yes ➔ MCARE1
- No ➔ ANYCOV

MCARE1
Medicare is health insurance for people 65 years and older and people under 65 with disabilities. [Are you/Is NAME] NOW covered by Medicare?
◆ Code Medicare Parts A, B and C and Medicare Advantage as "Yes".
1. Yes ➔ BEFORAFT_LC1
2. No/DK/REF ➔ ANYCOV

ANYCOV
[Do you/Does NAME] NOW have any type of health plan or health coverage?
1. Yes ➔ SRCEGEN_LC1
2. No/DK/REF ➔ MEDI

MEDI
[Are you/Is NAME] NOW covered by Medicaid, Medical Assistance [or] CHIP [if MCARE1 not yet asked: or Medicare]?
1. Yes ➔ GOVTYPE_LC1
2. No/DK/REF ➔ OTHGOVT

OTHGOVT
[Are you/Is NAME] NOW covered by a state or government assistance program that helps pay for healthcare, such as [STMCAID1-9, STPORTAL, STEXCH1-3]?
◆ Stop reading the list if respondent says "YES."
1. Yes ➔ GOVPLAN_LC1
2. No/DK/REF ➔ If ever served in Armed Forces (AFEVER=1) ➔ VET; else ➔ VERIFY

VET
[Are you/Is NAME] NOW covered by Veteran's Administration (VA) care?
1. Yes ➔ BEFORAFT_LC1
2. No/DK/REF ➔ VERIFY

VERIFY
I have recorded that [you are/NAME is] not currently covered by a health plan. Is that correct?
1. Yes, is NOT covered ➔ ADDOTH1_L
2. No, is covered ➔ SRCEGEN_LC1
3. DK/REF ➔ ADDOTH1_L

Section B: Plan Type (Leader, Current Loop)

SRCEGEN_LC1
ASK OR VERIFY
For the coverage you/NAME has/have NOW, [do you/does NAME] get it through a job, the government or state, or some other way?
◆ **JOB:** Former job/Retiree, Union, Spouse/parent's job, Job with the government, COBRA, TRICARE/TRICARE for Life
◆ **GOVERNMENT OR STATE:** Medical Assistance, Medicaid, Medicare (Parts A+B; Part C), Medicare Advantage, State-provided health coverage, VA Care/CHAMPVA/other military
◆ **OTHER:** Privately purchased, Parent or spouse, Medicare Supplements, Exchange plan/Marketplace, Group or association, School,
◆ **IF RESPONDENT CHOOSES MORE THAN ONE:** Ok let's talk about one plan at a time. Which would you like to tell me about first?
If VERIFY=2 then fill: ◆If respondent is not covered, go back to VERIFY and select "Yes"
1.   Job (current or former) ➔ MILPLAN_LC1
2.   Government or State ➔ JOBCOV_LC1
3.   Other way ➔ SRCEDEPDIR_LC1
•   DK/REF ➔ SRCEDEPDIR_LC1

SRCEDEPDIR_LC1
◆ ASK OR VERIFY
[Do you/Does NAME] get that coverage through a parent or spouse, [do you/does he/she] buy it [yourself/himself/herself], or [do you/does he/she] get it some other way?
PARENT/SPOUSE: Parent, Spouse
BUY IT DIRECTLY: Buy it, Parent or spouse buys it, Medicare Supplement
SOME OTHER WAY: Former employer, Group or association, Indian Health Service, School
1.   Parent or spouse ➔ POLHOLDER_LC1
2.   Buy it ➔ POLHOLDER_LC1
3.   Other way ➔ SRCEOTH_LC1
•   DK/REF ➔ SRCEOTH_LC1

SRCEOTH_LC1
◆ ASK OR VERIFY
[Do you/Does NAME] get it through a former employer, a union, a group or association, the Indian Health Service, a school, or some other way?
1.   Former employer ➔ POLHOLDER_LC1
2.   Union ➔ POLHOLDER_LC1
3.   Group or association ➔ POLHOLDER_LC1
4.   Indian Health Service ➔ BEFORAFT_LC1
5.   School ➔ POLHOLDER_LC1
6.   Some other way ➔ GOVPLAN_LC1
•   DK/REF ➔ GOVPLAN_LC1

JOBCOV_LC1

Is that coverage related to a JOB with the government or state?

◆ Include coverage through FORMER employers and unions, and COBRA plans.
1. Yes ➔ MILPLAN_LC1
2. No ➔ GOVTYPE_LC1
• DK/REF ➔ GOVTYPE_LC1

Soft edit: If "yes" and no one in the household was reported to have a job (more than part time, seasonal or temp work), nor is anyone in the household a retiree, then ask soft edit: "Can I just check -- I recorded that this coverage is related to a JOB. Is that correct?"

◆If this is correct, continue to MILPLAN_LC1

◆If this is not correct, go back to JOBCOV_LC1 and correct

MILPLAN_LC1

◆ ASK OR VERIFY

Is that plan related to military service in any way?

◆Examples of military plans include:
- VA Care
- TRICARE
- TRICARE for Life
- CHAMPVA
- Other military care
1. Yes ➔ MILTYPE_LC1
2. No ➔ POLHOLDER_LC1
• DK/REF ➔ POLHOLDER_LC1

GOVTYPE_LC1

◆ ASK OR VERIFY

Is that coverage Medicaid, CHIP, Medicare, a plan through the military, or some other program?

◆ Code Medicare Parts A, B and C and Medicare Advantage as "Medicare".

IF R CHOOSES MORE THAN ONE: Ok let's talk about one plan at a time. Which would you like to tell me about first?
1. Medicaid or Medical Assistance ➔ GOVPLAN_LC1
2. CHIP ➔ PORTAL_LC1
3. Medicare ➔ soft edit then ➔ BEFORAFT_LC1
4. Military ➔ MILTYPE_LC1
5. Other ➔ GOVPLAN_LC1
• DK/REF ➔ GOVPLAN_LC1

Soft edit: if Medicare is selected and NAME is under 65 ask: "There are two programs that sound a lot alike. MediCARE is for people 65 years and older, or people under 65 with disabilities. MediCAID is a government-assistance plan for those with low-incomes or a disability. Just to be sure, which program are you/is NAME covered by?"

◆If Medicare is correct, suppress and continue.
◆If Medicare is not correct, go back to GOVTYPE_LC1 and correct.

MILTYPE_LC1

◆ ASK OR VERIFY

Is that plan through TRICARE, TRICARE for Life, CHAMPVA, VA care, military health care, or something else?

1. TRICARE
2. TRICARE for Life
3. CHAMPVA
4. Veterans Administration (VA) care
5. Military health care
6. Other
• DK/REF

[all] ➜ POLHOLDER_LC1

POLHOLDER_LC1

◆ ASK OR VERIFY

Whose name is the policy in? (Who is the policyholder)?

1. *household member 1*
2. *household member 2*
    ………
16. *household member 16*
17. Someone living outside the household
• DK/REF

[all] ➜ CK-SRCEPTSP_LC1

CK-SRCEPTSP_LC1

• If SRCEDEPDIR_LC1 = "parent or spouse" then ➜ SRCEPTSP_LC1
• Else if SRCEDEPDIR_LC1=2 = "buy it" then ➜ PORTAL_LC1
• Else ➜ CK-HIPAID_LC1

SRCEPTSP_LC1

◆ ASK OR VERIFY

Do they get that coverage through their job, do they buy it themselves, or do they get it some other way?

1. Job (current or former) ➜ HIPAID_LC1
2. Buy it ➜ PORTAL_LC1
3. Other way ➜ GOVPLAN_LC1
• DK/REF ➜ GOVPLAN_LC1

GOVPLAN_LC1

◆| ASK OR VERIFY

What do you call the program?

IF RESPONDENT ANSWERS WITH INSURANCE COMPANY NAME: OK, so that would be the plan name. What do you call the program? Some examples of programs in [STATE] are [read full list below].

1. Medicaid
2. Medical Assistance
3. Indian Health Service
4. STMCAID1
5. STMCAID2
………
12. STMCAID9
13. Healthcare.gov
14. STEXCH1
15. STEXCH2
16. Plan through [STPORTAL]
17. Other government plan
18. Other (please specify)
- DK/REF

Skip Instructions
- if 3 (IHS) ➔ BEFORAFT_LC1
- else if 17, 18 (non-specific other government plan or other/specify) then ➔ MISCSPEC_LC1
- else if 13-16 (marketplace plan) then ➔ POLHOLDER2_LC1
- all others (Medicaid, CHIP, state-specific government plan, DK, REF) ➔ PORTAL_LC1

MISCSPEC_LC1

[open text; 65 characters] ➔ PORTAL_LC1

PORTAL_LC1

◆| ASK OR VERIFY

Is that coverage through [STPORTAL], [such as STEXCH1-3]?

1. Yes ➔ EXCHTYPE_LC1
2. No ➔ CK-POLHOLDER2_LC1
- DK/REF ➔ CK-POLHOLDER2_LC1

EXCHTYPE_LC1

◆| ASK OR VERIFY

What do you call it – [STPORTAL, STEXCH1-3]?

1. STPORTAL
2. STEXCH1
3. STEXCH2
4. STEXCH3
- DK/REF

[all] ➔ CK-POLHOLDER2_LC1

CK-HIPAID_LC1

Is coverage related to employment?

- Yes ➔ HIPAID_LC1
- No ➔ BEFOREAFT_LC1

HIPAID_LC1

Does (name's/policyholder names's) employer or union pay for all, part, or none of the health insurance premium?

◆ Report here employer's contribution to employee's health insurance premiums, not the employee's medical bills.

1. All
2. Part
3. None
• DK/REF

[all] ➔ BEFOREAFT_LC1

CK-POLHOLDER2_LC1

Was POLHOLDER_LC1 already asked?
• Yes ➔ PREMYN_LC1
• No ➔ POLHOLDER2_LC1

POLHOLDER2_LC1

◆ ASK OR VERIFY

Whose name is the policy in (Who is the policyholder)?

1. *household member 1*
2. *household member 2*
   ………
16. *household member 16*
17. Someone living outside the household
• DK/REF

 [all] ➔ PREMYN_LC1

PREMYN_LC1

Is there a monthly premium for this plan?

◆ **READ IF NECESSARY:** A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

1. Yes ➔ PREMSUBS_LC1
2. No ➔ METAL_LC1
• DK/REF ➔ METAL_LC1

PREMSUBS_LC1

Is the cost of the premium subsidized based on [if single-person hh and NAME is policyholder fill: your/else fill: family] income?

◆ **READ IF NECESSARY:** A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

◆ **READ IF NECESSARY:** Subsidized health coverage is insurance with a reduced premium. Low and middle income families are eligible to receive tax credits that allow them to pay lower premiums for insurance bought through healthcare exchanges or marketplaces.

1. Yes
2. No
• DK/REF

[all] ➔ PREMCOST_LC1

PREMCOST_LC1

How much do you or your family pay for the premium?

READ IF NECESSARY: A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

[open text] ➔ PREMUNIT_LC1
• DK/REF ➔ METAL_LC1

PREMUNIT_LC1
ASK OR VERIFY
Is that per month, quarter, year, or some other time period?
1. Month
2. Quarter
3. Year
4. Other (please specify) ➜ UNITSP_LC1 (open-text specify)
• DK/Ref
   ⇨ METAL_LC1

METAL_LC1
Some health plans are sold at different levels of coverage: bronze, silver, gold and platinum. And some people, including young people under 30, can purchase a catastrophic plan. Is this plan a…
[READ LIST; ENTER ONLY ONE].
NOTE: Catastrophic plans are only available for those under 30 years old or those with a "hardship exemption"
1. Bronze
2. Silver
3. Gold
4. Platinum or a
5. Catastrophic plan?
6. No, none of the above
• DK/Ref
   ⇨ BEFORAFT_LC1

Section C: Months of Coverage (Leader, Current Loop)

BEFORAFT_LC1
Did [your/NAME's] coverage from [PLANTYPE] start before January 1, [CY-1]?
◆ **READ IF NECESSARY:** Your best estimate is fine.
If PLANTYPE is job-related fill:
◆ **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched employers or plans through [your/their] employer, consider it the same plan.
If PLANTYPE is directly-purchased fill:
◆ **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched plans that you/he/she buys, consider it the same plan.
1. Yes ➔ CNTCOV_LC1
2. No ➔MNTHBEG1_LC1
• DK/REF ➔ ANYTHIS_LC1

MNTHBEG1_LC1
In which month did that coverage start?
◆ **READ IF NECESSARY:** Your best estimate is fine.
If PLANTYPE is job-related fill:
◆ **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched employers or plans through [your/their] employer, consider it the same plan.
If PLANTYPE is directly-purchased fill:
◆ **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched plans that you/he/she buys, consider it the same plan.
◆ This question refers to [PLANTYPE].
1. January
2. February
……..
12. December
• DK/REF
If MNTHBEG1_LC1=current month or earlier ➔ YEARBEG1_LC1
If MNTHBEG1_LC1= later than current month ➔ CNTCOV_LC1
If MNTHBEG1_LC1= (D/R) ➔ ANYTHIS_LC1

YEARBEG1_LC1
◆ ASK OR VERIFY
Which year was that?
If PLANTYPE is job-related fill:
◆ **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched employers or plans through [your/their] employer, consider it the same plan.
If PLANTYPE is directly-purchased fill:
◆ **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched plans that you/he/she buys, consider it the same plan.
◆ This question refers to [PLANTYPE].
1. CY-1 ➔ CNTCOV_LC1
2. CY ➔ CNTCOV_LC1
• DK/REF ➔ ANYTHIS_LC1

CNTCOV_LC1

Has it been continuous since [January, CY-1/month and year from MNTH/YRBEG1]?

If PLANTYPE is job-related fill:

◆| **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched employers or plans through [your/their] employer, consider it the same plan.

If PLANTYPE is directly-purchased fill:

◆| **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched plans that you/he/she buys, consider it the same plan.

▣| **READ IF NECESSARY:** If the gap in coverage was less than three weeks, consider the coverage "continuous."

◆| This question refers to [PLANTYPE].

1. Yes ➔ CK-OTHMEMB_LC1
2. No ➔ MNTHBEG2_LC1
•   DK ➔ MNTHBEG2_LC1
•   REF ➔ ANYTHIS_LC1

MNTHBEG2_LC1

In which month did this most recent period of coverage start?

◆| **READ IF NECESSARY:** Your best estimate is fine.

If PLANTYPE is job-related fill:

◆| **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched employers or plans through [your/their] employer, consider it the same plan.

If PLANTYPE is directly-purchased fill:

◆| **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched plans that you/he/she buys, consider it the same plan.

◆| This question refers to [PLANTYPE].

1. January
2. February

……..

12. December
•   DK/REF

If MNTHBEG2_LC1=current month or earlier ➔ YEARBEG2_LC1

If MNTHBEG2_LC1= later than current month ➔ SPELLADD_LC1

Else If MNTHBEG2_LC1= (D/R) ➔ if covered all months of CY => ANYLAST_LC1; else ➔ ANYTHIS_LC1

YEARBEG2_LC1

◆| ASK OR VERIFY

Which year was that?

If PLANTYPE is job-related fill:

◆| **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched employers or plans through [your/their] employer, consider it the same plan.

If PLANTYPE is directly-purchased fill:

◆| **READ IF NECESSARY:** If [you/POLICYHOLDER NAME] switched plans that you/he/she buys, consider it the same plan.

◆| This question refers to [PLANTYPE].

1. [CY-1] ➔ SPELLADD_LC1
2. [CY] ➔ SPELLADD_LC1
•   DK ➔ if covered all months of CY ➔ ANYLAST_LC1; else ➔ ANYTHIS_LC1
•   REF ➔ if covered all months of CY ➔ ANYLAST_LC1; else ➔ ANYTHIS_LC1

SPELLADD_LC1

I have recorded that [you were/NAME was] covered by [PLANTYPE] in [read months covered]. Were there any OTHER months between January [CY-1] and now that [you were/NAME was] also covered by [PLANTYPE]?

1. Yes ➔ if covered all months of CY ➔ ANYLAST_LC1; else ➔ ANYTHIS_LC1
2. No ➔ CK-OTHMEMB_LC1
• DK/REF ➔ CK-OTHMEMB_LC1

ANYTHIS_LC1

Which months [were you/was NAME] covered by [PLANTYPE] THIS year – in [CY]?
◆ Choose all months that apply
1. January
2. February
3. March
4. April
20. All months of CY
21. No months of CY
• DK/REF

[all] ➔ ANYLAST_LC1

ANYLAST_LC1

Which months [were you/was NAME] covered by [PLANTYPE] LAST year – in [CY-1]?
◆ Choose all months that apply
1. January
2. February
……..
12. December
20. All months of CY-1
21. No months of CY-1
• DK/REF

[all] ➔ CK-OTHMEMB_LC1

CK-OTHMEMB_LC1

Does this household have 2 or more members?
• Yes ➔ OTHMEMB_LC1
• No ➔ CK-OTHOUT_LC1

Section D: Other Household Members Covered by Leader's Plan, and Months Covered (Current Loop)

OTHMEMB_LC1
Between January 1, [CY-1] and now, was anyone in the household other than [you/NAME] ALSO covered by [PLANTYPE]?
1. Yes ➔ COVWHO_LC1
2. No ➔ CK-OTHOUT_LC1
• DK/REF ➔ CK-OTHOUT_LC1
Hard edit: If NAME is a dependent on a job or direct-purchase plan and OTHMEMB_LC1 ne "yes" (that is, the respondent fails to report that the policyholder is also on the plan) store a "Yes"

COVWHO_LC1
Who else was covered? (Who else was covered by [PLANTYPE]?)
◆| **PROBE:** Anyone else?
0. *household member 1*
1. *household member 2*
  ………
16. *household member 16*
96. all persons listed
97. DK/REF
• Any household member ➔ CK-SAMEMNTHS_LC1
• DK/REF => CK-OTHOUT_LC1
Hard edit: If NAME is a dependent on a job or direct-purchase plan and the policyholder is not selected, store policyholder's name in COVWHO_LC1

CK-SAMEMNTHS_LC1
• If leader was covered all months ➔ SAMEMNTHS_LC1
• If leader was NOT covered all months ➔ MNTHS_LC1

SAMEMNTHS_LC1
[Was/Were] [NAME/NAMEs] also covered from January 1, CY-1 until now?
◆| This question refers to [PLANTYPE].
1. Yes (all also covered from January CY-1 until now) ➔ CK-OTHOUT_LC1
2. No (at least one person not covered from January, CY-1 until now)
• DK/REF ➔ MNTHS_LC1

MNTHS_LC1
[First person] Which months between January [CY-1] and now was [NAME from COVWHO_LC1] covered?
[Second+ person] How about NAME? (Which months between January [CY-1] and now was [NAME] covered?)
◆ Choose all months that apply
◆ This question refers to [PLANTYPE].
1. January CY-1
2. February CY-1
……..
12. December CY-1
13. January CY
14. February CY
15. March CY
16. April CY
17. DK/REF
20. All months from January 2013 until now
21. No months from January 2013 until now
[all] ➔ Loop through all persons reported in COVWHO_LC1; then =>CK-OTHOUT_LC1

CK-OTHOUT_LC1
• If PLANTYPE is private ➔ OTHOUT_LC1
• Else ➔ CK-ADDGAP1_L

OTHOUT_LC1
Does that plan cover anyone living outside this household?
1. Yes ➔ OTHWHO_LC1
2. No ➔ CK- ADDGAP1_L
• DK/REF ➔ CK- ADDGAP1_L

OTHWHO_LC1
How old are they – under 19, 19-25 or older than 25? [MARK ALL THAT APPLY]?
1. Under 19
2. 19-25 years old
3. Older than 25
• DK/REF
[all] ➔ CK-ADDGAP1_L

Additional Plans for Leader

CK-ADDGAP1_L
Are there any gaps in coverage for NAME?
• Yes (gaps in coverage) ➔ ADDGAP1_L
• No (no gaps in coverage) ➔ ADDOTH1_L

ADDGAP1_L
So far, I have recorded that [you were/NAME was] NOT covered in [months not covered]. [Were you/Was NAME] covered by any type of health plan or health coverage in [that/those] month(s)?
◆ **READ IF NECESSARY:** Do not include plans that cover only one type of care, such as dental or vision plans.
1. Yes ➔ SRCEGEN_LP1
2. No ➔ ADDOTH1_L
• DK/REF ➔ ADDOTH1_L

Past Loop

The Past Loop is designed to capture plan type, months of coverage, other household members covered by the same plan, and the months they were covered. As such, the Past Loop consists of all items in Sections B through D above, but with the following exceptions. First, all items in the Past Loop are worded in the past tense. Second, for Section C of the past loop, there is only a single item asking about months of coverage. This is because for current coverage the questionnaire anchors the respondent in their day-of coverage and then establishes the start month of the spell. For coverage that is not held on the day of the interview it is not possible to employ this same technique so we simply ask what months throughout the 16-month reference period the coverage was held, as follows:

WMNTHS_LP1
Which months between January [CY-1] and now [were you/was NAME] covered by [PLANTYPE]?
◆ Choose all months that apply
1. January CY-1
2. February CY-1
……..
12. December CY-1
13. January CY
14. February CY
15. March CY
16. April CY
17. DK/REF
20. All months from January 2013 until now
21. No months from January 2013 until now
 [all] ➔ CK-OTHMEMB_LP1
Once months of coverage are established for the leader, the respondent skips to Section D to determine whether other household members were also covered by the same plan.

SRCEGEN_LP1 thru OTHWHO_LP1
● *Copy all items in Sections B through D in the Current Loop (with the exception above for Section C) and replace "_LC1" with "__LP1."*
● *All answer choices at end of Section D => ADDOTH1_L*

ADDOTH1_L
[Other than [PLANTYPEs],] [W/were you/W/was NAME] covered by any [other] health plan or health coverage AT ANY TIME between January 1, CY-1 and now?
◆ **READ IF NECESSARY:** Do not include plans that cover only one type of care, such as dental or vision plans.
1. Yes ➔ SRCEGEN_LP2
2. No ➔ CK-NEXTMEMB
● DK/REF ➔ CK-NEXTMEMB
If ADDOTH1_L is answered for Person 1 then set MARKTWO=2 (sufficient partial)

SRCEGEN_LP2 thru OTHWHO_LP2
● *Copy all items in Past Loop and replace "_LP1" with "__LP2."*
● *All answer choices at end of Section D => ADDOTH2_L*

ADDOTH2_L
[Other than [PLANTYPEs],] [W/were you/W/was NAME] covered by any [other] health plan or health coverage AT ANY TIME between January 1, CY-1 and now?
◆ **READ IF NECESSARY:** Do not include plans that cover only one type of care, such as dental or vision plans.

1. Yes ➔ SRCEGEN_LP3
2. No ➔ CK-NEXTMEMB
- DK/REF ➔ CK-NEXTMEMB

SRCEGEN_LP3 thru OTHWHO_LP3
- *copy all items in Past Loop and replace "_LP1" with "__LP3."*
- *All answer choices at end of Section D => CK-NEXTMEMB*

CK-NEXTMEMB
Have all household members been asked about explicitly?
- Yes ➔ HEALTHSTATUS_INTRO
- No ➔ FINTRO

Additional Plans for Follower

FHINTRO
Next I'm going to ask you about NAME's health coverage.
◆Press 1 to Continue

CK-ADDGAP1_F
Are there any gaps in coverage for NAME?
- Yes (gaps in coverage) ➔ ADDGAP1_F
- No (no gaps in coverage) ➔ ADDOTH1_F

ADDGAP1_F
So far, I have recorded that [you were/NAME was] NOT covered in [months not covered]. [Were you/Was NAME] covered by any type of health plan or health coverage in [that/those] month(s)?
◆ **READ IF NECESSARY:** Do not include plans that cover only one type of care, such as dental or vision plans.
1. Yes ➔ SRCEGEN_FP1
2. No ➔ ADDOTH1_F
- DK/REF ➔ ADDOTH1_F

SRCEGEN_FP1 thru OTHWHO_FP1
- *copy all items in Past Loop and replace "_LP1" with "__FP1."*
- *All answer choices at end of Section D => ADDOTH1_F*

ADDOTH1_F
[Other than [PLANTYPEs],] [W/were you/W/was NAME] covered by any [other] health plan or health coverage AT ANY TIME between January 1, CY-1 and now?
◆ **READ IF NECESSARY:** Do not include plans that cover only one type of care, such as dental or vision plans.
1. Yes ➔ SRCEGEN_FP2
2. No ➔ CK-NEXTMEMB2
- DK/REF ➔ CK-NEXTMEMB2

SRCEGEN_FP2 thru OTHWHO_FP2
- *copy all items in Past Loop and replace "_LP1" with "__FP2."*
- *All answer choices at end of Section D => ADDOTH2_F*

ADDOTH2_F
[Other than [PLANTYPEs],] [W/were you/W/was NAME] covered by any [other] health plan or health coverage AT ANY TIME between January 1, CY-1 and now?

◆   **READ IF NECESSARY:** Do not include plans that cover only one type of care, such as dental or vision plans.

1.   Yes ➔ SRCEGEN_FP3
2.   No ➔ CK-NEXTMEMB2
•   DK/REF ➔ CK-NEXTMEMB2

SRCEGEN_FP3 thru OTHWHO_FP3
- *copy all items in Past Loop and replace "_LP1" with "__FP3."*
- *All answer choices at end of Section D => HEALTHSTATUS_INTRO*

CK-NEXTMEMB2
Have all household members been asked about explicitly?
- Yes ➔ HEALTHSTATUS_INTRO
- No ➔ FINTRO for next person

5B. HEALTH INSURANCE: ACS Health Insurance Module

ACSJOB

I am now going to ask you some questions about [your/NAME's] health insurance and health coverage. [Are you/Is NAME] currently covered by health insurance through a current or former employer or union of [yours/yours or another family member/<him/her> or another family member]?

◆| NOTE: If the respondent says this person has health coverage through the military, mark "2" and tell them that military health insurance/coverage will be discussed later.

1. Yes
2. No
• DK/Ref
   ⇨ ACSDIR

ACSDIR

[Are you/Is NAME] currently covered by health insurance purchased directly from an insurance company by [you/you or another family member/<him/her> or another family member]?

1. Yes
2. No
• DK/Ref
   ⇨ ACSMCARE

Soft Edit: if ACSJOB=1 and ACSDIR=1 ask: "I recorded that (Fill 1: you/<NAME>) (have/has) both insurance through an employer or union AND insurance directly purchased through an insurance company. These are two different plans, is that correct?"

◆If correct, suppress and continue.

◆If not, determine which is the primary plan and go back to and change the "yes" to a "no" for the other plan

ACSMCARE

[Are you/Is NAME] currently covered by Medicare, for people age 65 or older or people with certain disabilities?

1. Yes
2. No
• DK/Ref
   ⇨ ACSMCAID

ACSMCAID

[Are you/Is NAME] currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?

1. Yes
2. No
• DK/Ref
   ⇨ ACSMIL

ACSMIL

[Are you/Is NAME] currently covered by TRICARE or other military health care?

1. Yes
2. No
• DK/Ref
   ⇨ ACSVA

ACSVA

[Are you/Is NAME] currently covered through the Veteran's Administration or [have you/has NAME] ever used or enrolled for VA health care)**?**
1. Yes
2. No
• DK/Ref
   ⇨ ACSIHS

ACSIHS

[Are you/Is NAME] currently covered through the Indian Health Service?
1. Yes
2. No
• DK/Ref
   ⇨ ACSOTHER

ACSOTHER

[Are you/Is NAME] currently covered by any other health insurance or health coverage plan?
1. Yes ➔ ACSOTHERS
2. No ➔ CK-ACSLAST
• DK/Ref ➔ CK-ACSLAST

If ACSOTHER is answered for Person 1 then set MARKTWO=2 (sufficient partial)

ACSOTHERS

What is the name of the health care plan?
[open text; allow 30 characters]
   ⇨ CK-ACSLAST

CK-ACSLAST

• If there is another person on the roster (regardless of age) ➔ ACSJOB
• Else if at least one plan was reported ➔ ACS_MKT
• Else ➔ HEALTHSTAT

ACS_MKT

Was this plan obtained through a State or Federal Marketplace, Healthcare.gov, or a similar state website?
1. Yes
2. No
• DK/REF
   ⇨ ACS_PREM

ACS_PREM

Do you or another family member pay a premium for this health insurance plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.
1. Yes ➔ ACS_SUBS
2. No ➔ ACS_METAL
• DK/REF ➔ ACS_METAL

ACS_SUBS

Based on family income, do you or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan?
1. Yes
2. No
- DK/REF
  ⇨ ACS_PREMCOST

ACS_PREMCOST

How much do you or your family pay for the premium?
READ IF NECESSARY: A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.
[open text] ➜ ACS_PREMUNIT
- DK/REF ➜ ACS_METAL

ACS_PREMUNIT

ASK OR VERIFY
Is that per month, quarter, year, or some other time period?
1. Month
2. Quarter
3. Year
4. Other (please specify) ➜ ACS_UNITSP (open text specify)
- DK/Ref
  ⇨ ACS_METAL

ACS_METAL

Some health plans are sold at different levels of coverage: bronze, silver, gold and platinum. And some people, including young people under 30, can purchase a catastrophic plan. Is this plan a…
[READ LIST; ENTER ONLY ONE].
NOTE: Catastrophic plans are only available for those under 30 years old or those with a "hardship exemption"
7. Bronze
8. Silver
9. Gold
10. Platinum or a
11. Catastrophic plan?
12. No, none of the above
- DK/Ref
  ⇨ ACS_PATHWAY

ACS_PATHWAY

There are many different ways to obtain information on the health insurance plans in the marketplace. Which of the following sources of information did you use or try to use to obtain information?

MARK ALL THAT APPLY

1. Website, including online chat option
2. Newspaper, radio, or television
3. Call center
4. Assistance from navigators, application assisters, certified application counselors, or community health workers
5. Assistance from an insurance agent or broker
6. Assistance from family or friends
7. Assistance from an employer
8. Assistance from a tax preparer
9. Assistance from Medicaid or another program agency such as TANF, SNAP, or WIC
10. Assistance from a hospital, doctor's office, or clinic
11. Other (please specify) ➜ ACS_PATHSP (open text specify)
- DK/Ref
    ⇨ HEALTHSTAT

HELP SCREENS

For ACSMCAID:

Medicaid, medical assistance, or government assistance plans for those with low incomes or a disability may be known by different names in different states. Below is a list of program names by state. This list is not comprehensive, but provides guidance for those not familiar with the term Medicaid and may only know their specific state program name. [fill state-specific program name(s) based on the attachment]

For all items except ACSMCAID:

DATA USES

- Used to allocate funds to states and local areas for government-provided health care.
- Used by federal agencies, such as the Department of Health and Human Services, to evaluate the effectiveness of government health care programs.
- Used by federal and local agencies to examine the adequacy of existing health care facilities in meeting current and future health care needs.

WHY WE ASK IT THIS WAY

- These questions ask about each type of insurance a respondent may have.
- Insurance can include both private coverage (provided by an employer or purchased) as well as public coverage (from government programs such as Medicare, Medicaid, and VA).
- The reason the question specifies Αhealth insurance or health coverage plans@ is because many types of public (government) coverage are not technically health insurance plans. The goal of the item is to obtain information on whether an individual has health insurance coverage and if so, what kind of coverage he/she has.

6. WRAP-UP

HEALTHSTATUS_INTRO
An important factor in evaluating a person's or family's health insurance situation is their current health status and/or the current health status of other family members.
- Press 1 to continue ➔ HEALTHSTAT

HEALTHSTATUS
Person 1: Would you say your health in general is excellent, very good, good, fair, or poor?
Person 2: How about NAME? (Would you say your health in general is excellent, very good, good, fair, or poor?)
1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
- DK/REF
    ⇨ REPEAT FOR NEXT PERSON ON ROSTER then ➔ ZIP

ZIP
What is your zip code?
- [5 digit boxes] ➔ ADDR1
- DK ➔ ADDR1
- REF ➔ TY_LAST outcome=001

ADDR1
And your address? (STREET NUMBER AND NAME)
- Non-blank ➔ ADDR2
- DK➔ CITY
- REF ➔ TY_LAST outcome=001

ADDR2
Is there an apartment number?
    ⇨ CITY

CITY
What city?
    ⇨ TY_LAST outcome=001