**2015 National Health Care Coverage Survey (NHCCS)**

Sponsored by the National Center for Health Statistics,

Centers for Disease Control and Prevention

Conducted by the United States Census Bureau

Draft Questionnaire Version (1.0): February 27, 2015

**OMB No. 0920-0214**

**Approval Expires 03/31/2016**

The following public burden estimate statement must be available as a CATI screen:

**Assurance of Confidentiality (NOTICE):** The Public Health Service Act provides us with the authority to do this research (42 United States Code 242k). All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). If any federal employee, contractor, or agent knowingly shares identifiable information collected under this pledge of confidentiality with a person not entitled to have it, he or she can be fined up to $250,000, and/or imprisoned for up to 5 years.

Public reporting burden of this collection of information is estimated to average about 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports, Clearance Officer; Paperwork Reduction Project (0920-0214), 1600 Clifton Rd., MS D-74, Atlanta, GA 30333

**Table of Contents**

Section 1: Locate eligible 2015 NHIS Sample Adult Respondent

Section 2: Confirm Identity of Eligible Respondent

Section 3: Informed Consent

Section 4: Family Access to Health Care & Utilization

Section 5: Family Health Insurance

Section 6: Employment Status

Section 7: Device and Closing

Appendix: Callback and Answering Machine Scripts

**Section 1: Locate Eligible 2015 NHIS Sample Adult Respondent**

|  |  |
| --- | --- |
| Variable Name | INTRO\_A |
| Question Text | Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling on behalf of the CDC's National Center for Health Statistics.  **IF ALIAS\_SA ne <blank>, display the following statement:**  May I please speak to **[**a person whose initials are] (**fill ALIAS\_SA)**?  **IF (SEX\_SA ne <blank> AND AGE\_SA ne <blank>), display the following statement:**  May I please speak to the **(fill SEX\_SA)** adult who is about **(fill AGE\_SA)** years old?  **IF SEX\_SA ne <blank>, display the following statement:**  How many [if SEX\_SA = 1, fill ‘males’; if SEX\_SA = 2, fill ‘females’] live in your household?  ***IF ONLY ONE PERSON OF THE SAMPLE ADULT GENDER, SAY:*** May I please speak to [if SEX\_SA = 1, fill ‘him’; if SEX\_SA = 2, fill ‘her’]?  **IF AGE\_SA ne <blank>, display the following statement:**  Does someone live in your household who is about **(fill AGE\_SA)** years old?  ***IF YES, SAY:*** Is there anyone else of that age in your household?  ***IF ONLY ONE PERSON OF APPROXIMATE SAMPLE ADULT AGE, SAY:*** May I please speak to the person who is about **(fill AGE\_SA)** years old? |
| Pre-loaded Data | The following data need to be pre-loaded for the Sample Adult:  ALIAS\_SA  AGE\_SA  SEX\_SA |
| Response Options | 1 I am that person  2 Yes, let me get him or her  3 Let me go get an adult  4 No, that person has moved or has a new phone number  5 No, that person has died  6 AM/VM indicates business  7 HUDI (hang up during introduction)  8 Respondent wants a copy of the advance letter mailed  9 Respondent says they will call toll-free line after reviewing the survey website or advance letter  10 Respondent says to call back at a later time  11 Respondent indicates this is a business line  12 Person on the phone says Sample Adult is incapable  13 Left Voice Message  99 Don’t know  97 Refused |
| Skip Pattern(s) | <1> go to [PHONE]  <2> go to [INTRO\_A]  <3> go to [INTRO\_A]  <4> go to [LOC\_A]  <5> go to [DECEASED]  <6> go to [EXIT]  <7> go to [EXIT]  <8> go to [M1\_NAME]  <9> go to [EXIT]  <10> go to [CALBK]  <11> go to [LOC\_C]  <12> go to [DIFF\_Q]  <13> go to [EXIT]  <9*7, blank>* go to [UNKNOWN]  <99> go to [UNKNOWN] |
| Help Text |  |
| Special Instructions | The question text is dependent on the sample adult information that is available  (ALIAS\_SA, SEX\_SA, AGE\_SA).  If SEX\_SA = 1, display ‘male’. If SEX\_SA = 2, display ‘female’. (English)  The following statements should be italicized:  *“IF ONLY ONE PERSON OF THE SAMPLE ADULT GENDER, SAY:,” “* *IF YES, SAY:,”*  and *“IF ONLY ONE PERSON OF APPROXIMATE SAMPLE ADULT AGE, SAY:”*  If INTRO\_A=8, set REMAIL\_REQ\_DATE=MMDDYYYY  If Don’t Know is selected, output 99.  If Refused is selected, output 97. |

|  |  |
| --- | --- |
| Variable Name | INTRO\_B |
| Question Text | Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling on behalf of the CDC's National Center for Health Statistics. We spoke with someone at this phone number previously who asked us to call back at this time.  IF ALIAS\_SA ne <blank>, display the following statement:  Is [a person whose initials are] (fill ALIAS\_SA) available?  IF (SEX\_SA ne <blank> AND AGE\_SA ne <blank>), display the following statement:  Is the (fill SEX\_SA) adult who is about (fill AGE\_SA) years old available?  IF AGE\_SA ne <blank>, display the following statement:  Is an adult who is about (fill AGE\_SA) years old available?  IF SEX\_SA ne <blank>, display the following statement:  Is a (fill SEX\_SA) adult available?  IF NO INFORMATION IS KNOWN:  Is the person I previously spoke to available? |
| Pre-loaded Data | The following data need to be pre-loaded for the Sample Adult:  ALIAS\_SA  AGE\_SA  SEX\_SA |
| Response Options | 1 I am that person  2 Yes, let me get him or her  3 Let me go get an adult  4 No, that person has moved or has a new phone number  5 No, that person has died  6 AM/VM indicates business  7 HUDI (hang up during introduction)  8 Respondent wants a copy of the advance letter mailed  9 Respondent says they will call toll-free line after reviewing the survey website or advance letter  10 Respondent says to call back at a later time  11 Respondent indicates this is a business line  12 Person on the phone says Sample Adult is incapable  13 Left Voice Message  99 Don’t know  97 Refused |
| Skip Pattern(s) | <1> go to [PHONE]  <2> go to [INTRO\_A]  <3> go to [INTRO\_A]  <4> go to [LOC\_A]  <5> go to [DECEASED]  <6> go to [EXIT]  <7> go to [EXIT]  <8> go to [M1\_NAME]  <9> go to [EXIT]  <10> go to [CALBK]  <11> go to [LOC\_C]  <12> go to [DIFF\_Q]  <13> go to [EXIT]  <9*7, blank>* go to [UNKNOWN]  <99> go to [UNKNOWN] |
| Help Text |  |
| Special Instructions | The question text is dependent on the sample adult information that is available (ALIAS\_SA, SEX\_SA, AGE\_SA).  If SEX\_SA = 1, display ‘male’. If SEX\_SA = 2, display ‘female’. (English)  If INTRO\_B=8, set REMAIL\_REQ\_DATE=MMDDYYYY |

|  |  |
| --- | --- |
| Variable Name | ANSWER\_C |
| Question Text | Hello, this is the call center for the CDC's National Center for Health Statistics. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. How may I assist you?  *After respondent indicates he or she is calling about thIS Survey, say:*  Thank you for your interest in the survey and for taking the time to call us to participate. Let me first collect some basic information from you.  *If a title is provided, include it in the first name answer box. If a suffix is provided, include it in the last name answer box.*  What is your first name?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER NAME*  What is your middle name or initial?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER MIDDLE NAME OR INITIAL*  What is your last name?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER LAST NAME* |
| Pre-loaded Data |  |
| Response Options | Text Boxes (50 characters each):  FNAME\_C  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER NAME*  MNAME\_C  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER MIDDLE NAME OR INITIAL*  LNAME\_C  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER LAST NAME*  Radio Buttons:  99 Don’t know  97 Refused |
| Skip Pattern(s) |  |
| Help Text |  |
| Special Instructions | *“ENTER NAME,” “ENTER MIDDLE NAME OR INITIAL,” “ENTER LAST NAME,” “REFUSED,” and “DON’T KNOW”* should all be italicized.  The following instructions should also be italicized:  *“After respondent indicates he or she is calling about thIS Survey, say:” and “If a title is provided, include it in the first name answer box. If a suffix is provided,include it in the last name answer box.*”  Allow for 50 characters in each text box. |

|  |  |
| --- | --- |
| Variable Name | DOB\_C |
| Question Text | What is your date of birth?  \_\_\_ ENTER MONTH  \_\_\_ ENTER DAY  \_\_\_ ENTER YEAR |
| Pre-loaded Data |  |
| Response Options | Drop downs:  MONTH\_C (valid values: 1-12)  DAY\_C (valid values: 1-31)  YEAR\_C (valid values: 1997-1903)  Radio Buttons:  99 Don’t know  97 Refused |
| Skip Pattern(s) | Go to AGE\_YR |
| Help Text |  |
| Special Instructions | ‘*ENTER DAY,’ ‘ENTER MONTH,’ and ‘ENTER YEAR’* should be italicized  If MONTH\_C ne blank or DAY\_C ne blank or YEAR\_C ne blank, clear the Don’t Know and Refused radio buttons.  If Don’t Know or Refused radio buttons are selected, clear MONTH\_C, DAY\_C and YEAR\_C.  If Don’t Know is selected, output 99 to MONTH\_C and DAY\_C. Output 9999 to YEAR\_C.  If Refused is selected, output 97 to MONTH\_C and DAY\_C. Output 9997 to YEAR\_C. |

|  |  |
| --- | --- |
| Variable Name | AGE\_YR |
| Question Text | What is your AGE? |
| Pre-loaded Data |  |
| Response Options | Drop downs:  Age (18-125)  Radio Buttons:  99 Don’t know  97 Refused |
| Skip Pattern(s) | Go to SEX\_C |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | SEX\_C |
| Question Text | Are you male or female? |
| Pre-loaded Data |  |
| Response Options | *1* Male  2 Female  9 Don’t know  7 Refused |
| Skip Pattern(s) | Go to ROSTER\_C |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | ROSTER\_C |
| Question Text | *Phone respondent Sample Adult Criteria Match (Check if*  *information*  *matches)*  ***First Name:* Display FNAME\_C Display NAME\_FNA\_SA First and last**  ***Middle Name:* Display MNAME\_C Display NAME\_MNA\_SA name must be the same.**  ***Last Name:* Display LNAME\_C Display NAME\_LNA\_SA Probe for difference**  **if name is similar.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***DOB- Month:* Display MONTH\_C Display DOBM\_SA At least 2 of the 3 DOB**  ***DOB-Day:* Display DAY\_C Display DOBD\_SA must be the same**  ***DOB-Year:* Display YEAR\_C Display DOBY\_SA OR**   * **- - - - - - - - - - - - - - - -**   ***Age:* Display AGE\_YR Display AGE\_SA Age must be the same**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Gender:* Display SEX\_C Display SEX\_SA Must be the same**  *Household Roster*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Name** | **DOB\*-Month** | **DOB\*-Day** | **DOB\*-Year** | **Age** | **Gender** | | **Sample Adult** | Display NAME\_FNA\_SA, NAME\_MNA\_SA, NAME\_LNA\_SA | Display DOBM\_SA | Display DOBD\_SA | Display DOBY\_SA | Display AGE\_SA | Display SEX\_SA\* | | **Household Roster** | Display ALIAS\_1 | Display DOBM\_1 | Display DOBD\_1 | Display DOBY\_1 | Display AGE\_1 | Display SEX\_1\* | | Through | Through | Through | Through | Through | Through | | ALIAS\_24 | DOBM\_24 | DOBD\_24 | DOBY\_24 | AGE\_24 | SEX\_24\* |   **\*DOB = Date-of-Birth**  ***Compare Respondent information to household roster*** |
| Pre-loaded Data | The following information is needed for each person (up to 24 people, in addition to the Sample Adult) in the household:  NAME\_FNA\_SA  NAME\_MNA\_SA  NAME\_LNA\_SA  DOBM\_SA  DOBD\_SA  DOBY\_SA  AGE\_SA  SEX\_SA  ALIAS\_1 – ALIAS\_24  DOBM\_1 – DOBM\_24  DOBD\_1 – DOBD\_24  DOBY\_1 – DOBY\_24  AGE\_1 – DOBY\_24  SEX\_1 – SEX\_24 |
| Response Options | *1* Phone respondent demographics match the Sample Adult (at least 2 of 3 variables match)  2 Phone respondent demographics match someone else on the Household Roster (same criteria but for someone else on roster)  3 Phone respondent demographics do NOT match the Sample Adult or anyone else on the Household Roster |
| Skip Pattern(s) | <1> go to [INTRO\_IC]  <2> go to [INTRO\_C]  <3> go to [IN\_EXIT] |
| Help Text | NAME:  The first name and last name must be the same to be considered a match.  If the phone respondent’s name is similar to the Sample Adult’s name (a slight difference in the name), probe for the reason of the change. If one of the names is an alias or initials, then the name can be considered a match. If the difference is due to a marriage or divorce, then the name can be considered a match.  DATE of BIRTH **OR** AGE  Either the date of birth **OR** age must be the same to be considered a match.  When comparing **date of birth**, at least 2 of the 3 date components (month, day, year) must be the same to be considered a match. That is   * Month and day, * Month and year, or * Day and year   **Age** must be the same to be considered a match.  GENDER  **Gender** must be the same to be considered a match. |
| Special Instructions | The sample adult information from the input file should be displayed on the first line of the table. It should be BOLD in ALL CAPS.  \* IF SEX\_SA=1, display “Male”; IF SEX\_SA=2, display “Female”  IF SEX\_1-SEX\_24=1, display “Male”; IF SEX\_1-SEX\_24=2, display “Female”  If ROSTER\_C = 1, then set match\_flag = 1 (match)  If ROSTER\_C = 2 or 3, then set match\_flag = 2 (non-match)  ‘*Compare Respondent information to household roster’* should be italicized. |

|  |  |
| --- | --- |
| Variable Name | INTRO\_C |
| Question Text | **IF ALIAS\_SA ne <blank>, display the following statement:**  We’re looking for **(fill ALIAS\_SA).** Is that person available?  **IF (SEX\_SA ne <blank> AND AGE\_SA ne <blank>.), display the following statement:**  We’re looking for the **(fill SEX\_SA)** who is about **(fill AGE\_SA)**. Is **(fill HE/SHE)** available?  **IF SEX\_SA ne <blank> AND (SEX\_C ne SEX\_SA), display the following statement:**  We are looking for the **(fill SEX\_SA)** adult who lives in your household? Is **(fill HE/SHE)** available?  **IF SEX\_SA ne <blank> AND (SEX\_C = SEX\_SA), display the following statement:**  We are looking for the other **(fill SEX\_SA)** adult who lives in your household? Is **(fill HE/SHE)** available?  **IF AGE\_SA ne <blank>, display the following statement:**  We’re looking for the adult who is about **(fill AGE\_SA)** years old. Is that person available? |
| Pre-loaded Data | The following data need to be pre-loaded for the Sample Adult:  ALIAS\_SA  SEX\_SA  AGE\_SA |
| Response Options | 1 I am that person  2 Yes, let me get him or her  3 Let me go get an adult  4 No, that person has moved or has a new phone number  5 No, that person has died  6 AM/VM indicates business  7 HUDI (hang up during introduction)  8 Respondent wants a copy of the advance letter mailed  9 Respondent says they will call toll-free line after reviewing the survey website or advance letter  10 Respondent says to call back at a later time  11 Respondent indicates this is a business line  12 Person on the phone says Sample Adult is incapable  99 Don’t know  97 Refused |
| Skip Pattern(s) | <1> go to [PHONE]  <2>go to [INTRO\_A]  <3>go to [INTRO\_A]  <4> go to [LOC\_A]  <5> go to [DECEASED]  <6> go to [EXIT]  <7> go to[EXIT]  <8> go to [M1\_NAME]  <9> go to [EXIT]  <10> go to [CALBK]  <11> go to [LOC\_C]  <12> go to [DIFF\_Q]  <9*7, blank>* go to [UNKNOWN]  <99> go to [UNKNOWN] |
| Help Text |  |
| Special Instructions | The question text is dependent on the sample adult information that is available  (ALIAS\_SA, SEX\_SA, AGE\_SA).  If SEX\_SA = 1, display ‘male’. If SEX\_SA = 2, display ‘female’.  If SEX\_SA = 1, display ‘he’. If SEX\_SA = 2, display ‘she’.  If INTRO\_C=8, set REMAIL\_REQ\_DATE=MMDDYYYY |

|  |  |
| --- | --- |
| Variable Name | PHONE |
| Question Text | Are you speaking on a landline or cell phone? |
| Pre-loaded Data |  |
| Response Options | 1 Landline  2 Cell phone  9 Don’t know  7 Refused |
| Skip Pattern(s) | <1> and ALIAS\_SA ne <blank>, go to VSANAME  <1> and ALIAS\_SA = <blank>, go to NAME\_V  If <2,7,9, BLANK> go to [DRIVE] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | DRIVE |
| Question Text | Are you currently driving a car or other motorized vehicle?  ***EVEN IF THE RESPONDENT IS USING A HANDS-FREE DEVICE WHILE DRIVING, YOU MUST END THE CALL*** |
| Pre-loaded Data |  |
| Response Options | 1 No  2 Yes  3 Prefers different number  4 Wrong time zone |
| Skip Pattern(s) | <1> and ALIAS\_SA ne <blank> go to [VSANAME]  <1> and ALIAS\_SA = <blank> go to [NAME\_V]  If <2, 3, 4> go to [CALBK] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | CALBK |
| Question Text | I will call you back at another time. What day and time is convenient for you? |
| Pre-loaded Data |  |
| Response Options | 1 Agrees to call back – RECORD THE CALL BACK DATE, TIME, AND PHONE NUMBER IN WebCATI  2 Refuses call back  3 Asks if web survey is available |
| Skip Pattern(s) | <1> go to CB\_EXIT  <2, 3> go to WEB\_OPTION |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | SALZ\_BUS |
| Question Text | We are interviewing only private residences. Thank you very much. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | **Exit interview.** |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | M1\_NAME |
| Question Text | ***TO SEND A LETTER TO THE PERSON ANSWERING THE PHONE SAY:***  In order to send you a letter, I will need to collect your name and mailing address. The letter will contain a toll-free number that you may call to complete the interview at your convenience.  ***READ IF NECESSARY*:** If you feel uncomfortable giving me your name, I can send the letter to "Resident". |
| Pre-loaded Data |  |
| Response Options | M1\_NAME Name: \_\_\_\_\_\_\_\_\_\_\_\_  M1\_Street1 Street1: \_\_\_\_\_\_\_\_\_\_\_  M1\_Street2 Street2: \_\_\_\_\_\_\_\_\_\_\_  M1\_City City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  M1\_State State: \_\_\_\_\_\_\_\_\_\_\_\_\_  M1\_Zip Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1 Terminate the interview  9 Don’t know  7 Refused |
| Skip Pattern(s) | Go to [EXIT] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | LOC\_A |
| Question Text | Do you know what their new telephone number is? |
| Pre-loaded Data |  |
| Response Options | 1 Respondent can provide a number  2 No telephone  9 Don’t know  7 Refused |
| Skip Pattern(s) | If 1, go to LOC\_AA  If (2-9 or BLANK) and ALIAS\_SA = <blank>, go to LOC\_F  If (2-9 or BLANK) and ALIAS\_SA ne <blank>, go to EXIT |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | LOC\_AA |
| Question Text | ***ENTER NUMBER***  **\_\_\_ - \_\_\_- \_\_\_\_ [FORMAT: XXX-XXX-XXXX]**  **Is that a landline or cell phone number?**  **What is the time zone? *SELECT TIME ZONE*** |
| Pre-loaded Data |  |
| Response Options | Text box:  \_\_\_-\_\_\_-\_\_\_\_  Radio Buttons (LOC\_AA\_DR):  88 None  99 Don’t know  97 Refused  Radio Buttons (LOC\_B):  1 Landline  2 Cell  9 Don’t know  7 Refused  Drop Down (LOC\_AA\_TZ):  1 Atlantic (AST/ADT)  2 Eastern (EST/EDT)  3 Central (CST/CDT)  4 Mountain (MST/MDT)  5 Pacific (PST/PDT)  6 Yukon (YST/YDT)  7 Hawaii (HST/HDT) |
| Skip Pattern(s) | Go to LOC\_C |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | LOC\_C |
| Question Text | Does this person have any other number where they might be reached? |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  9 Don’t know  7 Refused |
| Skip Pattern(s) | <1> go to [LOC\_D];  <2-9, BLANK> & ALIAS\_SA=<BLANK>, go to [LOC\_F]  <2-9, BLANK> & ALIAS\_SA ne <BLANK>, go to [EXIT] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | LOC\_D |
| Question Text | ***ENTER NUMBER***  **\_\_\_ - \_\_\_- \_\_\_\_ [FORMAT: XXX-XXX-XXXX]**  **Is that a landline or cell phone number?**  **What is the time zone? *SELECT TIME ZONE*** |
| Pre-loaded Data |  |
| Response Options | Text box:  \_\_\_-\_\_\_-\_\_\_\_  Radio Buttons (LOC\_D\_DR):  88 None  99 Don’t know  97 Refused  Radio Buttons (LOC\_E):  1 Landline  2 Cell  9 Don’t know  7 Refused  Drop Down (LOC\_D\_TZ):  1 Atlantic (AST/ADT)  2 Eastern (EST/EDT)  3 Central (CST/CDT)  4 Mountain (MST/MDT)  5 Pacific (PST/PDT)  6 Yukon (YST/YDT)  7 Hawaii (HST/HDT) |
| Skip Pattern(s) | If ALIAS\_SA=BLANK, go to [LOC\_F]  If ALIAS\_SA ne BLANK, go to [LOC\_EXIT] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | LOC\_F |
| Question Text | What is their name?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***ENTER VERBATIM RESPONSE*** |
| Pre-loaded Data |  |
| Response Options | Text box:  [50 characters]  Radio Buttons(LOC\_F\_DR):  99 Don’t know  97 Refused |
| Skip Pattern(s) | Go to LOC\_EXIT |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | UNKNOWN |
| Question Text | Do you know anyone who would be able to tell us how to get in contact with this person? |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  9 Don’t know  7 Refused |
| Skip Pattern(s) | <1> go to [INFNAM];  <2-9, BLANK> go to [EXIT] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | INFNAM |
| Question Text | What is their name?  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E*NTER VERBATIM RESPONSE*** |
| Pre-loaded Data |  |
| Response Options | Text Box:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E*NTER VERBATIM RESPONSE*  Radio Buttons(INFNAM\_DR):  99 Don’t know  97 Refused |
| Skip Pattern(s) | Go to INFNUM |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | INFNUM |
| Question Text | What is [INFNAM/that person’s] telephone number?  **\_\_\_ - \_\_\_- \_\_\_\_ *ENTER NUMBER* [FORMAT: XXX-XXX-XXXX]**  **What is the time zone? *SELECT TIME ZONE*** |
| Pre-loaded Data | INFNAM |
| Response Options | Text box:  \_\_\_-\_\_\_-\_\_\_\_  Radio Buttons(INFNUM\_DR):  88 None  99 Don’t know  97 Refused  Drop Down (INFNUM\_TZ):  1 Atlantic (AST/ADT)  2 Eastern (EST/EDT)  3 Central (CST/CDT)  4 Mountain (MST/MDT)  5 Pacific (PST/PDT)  6 Yukon (YST/YDT)  7 Hawaii (HST/HDT) |
| Skip Pattern(s) | Go to [LOC\_EXIT] |
| Help Text |  |
| Special Instructions | If INFNAM=response, fill response. If INFNAM=Don’t know, Refused, Blank, fill “that person’s” |

|  |  |
| --- | --- |
| Variable Name | DIFF\_Q |
| Question Text | [(ALIAS\_SA)/(HE/SHE)] has been selected to participate in a health survey. What difficulty does [(ALIAS\_SA)/(HE/SHE)] have that prevents [HIM/HER] from speaking on the phone? |
| Pre-loaded Data | ALIAS\_SA |
| Response Options | 1 Hearing difficulty  2 Speech difficulty  3 Cognitive barrier  4 Physical barrier  9 Don’t know  7 Refused |
| Skip Pattern(s) | Go to EXIT |
| Help Text |  |
| Special Instructions | Fill 1&2: If ALIAS\_SA ne <blank>, fill ALIAS\_SA  If ALIAS\_SA=<blank>, use SEX\_SA: If SEX\_SA=1, fill ‘he’; If SEX\_SA=2, fill ‘she’  Fill 3: If SEX\_SA=1, fill ‘him’; If SEX\_SA=2, fill ‘her’ |

|  |  |
| --- | --- |
| Variable Name | WEB\_OPTION |
| Question Text | Unfortunately, we do not have a web option available for this survey. May we call you back at another time that is more convenient for you? |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  9 Don’t know  7 Refused |
| Skip Pattern(s) | <1, 9> go to CALBK  <2, 7> go to EXIT |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | EXIT |
| Question Text | Thank you for your time. Have a nice day. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Exit interview |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | CB\_EXIT |
| Question Text | Thank you for your time. We look forward to speaking with you soon. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Exit interview |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | IN\_EXIT |
| Question Text | Those are all the questions I have. You are not eligible for this survey. I’d like to thank you on behalf of the CDC’s National Center for Health Statistics for the time and effort you’ve spent answering these questions. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Exit interview – **Return to Dashboard; lock the case**. |
| Help Text |  |
| Special Instructions | MATCH\_FLAG should be =2; Exit interview – **Return to Dashboard lock the case (IS\_SUBMITTED=1)**  **When the case is unlocked, clear the following message from the dashboard: “Not all persons are selected to participate in this survey. Thank you on behalf of the CDC’s National Center for Health Statistics for the time and effort you’ve spent answering these questions.”**  When case is re-entered from dashboard, the interview should continue from the INTRO screen |

|  |  |
| --- | --- |
| Variable Name | LOC\_EXIT |
| Question Text | Thank you for providing this contact information. We will try to contact [HIM/HER]. Thanks for your time and have a nice day. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Exit interview |
| Help Text |  |
| Special Instructions | **When the case is re-entered from the dashboad, the interview should continue at the INTRO screen.** |

|  |  |
| --- | --- |
| Variable Name | DECEASED |
| Question Text | I’m sorry to hear that. I do not need to continue. Thank you, and please accept my condolences. Goodbye. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Exit interview |
| Help Text |  |
| Special Instructions | Exit interview –**lock the case from the respondent and interviewer**. |

**Section 2: Confirm Identity of Eligible Respondent**

|  |  |
| --- | --- |
| Variable Name | VSANAME |
| Question Text | **SELECT OR ENTER A RESPONSE AND CLICK ‘NEXT’ TO PROCEED.**  We want to make sure our records are correct. Is your name **[PRE-LOADED FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME]**?  **First Name: NAME\_FNA\_SA**  **Middle Name: NAME\_MNA\_SA**  **Last Name: NAME\_LNA\_SA** |
| Pre-loaded Data | NAME\_FNA\_SA  NAME\_MNA\_SA  NAME\_LNA\_SA |
| Response Options | 1 Yes  2 Not exactly, make correction [ALLOW EDITS TO PRELOADED FIELDS]  3 No |
| Skip Pattern(s) | <1> increment SPV\_CNTR by 1 & go to [DOB\_V]  <2> increment SPV\_CNTR by 1 & go to [VSANAME2]  <3> go to [NAME\_V] |
| Help Text |  |
| Special Instructions | Allow alpha characters and the following special characters: period (.), apostrophe (‘), quote (“) and dash (-).  50 characters max  If FNAME\_V= 1 or 2, then increment SPV\_CNTR by 1.  <1>, output NAME\_FNA\_SA, NAME\_MNA\_SA, and NAME\_LNA\_SA. |

|  |  |
| --- | --- |
| Variable Name | VSANAME2 |
| Question Text | **[DISPLAY PRELOADS AND ALLOW EDITING IN EACH FIELD]**  **VSA\_FNAME What is your correct first name? [Preload NAME\_FNA\_SA]**  **VSA\_MNAME What is your correct middle name or initial? [Preload NAME\_MNA\_SA]**  **VSA\_LNAME What is your correct last name? [Preload NAME\_LNA\_SA]** |
| Pre-loaded Data | NAME\_FNA\_SA  NAME\_MNA\_SA  NAME\_LNA\_SA |
| Response Options | 50 Characters for VSA\_FNAME, VSA\_MNAME, VSA\_LNAME) |
| Skip Pattern(s) | Go to DOB\_V |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | NAME\_V |
| Question Text | What is your first name?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***ENTER NAME***  What is your middle name or initial?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***ENTER MIDDLE NAME OR INITIAL***  What is your last name?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***ENTER LAST NAME*** |
| Pre-loaded Data |  |
| Response Options | FNAME\_V  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER NAME*  MNAME\_V  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER MIDDLE NAME OR INITIAL*  LNAME\_V  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ENTER LAST NAME* |
| Skip Pattern(s) | Go to DOB\_V |
| Help Text | Help text box with FNAME\_V: Include title with first name if desired.  Help text box with LNAME\_V: Include suffix with last name if desired. |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | DOB\_V |
| Question Text | What is your date of birth?  If month, day, and year left blank, say: It is critical that we get an answer to this question. This information is used to verify that we have reached the correct sample person for this survey. |
| Pre-loaded Data | DOBM  DOBD  DOBY |
| Response Options | Drop-down boxes :  MONTH\_V :\_\_\_\_\_\_\_ [DROP DOWN; VALID RANGE: 1-12]  DAY\_V:\_\_\_\_\_\_\_ [DROP DOWN; VALID RANGE: 1-31]  YEAR\_V:\_\_\_\_\_\_\_ [DROP DOWN; VALID RANGE: 1900-2000]  Radio Buttons(DOB\_V\_DR):  99 Don’t know  97 Refused |
| Skip Pattern(s) | If DOB\_CNTR= 2 or 3, increment SPV\_CNTR by 1 & go to [SEX\_V]  If DOB\_CNTR = 1 or 0, go to [AGE\_V]  If DOB\_V=<7, 9, BLANK> go to [AGE\_V] |
| Help Text |  |
| Special Instructions | Add range check to each field.  Verification check on DOB\_V variables should be done using a counter variable.  Initialize DOB\_CNTR = 0 If Month\_V= DOBM, then increment DOB\_CNTR by 1 If Day\_V= DOBD, then increment DOB\_CNTR by 1 If Year\_V= DOBY, then increment DOB\_CNTR by 1  DOBM, DOBD, & DOBY are from input file for comparison.  If DOB\_CNTR= 2 or 3, increment SPV\_CNTR by 1  If Don’t know or Refused radio button is selected, blank drop downs. If drop down selected, blank Don’t know or Refused.  If Don’t know is selected, output 99 to MONTH\_V and DAY\_V. Output 9999 to YEAR\_V.  If Refused is selected, output 97 to MONTH\_V and DAY\_V. Output 9997 to YEAR\_V. |

|  |  |
| --- | --- |
| Variable Name | AGE\_V |
| Question Text | What is your age? |
| Pre-loaded Data | AGE |
| Response Options | Drop-down box :  \_\_\_\_\_\_\_ [DROP DOWN; VALID RANGE: 018-125]  Radio Buttons(AGE\_V\_DR):  999 Don’t know  997 Refused |
| Skip Pattern(s) | If AGE\_V = AGE, increment SPV\_CNTR by 1 & go to SEX\_V  If AGE\_V ne AGE, go to SEX\_V  <999, 997, BLANK> go to SEX\_V |
| Help Text |  |
| Special Instructions | Add range check  If AGE\_V = AGE, increment SPV\_CNTR by 1 |

|  |  |
| --- | --- |
| Variable Name | SEX\_V |
| Question Text | Are you male or female? |
| Pre-loaded Data | SEX |
| Response Options | 1 Male  2 Female  9 Don’t know  7 Refused |
| Skip Pattern(s) | If SEX\_V= SEX , increment SPV\_CNTR by 1  If SPV\_CNTR ge 2, set match\_flag =1 (match) go to INTRO\_IC  If SPV\_CNTR lt 2, set match\_flag=2 (non-match) go to NOMATCH\_EXIT |
| Help Text |  |
| Special Instructions | If SEX\_V= SEX , increment SPV\_CNTR by 1  If SPV\_CNTR≥2, set match\_flag =1 (match). Unlock the second tab on the main menu.  If SPV\_CNTR<2, set match\_flag=2 (non-match). |

|  |  |
| --- | --- |
| Variable Name | NOMATCH\_EXIT |
| Question Text | Not all persons are selected to participate in this survey. Thank you on behalf of the CDC’s National Center for Health Statistics for the time and effort you’ve spent answering these questions. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Exit interview |
| Help Text |  |
| Special Instructions | Exit interview – **Return to Dashboard**  **Lock the case (IS\_SUBMITTED=1)**  **When the case is unlocked, clear the following message from the dashboard: “Not all persons are selected to participate in this survey. Thank you on behalf of the CDC’s National Center for Health Statistics for the time and effort you’ve spent answering these questions.”**  When case is re-entered from dashboard, the interview should continue from the INTRO screen  MATCH\_FLAG should be =2 |

**Section 3: Informed Consent**

|  |  |
| --- | --- |
| Variable Name | INTRO\_IC |
| Question Text | A few weeks ago you participated in the National Health Interview Survey. We greatly appreciate the time you spent answering those questions! You may recall that during that interview we mentioned that we might re-contact you in the future. We’re calling you today because we’re conducting a follow-up survey to help the CDC learn more about people’s health insurance. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Go to CONSENT |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | CONSENT |
| Question Text | Your participation in this research is voluntary. You may choose not to answer any question you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. On average, the survey will take about 20 minutes to complete.  We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical research. I can describe these laws if you wish.  In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.  ***READ IF NECESSARY:*** The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?  ***IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:*** The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, only those NCHS employees, our specially designated agents including the US Census Bureau, and our full research partners who must use your personal information for a specific reason can see your answers. Everyone else who uses this data can do so only after all information that could identify you and your family is removed. By law, every employee of the National Center for Health Statistics, the US Census Bureau, and their agents and contractors who work on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to $250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members. |
| Pre-loaded Data |  |
| Response Options | 1 Accept, continue to survey  2 Decline, exit survey |
| Skip Pattern(s) | <1> go to FDMED12M  <2> go to EXIT |
| Help Text |  |
| Special Instructions |  |

**Section 4: Family Access to Health Care & Utilization**

|  |  |
| --- | --- |
| Variable Name | FDMED12M |
| Question Text | The following questions are about the use of health care. Do not include dental care.  DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost? |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  7 Refused  9 Don’t know |
| Skip Pattern(s) | <1> [If one person family, store the person number in PDMED12M, goto FNMED12M; else, goto PDMED12M]  <2,D,R> goto FNMED12M |
| Help Text | Includes all types of financial limitations that delayed a person in getting medical care.  [b]Delayed[b] assumes that medical care has been or will eventually be received.  [b]Medical Care[b] means medical care from a trained medical professional. |
| Special Instructions | fill1: For a 1 person family fill "have you delayed .. " For multi-person families, fill "has medical care been delayed... " |

|  |  |
| --- | --- |
| Variable Name | PDMED12M |
| Question Text | \*Ask or verify. Enter applicable line number(s), separate with commas.  For which family member was medical care delayed?  (Anyone else?) |
| Pre-loaded Data | Family roster  The following information is needed for each person (up to 24 people, in addition to the Sample Adult) in the household:  NAME\_FNA\_SA  NAME\_MNA\_SA  NAME\_LNA\_SA  DOBM\_SA  DOBD\_SA  DOBY\_SA  AGE\_SA  SEX\_SA  ALIAS\_1 – ALIAS\_24  DOBM\_1 – DOBM\_24  DOBD\_1 – DOBD\_24  DOBY\_1 – DOBY\_24  AGE\_1 – DOBY\_24  SEX\_1 – SEX\_24 |
| Response Options |  |
| Skip Pattern(s) | Go to FNMED12M |
| Help Text |  |
| Special Instructions | If single-person family and FDMED12M=1, pre-fill with name/number of respondent and skip to next question. |

|  |  |
| --- | --- |
| Variable Name | FNMED12M |
| Question Text | DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn’t afford it? |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  7 Refused  9 Don’t know |
| Skip Pattern(s) | <1> [If one person family, store the person number in PNMED12M, goto FHOSPYR; else, goto PNMED12M]  <2,D,R> goto FHOSPYR |
| Help Text | Include all types of financial limitations that prevented a person(s) from getting medical  care.  [b]Medical Care[b] means medical care from a trained medical professional. |
| Special Instructions | fill 1: for a 1 person family fill "you" For a multi-person family fill "someone in the family"  fill 2: for a 1 person family fill "you" For a multi-person family fill "the family" |

|  |  |
| --- | --- |
| Variable Name | PNMED12M |
| Question Text | \*Ask or verify. Enter applicable line number(s), separate with commas.  Who didn’t get needed care?  (Anyone else?) |
| Pre-loaded Data | Family roster:  The following information is needed for each person (up to 24 people, in addition to the Sample Adult) in the household:  NAME\_FNA\_SA  NAME\_MNA\_SA  NAME\_LNA\_SA  DOBM\_SA  DOBD\_SA  DOBY\_SA  AGE\_SA  SEX\_SA  ALIAS\_1 – ALIAS\_24  DOBM\_1 – DOBM\_24  DOBD\_1 – DOBD\_24  DOBY\_1 – DOBY\_24  AGE\_1 – DOBY\_24  SEX\_1 – SEX\_24 |
| Response Options |  |
| Skip Pattern(s) | Go to FHOSPYR |
| Help Text |  |
| Special Instructions | If single-person family and FNMED12M=1, pre-fill with name/number of respondent and skip to next question. |

|  |  |
| --- | --- |
| Variable Name | FHOSPYR |
| Question Text | [fill1: Have you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room. |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  7 Refused  9 Don’t know |
| Skip Pattern(s) | <1> [If one person family, store the person number in PHOSPYR goto HOSPNO; else,goto PHOSPYR]  <2,D,R> goto FHCHM2W |
| Help Text | INCLUDE as a patient in a hospital only persons who were admitted and stayed overnight or longer.  EXCLUDE persons who visit emergency rooms or outpatient clinics, unless that person was admitted and stayed overnight. |
| Special Instructions | fill1: for a 1 person family fill "Have you" For a multi-person family fill "Including all infants born in a hospital, has anyone in the family" |

|  |  |
| --- | --- |
| Variable Name | **PHOSPYR** |
| Question Text | \*Ask or verify. Enter applicable line number(s), separate with commas. Who was in a hospital overnight?  (Anyone else?) |
| Pre-loaded Data | Family roster |
| Response Options |  |
| Skip Pattern(s) | Go to HOSPNO |
| Help Text |  |
| Special Instructions | Display roster of all non-deleted family members.  Store this family level value to the person level. |

|  |  |
| --- | --- |
| Variable Name | **HOSPNO** |
| Question Text | How many different times did [fill: you/Alias] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS? |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-10> goto HPNITE <11-365> goto ERR\_HOSPNO  <D,R> goto HPNITE |
| Help Text | This question refers to hospital stays, not the total number of nights spent in the hospital. For example, if a person is admitted as a patient in the hospital and stays for 5 nights, this would count as 1 hospital stay. |
| Special Instructions | fill: for a 1 person family fill "you" For a multi-person family fill "Alias" |

|  |  |
| --- | --- |
| Variable Name | HPNITE |
| Question Text | Altogether how many nights [fill1: were you/was Alias] in the hospital DURING THE PAST 12 MONTHS? |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-50,D,R> goto next person selected in [PHOSPYR], once exhausted goto [FHCM2W]  <51-365> goto ERR1\_HPNITE  [if HOSPNO le HPNITE goto the next person selected in PHOSPYR] else go to ERR2\_HPNITE once exhausted move to FHCM2W |
| Help Text | If the respondent answers in terms of days, repeat the question so that it is understood we are interested only in the number of nights. For example, a first answer of, "I was in for 7 days", could mean 6, 7, or 8 nights. Always follow up such answers by repeating the question, emphasizing the word "nights". |
| Special Instructions | fill 1: for a 1 person family fill "were you" for a multi-person family fill "was Alias"  Ask HOSPNO and HPNITE together for each person selected in PHOSPYR  Set flag if instrument goes to ERR2\_HPNITE. |

|  |  |
| --- | --- |
| Variable Name | FHCHM2W |
| Question Text | These next questions are about health care received DURING THE LAST 2 WEEKS.  Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists (AHF-thal-MOL-oh-jists), and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.  Do not include dental care. Do not include care while an overnight patient in a hospital.  DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] receive care  AT HOME from a nurse or other health care professional? |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  9 Refused  7 Don’t know |
| Skip Pattern(s) | <1> [If one person family, store the person number in PHCHM2W goto PHCHMN2W; Else, goto PHCHM2W]  <2,D,R> [goto FHCPH2W] |
| Help Text | This question refers to health care received in the person's home by a trained medical professional. |
| Special Instructions | fill: for a 1 person family fill "you" For a multi-person family fill "anyone in the family" |

|  |  |
| --- | --- |
| Variable Name | **PHCHM2W** |
| Question Text | \* Ask or verify. Enter applicable line number(s), separate with commas.  Who received care at home?  (Anyone else?) |
| Pre-loaded Data | Family roster |
| Response Options |  |
| Skip Pattern(s) | go to PHCHMN2W |
| Help Text |  |
| Special Instructions | Display roster of all non-deleted family members.  Store this family level value to the person level. |

|  |  |
| --- | --- |
| Variable Name | **PHCHMN2W** |
| Question Text | How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS?  \* Enter '50' for 50 or more visits. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-14> [goto FHCPH2W] <15-50> [goto ERR\_PHCPHMN2W]  <D,R> [goto FHCPH2W] |
| Help Text |  |
| Special Instructions | fill: for a 1 person family fill "you" For a multi-person family fill "Alias"  Roster through for every person marked in PHCHM2W |

|  |  |
| --- | --- |
| Variable Name | **FHCPH2W** |
| Question Text | DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?  Do not include phone calls to make appointments, for billing questions or for prescription refills. |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  9 Refused  7 Don’t know |
| Skip Pattern(s) | <1> [If one person family, store the person number in PHCPH2W goto PHCPHN2W; Else, goto PHCPH2W]  <2,D,R> [goto FHCDV2W] |
| Help Text |  |
| Special Instructions | fill: for a 1 person family fill "you" For a multi-person family fill "anyone in the family" |

|  |  |
| --- | --- |
| Variable Name | **PHCPH2W** |
| Question Text | \* Ask or verify. Enter applicable line number(s), separate with commas.  Who was the phone call about?  (Anyone else?) |
| Pre-loaded Data | Family roster |
| Response Options |  |
| Skip Pattern(s) | go to PHCPHN2W |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | **PHCPHN2W** |
| Question Text | DURING THE LAST 2 WEEKS, how many telephone calls [fill1: did you make?] [fill2: were made about [fill: Alias]?  \* Enter '50' for 50 or more phone calls. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-14> [goto FHCDV2W]  <15-50> [goto ERR\_PHCPHN2W]  <D,R> [goto FHCDV2W |
| Help Text |  |
| Special Instructions | fill1: For a 1 person family fill "did you make?"  fill2: For a multi-person family fill "were made about '[fill: Alias]'"  Roster through for all persons marked in PHCPH2W |

|  |  |
| --- | --- |
| Variable Name | **FHCDV2W** |
| Question Text | DURING THE LAST 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?  [fill2: Do not include times during an overnight hospital stay.] |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  9 Refused  7 Don’t know |
| Skip Pattern(s) | <1> [If one person family, store the person number in PHCDV2W goto PHCDVN2W; Else, goto PHCDV2W]  <2,D,R> [goto F10DVYR] |
| Help Text |  |
| Special Instructions | fill1: For a 1 person family fill "you" For a multi-family fill "anyone in the family"  fill2: if FHOSPYR=1 then fill "Do not include times during an overnight hospital stay."  Store this family level value to the person level. |

|  |  |
| --- | --- |
| Variable Name | **PHCDV2W** |
| Question Text | \* Ask or verify. Enter applicable line number(s), separate with commas.  Who received care?  (Anyone else?) |
| Pre-loaded Data | Family roster |
| Response Options |  |
| Skip Pattern(s) | goto PHCDVN2W |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | **PHCDVN2W** |
| Question Text | How many times did [fill: you/ Alias] visit a doctor or other health care professional DURING THE LAST 2 WEEKS?  \* Enter '50' for 50 or more visits. |
| Pre-loaded Data |  |
| Response Options | <1-14> [goto F10DVYR]  <15-50> [goto ERR\_PHCDVN2W]  <D,R> [goto F10DVYR] |
| Skip Pattern(s) |  |
| Help Text |  |
| Special Instructions | fill: for a 1 person family fill "you" For a multi-person family fill "Alias"  Roster through for all persons marked in PHCDV2W |

|  |  |
| --- | --- |
| Variable Name | **F10DVYR** |
| Question Text | DURING THE PAST 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls. |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  9 Refused  7 Don’t know |
| Skip Pattern(s) | <1> [If one person family, store the person number in P10DVYR goto FHICOV; Else, goto P10DVYR]  <2,D,R> [goto FHICOV] next section |
| Help Text |  |
| Special Instructions | fill: For a 1 person family fill "you" For a multi-person family fill "any member of the family" |

|  |  |
| --- | --- |
| Variable Name | **P10DVYR** |
| Question Text | \* Ask or verify. Enter applicable line number(s), separate with commas.  Who received care 10 or more times?  (Anyone else?) |
| Pre-loaded Data | Family roster |
| Response Options |  |
| Skip Pattern(s) | goto FHICOV |
| Help Text |  |
| Special Instructions |  |

**Section 5: Family Health Insurance**

|  |  |
| --- | --- |
| Variable Name | FHICOV |
| Question Text | The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.  [fill: Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan? |
| Pre-loaded Data |  |
| Response Options | 1 Yes  2 No  7 Refused  9 Don’t know |
| Skip Pattern(s) | <1,R,D> [go to HIKIND]  <2> [if AGE ge 65, go to MCAREPRB; else, go to MCAIDPRB] |
| Help Text |  |
| Special Instructions | Fill 1: If single person family, fill "Are you"; else fill "Is anyone in the family".  If FR enters 2, mark HIKIND = 11 for all persons in family |

|  |  |
| --- | --- |
| Variable Name | HIKIND |
| Question Text | What kind of health insurance or health care coverage [fill 1: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.  \*enter all that apply, separate with commas. |
| Pre-loaded Data |  |
| Response Options | 1. Private health insurance  2. Medicare  3. Medi-gap  4. Medicaid  5. CHIP (SCHIP/Children’s Health Insurance Program)  6. Military health care (TRICARE/VA/CHAMP-VA)  7. Indian Health Serivice  8. State-sponsored health plan  9. Other government program  10. Single service plan (e.g. dental, vision, prescription)  11. No coverage of any type |
| Skip Pattern(s) | <D,R> [goto HCSPFYR]  <1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else if HIKIND ne 10  goto SINCOV; else go to HICHANGE if GROUP=1 or MCPART if GROUP = 2]  <11> [if HIKIND = 1-10, goto ERR\_HIKIND; else if AGE ge 65 goto MCAREPRB, else goto MCAIDPRB] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MCAREPRB |
| Question Text | Medicare is a program administered by the federal government that provides insurance to people who are 65 years of age or over. Medicare includes hospital Insurance (Part A) and medical Insurance (Part B). [fill 1: Are you/Is ALIAS] covered by Medicare? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1,2,D,R> [if HIKIND ne 10 goto SINCOV; else goto HICHANGE if GROUP=1 or MCPART if GROUP = 2] |
| Help Text |  |
| Special Instructions | Fill 1: If subject = respondent fill: [Are you]; else fill: [Is ALIAS]. |

|  |  |
| --- | --- |
| Variable Name | MCAIDPRB |
| Question Text | \* Refer to flashcard F14 for state Medicaid names.  There is a program called Medicaid that pays for health care for persons in need. In this State it is also called [fill 2: State name]. [fill 1: Are you/Is ALIAS] covered by Medicaid? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1,2,D,R> [if HIKIND ne 10 goto SINCOV; else goto HICHANGE if GROUP=1 or MCPART if GROUP = 2] |
| Help Text |  |
| Special Instructions | Fill 1: If subject = respondent fill: [Are you]; else fill: [Is ALIAS].  Fill 2: State Name |

|  |  |
| --- | --- |
| Variable Name | SINCOV |
| Question Text | [fill 1: Do you/Does ALIAS] have a separate insurance plan that pays for only one type of service such as dental, vision, or prescriptions? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1,2,D,R> [goto HICHANGE if GROUP=1 or MCPART if GROUP = 2] |
| Help Text |  |
| Special Instructions | Fill 1: If subject = respondent fill: [Do you]; else fill: [Does ALIAS]. |

|  |  |
| --- | --- |
| Variable Name | HICHANGE |
| Question Text | I have recorded [fill 1:you are/ALIAS is] [fill 2: covered by/not covered by health insurance.] [fill 3:^HIKIND]  Is this correct? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1, D, R> goto next person;  <2> goto ERR\_HICHANGE |
| Help Text |  |
| Special Instructions | Hard edit: ERR\_HICHANGE  \*Press enter to go back to HIKIND and update coverage. |

|  |  |
| --- | --- |
| Variable Name | MCPART |
| Question Text | Earlier I recorded that [fill 1: you are/ALIAS is] covered by Medicare.What type of Medicare coverage [fill 2: do you/ALIAS] have, Part A – Hospital only, Part B – Medical only, or Both Part A and Part B?  \* Enter the coverage type. |
| Pre-loaded Data |  |
| Response Options | 1. Part A - Hospital Only  2. Part B - Medical Only  3. Both Part A & Part B  Refused  Don’t know |
| Skip Pattern(s) | <1-3> [goto MCCHOICE if GROUP=1; if GROUP = 2 and MCPART = 1 goto MCPARTD, else if GROUP = 2 and MCPART = 2,3 goto MCCHOICE]  <R,D> [goto MCCHOICE] |
| Help Text |  |
| Special Instructions | Fill 1: If subject=respondent, fill:[you are]; else fill, [ALIAS is]  Fill 2: If subject=respondent, fill:[your]; else fill:[ALIAS’s] |

|  |  |
| --- | --- |
| Variable Name | MCCHOICE |
| Question Text | Medicare Advantage is the new name for Medicare Plus Choice plans. [fill 1: Are you/Is ALIAS] enrolled in a Medicare Advantage plan? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1,2,R,D> goto MCHMO |
| Help Text | [b]Medicare Plus Choice[b] is also known as Medicare+Choice, M Plus C, and Medicare Part C. [b]Medicare Plus Choice[b] expands the Medicare Health Plan options to include a broader range of plans in addition to the original fee-for-service Medicare and Health Maintenance Organizations (HMO's). New Medicare Health plans include: Preferred provider Organizations (PPO's), Health Maintenance Organizations with a Point of Service Option, Point of Service plans, Private Fee-For-Service (PFFS) plans (not the same as Medigap), and Medical Savings Accounts (MSA). |
| Special Instructions | Fill 1: If subject= respondent, fill: [Are you]; else fill:[Is ALIAS] |

|  |  |
| --- | --- |
| Variable Name | MCHMO |
| Question Text | [fill 1:Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?  (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.) |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1> [goto MCANAME]  <2,D,R> if MCCHOICE=1 [goto MCANAME]; else if MCCHOICE in(2,D,R) [goto MCREF if GROUP=1 or MCPARTD if GROUP=2] |
| Help Text | [b]Medicare Managed Care[b] is a way of receiving your Medicare benefits. These types of plans involve specific groups of doctors, hospitals, and other health care providers who have agreed to provide care to Medicare beneficiaries in exchange for a fixed payment from Medicare every month. In these plans, a person must receive all of their care from the Medicare managed care plan, except for emergencies. [b]Health Maintenance Organization (HMO)[b] is a health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis. There are three basic types of HMOs: 1) Group/Staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO. 2) An Individual Practice Association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices. 3) Network HMO contracts with two or more group practices to provide health services. Other managed care arrangements that may be available through Medicare include: HMO's with Point of Service Options (POS), Provider sponsored Organizations (PSO's), and Preferred Provider Organizations (PPO's). |
| Special Instructions | Fill 1: If subject=respondent, fill:[ Are you]; else fill, [Is ALIAS] |

|  |  |
| --- | --- |
| Variable Name | MCANAME |
| Question Text | What is the name of [fill 1: your/ALIAS’s] Medicare Advantage or Medicare HMO plan?  \* Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options | Allow 80 characters, Allow D, R |
| Skip Pattern(s) | <allow 80,R,D> goto MCPREM if GROUP=1 or MCPARTD if GROUP=2] |
| Help Text | Verify that the name given is the EXACT name of the Health Plan. Verify that you have spelled it correctly. |
| Special Instructions | Fill 1: If subject = respondent, fill: [your]; else fill:[ ALIAS's] |

|  |  |
| --- | --- |
| Variable Name | MCPREM |
| Question Text | Besides [fill 1: your/ALIAS’s] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1,2,R,D> goto MCREF |
| Help Text |  |
| Special Instructions | Fill 1: If subject = respondent, fill: [your]; else fill:[ ALIAS's]  Fill 2: If subject = respondent, fill: [are you]; else fill: [is ALIAS]  Fill 3: if subject = respondent, fill: [your]; else if subject is not the respondent and is male, fill: [his]; else fill: [her] |

|  |  |
| --- | --- |
| Variable Name | MCREF |
| Question Text | Under [fill 1: your/ALIAS's] Medicare plan, if [fill 2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill 3: do you/does he/does she] need approval or a referral? Do not include emergency care. |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1,2,R,D> goto MCPARTD |
| Help Text | Most managed care plans require approval or a referral from one of the doctors participating in the plan before the person can see a specialist who participates in the plan or a doctor not participating in the plan. |
| Special Instructions | Fill 1: If subject= respondent, fill: [your]; else, fill:[ALIAS's]  Fill 2: If subject= respondent, fill: [you need]; else if subject's SEX= male, fill: [he needs]; else if subject's SEX= female, fill: [she needs]  Fill 3: If subject= respondent, fill: [do you]; else if subject's SEX= male, fill: [does he]; else if subject's SEX= female, fill: [does she] |

|  |  |
| --- | --- |
| Variable Name | MCPARTD |
| Question Text | [Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't Know |
| Skip Pattern(s) | If more persons with Medicare, go to MCPART. If no more persons with Medicare, go to next appropriate question. |
| Help Text |  |
| Special Instructions | Fill 1: If subject = respondent, fill: [Are you]; else fill:[Is ALIAS] |

|  |  |
| --- | --- |
| Variable Name | MACHMD |
| Question Text | Refer to flashcard F14 for state Medicaid name  The next questions are about Medicaid coverage. In this State it is also called [fill1: State Name]. [fill 2: You are/ALIAS is] listed as having Medicaid coverage.  Can [fill 3: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill 4: you/he/she] choose from a list of doctors or is a doctor assigned? |
| Pre-loaded Data |  |
| Response Options | 1. Any doctor  2. Select from list  3. Doctor is assigned  Refused  Don’t know |
| Skip Pattern(s) | <1,R,D> [goto MXCHNG if GROUP=1 or if GROUP=2 and If HIKIND=10 goto SSTYPE2; else If HIKIND=1 or 3, goto FHICCI6  If any person with HIKIND=1 or 3, but not in NEXTPNM\*\_B, goto HIVER1; else goto FHICCI8  If any family member with HIKIND=5; goto STNAME1, if any member with HIKIND=8 goto STNAME2, if any member with HIKIND=9 goto STNAME3 else if any member with only HIKIND=10 or only HIKIND=11, goto HILAST;]  <2> [goto MACHMD1]  <3> [goto MACHMD2] |
| Help Text |  |
| Special Instructions | Fill 1: fill State Name  Fill 2: If subject= respondent, fill: [You are]; else fill: [ALIAS is]  Fill 3: If subject= respondent, fill: [you]; else fill: [ALIAS]  Fill 4: If subject= respondent, fill: [you]; else if subject's SEX= male, fill: [he]; else, if subject's SEX = female, fill: [she] |

|  |  |
| --- | --- |
| Variable Name | MACHMD1 |
| Question Text | \* Ask or verify.  What is the name of the health plan that provided the list?  \*Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options | <allow 80 characters> |
| Skip Pattern(s) | Go to MANAM if GROUP=1 or if GROUP=2 and If HIKIND=10 goto SSTYPE2; else If HIKIND=1 or 3, goto FHICCI6  If any persons with HIKIND=1 or or 3, but not in NEXTPNM\_B, goto HIVER1; else goto FHICCI8  If any family member with HIKIND=5; goto STNAME1, else if HIKIND=8 goto STNAME2; else if HIKIND=9 goto STNAME3; else if HIKIND=6 goto MILSPC; else if any member HIKIND=11, goto HILAST; else if HIKIND=7 goto HINOTYR; else goto HILAST] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MACHMD2 |
| Question Text | \* Ask or verify.  What is the name of the health plan that assigned the doctor?  \*Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Go to MANAM if GROUP=1 or if GROUP=2 and If HIKIND=10 goto SSTYPE2; else If HIKIND=1 or 3, goto FHICCI6  If any person with HIKIND=1 or 3, but not in NEXTPNM\*\_B, goto HIVER1; else goto FHICCI8  If any family member with HIKIND=5; goto STNAME, else if any member with HIKIND=10,11, goto HILAST; else if HIKIND=1-9 goto HINOTYR, else goto HILAST] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MXCHNG |
| Question Text | Was [fill: your/ALIAS's] Medicaid obtained through Healthcare.gov or the [fill2: Health Insurance Marketplace/state specific name fill]? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't know  Refused |
| Skip Pattern(s) | <1, 2, R, D> go to MEDPREM |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MEDPREM |
| Question Text | A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] Medicaid plan? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1> goto MDPRINC  <2,R,D> loop through all persons in the family with Medicaid, when roster is finished goto next appropriate group of questions.  If HIKIND=10 goto SSTYPE2; else goto if HIKIND = 1 or HIKIND = 3, goto FHICCI6.  If any persons with HIKIND=1 or or 3, but not in NEXTPNM\_B, goto HIVER1; else goto FHICCI8;  If any family member with HIKIND=5; goto STNAME1, else if HIKIND=8 goto STNAME2; else if HIKIND=9 goto STNAME3; else if HIKIND=6 goto MILSPC; else if any member HIKIND=11, goto HILAST; else if HIKIND=7 goto HINOTYR; else goto HILAST |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MDPRINC |
| Question Text | Is the premium paid for this Medicaid plan based on income? |
| Pre-loaded Data | Family roster |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | Loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions.  If HIKIND=10 goto SSTYPE2; else goto if HIKIND = 1 or HIKIND = 3, goto FHICCI6.  If any persons with HIKIND=1 or or 3, but not in NEXTPNM\_B, goto HIVER1; else goto FHICCI8;  If any family member with HIKIND=5; goto STNAME1, else if HIKIND=8 goto STNAME2; else if HIKIND=9 goto STNAME3; else if HIKIND=6 goto MILSPC; else if any member HIKIND=11, goto HILAST; else if HIKIND=7 goto HINOTYR; else goto HILAST |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | SSTYPE2 |
| Question Text | \* Enter all that apply, separate with commas.  You mentioned that [fill 1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill 2: your/ALIAS's] single service plan or plans pay for? |
| Pre-loaded Data |  |
| Response Options | 1. Accidents  2. AIDS care  3. Cancer treatment  4. Catastrophic care  5. Dental care  6. Disability insurance (cash payments when unable to work for health reasons)  7. Hospice care  8. Hospitalization only  9. Long-term care (nursing home care)  10. Prescriptions  11. Vision care  12. Other (specify)  Refused  Don’t know |
| Skip Pattern(s) | 1-11, D, R roster through for all people with single service plans, then goto FHICCI6  12 goto SSOTHER |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | SSOTHER |
| Question Text | \* Other type of single-service plan |
| Pre-loaded Data |  |
| Response Options | Allow 80 characters |
| Skip Pattern(s) | If other persons with single service plan, goto SSTYPE2 until roster is exhausted. Else goto FHICCI6. |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | FHICCI6 |
| Question Text | The next questions are about private health insurance plans [fill 2: including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.  [Fill 1: We have the following persons listed as being covered by such plans:  \* Read names.  (Display roster of persons covered by private health insurance plans.)] |
| Pre-loaded Data |  |
| Response Options | 1. Enter 1 to Continue |
| Skip Pattern(s) | Go to HIPNAM1 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIPNAM1 |
| Question Text | It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?  Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.  \* Read if necessary: Do you have your health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options | Allow 80 characters |
| Skip Pattern(s) | goto HIPNAM1B |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIPNAM1B |
| Question Text | \* Ask or verify. Enter all that apply, separate with commas.  Which family members are covered by this plan?  \* Indicate each family member covered by this plan. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto MORPLAN  <D,R>[if HIPNAM1= D, R, goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR  Else, goto MORPLAN |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MORPLAN |
| Question Text | \* Ask if necessary  Are there any more private health insurance plans? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1> [goto HIPNAM2]  <2,D,R> [(If all persons listed in HIPNAM1B goto FHICCI8); else (If some or no persons listed in HIPNAM1B, but not all persons with HIKIND=1,3 listed in HIPNAM1B, goto HIVER1)] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIPNAM2 |
| Question Text | What is the name of the next plan?  \*Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options | Allow 80 characters |
| Skip Pattern(s) | Go to HIPNAM2B |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIPNAM2B |
| Question Text | \* Ask or verify. Enter all that apply, separate with commas.  Which family members are covered by that plan?  \* Indicate each family member covered by this plan. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto  MORPLAN2  <D,R> [if HIPNAM2 eq D or R and persons listed in HIPNAM1B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B, goto HIVER1; else if HIPNAM2 eq D or R and persons listed in HIPNAM1B, and all persons with  HIKIND eq 1 or 3 listed in HIPNAM1B, goto FHICCI8; else if HIPNAM2 eq D or R and persons not listed in HIPNAM1B, goto HIVER1; else if health plan name recorded in HIPNAM2, goto MORPLAN2] else goto MORPLAN2 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MORPLAN2 |
| Question Text | \* Ask if necessary  Are there any more private health insurance plans? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1> [goto HIPNAM3]  <2,D,R> [if some or no persons listed in HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM2B or HIPNAM1B, goto HIVER1; else goto FHICCI8] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIPNAM3 |
| Question Text | What is the name of the next plan?  \*Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options | Allow 80 characters |
| Skip Pattern(s) | Go to HIPNAM3B |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIPNAM3B |
| Question Text | \* Ask or verify. Enter all that apply, separate with commas.  Which family members are covered by that plan?  \* Indicate each family member covered by this plan. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto  MORPLAN3  <D,R> [if HIPNAM3 eq D or R and persons listed in HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B, goto HIVER1;  else if HIPNAM3 eq D or R and persons listed in HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B, goto FHICCI8;  else if HIPNAM3 eq D or R and persons not listed in HIPNAM1B and HIPNAM2B, goto HIVER1;  else if health plan name recorded in HIPNAM3, goto MORPLAN3]  else goto MORPLAN3 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MORPLAN3 |
| Question Text | \* Ask if necessary  Are there any more private health insurance plans? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1> [goto HIPNAM4]  <2,D,R> [if some or no persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1;  else goto FHICCI8] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIPNAM4 |
| Question Text | What is the name of the next plan?  \*Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options | Allow 80 characters |
| Skip Pattern(s) | Go to or HIPNAM4B |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIPNAM4B |
| Question Text | \* Ask or verify. Enter all that apply, separate with commas.  Which family members are covered by that plan?  \* Indicate each family member covered by this plan. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B or HIPNAM4B goto HIVER1  else goto FHICCI8  <D,R> [if persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1;  else if persons not listed in HIPNAM1B and HIPNAM2B and HIPNAM3B, goto  HIVER1; else goto FHICCI8]  else goto FHICCI8 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIVER1 |
| Question Text | [fill 1] listed as having private insurance but [fill 2] not mentioned as being covered by any of the plans we just discussed. [fill 3] covered by private insurance? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1> [goto HIVER2]  <2> [goto ERR\_HIVER1]  <R> goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR  <D> if another person meets criteria goto HIVER1  else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HIVER2 |
| Question Text | \* Enter all that apply, separate with commas.  Is [fill 1] health insurance plan the same as one of those already mentioned? |
| Pre-loaded Data |  |
| Response Options | Authors: fill names of plans, if not empty, for precodes 1-4 as follows:  1. [HIPNAM1 or 'Plan 1']  2. [HIPNAM2 or 'Plan 2'] (if available)  3. [HIPNAM3 or 'Plan 3'] (if available)  4. [HIPNAM4 or 'Plan 4'] (if available)  5. Some other plan not already mentioned  Refused  Don’t know |
| Skip Pattern(s) | <1-4> [Update any inputs into the appropriate list (HIPNAM1B, HIPNAM2B, HIPNAM3B, HIPNAM4B), if another person meets criteria, goto HIVER1,  else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR]  <5> [If 4 plan names were given, ignore this 5th plan and if another person meets criteria, goto HIVER1,  else goto FHICCI8 or FHI200 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR]  If less than 4 plan names, goto MORPLAN or MORPLAN2 or MORPLAN3, as appropriate, to add more private health insurance plans]  <R> goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR  <D> if another person meets criteria goto HIVER1 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | FHICCI8 |
| Question Text | Fill 1: If this is the first plan in the roster (i.e. from HIPNAM1), then fill: [Now I am going to ask some questions about the [fill 2] you just told me about [fill 3].]; Else fill: [Next I would like to ask you about [fill 5].]  Fill 2: If only one plan mentioned, fill: [plan], else fill: [plans]  Fill 3: If more than one plan mentioned, fill: [, starting with [fill 4]]; else no fill  Fill 4: Fill name of plan mentioned in HIPNAM1 or if HIPNAM1= D, R, fill: [Plan 1]  Fill 5: Fill name of next plan from roster. (HIPNAM2, HIPNAM3, HIPNAM4) if HIPNAM2=D,R, fill [Plan 2] or if HIPNAM3=D,R, fill [Plan 3] or If HIPNAM4=D,R fill [Plan 4] |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1> [goto FHI200] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | FHI200 |
| Question Text | Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?  \* Enter line number of family member (from list below) in whose name this plan is held.  \* Enter 0 if the policyholder is not on the family roster." |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | If <00> goto PRPOLH if GROUP=1 or PLNWRK if GROUP=2  if <1-25> goto PRCOOH if GROUP=1 or PLNWRK if GROUP=2  if <D,R> goto PLNWRK |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PRPOLH |
| Question Text | How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]?  \*Read if Necessary…  [fill3:You are/ALIAS is} the policyholder’s… |
| Pre-loaded Data |  |
| Response Options | 1. Child (including stepchildren)  2. Spouse  3. Former spouse  4. Some other relationship  Refused  Don’t know |
| Skip Pattern(s) | <1-4,R,D> [goto PLNWRK]  NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected. |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PRCOOH |
| Question Text | Does this plan cover anyone who does not live here? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don’t know |
| Skip Pattern(s) | <1,2,R,D> [goto PLNWRK] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PLNWRK |
| Question Text | Which one of these categories best describes how this plan was obtained? |
| Pre-loaded Data |  |
| Response Options | 1. Through employer  2. Through union  3. Through workplace, but don't know if employer or union  4. Through workplace, self-employed or professional association  5. Purchased directly  6. Through Healthcare.gov or the Affordable Care Act, also known as Obamacare  7. Through a state/local government or community program  8. Other (specify)  Don't Know  Refused |
| Skip Pattern(s) | <1-4, 6> goto PLNPAY  < 5,7,R,D> goto PLNEXCHG  <8 > goto PLNWKSP |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PLNWKSP |
| Question Text | \*Read if necessary.  How was this plan obtained? |
| Pre-loaded Data |  |
| Response Options | Allow 80 characters |
| Skip Pattern(s) | Goto PLNEXCHG |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PLNEXCHG |
| Question Text | Was the plan obtained through the Healthcare.gov or the [fill 1: Health Insurance Marketplace/state specific name fill]? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,R,D> goto PLNPAY |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PLNPAY |
| Question Text | \* Enter all that apply, separate with commas.  Who pays for this health insurance plan?  \* If government program is reported, probe for Medicare or Medicaid or CHIP before entering code 7. If government is the employer, enter code 2. |
| Pre-loaded Data |  |
| Response Options | 1. Self or Family (living in the household)  2. Employer or Union  3. Someone outside the household  4. Medicare  5. Medicaid  6. CHIP (SCHIP/Children’s Health Insurance Program)  7. State or local government or community program  Refused  Don’t know |
| Skip Pattern(s) | <1-7,R,D> if includes '1' [goto PLNPRE if GROUP=1]  else [goto PLNMGD if GROUP=1or goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR if GROUP=2] |
| Help Text |  |
| Special Instructions | Loop through up to 4 plans per family group |

|  |  |
| --- | --- |
| Variable Name | PLNPRE |
| Question Text | Is the premium paid for this plan based on income? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don’t know |
| Skip Pattern(s) | <1,2,R,D> [goto HICOSTN] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HICOSTN |
| Question Text | How much [fill 1: do you/does your family] currently spend for health insurance premiums for [fill 2: fill plan name/fill name of Plan 1]? Please include payroll deductions for premiums.  \*Enter dollar amount for premium payments. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-99995> [goto HICOSTT]  <R> [store "R" in HICOSTT and goto PLNMGD]  <D> [store "D" in HICOSTT and goto PLNMGD] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HICOSTT |
| Question Text | \* Enter time period for premium payments. |
| Pre-loaded Data |  |
| Response Options | 1. Once a week  2. Once every 2 weeks  3. Once a month  4. Twice a month  5. Every two months  6. Quarterly (every 3 months)  7. Once a year  8. Twice a year  Refused  Don’t know |
| Skip Pattern(s) | <1-8,R,D> [goto PLNMGD] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PLNMGD |
| Question Text | Is [fill 1: fill plan name/fill name of Plan 1] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service or is it some other kind of plan? |
| Pre-loaded Data |  |
| Response Options | 1. HMO/IPA  2. PPO  3. POS  4. Fee-for-service  5. Other  Refused  Don’t know |
| Skip Pattern(s) | <1-5,D,R> [goto HDHP] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HDHP |
| Question Text | [If only one person covered by this plan:]  Is the annual deductible for medical care for this plan less than $1,300 or $1,300 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of network care, do not include those deductible amounts here.  [If two or more persons in the family are covered by this plan:]  Is the family annual deductible for medical care for this plan less than $2,600 or $2,600 or more? If there is a separate deductible for prescription drugs, hospitalization, or out of network care, do not include those deductible amounts here. |
| Pre-loaded Data |  |
| Response Options | 1. Less than [fill 1: $1,300/$2,600]  2. [fill 1: $1,300/$2,600] or more  Refused  Don’t know |
| Skip Pattern(s) | <1,R,D> [goto MGCHMD]  <2> [goto HSAHRA] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HSAHRA |
| Question Text | With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts. |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don’t know |
| Skip Pattern(s) | <1,2,R,D> [goto MGCHMD] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MGCHMD |
| Question Text | Under this plan, can [fill 1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors? |
| Pre-loaded Data |  |
| Response Options | 1. Any doctor  2. Select from group/list  Refused  Don’t know |
| Skip Pattern(s) | <1> [goto MGPRMD]  <2> [goto MGPYMD]  <D,R> [goto PCPREQ] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MGPRMD |
| Question Text | [fill 1:Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | goto PCPREQ |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MGPYMD |
| Question Text | If [fill 1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill 2:^HIPNAM1/ ^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any part of the cost? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don’t know |
| Skip Pattern(s) | goto PCPREQ |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PCPREQ |
| Question Text | Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor who approves all [fill2: your/their] care? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,R,D> [goto PRRXCOV] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PRRXCOV |
| Question Text | Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for medicines prescribed by a doctor?  \* Read if necessary: Does this plan have a drug benefit? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't Know |
| Skip Pattern(s) | goto PRDNCOV |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PRDNCOV |
| Question Text | Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for dental care? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't Know |
| Skip Pattern(s) | Loop through from FHICCI8 for any other private plans. When roster is exhausted, if any PLNWRK in ('1','2','3','4') goto FCOVCONF  else goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | FCOVCONF |
| Question Text | If [fill1: you/your family] had to buy a health plan on [fill 2: your/its] own with no help from [fill 3: your/an] employer, how confident are you that [fill 1: you/your family] would be able to obtain affordable coverage Would you say…  \*Read categories below. |
| Pre-loaded Data |  |
| Response Options | 1. Very confident  2. Somewhat confident  3. Not too confident  4. Not confident at all  Don’t know  Refused |
| Skip Pattern(s) | <1-4,R,D> goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STNAME1 |
| Question Text | Earlier I recorded that [fill 1: you are/ALIAS is] covered by the Children’s Health  Insurance Program (CHIP/SCHIP). What is the name of the plan?  \* Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | goto CHXCHNG if GROUP=1 or STNAME2 if GROUP=2 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | CHXCHNG |
| Question Text | Was [fill 1: your/ALIAS's] CHIP plan obtained through the [fill 2: Health Insurance  Marketplace/ fill state specific fill]? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,R,D> [goto STRFPRM1] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STRFPRM1 |
| Question Text | A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1> [goto CHPRINC]  <2,R,D> [goto STDOC1] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | CHPRINC |
| Question Text | Is the premium paid for [fill 1: ^STNAME1/this CHIP plan] based on income? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,R,D> goto STDOC1 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STDOC1 |
| Question Text | Under the [fill 1:^STNAME1/CHIP PLAN] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3: you/he/she] choose from a list of doctors or is the doctor assigned? |
| Pre-loaded Data |  |
| Response Options | 1. Any doctor  2. Select from list  3. Doctor is assigned  Refused  Don’t know |
| Skip Pattern(s) | <1, 2, D, R> goto next person in roster, else [goto STNAME2] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STNAME2 |
| Question Text | Earlier I recorded that [fill 1: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?  \* Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | goto OPXCHNG |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | OPXCHNG |
| Question Text | Was [fill 1: your/ALIAS's] state sponsored health plan obtained through Healthcare.gov or the [fill 2: Health Insurance Marketplace/ fill state specific name]? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,R,D> goto STRFPRM2 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STRFPRM2 |
| Question Text | A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] state sponsored health plan? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1> goto SSPRINC if GROUP=1 or STNAME3 if GROUP=2  <2,R,D> goto STDOC2 if GROUP=1 or STNAME3 if GROUP=2 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | SSPRINC |
| Question Text | Is the premium paid for [fill 1: ^STNAME2/this state sponsored plan] based on income? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,R,D> goto STDOC2 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STDOC2 |
| Question Text | Under the [fill 1:^STNAME2/state sponsored plan] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3: you/he/she] choose from a list of doctors or is the doctor assigned? |
| Pre-loaded Data |  |
| Response Options | 1. Any doctor  2. Select from list  3. Doctor is assigned  Refused  Don’t know |
| Skip Pattern(s) | <1, 2, D, R> [goto STNAME3] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STNAME3 |
| Question Text | Earlier I recorded that [fill 1: you are/ALIAS is] covered by another government  program. What is the name of the plan?  \* Read if necessary: Do you have a health plan card or something with the plan name on it? |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | goto OGXCHNG |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | OGXCHNG |
| Question Text | Was [fill1: your/ALIAS's] other government program obtained through Healthcare.gov or the [fill2]? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,R,D> goto STRFPRM3 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STRFPRM3 |
| Question Text | A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] other government program? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1> goto OGPRINC if GROUP=1 or MILSPC if GROUP=2  <2,R,D> goto STDOC3 if GROUP=1 or MILSPC if GROUP=2 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | OGPRINC |
| Question Text | Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,R,D> goto STDOC3 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | STDOC3 |
| Question Text | Under the [fill 1:^STNAME3/other government plan] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3:you/he/she] choose from a list of doctors or is the doctor assigned? |
| Pre-loaded Data |  |
| Response Options | 1. Any doctor  2. Select from list  3. Doctor is assigned  Refused  Don’t know |
| Skip Pattern(s) | <1,2,D,R> [goto STNAME3] \*see flowchart |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MILSPC |
| Question Text | \* Enter all that apply, separate with commas.  Earlier I recorded that [fill 1] covered by military health care. What types of military health care [fill 2:] covered by? |
| Pre-loaded Data |  |
| Response Options | 1. TRICARE  2. VA  3. CHAMP-VA  4. Other military coverage (specify)  Don’t know  Refused |
| Skip Pattern(s) | <1> [goto MILMAN if GROUP=1 or HILAST if GROUP=2]  <4> [goto MILSPCOT]  <2,3,D,R> [loop through for all persons in roster, when exhausted, goto HILAST.] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MILSPCOT |
| Question Text | \* Other military coverage |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | if MILSPC eq 1, goto MILMAN if GROUP=1 or HILAST if GROUP=2;  else, goto HILAST |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MILMAN |
| Question Text | Is [fill 1: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life? |
| Pre-loaded Data |  |
| Response Options | 1. TRICARE Prime  2. TRICARE Extra  3. TRICARE Standard  4. TRICARE for Life  5. TRICARE other (specify)  Refused  Don’t know |
| Skip Pattern(s) | <1-4,D,R> [goto HILAST]  <5> [goto MILMANOT] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MILMANOT |
| Question Text | \* Other type of TRICARE coverage |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Loop through from MILSPC for all persons with this coverage. When exhausted, goto HILAST. |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HILAST |
| Question Text | Not including Single Service Plans, about how long has it been since [fill 1: you/ALIAS] last had health care coverage? |
| Pre-loaded Data |  |
| Response Options | 1. 6 months or less  2. More than 6 months, but not more than 1 year ago  3. More than 1 year, but not more than 3 years ago  4. More than 3 years  5. Never  Refused  Don’t know |
| Skip Pattern(s) | [goto HISTOP] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HISTOP |
| Question Text | [Fill 1: [Which of these are reasons [fill 2:you/ALIAS] stopped being covered?/Which of these are reasons [fill 3: you do/ALIAS does] not have health insurance?]  \* Enter up to 5 reasons, separate with commas. |
| Pre-loaded Data |  |
| Response Options | 1. Person in family with health insurance lost job or changed employers  2. Got divorced or separated/death of spouse or parent  3. Became ineligible because of age/left school  4. Employer does not offer coverage/or not eligible for coverage  5. Cost is too high  6. Insurance company refused coverage  7. Medicaid/Medical plan stopped after pregnancy  8. Lost Medicaid/Medical plan because of new job or increase in income  9. Other reason for losing Medicaid  10. Other (specify)  Refused  Don’t know |
| Skip Pattern(s) | <1-9,D,R> [goto FHIKDB if GROUP=1 or HCSPFYR if GROUP=2]  <10> [goto HISTOPOT] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HISTOPOT |
| Question Text | \* Other reason for not having coverage |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | Goto FHIKDB if GROUP=1 or HCSPFYR if GROUP=2 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HINOTYR |
| Question Text | In the PAST 12 MONTHS, was there any time when [fill 1: you/ALIAS] did NOT have ANY health insurance or coverage? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Don't Know  Refused |
| Skip Pattern(s) | <1> [goto HINOTMYR]  <2,D,R> [goto FHICHNG if GROUP=1 or HCSPFYR if GROUP=2] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HINOTMYR |
| Question Text | In the PAST 12 MONTHS, about how many months [fill 1: were you/was ALIAS] without coverage?  \* If less than 1 month, enter '1'. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | <1-12,D,R>  When roster is exhausted, goto FHIKDB if GROUP=1 or HCSPFYR if GROUP=2 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | FHICHNG |
| Question Text | Did [fill1: you/ALIAS] have [fill2: type of health insurance coverage] for the past 12 months? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,R,D> [goto HCSPFYR]  <2> [goto FHIKDB] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | FHIKDB |
| Question Text | If person is currently uninsured:  {Think about the last time [fill1: you/ALIAS] had health insurance or health care  coverage. What type did [fill1: you/ALIAS] have?}  If person had a period without coverage in the past year:  {I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}  If person had a change in coverage type in the past year:  {What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}  \*Enter all that apply, separate with commas. |
| Pre-loaded Data |  |
| Response Options | 1. Private health insurance  2. Medicare  3. Medi-Gap  4. Medicaid  5. CHIP (SCHIP/Children's Health Insurance Program)  6. Military health care (TRICARE/VA/CHAMP-VA)  7. Indian Health Service  8. State-sponsored health plan  9. Other government program  10. Single service plan (e.g., dental, vision, prescriptions)  11. No coverage of any type  Refused  Don't know |
| Skip Pattern(s) | <1> [goto PWRKB]  <2-11,R,D> [goto HCSPFYR] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PWRKB |
| Question Text | Which one of these categories best describes how [fill1: your/ALIAS’s] private health insurance was obtained? |
| Pre-loaded Data |  |
| Response Options | 1. Through employer  2. Through union  3. Through workplace, but don't know if employer or union  4. Through workplace, self-employed or professional association  5. Purchased directly  6. Through a state/local government or community program  7. Other, specify  Refused  Don't know |
| Skip Pattern(s) | <1-6,R,D> [goto HCSPFYR] <7> [goto PWRKBSP] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | PWRKBSP |
| Question Text | \*Enter how private health insurance was obtained. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) | [goto HCSPFYR] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | HCSPFYR |
| Question Text | The next question is about money that [fill 1:you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill 2: you/your family] spend for medical care and dental care? |
| Pre-loaded Data |  |
| Response Options | 0. Zero  1. Less than $500  2. $500-$1,999  3. $2,000-$2,999  4. $3,000-$4,999  5. $5,000 or more  Refused  Don’t know |
| Skip Pattern(s) | goto MEDBILL |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MEDBILL |
| Question Text | In the past 12 months did [fill1: you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care. |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,7,9> [goto MEDBPAY] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MEDBPAY |
| Question Text | [fill 1: Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year. |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | MEDBNOP |
| Question Text | [fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1,2,7,9> [goto FSA if GROUP=1 or WFQ077 if GROUP=2] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | FSA |
| Question Text | [fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee. |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | goto WFQ077 |
| Help Text |  |
| Special Instructions |  |

**Section 6: Employment Status**

|  |  |
| --- | --- |
| Variable Name | WFQ077 |
| Question Text | The next few questions are about employment.  DURING THE PAST 12 MONTHS, has there been a change in your employment status? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | Go to WFQ078 |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | WFQ078 |
| Question Text | Which of the following best describes what you were doing LAST WEEK? Were you… |
| Pre-loaded Data |  |
| Response Options | 1 Employed (select this option if you held a job but were on vacation or any type of short-term, temporary leave)  2 Unemployed  3 Retired (from any job; you will be able to indicate whether you are working during your retirement)  4 On extended leave (e.g. medical, family, or maternity leave, etc.)  9 Refused  7 Don’t know |
| Skip Pattern(s) | <1,4> go to [WFQ080]  <2> go to [WFQ081]  <3> go to [WFQ079]  else go to [WFQ082] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | WFQ079 |
| Question Text | Are you working for pay more than 1 hour per week during your retirement? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | <1> go to [WFQ080]  else go to [WFQ082] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | WFQ080 |
| Question Text | Approximately how many hours do you usually work per week? |
| Pre-loaded Data |  |
| Response Options | Write in or drop down |
| Skip Pattern(s) | go to [WFQ082] |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | WFQ081 |
| Question Text | Are you currently looking for work? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | Go to PHONDEV |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | WFQ082 |
| Question Text | DURING THE PAST 12 MONTHS, have you had a period of unemployment? |
| Pre-loaded Data |  |
| Response Options | 1. Yes  2. No  Refused  Don't know |
| Skip Pattern(s) | Go to PHONDEV |
| Help Text |  |
| Special Instructions |  |

**Section 7: Device and Closing**

|  |  |
| --- | --- |
| Variable Name | PHONDEV |
| Question Text | Thank you. We’re almost finished.  Did you complete this survey on a landline or cell phone? |
| Pre-loaded Data |  |
| Response Options | 1 Landline  2 Cell phone  3 Other  Refused  Don’t know |
| Skip Pattern(s) | Go to CLOSING |
| Help Text |  |
| Special Instructions |  |

|  |  |
| --- | --- |
| Variable Name | CLOSING |
| Question Text | Those are all the questions I have. I would like to thank you on behalf of the CDC’s National Center for Health Statistics for the time and effort you’ve spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [NUMBER]. If you have questions about your rights as a survey participant, you may call the chairperson of the NCHS Research Ethics Review Board at 1-800-223-8118 and say you are calling about protocol XXXX-XX. Thank you again. |
| Pre-loaded Data |  |
| Response Options |  |
| Skip Pattern(s) |  |
| Help Text |  |
| Special Instructions |  |

**Callback & Answering Machine Scripts**

NO CONTACT YET:

Hello. I’m calling on behalf of the CDC’s National Center for Health Statistics. We are conducting a survey on the health care system and insurance. If you would like to participate right away, please call our toll-free number, at [NUMBER]. Thank you.

RE-CONTACT WITH ELIGIBLE SA (NO APPOINTMENT):

Hello. I am calling on behalf of the CDC’s National Center for Health Statistics regarding a survey about the health care system and insurance. When we spoke previously about this important study, you requested that we call you back. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at [NUMBER]. Thank you.

SCHEDULED INTERVIEW APPOINTMENTS:

Hello. I am calling on behalf of the CDC’s National Center for Health Statistics regarding a survey about the health care system and insurance. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at [NUMBER]. Thank you.