

MIAMI/DADE HEALTH INSURANCE STUDY

(HELLO) Hello, my name is _____ from the University of Florida.

(HOME) We are conducting research so that the county leaders can better develop health care programs for Miami-Dade residents and we need the input of your household. We need to ask some questions

****If necessary – This study is being sponsored by the Public Health Trust.****

Have I reached you on your HOME phone?

1 Yes (*go to ADLT*)

2 No

(LIVE) Does anyone LIVE there?

IF YES, ASK TO SPEAK WITH THAT PERSON AND PRESS 1
IF NO, PRESS CTRL/END AND ASSIGN APPROPRIATE CODE

(ADLT) First, I need to know if you are (under 18 years old or) 18 years old or older.

1 YES, 18 YEARS OLD OR OLDER (*go to MOD3*)

2 NO, UNDER 18 YEARS OLD

(ADLTB) May I speak to someone 18 years old or older who lives there?

PRESS 1 IF INFORMANT PASSES PHONE TO ELIGIBLE ADULT

IF NO ELIGIBLE ADULTS, PRESS CTRL/END AND CODE AS “NO ELIGIBLE RESPONDENT”

IF ELIGIBLE ADULT IS NOT HOME, PRESS CTRL/END AND CODE AS CALLBACK

(MOD3) Is anyone in the household under 65 years of age?

1 Yes (*go to KNOW*)

0 No

(NoThank) Thank you for talking to me. Right now we are only talking to families who are not eligible for Medicare so I do not have any other questions.

(KNOW) Are you the most knowledgeable person in the household about the family’s healthcare and health insurance?

1 Yes (*go to PROCEED*)

0 No

(KNOW2) May I speak to the person who is most knowledgeable?

1 Yes (*continue*)

IF THEY REFUSE, THANK THEM FOR THEIR TIME, QUIT OR HIT CTRL/END AND CODE AS REFUSAL.

(PROCEED) Your phone number was selected at random by computer, and only your first name will be used to ensure confidentiality. You do not have to answer any question you do not wish to answer. This interview should take approximately 15 minutes to complete. (May we proceed?)

IF NO, QUIT OR HIT CTRL/END AND CODE AS REFUSAL

1 Yes to continue

Section 1 Household Listing and Health Insurance

(HHL D) To begin, what are the first names (or initials) of the people who are living or staying there? Begin with yourself and then include all other people in the household. To ensure your confidentiality, only first names will be used.

INTERVIEWER: SOME FAMILIES MAY BE RELUCTANT TO PROVIDE NAMES. TELL RESPONDENT THAT WE WANT FIRST NAMES BECAUSE WE WILL BE ASKING ABOUT THE HEALTH CARE OF EACH PERSON IN THE HOUSEHOLD. TELL THEM THAT THEY CAN GIVE YOU INITIALS IF THAT WOULD MAKE THEM MORE COMFORTABLE.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

(NAMCHK) So the people in your household include...(READ NAMES BELOW)

DISPLAY NAME
DISPLAY NAME
DISPLAY NAME...

Is this correct?

HIT 1 TO GO BACK AND ADD/FIX NAMES
HIT 2 IF EVERYTHING IS GOOD

(MISSCHCK) Have I missed any babies or small children, or anyone who usually lives here but is traveling, in school, in a hospital, or any foster children, lodgers, borders, or roommates?

- 1 FOR YES TO RETURN AND ADD THOSE MISSING
- 2 IF NO ONE IS MISSING AND EVERYTHING IS CORRECT

(AGE) Now I am going to ask you some questions about each household member, such as their age, whether they are male or female, and their relationship to you.

INTERVIEWER: BABIES NOT YET 1 YEAR OLD SHOULD BE CODED AS 0.

IF RESPONDENT IS RELUCTANT TO GIVE AGE INFO, TELL THEM THAT THIS INFORMATION IS USED TO UNDERSTAND DIFFERENCES IN HEALTH CARE FOR PEOPLE IN DIFFERENT AGE GROUPS AND TO UNDERSTAND THE HEALTH CARE NEEDS OF ALL PEOPLE IN THE HOUSEHOLD.

What is your age?

(0-110) (go to SEX)

-8 DON'T KNOW

-9 REFUSED

(AGERNG) Would you say:

INTERVIEWER: READ CHOICES...

1 Birth to 5 years?

2 6-18 years?

3 19-54 years?

4 55-64 years?

5 or over 65?

-8 DON'T KNOW

-9 REFUSED

(SEX) And sex? CODE WITHOUT ASKING IF KNOWN

IF RESPONDENT IS RELUCTANT, TELL THEM THAT THIS INFORMATION IS USED TO UNDERSTAND DIFFERENCES IN HEALTH CARE FOR PEOPLE OF DIFFERENT GENDERS AND TO UNDERSTAND THE HEALTH CARE NEEDS OF ALL PEOPLE IN THE HOUSEHOLD.

1 Male

2 Female

-8 DON'T KNOW

-9 REFUSED

(MAR) (For those 16 or older)

IF RESPONDENT IS RELUCTANT, TELL THEM THAT THIS INFORMATION IS USED TO UNDERSTAND DIFFERENCES IN HEALTH CARE FOR PEOPLE IN DIFFERENT GROUPS AND TO UNDERSTAND THE HEALTH CARE NEEDS OF ALL PEOPLE IN THE HOUSEHOLD.

What is your marital status? Is it...

INTERVIEWER: READ LIST

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Living with a partner
- 8 DON'T KNOW
- 9 REFUSED

(AGE) What is the age of (NAME HH MEMBER NUMBER 2)?

- (0-110)
- 8 DON'T KNOW
 - 9 REFUSED

(AGERNG) Would you say:

INTERVIEWER: READ CHOICES...

- 1 Birth to 5 years?
- 2 6-18 years?
- 3 19-54 years?
- 4 55-64 years?
- 5 or over 65?
- 8 DON'T KNOW
- 9 REFUSED

(SEX) And sex?

- 1 Male
- 2 Female
- 8 DON'T KNOW
- 9 REFUSED

(MAR) (For those 16 or older) What is the marital status of (NAME HH MEMBER NUMBER 2)? Is it...

INTERVIEWER: READ LIST

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Living with a partner
- 8 DON'T KNOW
- 9 REFUSED

(REL) And relationship with you?

- 1. HUSBAND
- 2. WIFE
- 3. OWN CHILD, ADOPTED CHILD, STEPCHILD
- 4. FOSTER CHILD
- 5. GRANDCHILD
- 6. PARENT
- 7. BROTHER/SISTER
- 8. SON-IN-LAW/DAUGHTER-IN-LAW
- 9. MOTHER-IN-LAW/FATHER-IN-LAW
- 10. OTHER RELATIVE
- 11. NON-RELATIVE
- 12. UNMARRIED PARTNER
- 8 Don't know
- 9 Refused

Surveyer: Repeat age, gender, marital status and relationship to respondent for each person in the household.

(FAMCHECK) Please let me verify everyone that you have mentioned. The members of your household include:

NAME	AGE	SEX	RELATIONSHIP
------	-----	-----	--------------

INTERVIEWER: READ EACH MEMBER OF HH (NAME, AGE, SEX, RELATIONSHIP) ONE BY ONE AND VERIFY IF IT IS CORRECT. IF YOU NEED TO CHANGE AN AGE, SEX OR RELATIONSHIP, PRESS 1.

IF CORRECT, PRESS 2.

TEST: If age 16 or older and less than 22, go to STUDCHCK; else go to test before MARCHECK.

(STUDCHCK) Is NAME a full-time student?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

Repeat for all who meet test.

TEST: If any person is age 16 or older and mars/MAR = married (1) and relationship is not husband (1) or wife (2), go to mar/MARCHECK; else go to test after sps/MARRIAGE.

(MARCHECK) Is NAME married to anyone who currently lives here?

INTERVIEWER: CODE "NO" FOR COHABITEE

- 1 Yes
- 2 No (*go to next person or next test*)
- 8 DON'T KNOW
- 9 REFUSED

(MARRIAGE) To whom is NAME married?

- 1 NAME

TEST: Verify that spouses are opposite sexes and at least 16 years of age. Also there should be only one husband or wife in the household, but this may not always be the case.

Repeat test, MARCHECK, MARRIAGE for each person age 16 and older.

TEST: If any person is 18 and younger and relationship to respondent is not equal to (3), then go to GUARDCHK; else go COVINT.

(GUARDCHK) Is anyone who lives there the parent or guardian of NAME?

- 1 Yes
- 2 No (*go to next child or next test*)
- 8 DON'T KNOW
- 9 REFUSED

(GUARDIAN) Who is NAME's parent or guardian?

INTERVIEWER: IF MORE THAN ONE GUARDIAN, CHOOSE MOTHER/FEMALE GUARDIAN.

1. DISPLAY NAME
2. DISPLAY NAME
3. DISPLAY NAME.....

Repeat for others meeting the test.

(COVINT) Now I will list several types of health insurance or health coverage obtained through jobs, purchased directly, or from government programs.

For each one, please tell me if anyone is currently covered by that type of plan.

PRESS 1 TO CONTINUE

(COV1) Are (you/is anyone) who lives there covered by a health insurance plan from a CURRENT employer or union, other than the military? (This includes insurance from family members' employment.)

INTERVIEWER: REMEMBER WE ARE NOT INCLUDING MILITARY COVERAGE HERE. DO NOT INCLUDE INSURANCE PLANS PURCHASED THROUGH A PROFESSIONAL ASSOCIATION OR TRADE GROUP. DO NOT INCLUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN THE HOSPITAL OR PLANS THAT PAY ONLY FOR ONE TYPE OF SERVICE, SUCH AS DENTAL CARE, VISION CARE, NURSING HOME CARE, OR ACCIDENTS.

- 1 Yes – LIST NAMES
- 2 No (*go to COVID*)
- 8 Don't know
- 9 Refused

(COV1C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

(COV1D) Are (you/is anyone) covered by a health insurance plan from a PAST employer or union, other than the military?

INTERVIEWER: THIS INCLUDES COBRA AND RETIREMENT PLANS.

REMEMBER WE ARE NOT INCLUDING MILITARY COVERAGE HERE. DO NOT INCLUDE INSURANCE PLANS PURCHASED THROUGH A PROFESSIONAL ASSOCIATION OR TRADE GROUP. DO NOT INCLUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN THE HOSPITAL OR PLANS THAT PAY ONLY FOR ONE TYPE OF SERVICE, SUCH AS DENTAL CARE, VISION CARE, NURSING HOME CARE, OR ACCIDENTS.

- 1 Yes – LIST NAMES
- 2 No (*go to COV2A*)
- 8 Don't know
- 9 Refused

(COV1E) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

(COV2A) Are (you/is anyone) covered by a health insurance plan bought on your own and not through an employer or union?

INTERVIEWER: REMEMBER WE ARE NOT INCLUDING MILITARY COVERAGE HERE. INCLUDE HEALTH INSURANCE PLANS PROVIDED BY COLLEGES AND UNIVERSITIES TO STUDENTS. ALSO INCLUDE HERE ANY COVERAGE BOUGHT THROUGH A PROFESSIONAL ORGANIZATION OR ASSOCIATION.

DO NOT INCLUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN THE HOSPITAL OR PLANS THAT PAY ONLY FOR ONE TYPE OF SERVICE, SUCH AS DENTAL CARE, VISION CARE, NURSING HOME CARE, OR ACCIDENTS.

- 1 Yes – LIST NAMES
- 2 No (*go to COV3A*)
- 8 Don't know
- 9 Refused

(COV2C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

(COV3A) Are (you/is anyone) covered by a health insurance plan held in the name of someone who does not live in the household?

INTERVIEWER: * NO MILITARY COVERAGE HERE
* INCLUDE MEDICAID IN SOMEONE ELSE'S NAME
* NO HEALTHY KIDS HERE

DO NOT INCLUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN THE HOSPITAL OR PLANS THAT PAY ONLY FOR ONE TYPE OF SERVICE, SUCH AS DENTAL CARE, VISION CARE, NURSING HOME CARE, OR ACCIDENTS.

- 1 Yes – LIST NAMES
- 2 No (*go to COV4A*)
- 8 Don't know
- 9 Refused

(COV3C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

Please ask COV4A of all households with someone 65 years of age or older. Medicare for younger people with disabilities is covered in COV10A.

(COV4A) Are (you/is anyone) covered by Medicare, the health insurance plan for people 65 years old or older or persons with certain disabilities? DO NOT INCLUDE MEDIGAP PLANS HERE; WE WILL ASK ABOUT THAT LATER.

- 1 Yes – LIST NAMES
- 2 No (*go to TEST C4*)
- 8 Don't know
- 9 Refused

Surveyor: Remember we are not including military coverage here. Include coverage if by an HMO as well as traditional Medicare. Include Part A and Part B.

(COV4C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

TEST C4: If person in household is 65 and not covered by Medicare go to COV5A); else go to (COV5SUP).

(COV5A) I noticed that NAME PERSON is AGE 65 OR OLDER, but is not covered by Medicare. Is that correct?

- 1 Yes, that is correct (*go to COV6A*)
- 2 No, they should be added to Medicare (*go to COV4A*)
- 3 No, they are younger than 65

(COV5B) What is the correct age?

- (0-64)
- 8 Don't Know
- 9 Refused

Repeat for all household members age 65 and older and not covered by Medicare

(COV5SUP) Does NAME have any supplemental MediGap policies that assists with any medical care costs that are not covered by the main Medicare coverage?

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

Repeat COV5SUP for all of those in household who have Medicare.

Only ask COV6A if there is a child in the house age 18 or younger

(COV6A) Are any children covered by MediKids, HealthyKids or KidCare? In these programs, families receive help from the state so that the insurance is affordable or free. They are for children only.

- 1 Yes – LIST NAMES OF THOSE 6 OR YOUNGER
- 2 No (*go to COV6D*)
- 8 Don't know
- 9 Refused

(COV6C) Who is covered?

Interviewer selects the names of children who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

(COV6D) Are (you/is anyone) covered by Medicaid, MediPass or a Medicaid HMO? These are government assistance programs for people in need. You may have a “gold card” or a “blue card” for your insurance.

- 1 Yes – LIST NAMES
- 2 No (*go to COV9A*)
- 8 Don’t know
- 9 Refused

Surveyer: Remember we are including Medicaid and MediPass here. Also families may say they have a “gold card” or a “blue card” from the state. This is Medicaid.

(COV6E) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects “NO MORE” to move to next question.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME
- NO MORE

(COV9A) (Are you/is anyone) covered by CHAMPUS, CHAMP-VA, TRICARE, VA or some other type of military health insurance?

- 1 Yes – LIST NAMES
- 2 No (*go to COV10A*)
- 8 Don't know
- 9 Refused

(COV9C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

(COV10A) Are (you/is anyone) covered by a state-sponsored or public health insurance program that I have not mentioned?

- 1 Yes
- 2 No (*go to TEST C1C2*)
- 8 Don't know (*go to TEST C1C2*)
- 9 Refused (*go to TEST C1C2*)

(COV10B) What is the name of that program or programs?

INTERVIEWER: LIST NAMES OF ALL PROGRAMS. BE SURE TO GET COMPLETE NAMES.

(COV10C): Who is covered by PLAN NAME?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME
- NO MORE

*TEST C1C2*If a household member is not covered under some plan, go to *NOCHECK*, else go to *CONTCOV*.

(NOPLAN) INTERVIEWER: PLEASE WAIT WHILE WE FIGURE OUT WHO HAS INSURANCE OR NOT.

(NOCHECK) According to the information we have, NAME, does not have health care coverage of any kind. Does NAME have health insurance or coverage through a plan that I might have missed?

IF SOURCE OF COVERAGE NOT VOLUNTEERED, ASK:
What kind of plan is that? REPEAT CHOICES IF NECESSARY

- 0 No, not covered by any plan
- 1 Health insurance from a current employer/union
- 2 Health insurance from a past employer/union
- 3 Health insurance bought on his or her own
- 4 A plan bought by someone who does not live in the household
- 5 Medicare
- 6 MediKids, Healthy Kids, Kidcare
- 7 Medicaid, MediPass
- 8 CHAMPUS/CHAMP-VA, TRICARE, VA, Other Military
- 9 Other state plan
- 8 Don't Know
- 9 Refused

Repeat test for each uninsured person

Once CATI has confirmed who is uninsured, ask the following question for each household member who is uninsured:

(NINSREA): What is the main reason that (NAME) does not have health insurance?

- READ LIST
- 1 Medical problems/pre-existing condition
 - 2 Too expensive/can't afford it/premium too high
 - 3 Don't believe in insurance
 - 4 Don't need insurance/usually healthy
 - 5 Free or inexpensive care is readily available
 - 6 Employer doesn't offer it
 - 7 Other (specify _____)
 - 8 Don't Know
 - 9 Refused

(NINSR2) Are there any other reasons that (NAME) does not have health insurance? Anything else?

DO NOT READ LIST (CHECK ALL THAT APPLY)

- 1 MEDICAL PROBLEMS/PRE-EXISTING CONDITION
- 2 TOO EXPENSIVE/CAN'T AFFORD IT/PREMIUM TOO HIGH
- 3 DON'T BELIEVE IN INSURANCE
- 4 DON'T NEED INSURANCE/USUALLY HEALTHY
- 5 FREE OR INEXPENSIVE CARE IS READILY AVAILABLE
- 6 EMPLOYER DOESN'T OFFER IT
- 7 OTHER (SPECIFY _____)
- 8 NO OTHER REASONS
- 8 DON'T KNOW
- 9 REFUSED

(LONGU) About how long have you (has NAME) been without health coverage? Has it been...(READ CHOICES)

- 1 Less than one month
- 2 One to six months
- 3 Seven to twelve months
- 4 One to two years
- 5 More than two years
- 6 Never had health insurance
- 8 Don't Know
- 9 Refused

(EVER) Have you (has NAME) ever been covered by Medicaid?

- 1 Yes
- 2 No
- 8 Don't Know
- 9 Refused

Go to HLTH

(CONTCOV) Since INSERT DATE THAT IS 12 MONTHS BEFORE THE TIME OF THE INTERVIEW, was NAME OF INSURED continuously covered by health insurance?

- 1 Yes
- 2 No (*go to CONMNTH*)
- 8 Don't Know (*go to CONMNTH*)
- 9 Refused (*go to CONMNTH*)

Repeat CONTCOV for all who are insured.

For each person coded , ask CONMNTH:

(CONMNTH) For how many months was NAME not covered by some type of health insurance plan?

- (1-11)
- 8 Don't know
- 9 Refused

Section 2 Health Care

For each person:

(HLTH) Would you say that NAME's health in general is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know
- 9 Refused

For the respondent only:

(USRCE) Is there a particular clinic, hospital, health center or doctor's office that NAME usually goes to if sick or needs advice about his/her health?

- 1 Yes (*ask KPLACE*)
- 2 No (*skip to ERUSE*)
- 8 Don't know (*skip to ERUSE*)
- 9 Not applicable (*skip to ERUSE*)

(KPLACE) What kind of place is it?—a clinic, a hospital, a hospital emergency room, a doctor's office, or some other place?

INTERVIEWER: DO NOT READ LIST. IF NOT SURE WHICH RESPONSE FITS, CODE #7 AND ENTER TEXT

- 1 CLINIC OR HEALTH CENTER
- 2 URGENT CARE/WALK-IN CLINIC
- 3 DOCTOR'S OFFICE OR HMO (HEALTH MAINTENANCE ORGANIZATION/PREPAID GROUP)
- 4 HOSPITAL EMERGENCY ROOM
- 5 HOSPITAL OUTPATIENT CLINIC
- 6 MILITARY OR VA HEALTHCARE FACILITY, or
- 7 ANOTHER TYPE OF PLACE (specify_____)
- 8 Don't know
- 9 Not available

(ERUSE) In the last 6 months, how often did you go to the emergency room to get care for yourself?

- (0-999) times
- 8 Don't know
- 9 Refused

(DRUSE) In the last 6 months (not counting the times you went to the emergency room) how many times did you go to the doctor's office or clinic to get care for yourself?

- (0-999) times
- 8 Don't know
- 9 Refused

(DELAY) In the past 12 months, was there any time when you needed medical care, but delayed or did not get it because you couldn't afford it?

INTERVIEWER: THIS DOES NOT INCLUDE DENTAL CARE. IF THEY SAY DENTAL CARE, PROBE BY ASKING, "OTHER THAN DENTAL CARE...?" AND REPEAT THE QUESTION IF NECESSARY.

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

(COST) When you go to the doctor, how much do you pay on average at the time of the visit?

- 1 Nothing
- 2 Less than \$10
- 3 \$10 to \$15
- 4 \$16 to \$20
- 5 \$21 to 40
- 6 More than \$40
- 8 Don't know
- 9 Refused

Section 3 Demographics

(WORKINT) The next series of questions is about jobs and earnings. Answers to these questions are very important because they help to explain whether or not people can afford the health care they need. I want to emphasize this information is confidential and will be used for statistical purposes only. We will be asking about all adults 18 years and older in your household.

For each person in the household 18 years and older or married ask the following:

(WORK) Is NAME now employed at a job or business?

INTERVIEWER: IF RESPONDENT HAS A JOB BUT IS NOT AT WORK BECAUSE OF ILLNESS, VACATION, OR STRIKE, COUNT THIS PERSON AS EMPLOYED.

- 1 Yes (*go to WRK2*)
- 2 No (*go to WRK3*)
- 8 DON'T KNOW (*go to WRK3*)
- 9 Refused (*go to WRK3*)

(WRK2) Is NAME working for an employer, self-employed or both?

- 1 Working for employer (*go to PLWK*)
- 2 Self-employed only (*go to PLWK*)
- 3 Working for an employer and self-employed (*go to PLWK*)
- 8 DON'T KNOW (*go to PLWK*)
- 9 REFUSED (*go to PLWK*)

(WRK3) Is NAME unemployed but looking for work, not looking for work or is NAME retired?

- 1 Unemployed but looking for work (*go to EDUCAT*)
- 2 Not looking (*go to EDUCAT*)
- 3 Retired (*go to EDUCAT*)
- 8 Don't know (*go to EDUCAT*)
- 9 Refused (*go to EDUCAT*)

(PLWK) What kind of place does NAME work for?

INTERVIEWER- PROBE IF NEEDED: What kind of company/What is their primary job?

****HIT THE F1 KEY TO SEE DEFINITION OF THE JOB TYPES****

- 1 AGRICULTURAL, FORESTRY OR FISHING (e.g., farms, orchards, nurseries, timber, tree farms, fish hatcheries)
- 2 MINING (e.g., coal, rock quarry, oil/gas extraction)
- 3 UTILITIES (e.g., electric, gas, telephone, cable, water resources, wastewater, waste management)
- 4 CONSTRUCTION (e.g., general contractors, heavy construction, repair of structures including plumbing, heating)
- 5 MANUFACTURING (e.g., meat packing, food processing, pet foods, aircraft, avionics, chemicals, petroleum/gas refining, glass, metal, wood products)
- 6 WHOLESALE TRADE (items sold to manufacturers or retailers)
- 7 RETAIL TRADE (items for personal or household use, home furnishings, gas stations, clothing stores, food and beverage stores)
- 8 TRANSPORTATION (e.g., railroads, trucking, airlines, moving and storage, post office, courier services, highway maintenance)
- 9 INFORMATION (e.g., publishing, telecommunication, data processing)
- 10 FINANCE, INSURANCE OR REAL ESTATE (e.g., Realtors, stockbrokers, property maintenance, credit services, banking, tax services)
- 11 PROFESSIONAL, SCIENTIFIC AND TECHNICAL SERVICES (e.g., advertising, lawyers, engineers, tax preparation)
- 12 EDUCATIONAL SERVICES (e.g., public schools, vocational training programs, colleges)
- 13 HEALTH CARE/SOCIAL ASSISTANCE (e.g., hospital, doctor's office, HMOs, child day care centers, mental health)
- 14 ARTS, ENTERTAINMENT AND RECREATION (e.g., museums, art galleries, theme parks, sports)
- 15 HOTEL/RESTAURANT (e.g., restaurants, fast food, motel, camps, bed & breakfast)
- 16 OTHER SERVICES (laundry, beauty or barber shops, funeral)
- 17 PUBLIC ADMINISTRATION (e.g., government worker, law enforcement)
- 18 OTHER (please describe PLACE_____)
- 8 DON'T KNOW
- 9 NOT AVAILABLE

(SECTOR) Is that job for the government, private industry, or is NAME self-employed?

- 1 Government
- 2 Private Industry
- 3 Self-employed
- 8 DON'T KNOW
- 9 REFUSED

(FIRM) Counting all locations where this business operates, what is the total number of persons who work for this business?

INTERVIEWER: THIS INCLUDES ALL THE EMPLOYEES WHO WORK FOR THIS BUSINESS, NOT JUST THOSE AT A PARTICULAR LOCATION.

PROBE IF NEEDED: Could you give me a specific number? Your best estimate is fine.

- 1-4 employees
- 5-9 employees
- 10-24 employees
- 25-49 employees
- 50-99 employees
- 100-249 employees
- 250-499 employees
- 500-999 employees
- 1,000 or more employees
- Don't know
- Refused

(WORKHRS) How many hours per week does NAME usually work at this job?

IF PERSON NORMALLY WORKS OVERTIME THEN INCLUDE THOSE HOURS)

- (1-80) (*go to SEASON*)
- 8 Don't know
- 9 Refused

(HRSRNG) Would you say the job is full-time or part-time?

- 1 Full-time
- 2 Part-time
- 8 DON'T KNOW
- 9 REFUSED

(SEASON) Is this job a seasonal job? (Is this a job that only gets filled during certain parts of the year?)

- 1 Yes
- 2 No (*go to LENGT*)
- 8 DON'T KNOW (*go to LENGT*)
- 9 REFUSED (*go to LENGT*)

(WEEKS) How many weeks during the year does NAME usually work at this job? Include vacation and sick leave as work time.

- (1-52)
- 8 DON'T KNOW
- 9 REFUSED

(LENGT) How many years has NAME been working for this employer?

(1-80) (*go to WORK2*)

-7 (*IF ANSWER IS GIVEN IN MONTHS, GO TO LENGT2*)

-8 DON'T KNOW (*go to WORK2*)

-9 REFUSED (*go to WORK2*)

(LENGT2)

INTERVIEWER: ENTER MONTHS

(1-36) months

-8 DON'T KNOW

-9 REFUSED

(WORK2) Is NAME paid by the hour on his or her (main) job?

1 Yes (*go to PAY1*)

2 No (*go to PAY2*)

-8 DON'T KNOW

-9 REFUSED

(PAY1) How much does NAME make per hour?

Include Overtime, Tips, Bonuses.

(1.00 - 100.00)

-8 DON'T KNOW

-9 REFUSED

REMIND PERSON IF HESITANT THAT THIS IS CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS.

Go to PAY4 after this question.

(PAY2) How much does NAME usually earn at this job ANNUALLY before deductions?

REMIND PERSON IF HESITANT THAT THIS IS CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS.

Include overtime pay, tips, bonuses.

(1-500000)

-8 DON'T KNOW

-9 REFUSED

(PAY4) Does NAME have any other jobs besides the primary one that we just talked about?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

(PAY4A) About how much does NAME usually earn at this job ANNUALLY before deductions?

REMIND PERSON IF HESITANT THAT THIS IS CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS.

Include overtime pay, tips, bonuses.

(1-500000)

- 8 Don't know
- 9 Refused

TESTWRK: Identify all of those over 18 where WORK =1 and ask EMP2 through PREM3; else go to EDUCAT.

Surveyer please note that the question sequence beginning with EMP2 and ending with PREM3 will be asked of each household member over 18 who is WORK=1. Please ask this sequence of ALL WORK=1 before going onto next question sequence that begins with EDUCAT.

(EMP2) Does NAME'S current employer or union offer a health insurance plan to any of its employees?

- 1 Yes
- 2 No (*go to next person who is WORK=1*)
- 8 Don't know (*go to next person who is WORK=1*)
- 9 Refused (*go to next person who is WORK=1*)

(EMP3) Is NAME eligible to enroll in this employer's insurance plan?

- 1 Yes
- 2 No (*go to next person who is WORK=1*)
- 8 Don't know (*go to next person who is WORK=1*)
- 9 Refused (*go to next person who is WORK=1*)

(EMP3A) Is the insurance that NAME is eligible for...

- 1 Employee coverage only
- 2 Family coverage
- 8 Don't know
- 9 Refused

(EMP4) Is NAME currently enrolled under this coverage?

- 1 Yes
- 2 No (*go to W1*)
- 8 Don't know (*go to PLNCHIL*)
- 9 Refused(*go to PLNCHIL*)

(EMP5) Is NAME enrolled in employee coverage only or family coverage?

- 1 Employee coverage only (*if EMP3A=1, go to PREM1; if EMP3A=2, and there are no children under 22 in the household, go to PREM1; if EMP3A=2 and there are children under 22 in the household, go to why2/W2*)
- 2 Family coverage (*go to PLNCHIL*)
- 8 Don't know (*go to PLNCHIL*)
- 9 Refused (*go to PLNCHIL*)

(W1) Why is NAME not covered through his or her employer?

INTERVIEWER: READ EACH ONE AND INDICATE ALL THAT APPLY

- 1. Covered through other family member
 - 2. Covered through a public program
 - 3. Too expensive
 - 4. Didn't like the benefit package
 - 5. Didn't like the doctors in the plan
 - 6. Don't believe in health insurance
 - 7. OTHER REASONS: Other: Specify _____
 - 8 Don't know
 - 9 Refused
- NO MORE

Go to EDUCAT

Test: Only ask plnchil if there are children 22 years of age or younger in the house.

(PLNCHIL) Are ALL children IN THIS HOUSEHOLD 22 years of age or younger covered by this plan?

- 1 Yes (*go to pay1/PREM2*)
- 2 No, NOT ALL OF the children are covered (*go to why2/W2*)
- 3 NO, NONE OF THE CHILDREN ARE COVERED (*go to why2/W2*)
- 8 Don't know (*go to pay1/PREM2*)
- 9 Refused (*go to pay1/PREM2*)

(W2) Why isn't/aren't the child/children covered through NAME's employer?

INTERVIEWER: READ EACH LIST ITEM AND CHOOSE ALL THAT APPLY

- 1. Covered through other family member
 - 2. Covered through a public program
 - 3. Too expensive
 - 4. Didn't like the benefit package
 - 5. Didn't like the doctors in the plan
 - 6. Don't believe in health insurance
 - 7. OTHER--ASK IF THERE ARE OTHER REASONS: Other:
Specify_____
 - 8 Don't know
 - 9 Refused
- NO MORE

(PREM1 for employee-only, PREM2 for family coverage) About how much does NAME have to pay out of each paycheck for his or her share to get insurance through his or her employer?

Your best guess is fine.

INTERVIEWER: GET AMOUNT IN DOLLARS PER PAYCHECK. CLARIFY THIS BY ASKING: "IS THIS FOR ONE PAY PERIOD?"

- \$ (0-5000) PER PAYCHECK
- 8 Don't know
 - 9 Refused

(PREM3) How often are you paid? Once every month, every two weeks, every week....

- 1. Every month
- 2. Every two weeks
- 3. Every week
- 4. Other—specify
- 8 Don't know
- 9 Refused

(PREM4) How confident are you that your estimate is within \$20.00 of the actual employee share of the premium?

- 1 Very confident, I looked at the pay stub
- 2 Confident
- 3 Somewhat confident
- 4 Not confident at all
- 8 Don't know
- 9 Refused

(EDUCAT) What is the highest level of school NAME ever completed?

- Less than high school.....1
- Completed high school2
- Some college or associates degree3
- Completed four years of college4
- Some graduate education.....5
- Graduate degree6
- Don't know-8
- Refused.....-9

Repeat for all hh members 18 and older or married

For each hh member who is 18 years of age or older or married

(HISP)

(IF NECESSARY: The next questions may be sensitive. We are asking so that we can better understand differences in health care problems and needs.)

Is NAME of Spanish or Hispanic origin?

- 1 Yes (*go to HISP2*)
- 2 No (*go to RACE*)
- 8 DON'T KNOW
- 9 REFUSED

(HISP2) What group? For example, Puerto Rican, Cuban, Mexican, or some other group?

- 1 Mexican, Mexican-American, Chicano
- 2 Puerto Rican
- 3 Cuban
- 4 Columbian
- 5 Nicaraguan
- 4 Other (Specify _____)

(RACE) What race does NAME consider himself or herself to be?

CHECK ALL THAT APPLY

- 1 White (*go to BPLACE*)
- 2 Black
- 3 Native American Indian/Eskimo (*go to BPLACE*)
- 4 Asian/Pacific Islander (*go to BPLACE*)
- 5 Other Specify _____ (*go to BPLACE*)
- 8 DON'T KNOW (*go to BPLACE*)
- 9 REFUSED (*go to BPLACE*)

(RACE2) And which of the following describes (your/this person's) ethnic background? Would you say....

- 1 African American
- 2 Haitian
- 3 West Indian
- 4 African
- 5 Or something else? (SPECIFY _____)

(BPLACE) Where (were you/was this person) born?

- 1 UNITED STATES (*for respondent, go to LANG; for non-respondents, go to HHINCOME*)
- 2 OUTSIDE THE U.S. (Specify country: _____)
- 8 DON'T KNOW
- 9 REFUSED

(LIVE) What year did (you/this person) come to live in the United States?

- <1900-2003>
- 8 Don't know
- 9 Refused

Ask BPLACE and LIVE for each adult before starting to ask CITZ of the respondent only; the next series is for the respondent only.

(CITZ) Are you a citizen of the United States?

- 1 Yes (*go to LANG*)
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

(STATUS) And what is your current immigration status? Would you say...

- 1 Permanent resident
- 2 Refugee
- 3 Parolee
- 4 Student Visa
- 5 Tourist Visa
- 6 Something else?
- 8 DON'T KNOW
- 9 REFUSED

(LANG) Do you speak a language other than English at home?

- 1 Yes
- 2 No (*go to HHINCOME*)
- 8 Don't know (*go to HHINCOME*)
- 9 Refused (*go to HHINCOME*)

(OTLANG) What is that language?

- 1 Spanish
- 2 Haitian Creole
- 3 Other (Specify _____)
- 8 Don't know
- 9 Refused

(LANGWEL) How well do you speak English?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all
- 8 Don't know
- 9 Refused

(HHINCOME). For everyone who lives here that is related to you by blood, marriage or adoption...from all sources, what is the gross (before taxes) yearly family income. Your best guess is fine.

Less than \$4,999	1
\$5,000 to \$9,999	2
\$10,000 to \$14,999	3
\$15,000 to \$19,999	4
\$20,000 to \$24,999	5
\$25,000 to \$34,999	6
\$35,000 to \$44,999	7
\$45,000 to \$54,999	8
\$55,000 to \$64,999	9
\$65,000 to \$74,999	10
\$75,000 to \$84,999	11
\$85,000 to \$94,999	12
\$95,000 or more	13
Don't Know.....	-8
Refused.....	-9

(PHONE1) In the past 12 months was there any time that you did not have a working telephone for two weeks or more?

- 1 Yes (go to PHONE2)
- 2 No (go to OTHPHN)
- 8 Don't know (go to OTHPHN)
- 9 Refused (go to OTHPHN)

(PHONE2) For how many weeks in the past 12 months did you not have a working telephone for two weeks or more?

- (2-52)
- 8 Don't know
- 9 Refused

(OTHPHN) Are there any other telephone numbers in this household besides (FILL IN PHONE NUMBER) that people receive calls on? DO NOT INCLUDE CELLULAR PHONES

- 1 Yes
- 2 No (go to ZIPCD)
- 8 Don't know (go to ZIPCD)
- 9 Refused (go to ZIPCD)

(OTHPHN2) How many?

(1-99)

(1) go to phbus/OTHPHN3

(2-99) go to OTHPHN4

(OTHPHN3) Is this line used for business purposes only?

- 1 Yes – go to zip
- 2 No – go to zip
- 8 Don't know – go to zip
- 9 Refused – go to zip

(OTHPHN4) How many of these lines are used for business purposes?

(1-99)

-8 Don't know

-9 Not applicable

(ZIPCD) What is your zip code?

(32000-35000)

(HLTHIMP) Is there something that I haven't asked you about your family's health care that you think is important for us to know?

INTERVIEWER: RECORD ANSWER WORD FOR WORD AS CLOSELY AS POSSIBLE.

(CALLBACK) And finally, we might like to call you back in a year to ask additional questions about your family's health care. May I record your name and phone number so that we could call you back?

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

Record name and phone number here:

(THANKYOU) Thank you for your time. Your responses will help us to develop better health insurance plans for families in Miami-Dade.