

Health Care Insurance and Access Survey (2002)
SCREEN ONLY: GEORGIA

S1. Is this (house/apartment/mobile home) a vacation or seasonal home, or only occasionally occupied by your household?

- 1 yes Thank you. We are only interviewing people at their main residence.
2 no

We would like to ask some questions about HEALTH INSURANCE for people in your household.

S2. Can you answer questions about HEALTH INSURANCE for people in this household?

- 1 yes **GOTO S4**
2 no

S3. Is another adult available who could answer questions about HEALTH INSURANCE?

- 1 yes **GET PERSON ON PHONE AND GOTO S4**
2 no **CALL BACK Who should I speak with? What is a good time to call back?**

GET FIRST NAME OF PERSON WHO CAN SPEAK ABOUT INSURANCE

S3A _____

S4. What county do you live in? (Enter code) _ _ _

- 777 Don't know **GOTO IN_GA**
999 Outside of Georgia **GOTO IN_GA**

S4A. Is your household located in Georgia?

- 1 yes **GOTO S5**
2 no Thank you. We are only interviewing people who reside in Georgia.
7 don't know Thank you. We are only interviewing people who reside in Georgia.
9 refused Thank you. We are only interviewing people who reside in Georgia.

S5. What is your zip code? _ _ _ _ _

We will gather information about the insurance status of one household member in detail, but will need some brief information on the other members as well. I just need a complete list of people in the house so that one person can be picked at random to talk about their access to health insurance.

S6. How many people currently live or stay in this house, apartment, or mobile home? (PROBE: Include in this number children, foster children, roomers, or housemates not related to you, college students living away while attending college. Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the Armed Forces living somewhere else.) _____

County Codes

<u>County</u>	<u>FIP</u>	<u>County</u>	<u>FIP</u>	<u>County</u>	<u>FIP</u>	<u>County</u>	<u>FIP</u>	<u>County</u>	<u>FIP</u>
Appling	13001	Cobb	13067	Grady	13131	McDuffie	13189	Sumter	13261
Atkinson	13003	Coffee	13069	Greene	13133	McIntosh	13191	Talbot	13263
Bacon	13005	Colquitt	13071	Gwinnett	13135	Meriweth	13199	Taliafer	13265
Baker	13007	Columbia	13073	Habersha	13137	Miller	13201	Tattnall	13267
Baldwin	13009	Cook	13075	Hall	13139	Mitchell	13205	Taylor	13269
Banks	13011	Coweta	13077	Hancock	13141	Monroe	13207	Telfair	13271
Barrow	13013	Crawford	13079	Haralson	13143	Montgome	13209	Terrell	13273
Bartow	13015	Crisp	13081	Harris	13145	Morgan	13211	Thomas	13275
Ben Hill	13017	Dade	13083	Hart	13147	Murray	13213	Tift	13277
Berrien	13019	Dawson	13085	Heard	13149	Muscogee	13215	Toombs	13279
Bibb	13021	Decatur	13087	Henry	13151	Newton	13217	Towns	13281
Bleckley	13023	DeKalb	13089	Houston	13153	Oconee	13219	Treutlen	13283
Brantley	13025	Dodge	13091	Irwin	13155	Oglethor	13221	Troup	13285
Brooks	13027	Dooly	13093	Jackson	13157	Paulding	13223	Turner	13287
Bryan	13029	Doughert	13095	Jasper	13159	Peach	13225	Twiggs	13289
Bulloch	13031	Douglas	13097	Jeff	13161	Pickens	13227	Union	13291
Burke	13033	Early	13099	Jefferso	13163	Pierce	13229	Upson	13293
Butts	13035	Echols	13101	Jenkins	13165	Pike	13231	Walker	13295
Calhoun	13037	Effingha	13103	Johnson	13167	Polk	13233	Walton	13297
Camden	13039	Elbert	13105	Jones	13169	Pulaski	13235	Ware	13299
Candler	13043	Emanuel	13107	Lamar	13171	Putnam	13237	Warren	13301
Carroll	13045	Evans	13109	Lanier	13173	Quitman	13239	Washingt	13303
Catoosa	13047	Fannin	13111	Laurens	13175	Rabun	13241	Wayne	13305
Charlton	13049	Fayette	13113	Lee	13177	Randolph	13243	Webster	13307
Chatham	13051	Floyd	13115	Liberty	13179	Richmond	13245	Wheeler	13309
Chattaho	13053	Forsyth	13117	Lincoln	13181	Rockdale	13247	White	13311
Chattoog	13055	Franklin	13119	Long	13183	Schley	13249	Whitfiel	13313
Cherokee	13057	Fulton	13121	Lowndes	13185	Screven	13251	Wilcox	13315
Clarke	13059	Gilmer	13123	Lumpkin	13187	Seminole	13253	Wilkes	13317
Clay	13061	Glascocock	13125	Macon	13193	Spalding	13255	Wilkinso	13319
Clayton	13063	Glynn	13127	Madison	13195	Stephens	13257	Worth	13321
Clinch	13065	Gordon	13129	Marion	13197	Stewart	13259		

S7. Now I have a form here that will help select one person. Please tell me the age and sex of each person in the household. Starting with yourself, what is your age as of your last birthday?
 (Record gender) (THIS IS PERSON #1)
 And the next person's age?
 Is this (child/person) (a boy or a girl/male or female)?

NOTE: IF ONLY 1 PERSON IN HOUSEHOLD, FILL IN AGE AND GENDER UNDER S7
GOTO S8

The program has randomly selected the (age) year old (sex).

NAME. What is the first name or initials of the person I selected?

FIRST NAME OF TARGET: _____

Now I need to know each person's relationship to the person selected. What is your (PERSON #1) relationship to the person selected?

FILL IN RELATIONSHIP COLUMN: (READ OFF LIST ONE AT A TIME. START WITH PERSON # 2.)

What is the (AGE) year old's relationship to (TARGET)?
 PERSON SELECTED IS "TARGET"

Household Member	Age	M=male F=female SEX	SELECT TARGET AT RANDOM	Relationship to TARGET	Relationship Codes (DO NOT READ)
Person #1	S7_1AGE	S7_1SEX	(S7_NUM)	S7_1REL	1=Self/target
Person #2	S7_2AGE	S7_2SEX	NUMBER__	S7_2REL	2=Mother/Stepmother
Person #3	S7_3AGE	S7_3SEX		S7_3REL	3=Father/Stepfather
Person #4	S7_4AGE	S7_4SEX	(S7_AGE)	S7_4REL	4=Spouse
Person #5	S7_5AGE	S7_5SEX	AGE__	S7_5REL	5=Partner
Person #6	S7_6AGE	S7_6SEX		S7_6REL	6=Son/Daughter
Person #7	S7_7AGE	S7_7SEX	(S7_SEX)	S7_7REL	7=Sibling/ Sister/Brother
Person #8	S7_8AGE	S7_8SEX	SEX__	S7_8REL	8=Grandparent
Person #9	S7_9AGE	S7_9SEX		S7_9REL	9=Other relative
Person #10	S7_10AGE	S7_10SEX		S7_10REL	10=NON-RELATIVE
Person #11	S7_11AGE	S7_11SEX		S7_11REL	
Person #12	S7_12AGE	S7_12SEX		S7_12REL	

S8. IS A PROXY SPEAKING FOR THE TARGET?

- 1 yes
- 2 no **GOTO S11**

S9. REASON FOR PROXY (SELECT ONE):

- 1 minor
- 2 college student living away from home

- 3 temporarily living outside home (NOT at college)
- 4 cognitively impaired
- 5 hearing/speech
- 6 language barrier
- 7 too sick to come to phone or answer survey
- 8 TARGET is unavailable
- 9 proxy can provide information about health insurance
- 10 other _____

I need to indicate who is answering questions for TARGET.

S10. What is your relationship to TARGET? (DO NOT READ. MAP TO RESPONSE.)

- 2 Mother/Stepmother
- 3 Father/Stepfather
- 4 Spouse
- 5 Partner
- 6 Son/Daughter
- 7 Sibling/Sister/Brother
- 8 Grandparent
- 9 Other relative
- 10 NON-RELATIVE
- 77 Other

S10B. RECORD SEX OF PROXY IF KNOWN:

- 1 male
- 2 female
- 77 cannot ascertain

READ: The following questions are about "TARGET".

IF TARGET AGE >2 YRS GOTO S11

IF TARGET AGE =< 2 YRS GOTO S12

S11. How long have you (has TARGET) lived in Georgia?

S11A. _____ # years S11B. _____ # months

-7 don't know

-9 refused

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

SKIP S12

S12. How long has (TARGET's) parents or guardian lived in Georgia?

S12A. _____ years S12B. _____ months

-7 don't know

-9 refused

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

INSTRUCTIONS:**Section H.**

In the following section, each type of insurance should be read:

“Do you (does TARGET) CURRENTLY have (type of insurance)?

If NO, proceed to next item in the roster. A response of DON’T KNOW or REFUSED should be treated as NO.

If YES, the item should be followed by the PROBE:

“Besides this, do you (does the TARGET) have any other type of health insurance coverage?”

If YES, proceed with roster.

If NO, proceed to H15.

CATI BUILD IN MAX OF 3 TYPES.

The PROBE should not be asked in response to YES to H12.

IF SELECTED FOR SUPPLEMENT, SKIP TO CATI SORT.

H. I am going to read you a list of different types of health insurance. Please tell me if you have(TARGET has) CURRENTLY any of the following. Answer for each type that applies to you (TARGET).

Do you (Does TARGET) CURRENTLY have:		Y	N	DK	REF
H1	Medicare? READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card. IF YES GOTO MEDIGAP IF ELSE GOTO H2	1	2	7	9
	MEDIGAP. Do you (does R) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit?	1	2	7	9
H2	A Railroad Retirement Plan?	1	2	7	9
H3	CHAMPUS, Veteran’s Affairs service connected to a disability, military health care ?	1	2	7	9
H4	Indian Health Service?	1	2	7	9
H5	Medical Assistance through the Department of Community Health(DCH) or Georgia Medicaid	1	2	7	9
H6	Children’s Health Insurance- GA PeachCare for Kids* <i>Will this question be skipped for targets age 19 and older?</i>	1	2	7	9
H7	Health insurance through your (TARGET’s) work or union? IF YES GO TO POLICY <i>No –continue so we can pick up dual coverage.</i>	1	2	7	9

H8	Health insurance through someone else's work or union? IF YES GO TO POLICY	1	2	7	9
H9	Health insurance bought directly by you (TARGET)? IF NO TO PROBE GOTO POLICY	1	2	7	9
H10	Health insurance bought directly by someone else? IF H9 OR H10 YES & H1~=1 GOTO TYPPOL IF H9 OR H10 YES & H1=1 GOTO H15 ELSE GOTO H13 IF H9 or H20=1	1	2	7	9
<p><i>TYPPOLa Some insurance companies sell policies that cover specific diseases such as cancer or stroke but do not cover you if you are sick with anything else. Does this privately purchased policy only cover your medical expenses for a specific disease or is it a general health plan?</i></p> <p><i>1 dread disease policy</i> <i>2 no</i> <i>7 don't know</i> <i>9 refused</i></p> <p><i>TYPPOLb Some insurance companies sell plans that are not insurance but instead offer you a discount on certain services such as eye care or doctors visits. Does this sound like the policy you purchased?</i></p> <p><i>1 discount plan –not insurance</i> <i>2 no</i> <i>7 don't know</i> <i>9 refused</i></p> <p><i>If TYPPOLa or TYPPOLb are 1, classify as uninsured. Skip uninsured questions.</i></p> <p>POLICY. Is this an individual or family policy? 1 individual policy 2 family (covers more than one person) 7 don't know 9 refused</p>					

PREM.1	How much do you (does TARGET) pay each month for your (TARGET's) health insurance premium? PREM1A. \$ _____ monthly PREM1B. \$ _____ biweekly PREM1E. \$ _____ annually	PREM1C. \$ _____ quarterly PREM1D. \$ _____ semi-annually
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-7 don't know
-9 refused

PREM.2 *How much does your (TARGET'S) employer/union contribute for this health insurance each month?*

PREMIA. \$ _____ monthly

PREMIB. \$ _____ biweekly

PREMIE. \$ _____ annually

-7 don't know

PREM1C. \$ quarterly

PREM1D. \$ _____ semi-annually

DED1. Does your (TARGET'S) health insurance include a deductible?

READ IF NECESSARY: A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services.

1 yes **GOTO DED2**

2 no **GOTO DRUG**

7 don't know **GOTO DRUG**

DED2. How much is that (READ: DO NOT INCLUDE PREMIUM EXPENSES)?

\$ _____

777 don't know

999 refused

Copay. *Does your (TARGET'S) health insurance include copayments for doctor's visits?*

Read if necessary: A copayment is a flat fee you pay out of your pocket each time you visit the doctor

_____yes

_____no

Copay2 *How much is the copayment for a visit to your regular doctor?*

\$ _____

777 don't know

999 refused

PCP *Does your (TARGET'S) plan require you (TARGET) to sign up with a specific doctor, group of doctor's or clinic for all your routine care?*

_____yes

_____no

Specialists *In order to see a specialist and have that visit covered fully by your plan, do you (does TARGET) have to obtain a referral or permission from your regular doctor or from your health insurance plan?*

_____yes

_____no

Network1 Do you have a list of approved doctors or hospitals that are associated with your plan?

_____yes

_____no

IF YES, ask NETWORK 2, other wise skip to DRUG.

Network2 If you use a doctor or hospital that is not on the list for routine care, does your plan cover any of the costs?

_____yes

_____no

Choice When you(TARGET) enrolled in this plan, did you (TARGET) have any other plans from which to choose?

_____yes

_____no

DRUG. Do you (Does TARGET) have insurance that pays for prescription drugs?

1 yes

2 no

7 don't know

9 refused

GOTO H15

H13. According to the information you provided, you do (TARGET Does) not have health insurance coverage. Does anyone else besides you pay for your (TARGET's) bills when you (they) go to a doctor or hospital?

Y N D K REF

1 2 7 9

IF YES GOTO H14

1 2 7 9

IF NO/DK/REF GOTO H19

IF YES TO H4 (Indian Health Service) BUT NO TO ALL OTHER FORMS OF INSURANCE **GOTO H13A.**

H13A. You've just told me you receive (TARGET receives) services through the Indian Health Service but do (does) not have Health INSURANCE. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital?

1 2 7 9

NOTE TO INTERVIEWER: Indian Health Service is not considered comprehensive insurance for the purposes of this survey

IF YES GOTO H14

IF NO/DK/REF GOTO H19

H14 And who is that? (**DO NOT READ, SELECT**

ANSWER)

- 1 Medicare
- 2 Railroad Retirement Plan
- 3 CHAMPUS, Veteran’s Affairs service connected to a disability, military health care?
- 4 Department of Community Health (DCH) or Georgia Medicaid
- 6 CHIP (the Children’s Health Insurance Plan) or PeachCare of Georgia
- 9 Health insurance through your (TARGET) work or union
- 10 Health insurance through someone else's work or union
- 11 Health insurance bought directly by you (TARGET)
- 12 Health insurance bought directly by someone else

[NOT CONSIDERED INSURANCE FOR SURVEY, BUT SELECT IF MENTIONED]

- 13 Workers compensation for specific injury/illness
- 14 Employer pays for bills, but not an insurance policy
- 15 Family member pays out of pocket for any bills
- 15A Indian Health Service

16 No Private or Public Insurance

IF 1-12 GOTO H15

IF 13-16, say:

**“For purposes of this survey, we’ll assume you/TARGET (do/does) not have insurance.”
THEN GOTO H19**

		Y	N	DK	REF
H15.	Have you (Has TARGET) had insurance coverage for all of the past 12 months? IF YES GOTO CATISORT	1	2	7	9
H18.	Was there anytime IN THE PAST 12 MONTHS that you were (TARGET was) not covered by insurance?	1	2	7	9
H18b.	<i>If yes: How many months during the past year were you without coverage? _____ months</i>				
	GOTO CATI SORT				
H19.	Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS? IF YES GO TO H20 IF NO GOTO CATI SORT	1	2	7	9

- H20. How did you obtain that coverage? (Do not read. Map response to appropriate category.)
 ___ employer's or union plan
 ___ Medicaid
 ___ PeachCare (if target is <19)
 ___ Individually purchased plan
 ___ Other

H20b. How many months during the past year have you been without coverage?

The next questions concern health insurance that other people in your household may have at this time.

STAT(#). Does the (age) (sex) person currently have health insurance?

- 1 yes **GOTO TYPE**
 2 no **REPEAT FOR NEXT PERSON ON ROSTER**
 7 don't know **REPEAT FOR NEXT PERSON ON ROSTER**
 9 refused **REPEAT FOR NEXT PERSON ON ROSTER**

TYPE(#). What type of insurance is this person covered by?

- 1 Medicare
 2 some other form of public insurance such as Medicaid through the Department of Community Health (DCH)
 3 insurance through their own employer or union
 4 insurance through someone else's employer or union
 5 insurance bought directly by you or by someone else,
 6 Veterans Administration (VA, Champus, Anything Military Related)
 7 PeachCare (S-Children's Health Insurance Plan)
 8 Student health insurance
 10 Other (Probe for type) (SPECIFY) _____
 77 don't know
 99 refused

[PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET]

INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

VERIFY#. According to the information you have provided, (LIST ALL AGE and SEX) currently do not have health care coverage. Is that correct?

- 1 yes ENTER "O" IN VERIFY COLUGA for EACH UNINSURED
 2 no What type of insurance is this person covered by?

Household Member	Age	M=male F=female SEX	Insured 1=yes 2=no	Insurance Type	Insurance Status Codes	Verify 0=yes, uninsured OR Enter type
Person #1	S7_1AGE	S7_1SEX	STAT1	TYPE1	Blank = Uninsured	VERIFY1
Person #2	S7_2AGE	S7_2SEX	STAT2	TYPE2	1=Medicare	VERIFY2
Person #3	S7_3AGE	S7_3SEX	STAT3	TYPE3	2=other Public	VERIFY3
Person #4	S7_4AGE	S7_4SEX	STAT4	TYPE4	3=own employer 4=someone else's employer	VERIFY4
Person #5	S7_5AGE	S7_5SEX	STAT5	TYPE5	5=individual policy	VERIFY5
Person #6	S7_6AGE	S7_6SEX	STAT6	TYPE6		VERIFY6

Person #7	S7_7AGE	S7_7SEX	STAT7	TYPE7	6=CHAMPUS, VA/any military 8= student insurance 10= other 77=don't know 99=refused	VERIFY7
Person #8	S7_8AGE	S7_8SEX	STAT8	TYPE8		VERIFY8
Person #9	S7_9AGE	S7_9SEX	STAT9	TYPE9		VERIFY9
Person #10	S7_10AGE	S7_10SEX	STAT10	TYPE10		VERIFY10
Person #11	S7_11AGE	S7_11SEX	STAT11	TYPE11		VERIFY11
Person #12	S7_12AGE	S7_12SEX	STAT12	TYPE12		VERIFY12

CATEGORIZATION OF RESPONDENTS BY ANNUAL INSURANCE COVERAGE

Detailed Description of CATI SORT for Long Form Questions in GA:

1. If the TARGET has health insurance through their employer/union or through someone else's employer/union and the TARGET has held this insurance for the past 12 months, then code as "GROUP."
2. If the TARGET has health insurance through their employer/union or through someone else's employer/union but the TARGET has not had insurance for the entire past 12 months, then code as "ON/GROUP".
3. If the TARGET has health insurance through some kind of government sponsored program, a self purchased policy, or had someone buy health insurance for them, but the TARGET did not have insurance for the entire past 12 months, then code as "ON/ELSE".
4. If the TARGET bought health insurance on their own or someone else bought it for them, and the TARGET had the insurance all of the past 12 months then code as "INDIVIDUAL".
5. If the TARGET has not been covered by health insurance in the past 12 months code as "UNINSURED".
6. If the TARGET has had health insurance some time during the past 12 months, but does not have insurance now then code as "OFF."
7. If the TARGET answers "don't know" or "refuses" to answer the question asking them if they had any health insurance in the past 12 months, or if the TARGET answers "don't know" or "refuses" to answer the question asking if there was a time in the past 12 months that they were not covered by health insurance, then code as "SCREEN".
8. TARGETs currently on a public program and covered all year should be coded "SCREEN".
9. All cases not yet sorted should be coded as "SCREEN".

CATI SORT :

**If [H9 or H10 = 1 and H15 = 1] or [H14 = 9,10 and H15 = 1] Randomly select 800 for GROUP
Survey CODE AS GROUP**

If [(H9 or H10 = 1) or (H14 = 9,10)] and H15 = 2,7,9 and H18 = 1 CODE AS ON/GROUP

If [(ANY H1-H8=1 or H14 = 1-8) and H15 = 2,7,9 and H18 = 1] CODE AS ON/ELSE

If [(H11 = 1 or H12 = 1 or H14=11,12) and H15 = 2,7,9 and H18 = 1] CODE AS ON/ELSE

If [(H11 = 1 or H12 = 1) and H15 = 1] or (H14 = 11,12 and H15 = 1) CODE AS INDIVIDUAL

If [H8 = 1 and H15 = 1] or (H14 = 8 and H15 = 1) CODE AS INDIVIDUAL

If H19 = 2 CODE AS UNINSURED

If H19 = 1 CODE AS OFF

If H18 = 7,9 CODE AS SCREEN

If H19 = 7,9 CODE AS SCREEN

ANY ELSE CODE AS SCREEN

All respondents will get questions starting with usual source of care (USC)

Items for Uninsured All Year

IF TARGET AGE IS 18-25 (>=18 AND <=25) GOTO EVER
ELSE GOTO SKIP PATTERN

EVER. Have you (Has TARGET) ever been covered by health insurance?

- 1 yes **GOTO PRIOR**
- 2 no **GOTO COV1**
- 7 don't know **GOTO COV1**
- 9 refused **GOTO COV1**

PRIOR. Prior to becoming uninsured, what type of insurance did you (TARGET) have? Was that

- 1 Medicare
- 2 some other form of public insurance *
- 3 insurance through own or someone else's employer or union
- 4 student health insurance
- 5 insurance bought directly by you or by someone else
- 6 Veterans Affairs (VA, Champus, Anything Military Related)
- 7 PeachCare (S-CHIP)
- 10 COBRA
- 11 Other (Probe for type) (SPECIFY)_____
- 77 Don't know
- 99 Refused

* Medical Assistance (MA), Medicaid, Georgia Medicaid, Department of Community Health.....

YOUNG. Was this insurance coverage through your (TARGET's) parents' or guardian's plan?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

SKIP PATTERN:

IF S9=1,2 (STUDENT AWAY FROM HOME OR MINOR) GOTO PARCOV1
IF S9=BLANK AND AGE<18 GOTO PARCOV1
ELSE GOTO COV1

Now I'd like to ask a few questions about your (TARGET's) access to insurance.

COV1. Does your (TARGET's) spouse or partner have insurance through their work or union?

- 1 yes **GOTO COV2**
- 2 no **GOTO COV3**
- 3 spouse/partner does not work **GOTO OWNCOV**
- 4 no spouse/partner in household or in area **GOTO OWNCOV**
- 7 don't know **GOTO COV3**
- 9 refused **GOTO COV3**

COV2. Could this insurance policy be extended to cover you (TARGET)?

- 1 yes **GOTO COV5**
- 2 no **GOTO OWNCOV**

7 don't know **GOTO OWNCOV**
9 refused **GOTO OWNCOV**

COV3. Is your (TARGET's) spouse or partner ELIGIBLE for health insurance through their work or union, but chosen not to sign up for it?

1 yes **GOTO COV4**
2 no **GOTO OWNCOV**
7 don't know **GOTO OWNCOV**
9 refused **GOTO OWNCOV**

COV4. If that family member were to sign up for that health insurance, could the policy be extended to cover you (TARGET)?

1 yes
2 no
7 don't know
9 refused

GOTO OWNCOV

COV5. What is the main reason you (TARGET) do not get insurance through that family member?

PROBE: CAN YOU TELL ME THE PRIMARY REASON YOU DID NOT GET INSURANCE THROUGH THIS FAMILY MEMBER.

DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY. CIRCLE ONE.

1 do not need or want any health insurance
2 rarely sick
3 too much hassle/paperwork
4 could not afford/too expensive
5 own plan through work is cheaper/benefits better
6 expect to get own health insurance soon
7 after waiting period will be covered by family member's policy
8 benefit package didn't meet needs
9 doubt eligible/rejected because of health condition
10 other (specify) _____
77 don't know
99 refused

OWNCOV. What is the main reason you have (TARGET has) not bought health insurance on your (their) own?

DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY. CIRCLE ONE.

1 do not need or want any health insurance
2 rarely sick
3 do not know where to begin/where to go
4 too much hassle/paperwork

- 5 could not afford/too expensive
- 6 expect to be covered by a health insurance policy shortly
- 7 benefit package didn't meet needs
- 8 not eligible for reason other than health
- 9 doubt eligible/rejected because of a health condition
- 10 other (specify) _____
- 77 don't know
- 99 refused

EMPCOV1. Does the firm you (TARGET) work for offer health insurance as a benefit to any of its employees?

- 1 yes **GOTO EMPCOV2**
- 2 no **GOTO PUB1**
- 7 don't know **GOTO PUB1**
- 8 NOT applicable, NOT employed **GOTO PUB1**
- 9 refused **GOTO PUB1**

EMPCOV2. Can your (TARGET's) employer coverage be extended to cover dependents?

- 1 yes
- 2 no
- 7 don't know
- 9 refused
- 8 TARGET does NOT have ACCESS to insurance through OWN employer **GOTO PUB1**

EMPCOV3. Does your (TARGET's) employer contribute to health insurance costs for those employees covered by this benefit?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

EMPCOV4. Why aren't you (TARGET) included in your employer's group health insurance plan?
DO NOT READ. MAP RESPONSE TO RESPONSE. CIRCLE ONE.

- 1 do not need or want any health insurance
- 2 rarely sick
- 3 too much hassle/paperwork
- 4 could not afford/too expensive
- 5 DO NOT work enough hours in a week
- 6 have NOT worked there long enough
- 7 doubt eligible/rejected because of health condition
- 8 benefit package didn't meet needs
- 10 other (specify) _____
- 77 don't know
- 99 refused

GOTO PUB1

Now I'd like to ask a few questions about (TARGET's) access to insurance through a parent or guardian.

PARCOV1. Does the firm TARGET's parent or guardian works for offer health insurance as a benefit to any of its employees?

(PROBE: IF ONLY ONE PARENT WORKS, ANSWER FOR THIS PARENT'S EMPLOYER. IF BOTH PARENTS WORK, ANSWER FOR THE PRIMARY WAGE EARNER LIVING IN THE HOUSEHOLD.)

- 1 yes **GOTO PARCOV2**
- 2 no **GOTO SKIP PATTERN**
- 7 don't know **GOTO SKIP PATTERN**
- 8 Not Applicable/Parent not employed **GOTO SKIP PATTERN**
- 9 refused **GOTO SKIP PATTERN**

PARCOV2. Does this employer contribute to health insurance costs for those employees covered by this benefit?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

PARCOV3. Is TARGET covered under this plan?

- 1 yes **GOTO SKIP PATTERN**
- 2 no **GOTO PARCOV4**
- 7 don't know **GOTO SKIP PATTERN**
- 9 refused **GOTO SKIP PATTERN**

PARCOV4. Can this coverage be extended to cover dependents?

- 1 yes **GOTO PARCOV5**
- 2 no **GOTO OWNCOV2**
- 7 don't know **GOTO OWNCOV2**
- 9 refused **GOTO OWNCOV2**

SKIP PATTERN;

IF PARCOV4=1 AND H10~=1 AND H14~=10 GOTO PARCOV5

IF PARCOV4~=1 GOTO OWNCOV2

PARCOV5. What is the main reason (TARGET) is not included in this employer's health insurance plan AS A DEPENDENT?

DO NOT READ. MAP RESPONSE TO RESPONSE. CIRCLE ONE.

- 1 child doesn't need insurance
- 2 rarely sick
- 3 parent is NOT ELIGIBLE to receive coverage
- 4 child is covered through another adult's employer plan
- 5 too much hassle/paperwork
- 6 could not afford/too expensive
- 7 their benefit package didn't meet this child's needs
- 8 expect this child will be covered by a policy shortly
- 9 child is covered under a school plan

10 other (specify) _____

77 don't know

99 refused

OWNCOV2. What is the main reason TARGET's parents or guardian have not bought health insurance for TARGET on their own?

DO NOT READ. MAP RESPONSE TO RESPONSE CATEGORY.

CIRCLE ONE.

1 don't need or want insurance

2 rarely sick

3 do not know where to begin/where to go

4 too much hassle/paperwork

5 could not afford/too expensive

6 expect they will be covered by a health insurance policy shortly

7 benefit package didn't meet this child's needs

8 not eligible for reason other than health

9 doubt eligible/rejected because of a health condition

10 other (specify) _____

77 don't know

99 refused

GOTO PUB1

Now I'm going to ask you about public insurance programs available through the state of Georgia for those who are uninsured.

PUB1. Have you (TARGET/TARGET's parents) ever asked for or been given information about one of the Georgia public health programs, such as Medicaid or PeachCare for Kids?

1 yes

2 no

7 don't know

9 refused

PUB2. If you (TARGET) learned you (they) were eligible for health coverage through a public program, would you (TARGET) enroll?

1 yes

2 no

7 don't know

9 refused

PUB3. If you (TARGET) learned you (they) were eligible for health coverage through a public program at no cost to you (TARGET) or your family, would you (TARGET) enroll?

1 yes

2 no **GOTO PUB4**

7 don't know

9 refused

PUB4. Please tell me why you (TARGET) would not enroll?

INSTRUCTION: RECORD VERBATIM

USC. Is there a regular place that you (TARGET) go for medical care?

- 1 yes
- 2 no **GOTO WHYNOUSC**
- 7 don't know **GOTO WHYNOUSC**
- 9 refused **GOTO WHYNOUSC**

USCKIND. Where does [TARGET usually go/you usually go] for medical care. Is that an:

- 1 emergency room or urgent care center **GOTO USCPERS**
- 2 clinic **GOTO CLINIC**
- 3 doctor's office **GOTO CLINIC**
- 4 or some place else (specify) _____ **GOTO USCPERS**
- 7 don't know **GOTO CONFID**
- 9 refused **GOTO CONFID**

CLINIC. Is this clinic a . . .

- 1 public health, community, or free clinic
- 2 hospital outpatient clinic
- 3 private clinic
- 4 Other (please specify) _____
- 7 don't know
- 9 refused

USCPERS. Is there a particular health care professional or traditional healer you (TARGET) usually see when you (TARGET) go there?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

MILES How many miles one way do you travel to for this care?

- ___ miles (*If don't know then probe*)
- ___ < 10 miles
- ___ >10 but <= 25 miles
- ___ >25 but <=50 miles
- ___ >50 but <=100 miles
- ___ >100 miles

GOTO CONFID

WHYNOUSC. What is the **main** reason you (TARGET) DO NOT have a regular place that you go for health care?

DO NOT READ. MAP TO RESPONSE.

- 1 can't afford it
- 2 DO NOT have health insurance

- 3 rarely get sick
- 4 clinic hours don't fit my schedule
- 5 transportation difficulties
- 6 language barrier
- 7 do not like/trust/believe in doctors
- 8 clinic I used to go to closed
- 9 just moved, DO NOT have a regular place yet
- 10 just switched insurance, DO NOT have regular place yet
- 11 two or more places depending on what's wrong
- 12 other (specify above)
- 77 don't know
- 99 refused

CHOOSE P: IF PROXY, CHOOSE R: IF NO PROXY:

CONFID. Please tell me how strongly you agree or disagree with the following statement:

P: " I am confident that (TARGET) can get care the care she/he needs when she/he needs it."

R: " I am confident that I can get care the care I need when I need it."

- Do you
- 1 Strongly agree
 - 2 Somewhat agree
 - 3 Somewhat disagree
 - 4 Strongly disagree
 - 7 Don't know
 - 9 Refused

DOC6M. In the **past six months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

- ____ visits
 77 don't know
 99 refused

IF NO VISITS GOTO INPUSE

DOC3M. In the **past three months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

- ____ visits
 77 don't know
 99 refused

INPUSE. During the **past 12 months**, have you (TARGET) been a patient overnight in a hospital?

- 1 yes **GOTO INPUSE2**
- 2 no **GOTO ERUSE**
- 7 don't know **GOTO ERUSE**
- 9 refused **GOTO ERUSE**

INPUSE2. How many times have you (TARGET) been admitted to a hospital DURING THE PAST 12 MONTHS?

_____ times

ERUSE. During the **past 12 months**, have you (TARGET) been to a hospital emergency room?

- 1 yes
- 2 no
- 22
- 7 don't know
- 9 refused

PREV: How long has it been since you(TARGET) last visited a doctor or clinic for a routine check-up?

Read if necessary: A routine check up is a general physical exam, not an exam for a specific illness or injury or condition?(Prompt only if necessary)

- 1. *Within past year (12 months)*
- 2. *Within past 2 years*
- 3. *More than 2 years ago but less than 5 years ago.*
- 4. *More than 5 years ago*
- 5. *Never*
- 7 don't know
- 9 refused

ABSENCE During the past 12 months, about how many days of school (work) have you (TARGET) missed due to illness or injury?

_____days

DEMOGRAPHIC SECTION (Asked of all respondents)

The following questions are about (TARGET).

HSTAT. Would you say your (TARGET's) health, in general, is excellent, very good, good, fair, or poor?

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor
- 7 don't know
- 9 refused

RACE1. Are you (Is TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

- 1 yes, Mexican, Mexican American, Chicano
- 2 yes, Puerto Rican
- 3 yes, Cuban
- 4 yes, other Spanish/Hispanic/Latino
- 9 refused

RACE2. Now choose one or more races for yourself (TARGET). Which race or races do you consider yourself (TARGET) to be: [MAY SELECT MORE THAN ONE]

READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.

- 01 White
- 02 Black, African-American
- 03 Asian Indian
- 04 Chinese
- 05 American Indian or Alaska Native
- 06 Korean
- 07 Vietnamese
- 08 Hmong
- 09 Filipino
- 10 Japanese
- 11 Other Pacific Islander
- 12 Some other race? What race is that? _____
- 77 don't know
- 99 refused

IF AGE < 18 YEARS GOTO TO CHARGE

MARSTAT. Are you (Is TARGET) currently

- 01 single
- 02 married
- 03 living with partner

- 04 divorced
- 05 separated
- 06 widowed
- 77 don't know
- 99 refused

EDUC. What is the highest level of education you have (TARGET has) completed?

- 01 no formal education
- 02 grade school (1 to 8 years)
- 03 some high school (9 to 11 years)
- 04 high school graduate or GED (received a high school equivalency diploma)
- 05 some college/technical or vocational school/training after high school
- 06 college graduate
- 07 postgraduate degree/study
- 77 don't know
- 99 refused

EMPSTAT1. Are you (Is TARGET) currently:

- 01 self employed or own your business
- 02 employed by someone
- 03 an unpaid worker for family business, farm, or home **GOTO PHONE**
- 04 retired **GOTO PHONE**
- 05 unemployed, or not working **GOTO PHONE**
- 06 full-time student (greater than three-fourths time) **GOTO PHONE**
- 07 don't know
- 09 refused **GOTO PHONE**

PROBE: ANSWER FOR THE JOB YOU WORK AT THE MOST HOURS

EMPSTAT2. Do you (Does TARGET) have more than one paying job?

- 1 yes **GOTO EMPHRS**
- 2 no
- 9 refused

HOURS. What is the total number of hours usually worked per week?

- _____ hours
- 7 don't know
- 9 refused

GOTO EMPERM

EMPHRS. For the job you work (TARGET works) at the most hours, what is the total number of hours usually worked per week?

- _____ hours
- 7 don't know
- 9 refused

EMPERM. Is this a permanent, temporary, or seasonal job?

- 1 permanent
- 2 temporary

- 3 seasonal
- 7 don't know
- 9 refused

JOB TENURE: How long have you (has TARGET) been employed in this position?

- ___ *less than 1 month*
- ___ *More than 1 month but less than 6 months*
- ___ *More than 6 months but less than 1 year*
- ___ *More than 1 year but less than 5 years*
- ___ *More than 5 years*

ALLSITES. Thinking about the employer you work (TARGET works) for, about how many people are employed there? If you work (TARGET works) for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

- 1 Just one
- 2 Between 2 and 10
- 3 11 and 24
- 4 25 and 50
- 5 51 and 100
- 6 101 and 500
- 7 over 500
- 8 don't know
- 9 refused

EMPLOYER TYPE: Thinking about the employer you work (TARGET works) for, what industry most closely describes this employer:

- AGRICULTURE, FORESTRY AND FISHING
- MINING
- CONSTRUCTION
- MANUFACTURING
- TRANSPORTATION, COMMUNICATION AND UTILITIES
- WHOLE SALE TRADE
- RETAIL TRADE
- FINANCE INSURANCE AND REAL ESTATE
- BUSINESS AND REPAIR SERVICE
- PERSONAL SERVICES
- ENTERTAINMENT
- PROFESSIONAL AND RELATED SERVICES
- PUBLIC ADMINISTRATION

IF TARGET IS \geq 18 YEARS **GOTO PHONE**

IF MINOR TARGET CURRENTLY INSURED:

Now I'd like to ask a few questions about the person this child gets their insurance benefits through.

IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:

Now I'd like to ask a few questions about the PRIMARY WAGE EARNER in the household. If there is no primary wage earner, we'd like to ask questions about the person RESPONSIBLE for the care of this child.

CHARGE. Would that be you or someone else?

1 person on phone **GOTO YOUAGE**

2 someone else **GOTO ELSAGE**

IF CHARGE IS PERSON ON PHONE, INSERT "YOU" FOR "THIS PERSON" IN ALL HH ITEMS.

YOUAGE. What is your age?

AGE _____

GOTO HHRACE1

ELSAGE. What is their age?

AGE _____

ELSEX. And is this person male or female?

1 male

2 female

HHRACE1. Is this person (Are YOU) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

1 yes, Mexican, Mexican American, Chicano

2 yes, Puerto Rican

3 yes, Cuban

4 yes, other Spanish/Hispanic/Latino

9 refused

HHRACE2. Now choose one or more races for this person (YOURSELF). Which race or races do you consider this person (YOURSELF) to be: [MAY SELECT MORE THAN ONE]

READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.

01 White

02 Black, African-American

03 Asian Indian

04 Chinese

05 American Indian or Alaska Native

06 Korean

07 Vietnamese

08 Hmong

09 Filipino

10 Japanese

11 Other Pacific Islander

12 Some other race? What race is that? _____

77 don't know

99 refused

HHMAR. Is this person (Are YOU) currently

01 single

- 02 married
- 03 living with partner
- 04 divorced
- 05 separated
- 06 widowed
- 77 don't know
- 99 refused

HHEDUC. What is the highest level of education this person has (YOU have) completed?

- 01 no formal education
- 02 grade school (1 to 8 years)
- 03 some high school (9 to 11 years)
- 04 high school graduate or GED (received a high school equivalency diploma)
- 05 some college/technical or vocational school/training after high school
- 06 college graduate
- 07 postgraduate degree/study
- 77 don't know
- 99 refused

HHEMP1. Is this person (Are YOU) currently:

- 01 self employed or own your business
- 02 employed by someone
- 03 an unpaid worker for family business, farm, or home **GOTO PHONE**
- 04 retired **GOTO PHONE**
- 05 unemployed, or not working **GOTO PHONE**
- 06 full-time student (greater than three-fourths time) **GOTO PHONE**
- 07 don't know **GOTO PHONE**
- 09 refused **GOTO PHONE**

HHEMP2. Does this person (Do YOU) have more than one paying job?

- 1 yes **GOTO HHEMP2B**
- 2 no
- 9 refused **GOTO HHPERM**

HHOURS. What is the total number of hours usually worked per week? _____ hours

- 7 don't know
- 9 refused

GOTO HHPERM

HHEMP2B. For the job they (YOU) work at the most hours, what is the total number of hours usually worked per week? _____ hours

- 7 don't know
- 9 refused

HHPERM. Is this a permanent, temporary, or seasonal job?

- 1 permanent
- 2 temporary

- 3 seasonal
- 7 don't know
- 9 refused

JOB TENURE: How long have you (has TARGET) been employed in this position?

- ___ *less than 1 month*
- ___ *More than 1 month but less than 6 months*
- ___ *More than 6 months but less than 1 year*
- ___ *More than 1 year but less than 5 years*
- ___ *More than 5 years*

HSITES. Thinking about the employer this person works (YOU work) for, about how many people are employed there? If this person works (YOU work) for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

- 1 Just one
- 2 Between 2 and 10
- 3 11 and 24
- 4 25 and 50
- 5 51 and 100
- 6 101 and 500
- 7 over 500
- 8 don't know
- 9 refused

EMPLOYER TYPE: Thinking about the employer you work (TARGET works) for, what industry most closely describes this employer:

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- MINING
- CONSTRUCTION
- MANUFACTURING
- TRANSPORTATION, COMMUNICATION AND UTILITIES
- WHOLE SALE TRADE
- RETAIL TRADE
- FINANCE INSURANCE AND REAL ESTATE
- BUSINESS AND REPAIR SERVICE
- PERSONAL SERVICES
- ENTERTAINMENT
- PROFESSIONAL AND RELATED SERVICES
- PUBLIC ADMINISTRATION

PHONE. Besides this phone number, do you have other telephone numbers in your household, such as fax or data lines, a children's or business line? Do not include cell phones.

- 1 yes
- 2 no **GOTO PHONE3**
- 3 Not Respondent's # **GOTO PHONE3**

PHONE2. How many of these telephone numbers are connected to phones that can be answered by a person? Number _____

77 don't know

99 refused

PHONE3. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

1 yes

2 no **GOTO COUNT**

7 don't know **GOTO COUNT**

9 refused **GOTO COUNT**

PHONE4. Over the past year, what was the total number of days, weeks, or months your household was without telephone service?

Number _____

1 Days

2 Weeks

3 Months

S13. In what country (were you/was TARGET) born?

DO NOT READ. MAP TO RESPONSE.

1 United States **GOTO H1**

2 Puerto Rico

3 Other U.S. Territory *

4 Cambodia

5 Canada

6 China

7 Cuba

8 Dominican Republic

9 El Salvador

10 Ethiopia

11 Germany

12 India

13 Jamaica

14 Japan

15 Korea

16 Laos

17 Liberia

18 Mexico

19 Philippines

20 Russia, other Eastern European **

21 Somalia

22 Sudan

23 Thailand

24 Togo

25 Tibet

26 Vietnam

27 Other Country (specify) _____

77 don't know

99 refused

* American Samoa, Guam, Marshall Islands, Northern Marianas Island, U.S. Virgin Islands
** Bosnia, Kosovo, Yugoslavia

S14. When did you (TARGET) come to live in the U.S.?
(INTERVIEWER SHOULD SELECT ONE METHOD OF ENTRY)

- S14A. Year _____ or
- S14B. Number of years ago _____
- 7 don't know
- 9 refused

Now I am going to ask some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

COUNT. How many people live on your or your family's income who CURRENTLY LIVE in the household? (PROBE: DO NOT include any children for which a family member currently pays child support, or any children away attending college or boarding school)

- _____ people
- 77 don't know
- 99 refused

IF COUNT = 1 GOTO INCOME

KIDCNT. How many of these people are children under age 21?
_____ children

INCOME. What was your household's gross, pretax income from all sources for the year 2001? (This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years or older. If you are self-employed or own your own business, please report your net income.)

- \$ _____ , _____
- 777777 don't know
- 999999 refused

IF ANSWERED GO TO BANKRUPT

IF TARGET REFUSES OR CANNOT ESTIMATE INCOME, GOTO INCOME2

INCOME2. I am going to read you a list of income categories. Which category represents your family's income for the year 2001?

- 01 Less than 5,000
- 02 5,000 to 7,499
- 03 7,500 to 9,999
- 04 10,000 to 12,499
- 06 12,500 to 14,999
- 07 15,000 to 19,999
- 08 20,000 to 24,999

09 25,000 to 29,999
10 30,000 to 34,999
11 35,000 to 39,999
12 40,000 to 49,999
13 50,000 to 59,999
14 60,000 to 74,999
15 75,000 or more
77 don't know
99 refused

BANKRUPT At any time during the last 5 years were you or a family member forced to declare bankruptcy as a result of medical expenses?

*1 yes
2 no
7 don't know
9 refused*

END OF SURVEY. THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.