

Appendix A:
Louisiana Health Insurance Survey
Survey Instrument

Question HELLO

Hello, my name is _____. I'm calling from the Louisiana State University.

INTERVIEWER: PRESS 1 TO CONTINUE WITH SURVEY PRESS CTRL/END TO TERMINATE CALL

Question HOME

We are conducting research so that the state leaders can better develop health care programs for Louisiana residents and we need the input of your household.

Federal Privacy Regulations provide safeguards for privacy, security, and authorized access to health information. You will not be identified by name, social security number, address, telephone number, or any other direct personal identifier in records from this study.

(USE AS NECESSARY - * This is not a sales call, we are only interested in your opinion * I'm calling for Louisiana 's Department of Health and Hospitals. This is the state agency responsible for overseeing the health needs of Louisiana residents.)

Have I reached you on your HOME phone?

INTERVIEWER: IF YES, PRESS 1 TO CONTINUE
IF NO, PRESS 2

Question LIVE

Does anyone LIVE there?

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

Question 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
2 NO, UNDER 18 YEARS OLD

Question ADLTB

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

INTERVIEWER: 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

Question MOD3

Is there anyone in your household who is under 65 years of age?

PRESS 1 IF YES
2 IF NO

Question 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.

PRESS ANY KEY TO END THE SURVEY

Question KNOW

Are you the most knowledgeable person in your household about the family's healthcare and health insurance?

PRESS 1 IF YES

PRESS 2 IF NO

Question KNOW2

May I speak to the person who is most knowledgeable?

PRESS 1 IF YES

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

Question PROCEED

Your phone number was selected at random by computer, and only your first name will be used to insure 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 "QUALIFIED REFUSAL."

IF YES, PRESS 1 TO CONTINUE

Question 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 THEM THAT YOU WANT THE FIRST NAME BECAUSE YOU 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.

MEMBER1-RESPONDENT

MEMBER2

MEMBER3

MEMBER4

MEMBER5

MEMBER6

MEMBER7

MEMBER8

NO MORE

Question NAMCHK

So the people in your household include...(READ NAMES BELOW)
Is this correct?

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

Question 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?

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

Question 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: IF RESPONDENT IS RELUCTANT, 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.

Would you say:

- 1 Birth to 5 years -8 Don't know
- 2 6-15 years -9 REFUSED
- 3 16-17 years
- 4 18-21 years
- 5 22-29 years
- 6 30-34 years
- 7 35-44 years
- 8 45-54 years
- 9 55-64 years
- 10 or over 65?

Question SEX

SEX OF HOUSEHOLD MEMBERS

INTERVIEWER: IF RESPONDENT IS RELUCTANT, 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.

- 1 Male
- 2 Female
- 8 DON'T KNOW
- 9 NOT AVAILABLE

Question MAR

INTERVIEWER: IF RESPONDENT IS RELUCTANT, 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.

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never Married
- 6 Living with a Partner
- 8 Don't know
- 9 Not Available

Question REL

RELATIONSHIP TO RESPONDENT
INTERVIEWER: IF RESPONDENT IS RELUCTANT, 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.

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

Question FAMCHECK

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

NAME AGEG SEX RELATIONSHIP

INTERVIEWER: READ EACH MEMBER OF HH (NAME, AGEGROUP, SEX,RELATIONSHIP) ONE BY ONE AND VERIFY IF IT IS CORRECT.

IF CORRECT, PRESS 1.

IF YOU NEED TO CHANGE AN AGE, SEX OR RELATIONSHIP, PRESS 2.

Question 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

Question COV1

Are you or 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
- 8 Don't know
- 9 Not available

Question COV1C

Who is covered?

Question COVID

Are you or anyone who lives there covered by a health insurance plan from a PAST employer or union, other than the military?

INTERVIEWER: THIS INCLUDES COBRA AND RETIREMENT PLANS.

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
- 8 Don't know
- 9 Not available

Question COV1E

Who is covered?

Question COV2A

Are you or anyone who lives there 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
- 8 Don't know
- 9 Not available

Question COV2C

Who is covered?

Question COV3A

Are you or anyone who lives there covered by a health insurance plan held in the name of someone who does not live in the household?

- 1 Yes - LIST NAMES
- 2 No
- 8 Don't know
- 9 Not available

Question COV3C

Who is covered?

Question COV4A

[PLEASE ASK COV4A OF ALL HOUSEHOLDS WHETHER THERE IS SOMEONE 65 YEARS OF AGE OR NOT IN THE HOUSEHOLD. MEDICARE PROVIDES COVERAGE FOR YOUNGER PEOPLE WITH DISABILITIES AND IS NOT JUST FOR THE ELDERLY]

Are you or anyone who lives there 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

-8 Don't know

-9 Not available

[SURVEYOR: Remember we are not including military coverage here. Include coverage if by an HMO(Health Maintenance Organization) as well as traditional Medicare. Include Part A and Part B.]

Question COV4C

Who is covered?

Question 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

2 No, they should be added to Medicare

3 No, they are younger than 65

Question COV5B

What is the correct age?

(0-64)

-8 Don't know

-9 Not available

Question COV5SUP

1 Yes

2 No

-8 Don't know

-9 Not available

Question COV6D

Are you or anyone who lives there covered by Medicaid or LaChip? Medicaid and LaChip are no-cost health insurance from the state of Louisiana for low income children, adults with disabilities, and low income seniors. If you are in one of these programs you would have a white medical card that reads "Health Network for Louisiana."

1 Yes - LIST NAMES

2 No

-8 Don't know

-9 Not available

Question COV6E

Who is covered?

Question COV9A

Are you or anyone who lives there covered by CHAMPUS, CHAMP-VA, TRICARE, VA or some other type of military health insurance?

1 Yes - LIST NAMES

2 No

-8 Don't know

-9 Not available

Question COV9C

Who is covered?

Question COV10A

Are you or anyone who lives there covered by a state-sponsored or public health insurance program that I have not mentioned? [NOTE: Not counting state programs for state employees]

1 Yes - LIST NAMES

2 No

-8 Don't know

-9 Not available

Question COV10B

What is the name of that program or programs?

PLAN1

PLAN2

NO MORE

Question COV10C1

Who is covered by PLAN 1?

Question COV10C2

Who is covered by PLAN2?

Question COV10SKP

PAUSE

Question TESTC1C2

FIND INSURED..

Question 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?

INTERVIEWER: REPEAT IF NECESSARY

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

Question NINSREA

What is the main reason that does not have health insurance?

- 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 Other (specify)
- 8 Don't know
- 9 Not available

Question NINSR2

Are there any other reasons that does not have health insurance? Anything else?

DO NOT READ LIST (CHECK ALL THAT APPLY)

Medical problems/Pre-existing condition
Too expensive/can't afford it/Premium too high
Don't believe in insurance
Don't need insurance/usually healthy
Free or Inexpensive care is readily available
Employer doesn't offer it
Other (please specify)
No other reasons
Don't know
Refused

Question CONTCOV

Since ONE YEAR PRIOR, was NAME continuously covered by health insurance?

1 Yes
2 No
-8 Don't know
-9 Not Applicable

Question CONMNTH

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

(1-11)
-8 Don't know
-9 Not available

Question CONTSKP

PAUSE

Question TESTHEAR

PAUSE

Question HEAR

[SURVEYOR:Ask HEAR1 (and follow the skip sequence from there) of all families who have children in the household 19 years of age or younger. Please ask this regardless of whether family has already indicated that a child is in the LaChip program. We want to understand name recognition of all of the LaChip Program components and how the families heard about these program components.]

Have you heard of the LaChip program?

1 Yes
2 No
-8 Don't know
-9 Not Applicable

Question HEAR3

Where did you hear about LaChip? Did you hear about it from:

INTERVIEWER: READ EACH ITEM AND SELECT IF YES

Newspaper
Television
Radio
Your child's school
At a doctor's office
At the health department
From a social worker
From a family member or friend
From a billboard or sign on a bus
Anywhere else (Specify)
NONE/NO MORE

Question 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 Not available

Question 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
- 2 No
- 8 Don't know
- 9 Not applicable

Question 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 applicable

Question CHARITY

[INTERVIEWER : IF NECESSARY READ THE LIST Earl K. Long in Baton Rouge, LSU Medical Center in Shreveport, E.A. Conway in Monroe, Huey P. Long in Pineville, University Medical Center in Lafayette, Leo Shabest in Houma, University Medical Center in New Orleans, LSU Medical Center in New Orleans, W.O. Moss in Lake Charles, Bourgeois Medical Center Washington/St, Tammany]

| Has NAME ever received care at one of Louisiana's charity hospitals?

- 1 Yes
- 2 No

- 8 Don't know
- 9 Not available

Question CHARITY2

| Is this where NAME generally receives his/her medical care?

- 1 Yes
- 2 No

- 8 Don't know
- 9 Not available

Question REGCALL

[SURVEYOR: THE NEXT SET OF QUESTIONS WILL BE ABOUT THE RESPONDENT. WE ARE NOT ASKING ABOUT EVERYONE IN THE HOUSEHOLD AT THIS POINT.]

Now I have some questions about your health care.

In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- 1 Yes
- 2 No

- 8 Don't know
- 9 Not available

Question REGOFT

In the last 6 months, when you called during regular office hours, How often did you get the help or advice you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

- 8 Don't know
- 9 Not available

Question ROUCALL

In the last 6 months, did you make any appointments with a doctor or other health care provider for regular or routine health care?

INTERVIEWER: A HEALTH CARE PROVIDER CAN BE A GENERAL DOCTOR, A SPECIALIST DOCTOR, A NURSE PRACTITIONER OR A PHYSICIAN'S ASSISTANT.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question ROUOFT

In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 8 Don't know
- 9 Not available

Question ILLCALL

In the last 6 months, did you have an illness or injury that required care right away from a doctor's office, clinic or emergency room?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question ILLOFT

In the last 6 months, when you needed care right away after an illness or injury, how often did you get the care as soon as you wanted?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 8 Don't know
- 9 Not available

Question 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 Not available

Question DRUSE

In the last 6 months (not counting the number of 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 Not available

Question 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 Not available

Question DELAY2

Was there any reason why you delayed or did not get medical care when you thought you needed to?

- 1 Yes (RECORD VERBATIM RESPONSE)
- 2 No
- 8 Don't know
- 9 Not available

Question ILLNES1

In the past 12 months, have you missed school or work because of an illness?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question MED1

In the past 12 months, was there any time when you needed prescription medication but delayed or did not get it because you couldn't afford it?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question CHARITY3

In the last 12 months, have you received any medical care or treatment from one of Louisiana's charity hospitals?

[INTERVIEWER : IF NECESSARY READ THE LIST Earl K. Long in Baton Rouge, LSU Medical Center in Shreveport, E.A. Conway in Monroe, Huey P. Long in Pineville, University Medical Center in Lafayette, Leo Shabest in Houma, University Medical Center in New Orleans, LSU Medical Center in New Orleans, W.O. Moss in Lake Charles, Bourgeois Medical Center Washington/St, Tammany]

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question 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 Not available

Question 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 that this information is confidential and will be used for statistical purposes only.

INTERVIEWER: PRESS ANY KEY

Question WORK

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

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question WRK2

- 1 Working for employer
- 2 Self-employed only
- 3 Working for an employer and self-employed
- 8 Don't know
- 9 Not available

Question SEMPLOY

Are you the owner of a business that employs 2 or more people or do you work individually?

- 1 Owner of a business
- 2 Work individually
- 8 Don't know
- 9 Not available

Question WRK3

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

- 1 Unemployed but looking for work
- 2 Not working because of disability
- 3 Not looking
- 4 Retired
- 8 Don't know
- 9 Not available

Question PLWK

What kind of place does NAME work for?
[OR IN WHICH AREA DO YOU WORK..]

- 1 AGRICULTURAL, FORESTRY OR FISHING (e.g., farms, orchards, greenhouses, 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, chemicals, avionics, chemicals, petroleum/gas refining, glass, metal, wood products, maintenance)
- 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)
- [NOTE: THIS QUESTION HAS 18 OPTIONS. PRESS 1 TO CHOOSE OTHER OPTIONS.
PLEASE ENTER THE ANSWER IN THE NEXT SCREEN]
- 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

Question SECTOR

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

- 1 Government
- 2 Private Industry
- 3 Self-employed
- 4 Non-Profit
- 8 Don't know
- 9 REFUSED

Question SERVWK

Please specify the area of Services.

Please specify the area of Services.

INTERVIEWER: IF NOT SURE, CHOOSE OTHER.

- 1 Hotels, rooming houses, camps and other lodging places
- 2 Personal services (e.g. laundry, beauty or barber shops, funeral)
- 3 Business services (e.g. advertising, credit reports, commercial art, data processing, news syndicates, personnel supply)
- 4 Automotive repair services, and parking
- 5 Miscellaneous repair services
- 6 Motion pictures
- 7 Amusement and recreation services
- 8 Health services
- 9 Legal services
- 10 Educational services
- 11 Social services
- 12 Museums, art galleries, botanical and zoological gardens
- 13 Membership organizations
- 14 Engineering, accounting, research, management and related services
- 15 Private households (e.g. cleaning person)
- 16 Other (please name....)
- 8 Don't know
- 9 Not available

Question BEPNUMB

Thinking about this main job or business, how many people are employed there full and part time, including all employees at all locations?

INTERVIEWER: (FOR EXAMPLE) IF A RESPONDENT SAYS HE OR SHE WORKS IN SALES FOR KMART, THIS QUESTION IS ABOUT HOW MANY PEOPLE ARE EMPLOYED BY KMART NATIONALLY NOT AT THE RESPONDENT'S PARTICULAR KMART STORE.

- 1 1- 10 employees
- 2 11-24 employees
- 3 25-49 employees
- 4 50-99 employees
- 5 100-249 employees

- 6 250-499 employees
- 7 500-999 employees
- 8 1,000 or more employees

- 8 Don't know
- 9 Not available

Question SMBIZ

What is your best guess of the number of people employed at all locations?
[INTERVIEWER: IF THEY SAY THEY DON'T KNOW, ENCOURAGE THEIR BEST GUESS.
ANSWER SHOULD BE BETWEEN 1-10]

Question BEPNUMBA

Thinking about the particular location or facility where NAME works, how many people are employed there full or part time?

INTERVIEWER: NOW IF THE RESPONDENT NAMES K-MART AS THE EMPLOYER, HOW MANY PEOPLE ARE AT HIS OR HER K-MART STORE

- 1 1- 10 employees
- 2 11-24 employees
- 3 25-49 employees
- 4 50-99 employees
- 5 100-249 employees
- 6 250-499 employees
- 7 500-999 employees
- 8 1,000 or more employees
- 8 Don't know
- 9 Not available

Question SMBIZA

What is your best guess of the number of people employed at your location?
[INTERVIEWER: IF THEY SAY THEY DON'T KNOW, ENCOURAGE THEIR BEST GUESS.
ANSWER SHOULD BE BETWEEN 1-10]

Question SLENGT

| How many years has NAME been SELF EMPLOYED?
ENTER "0" FOR LESS THAN A YEAR
(1-80)
-7 Answer given in Months
-8 Don't know
-9 Not available

Question LENGT

[How many years has NAME been working for this employer?](#)
ENTER "0" FOR LESS THAN A YEAR

- (1-80)
- 7 Answer given in Months
- 8 Don't know
- 9 Not available

Question LENGT2

[How many months has NAME been working for this employer?](#)

Enter Answer in months:

Question WORKHRS

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

IF PERSON NORMALLY WORKS OVERTIME THEN INCLUDE THOSE HOURS

- (1-80)
- 8 Don't know
- 9 Not available

Question WORK2

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

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question PAY1

How much does NAME make per hour?

Include Overtime, Tips, Bonuses

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

- (1.00 - 100.00)
- 8 Don't know
- 9 Not available

Question PAY2

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

Include Overtime, Tips, Bonuses

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

- (1-500000)
- 8 Don't know
- 9 Not available

Question 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 Not available

Question PAY4a

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

Include Overtime, Tips, Bonuses

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

- (1-500000)
- 8 Don't know
- 9 Not available

Question WORKSKP

PAUSE

Question OTRSRCE

Does NAME have income FROM SOURCES OTHER THAN JOB EARNINGS, say from alimony, CHILD SUPPORT, retirement, workers compensation, disability payments, SSI with supplemental security income for an adult or child in the household, or welfare payments?

[NOTE: SSI CHECKS COME IN THE FIRST WEEK OF THE MONTH, WHILE SOCIAL SECURITY CHECKS COME IN THE THIRD WEEK]

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question OTRSAMT

About how much does NAME receive monthly from this source?
INTERVIEWER: ENTER MONTHLY AMOUNT HERE. IF THEY ONLY KNOW ANNUAL AMOUNT,
DO NOT CONVERT. JUST TYPE -7. YOU WILL GET A SCREEN THAT ALLOWS YOU TO ENTER
THE ANNUAL AMOUNT.

- (1-9999999) per month
- 7 GIVES ANNUAL AMOUNT
- 8 Don't know
- 9 Not available

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

Question OTRAMT

INTERVIEWER: ENTER ANNUAL AMOUNT.

- (1-9999999) per year

Question OTRWEL

Is any of this "other" income that we have just discussed from welfare payments that NAME received within
the last 4 months? Welfare can mean AFDC, TANF, or FITAC which is temporary assistance for needy
families.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question OTRCS

Is any of this "other" income that we have just discussed from child support payments that NAME received?
SKIP IF NO CHILDREN UNDER 21 IN THE HOUSEHOLD

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question EMP2

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

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question EMP3

IS NAME eligible to enroll in this employer's insurance plan?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question EMP3A

Is the insurance that NAME IS ELIGIBLE FOR

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

Question EMP4

IS NAME currently enrolled under this coverage?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question EMP5

IS NAME CURRENTLY ENROLLED in employee coverage only or family coverage?

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

Question WHY1

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 (Specify)
- 8 Don't know
- 9 Not Available
- NO MORE

Question PLNCHIL

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

- 1 Yes
- 2 No, NOT ALL OF the children are covered
- 3 NO, NONE OF THE CHILDREN ARE COVERED

- 8 Don't know
- 9 Not available

Question WHY2

Why isn't/aren't the child/children covered through NAME's 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 Employer doesn't offer family coverage
- 5 Didn't like the benefit package
- 6 Didn't like the doctors in the plan
- 7 Don't believe in health insurance
- 8 OTHER REASONS (Specify)

- 8 Don't know
- 9 Not available

NO MORE

Question PREM1 (FOR EMPLOYEE ONLY 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 Not available

Question PREM2

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?

(PREM2 for family coverage)

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 Not available

Question 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 Not available

Question 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 Not available

Question EDUCAT

1. Less than high school

2. Completed high school

3. Some college or associates degree

4. Completed four years of college

5. Some graduate education

6. Graduate degree

-8 Don't know

-9 Not available

Question RACE

1. White
2. Black
3. Native American Indian/Eskimo
4. Asian/Pacific Islander
5. OTHER
- 8 Don't know
- 9 Not available

Question 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)
- 8 Don't know
- 9 Refused

Question HHINCOME

For all earners added together, and all income sources, what is your gross (before taxes) yearly HOUSEHOLD Income. Your best guess is fine.

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

Question PGMS

Have you heard of any of the following programs designed to provide no-cost health insurance for low income children, pregnant women, adults with disabilities, and low income seniors in the state of Louisiana.

INTERVIEWER : CHECK ALL THAT APPLY

- Medicare Savings Program
- LaMoms
- LaChip
- None

Question PGMS2

The state is looking into implementing a program which would help low-wage employees who could not otherwise afford it pay for insurance premiums through their jobs. If such a program were made available would you consider participating in it?

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

Question PGMS3

Do you believe such a program would help others that you know?

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

Question COPAY1

For those individuals who do not have the option to purchase health insurance through their jobs, the state is looking to set up a program for basic primary care services from the state, including limited doctor visits and prescriptions, where individuals would only have to make a minimal co-payment. If such a program were made available, would you consider participating in it?

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

Question COPAY2

Do you believe such a program would help others that you know?

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

Question 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
- 2 No
- 8 Don't know
- 9 Not available

Question PHONE2

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

- (2-52)
- 8 Don't know
- 9 Not available

Question OTHPHN

Are there any other telephone numbers in this household besides that people receive calls on?

DO NOT INCLUDE CELLULAR PHONES.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question OTHPHN2

How many ?

(1-99)

Question OTHPHN3

Is this line used for business purposes only?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Question OTHPHN4

How many of these lines are used for business purposes?

- (0-99)
- 8 Don't know
- 9 Not applicable

Question ZIPCD

What is your Zip Code?

- (70001-72000)
- 8 Don't know
- 9 Not available

Question PARISH

What is the name of the parish where you live?

Question 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

Question CALLBACK

And finally, we might like to call you back in an 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 Not available

Question CALLBAC1

What is your Full Name:

Question CALLBAC2

What Phone Number we can call you at:

NUMBER CALLED :

[INTERVIEWER: IF RESPONDENT SAYS, "You already have my number",
PLEASE ENTER THE PHONE NUMBER DISPLAYED ABOVE]

Question ThankYou

Thank you for your time. Your responses will help us to develop better health insurance plans for families in Louisiana.

PRESS G TO END THE SURVEY