

## LOUISIANA HEALTH INSURANCE STUDY

	Interview Number:
Survey Research	Date of Interview:     /     /
STUDY: Louisiana Health Insurance Survey	Interviewer Last Name:
Start Time (use military time):_____	End Time (use military time): _____
Respondent County:	Respondent Phone Number:

(./HELLO) Hello, my name is \_\_\_\_\_ from Louisiana State University .

(./HOME) We are conducting research so that the state leaders can better develop health care programs for Louisianans 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?

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**

(hhld/HHLD) 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

(morehh/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, and roommates?

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

(ager/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)

-8 DON'T KNOW

-9 NOT AVAILABLE

(sexr/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 NOT AVAILABLE

(mars/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 NOT AVAILABLE

(age2/AGE) What is the age of (NAME HH MEMBER NUMBER 2)?

- (0-110)
- 8 DON'T KNOW
- 9 NOT AVAILABLE

(sex2SEX) And sex?

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

(mars/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 NOT AVAILABLE

(rel2/REL) And relationship with you?

- 1. HUSBAND
- 2. WIFE
- 3. OWN CHILD, ADOPTED CHILD
- 4. STEPCHILD
- 5. FOSTER CHILD
- 6. 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/UNMARRIED PARTNER
- 8 Don't know
- 9 Not Available

**MOVED STEPCILD TO SEPARATE CATEGORY. MAKE SURE IN CODING THAT THIS ACCOUNTED FOR IN ANY FOLLOW-UP QUESTIONS.**

***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 col; else go to rel3.*

(col/STUDCHCK) Is NAME a full-time student?

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

***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.*

(mar/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 Not available

(sps/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, mar, sps for each person age 16 and older.***

*TEST: If any person is 18 and younger and relationship to respondent is not equal to (3 OR 4), then go to par/GUARDCHK; else go COVINT.*

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

- 1 Yes
- 2 No (*go to next child or next test*)

(who/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



(C1/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 C1a*)
- 8 Don't know
- 9 Not available

(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

(C1a/COVID) 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 C2*)
- 8 Don't know
- 9 Not available

(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

(C2/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 C3*)
- 8 Don't know
- 9 Not available

(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

(C3/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 C4*)
- 8 Don't know
- 9 Not available

(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 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.*

(C4/COV4A) Are (you/is anyone) covered by Medicare, the health insurance plan for people 65 years old or older or persons with certain disabilities?

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

**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 (C4C1/COV5A); else go to (Medsup/COV5SUP).*

(C4C1/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 C5/COV6A*)
- 2 No, they should be added to Medicare (*go to C4/COV4A*)
- 3 No, they are younger than 65

(./COV5B) What is the correct age?

- (0-64)
- 8 Don't Know
- 9 Not Available

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

(C5A/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 (*go to C6*)
- 8 Don't know
- 9 Not available

(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

*Surveyor: only ask C6/COV7A if there are children in the house who are 19 years of age or younger*

(C8/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 C9*)
- 8 Don't know
- 9 Not available

(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



(C1C2/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 Medicaid/LaChip
- 6 CHAMPUS/CHAMP-VA, TRICARE, VA, Other Military
- 7 Other state plan, specify \_\_\_\_\_
- 8 Don't Know
- 9 Not Available

***Repeat test for each uninsured person***

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

(unirea/NINSREA): What is the main reason that (NAME) 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. Employer doesn't offer coverage
- 7 Other (specify \_\_\_\_\_)
- 8 Don't Know
- 9 Not available

Change to 1 question:

ASK FOR EACH HOUSEHOLD WITH AN UNINSURED RESPONDENT: :

**WHAT IS YOUR BEST ESTIMATE OF HOW MUCH YOU WOULD YOU BE WILLING OR ABLE TO PAY PER MONTH FOR HEALTH INSURANCE COVERAGE FOR ALL UNINSURED MEMBERS OF THE HOUSEHOLD?**

- 1 LESS THAN \$25**
- 2. \$25-\$49**
- 3. \$50-\$99**
- 4 \$100-\$150**
- 5 \$150 - \$200**
- 4 More than \$200**

**FOR ALL RESPONDENTS REPORTED AS HAVING INSURANCE**

(ccov/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 ccovA*)
- 8 Don't Know (*go to ccovA*)
- 9 Not available (*go to ccovA*)

***Repeat CONTCOV for all who are insured.***

*For each person coded 1 to ccovA, ask cmon/CONMNTH:*

(cmon/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

**FOR ALL RESPONDENTS WITHOUT INSURANCE -**

Has there been anytime in the past 12 months that NAME OF UNINSURED has been covered by some type of health insurance plan?

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

IF YES: For how many months was NAME covered by some type of health insurance plan?

(1-11)

- 8 Don't know
- 9 Not available

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 in the state of Louisiana.

INTERVIEWER : CHECK ALL THAT APPLY

- Medicare Savings Program
- LaMoms
- LaChip
- None

(hear3/HEAR3) Where did you hear about INSERT NAME OF PROGRAM FOR EACH PROGRAM LISTED ABOVE ? Did you hear about them from...

INTERVIEWER: READ EACH ITEM AND SELECT IF YES

- Newspaper?
- Television?
- Radio?
- Your child's school?
- At a doctor's office?
- At parish health unit?

From a social worker?  
From a family member or friend?  
From a billboard or sign on a bus?  
Anywhere else? (specify \_\_\_\_\_)  
NONE/NO MORE

Have you heard of LaCHOICE, a program the state is implementing this year to help low-wage employees who could not otherwise afford it pay for insurance premiums through their jobs?

1. Yes
2. No

- 8. Don't Know
- 9. Refused

If such a program were made available to you would you consider participating in it?

1. Yes
2. No

- 8. Don't Know
- 9. Refused

***Go to health care section***

## Section 2 Health Care

FOR RESPONDENT ONLY:

INTERVIEWERS: IF RESPONDENT IS RELUCTANT TELL THEM WE ARE ONLY INTERESTED IN THE INFORMATION TO UNDERSTAND HOW THESE CHRONIC CONDITIONS IMPACT HEALTH COVERAGE AND THAT SUCH KNOWLEDGE WILL HELP THE STATE TO DEVISE HEALTH POLICY.

Have you or anyone in your household been told by a doctor or health professional that they have any of the following medical conditions - first, heart disease?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NOT AVAILABLE

Asthma?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NOT AVAILABLE

EMPHYSEMA?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NOT AVAILABLE

High blood pressure?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NOT AVAILABLE

Diabetes?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NOT AVAILABLE

Cancer?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NOT AVAILABLE

HIV/AIDSr?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NOT AVAILABLE

*And who is it in the household who has SPECIFY THE CONDITION/REPEAT FOR EACH IDENTIFIED CONDITION? REMIND RESPONDENT THAT THIS IS ONLY TO CONNECT THESE EFFECT THESE CHRONIC CONDITIONS HAVE ON HEALTH COVERAGE.*

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

HAS ANY MEMBER OF THE HOUSEHOLD BEEN DIAGNOSED WITH A DEVELOPMENTAL DISABILITY SUCH AS AUTISM OR MENTAL RETARDATION?

- 1 YES
- 2 NO
- 8 DON'T KNOW
- 9 NOT AVAILABLE

AND WHO IN THE HOUSEHOLD WAS DIAGNOSED?

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

(usource/USRCE) Is there a particular PLACE that NAME usually goes to if sick or needs advice about his/her health?

- 1 Yes (*ask kplace*)
- 2 No (*skip to regcall*)
- 8 Don't know (*skip to regcall*)

-9 Not applicable (*skip to recall*)

(kplace/KPLACE) What kind of place is it? Is it a ....

- 1 Clinic
  - 2 Physician's Office
  - 3 Hospital emergency room
- 8 Don't know  
-9 Not available

IF RESPONDENT ANSWERS "CLINIC" in KPLACE.

You said that NAME generally goes to a clinic for medical care. What kind of clinic is that?

1. Walk-in clinic
  2. Urgent care clinic
  3. Hospital Outpatient clinic
  4. School Clinic
  5. Parish Health Unit
- 8 Don't know  
-9 Not available

IF RESPONDENT ANSWERS WALK-IN CLINIC, URGENT CARE OR HOSPITAL  
OUTPATIENT

And is that a public or private clinic?

1. Public
  2. Private
- 8 Don't Know  
-9 Not available

[INTERVIEWER : What follows is the list of public health clinics.

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, Bourgeoise Medical Center Washington/St,  
Tammany]

Surveyor: The next set of questions will be about the respondent. We **are not** asking about everyone in the household at this point.

(regcall/REGCALL) Now I have some questions about your health care.

(roucall/ROUCALL) In the last 12 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 (*ask rouoften*)
- 2 No (*skip to illcall*)
- 8 Don't know (*skip to illcall*)
- 9 Not available (*skip to illcall*)

(eruse/ERUSE1) In the last 12 months, did you ever to the emergency room to get care for yourself? IF YES, How often?

- 0 Never
- 1-999 Enter Number of times
- 8 DON'T KNOW
- 9 NOT AVAILABLE

(dela/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

(dela2/DELAY2) Was there any other reason why you delayed or did not get medical care when you thought you needed to?

- 1 Cost/Too expensive
- 2 Do not have insurance
- 3 Couldn't get off work
- 4 Didn't have transportation to the doctor's office/Doctor's Office too far



5. Office wasn't open when I could get there

6. No child care

7. No access for people with disabilities

8. Couldn't get an appointment

9. Other, specify

**RECORD VERBATIM**

**RESPONSE**

10. NO REASON

-8 Don't know

-9 Not available

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

(cost/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 \$20

3 \$21 to \$40

4 \$41 to \$60

5 More than \$60

-8 Don't know

-9 Not available

*Go to demographic section*

### 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:*

(w1/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 (*goto w2/WORK1B*)
- 2 No (*go to w3/WORK1B*)
- 8 DON'T KNOW (*go to w3/WORK1B*)
- 9 Not available (*go to w3/WORK1B*)

**WORK1B: ENTER INTO CODING SEQUENCE:**

Is NAME working full time or part time?

1	Full Time
2	Part time
-8	Don't know
-9	Not available

(w2/WRK2) Is NAME working for an employer, self-employed or both?

- 1 Working for employer (*go to worktype/PLWK*)
- 2 Self-employed only (*go to worktype/PLWK*)
- 3 Working for an employer and self-employed (*go to worktype/PLWK*)
- 8 DON'T KNOW (*go to w3/WRK3*)
- 9 Not available (*go to w3/WRK3*)

(w3/WRK3) Is NAME unemployed but looking for work, not looking for work or is NAME retired?

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

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

INTERVIEWER- PROBE TO FIND OUT WHAT KIND OF COMPANY THEY WORK FOR.  
IF MORE THAN ONE JOB, FIND PRIMARY JOB. IF NOT SURE, CHOOSE OTHER.

- 1 Agricultural (e.g. farms, orchards, greenhouses, nurseries)
- 2 Forestry or Fishing (e.g. timber, tree farms, fishhatcheries)
- 3 Mining
- 4 Construction (e.g. general contractors, heavy construction, repair of structures including plumbing, heating)
- 5 Manufacturing (e.g. food, apparel, publishing, logging, furniture, paper, soap, chemicals, glass, metal, wood products)
- 6 Transportation, Communication, Electric, Gas or Sanitary (e.g. post office, telephone, highway maintenance)
- 7 Wholesale Trade (items sold to manufacturers or retailers)
- 8 Retail Trade (items for personal or household use)
- 9 Finance, Insurance or Real Estate (e.g. Realtors, stockbrokers)
- 10 Services [goto SERTYPE] (e.g. restaurants/bars, schools, lawyers, doctors, nurses, other health related, barbers)**
- 11 Public Administration (government worker, federal, state, local)
- 12 Military
- 13 Other (please name\_\_\_\_\_)
- 8 Don't know
- 9 Not Available

(Sertype/SERVWK) 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

(est/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
- 2 – 9 employees
- 10-25 employees
- 26-50 employees
- 51-99 employees
- 100-249 employees
- 250-499 employees
- 500-999 employees
- 1,000 or more employees
- Don't know
- Not available

PLEASE CHECK THESE NUMBERS. I HAVE SMALL BUSINESSES AS 2-50. WE CAN ELIMINATE SELF-EMPLOYED RESPONDENTS WITH EARLIER ANSWERS.

(est/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
- 2 – 9 employees
- 10-25 employees
- 26-50 employees
- 51-99 employees
- 100-249 employees
- 250-499 employees
- 500-999 employees
- 1,000 or more employees
- Don't know
- Not available

**ABOUT HOW MANY MONTHS PER YEAR DOES WORK AT THIS JOB?**

- Year Round (12 Months)
- Enter # of Months

**MAKE SURE THIS IS ASKED OF ALL EMPLOYED RESPONDENTS:**

(hw/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

(w2/WORK2) Is NAME paid by the hour on his or her (main) job?

- 1 Yes (*go to p1/PAY1*)
- 2 No (*go to p2/PAY2*)

(p1/PAY1) How much does NAME make per hour?

Include Overtime, Tips, Bonuses.

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

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

*Go to P4 after this question.*

(p2/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 Not available

(P4/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

(P4A/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 Not available

*For each person in the household 18 years and older or married ask OTRSRCE through OTRCS.*

(otrsorce/OTRSRCE) Does NAME have income FROM OTHER THAN JOB EARNINGS, say from alimony, CHILD SUPPORT, retirement, workers compensation,

disability payments, supplemental security income for an adult or child in the household, or welfare payments?

- 1 Yes
- 2 No (*go to next adult or if last adult go to TESTWRK*)
- 8 Don't know
- 9 Not available

(otrsamt/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 (*go to otrwel/OTRWEL*)
- 7 GIVES ANNUAL AMOUNT
- 8 Don't know (*go to otrwel/OTRWEL*)
- 9 Not available (*go to otrwel/OTRWEL*)

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

(../OTRAMT)

INTERVIEWER: ENTER ANNUAL AMOUNT.

(1-9999999) per year

(otrwel/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 FITAP which is temporary assistance for needy families.

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

(otracs/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



***SURVEYER: THE CHLDCRE AND CHLINCC QUESTIONS ARE ONLY ASKED ONCE OF THE RESPONDENT.***

(childcare/CHLDCRE) Do you or does anyone in your household pay for childcare (hiring someone to watch a child full or part time or using daycare full or part time)?

- 1 Yes
- 2 No (*go to TESTWRK*)
- 8 Don't know (*go to TESTWRK*)
- 9 Not available (*go to TESTWRK*)

(ccaren/CHLINCC) Which children are in childcare that is paid for by someone in your household?

INTERVIEWER: IF RESPONDENT IS RELUCTANT, TELL THEM THAT WE ONLY WANT THE INFORMATION TO CALCULATE ESTIMATED COSTS OF CHILD CARE AND WE ARE REALLY NOT INTERESTED IN THE PARTICULAR CHILDREN.

PLEASE NOTE THAT THIS DOES NOT INCLUDE AFTERSCHOOL PROGRAMS.

*Interviewer selects the names of children who are in childcare, selects NO MORE to move to next question.*

- NAME
- NAME
- NAME
- NAME
- NAME
- NO MORE

(otrsamt/OTRSAMT) About how much does your household pay monthly for childcare?

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 (*go to otrwel/OTRWEL*)
- 7 GIVES ANNUAL AMOUNT
- 8 Don't know (*go to otrwel/OTRWEL*)
- 9 Not available (*go to otrwel/OTRWEL*)

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(otrsource/OTRSRCE) Does NAME have TO PAY CHILD SUPPORT FOR ANY CHILD NOT INCLUDED IN THE HOUSEHOLD?

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- 1 Yes
- 2 No (*go to next adult or if last adult go to TESTWRK*)
- 8 Don't know
- 9 Not available

(otrsamt/OTRSAMT) About how much does NAME pay monthly in child support?

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 (*go to otrwel/OTRWEL*)

- 7 GIVES ANNUAL AMOUNT
- 8 Don't know (*go to otrwel/OTRWEL*)
- 9 Not available (*go to otrwel/OTRWEL*)

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

*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 who is WORK=1. Please ask this sequence of ALL WORK=1 before going onto next question sequence that begins with OTRSRCE.*

(I1/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 Not available (*go to next person who is WORK=1*)

(I2/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 Not available (*go to next person who is WORK=1*)

(ei1/EMP3A) Is the insurance that NAME is eligible for...

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

(ei2/EMP4) Is NAME currently enrolled under this coverage?

- 1 Yes
- 2 No (*go to why1/WHY1*)
- 8 Don't know (*go to ei3/PLNCHIL*)
- 9 Not available(*go to ei3/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 ei3/PLNCHIL*)
- 8 Don't know (*go to ei3/PLNCHIL*)
- 9 Not available (*go to ei3/PLNCHIL*)

(why1/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 Not Available
- NO MORE

*Go to ed1/EDUCAT*

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

(ei3/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 Not available (*go to pay1/PREM2*)

(why2/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 Not available
- NO MORE

*Go to ed1/EDUCAT*

(pay1/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 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

(./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

(pay2/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

(ed1/EDUCAT) What is the highest level of school NAME ever completed?

- |   |    |
|---|----|
| Less than high school.....              | 1  |
| Completed high school .....             | 2  |
| Some college or associates degree ..... | 3  |
| Completed four years of college .....   | 4  |
| Some graduate education .....           | 5  |
| Graduate degree .....                   | 6  |
| Don't know .....                        | -8 |
| Not available .....                     | -9 |

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

(r1/RACE) What race does NAME consider himself or herself to be?

- 1 White
- 2 Black
- 3 Native American Indian/Eskimo
- 4 Asian/Pacific Islander
- 5 Hispanic
- 6 Other Specify \_\_\_\_\_
- 8 Don't Know
- 9 Not Available

***Repeat for all 18 years of age or older or married***

(w3/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
Not Available .....	-9

(zip/ZIPCD) What is your zip code?

(32000-35000)

(parish/PARISH) What is the name of the parish where you live?

ENTER Parish NAME HERE

(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.

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(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 Not available

*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 Louisiana.