

Q: HELLO

T:5 5

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

We are conducting research so that 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?

Q: LIVE

T: 3 10

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

I:

Q: ADLT

T: 8 10

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

Q: ADLTB

T: 8 10

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

Q: MOD3

T: 3 10

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

PRESS 1 IF YES

2 IF NO

Q: NoThank

T: 10 10

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

Q: KNOW

T: 3 10

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

Q: KNOW2

T: 3 10

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

Q: PROCEED

T: 3 10

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 10 minutes to complete.

(May we proceed?) IF NO, QUIT OR HIT CTRL/END AND CODE AS
"QUALIFIED REFUSAL."

IF YES, PRESS 1 TO CONTINUE

C: Section 1 Household Listing and Health Insurance

Q:HHL D

T: 3 10

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.

Q: NAMCHK

T: 3 10

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

Q: MISSCHCK

T: 3 10

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

Q:AGE

T:2 10

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.

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. YOU CAN ASK AGE CATEGORIES BY ENTERING -9.

(0-110)

-8 DON'T KNOW
-9 REFUSED [ENTER -9 TO READ THE AGE CATEGORIES]

INTERVIEWER:

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

Q:AGECAT

T: 5 5

Would you say:

INTERVIEWER: READ CHOICES

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?		

Q:SEX

T: 3 10

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.

T: 14 15

1 Male

2 Female

-8 DON'T KNOW
-9 NOT AVAILABLE

Q:MAR

T: 3 10

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.

T: 10 10

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never Married
- 6 Living with a Partner

- 8 Don't know
- 9 Not Available

Q:REL

T: 1 10

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.

T: 8 10

- 1 RESPONDENT
- 2 HUSBAND
- 3 WIFE
- 4 OWN CHILD,ADOPTED CHILD
- 5 STEP CHILD
- 6 FOSTER CHILD
- 7 Unrelated CHILD
- 8 GRANDCHILD
- 9 PARENT
- 10 BROTHER/SISTER
- 11 SON/DAUGHTER-IN-LAW
- 12 MOTHER/FATHER-IN-LAW
- 13 OTHER RELATIVE
- 14 NON-RELATIVE/UNMARRIED PARTNER

- 8 Don't know
- 9 Not Available

Q: ROSNEXT

T: 5 5

PAUSE

Q: FAMCHECK

T: 2 10

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

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

T: 18 10
INTERVIEWER:
READ EACH MEMBER OF HH (NAME, AGE/AGEGROUP-SUFFIX C, SEX,RELATIONSHIP)
ONE BY ONE AND VERIFY IF IT IS CORRECT.

IF CORRECT, PRESS 1.
IF YOU NEED TO CHANGE AN AGE/AGEGROUP, SEX OR
RELATIONSHIP, PRESS 2.

Q: STUDCHCK

T: 18 10

1 Yes

2 No

-8 Don't Know

-9 Not Available

I:

FOR STUDENT

X = MASTER STUDENT.LISTNUM

IF X = 1

CLR 8

SHOW "Are you a full time student" 8 17 35

ENDIF

Q: MARCHECK

T: 15 10

INTERVIEWER: CODE "NO" FOR COHABITEE

1 Yes

2 No

-8 Don't Know

-9 Not Available

I:

T = MASTER INLAW.ROSTNUM

IF (T = 2)

CLR 3

SHOW "Is married to anyone living there?" 3 17 44

SHOW MEMBER2 3 20 10

ENDIF

Q: MARRIAGE
T: 18 10
-8 Don't know
-9 Not Available

I:
T = MASTER INLAW.ROSTNUM
IF (T = 1)
 CLR 3
 SHOW "ERROR: CHECK THE RELATIONSHIPS" 3 17 31

ENDIF
IF (T = 2)
 CLR 3
 SHOW "To Whom is married?" 3 17 31
 SHOW MEMBER2 3 28 10
ENDIF

Q: GUARDCHK

T: 18 10
 1 Yes
 2 No
-8 Don't Know
-9 Not Available

I:
M = MASTER NCMINOR.ROSTNUM
IF (M = 1)
 CLR 3
 SHOW "ERROR : RESPONDENT LESS THAN 18? CHECK IT" 3 10 55

ENDIF
IF (M = 2)
 CLR 3
 SHOW "Is anyone who lives there the parent or guardian of
?" 3 10 55
 SHOW MEMBER2 3 62 10
ENDIF

Q: GUARDIAN
T: 18 10
-8 Don't know
-9 Not Available

I:
M = MASTER NCMINOR.ROSTNUM
IF (M = 2)
 CLR 3
 SHOW "Who is 's parent or guardian?" 3 17 40
 SHOW MEMBER2 3 24 10
ENDIF

Q: COVINT

T: 5 5

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

Q:COV1

T:5 5

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

Q: COV1C

T: 5 5

Who is covered?

Q:COV1D

T:4 5

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

Q: COV1E
T: 5 5
Who is covered?

Q:COV2A
T:5 5
Are you or anyone who lives there covered by a health insurance plan bought on your or their 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

Q: COV2C
T: 5 5
Who is covered?

Q:COV3A
T:5 5
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?

INTERVIEWER:

NO MEDICAL COVERAGE HERE
INCLUDE MEDICAID IN SOMEONE ELSE'S NAME
NO HEALTHY KIDS HERE

DO NOT INLCUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN
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

Q: COV3C
T: 5 5
Who is covered?

Q:COV4A
T:5 5
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

[INTERVIWER: Please note that MEDICARE PROVIDES COVERAGE FOR YOUNGER
PEOPLE WITH DISABILITIES AND IS NOT JUST FOR THE ELDERLY.

Also, 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.]

Q: COV4C
T: 5 5
Who is covered?

Q: COV5A
T: 18 10

- 1 Yes, that is correct
- 2 No, they should be added to Medicare
- 3 No, they are younger than 65

I:

T = MASTER A65NMED.ROSTNUM

IF (T = 1)

CLR 3

SHOW "I noticed that your age is 65 plus, but you are" 3 17

65

SHOW "not covered by Medicare. Is that correct ?" 4 17 50

ENDIF

IF (T = 2)

CLR 3

SHOW "I noticed that is AGE 65 OR OLDER, but"

3 17 65

SHOW "is not covered by Medicare. Is that correct ?" 4 17 50

SHOW MEMBER2 3 33 15

ENDIF

Q: COV5B

T: 5 5

What is the correct age?

(0-64)

-8 Don't Know

-9 Not Available

Q:COV6D

T:5 5

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

Q: COV6E

T: 5 5

Who is covered?

Q:COV9A

T:5 5

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

Q: COV9C

T: 5 5

Who is covered?

Q: TESTC1C2

T: 5 5

FIND INSURED..(no questions, only programming logic)

I:

MAX 0 INSURE1
APPEND INSURED INSURE1
APPEND HHSELECT UNINSURE

Q:NOCHECK

T: 3 5

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(Please specify)

-8 Don't Know
-9 Not Available

I:

MAX 0 UNINSUR1
APPEND UNINSURE UNINSUR1
FOR UNINSURE
X = MASTER UNINSURE.LISTNUM
IF X = 1
CLR 3
CLR 4

SHOW "According to the information we have, you do not have"

3 5 70

SHOW "health care coverage of any kind. Do you have " 4 5 70

```
        SHOW "health insurance or coverage through a plan that I
might have missed?" 5 5 70
    ENDIF
```

```
Q: TESTNINS
T: 5 5
```

```
TESTING UNINSURE (only programming logic)
```

```
I:
NUN11=LISTLEN UNINSUR1
IF(NUN11 <=0) SKIPTO CONTCOV
PAUSE 0
```

```
Q: NINSREA
T: 5 5
```

```
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

```
I:
X = MASTER UNINSUR1.ROSTNUM
    IF X = 1
        CLR 5 34 5 70
        SHOW "you do not" 5 34 70
    ENDIF
```

```
Q: NINAMT
T: 5 5
```

```
What is your best estimate of how much you would be willing
or able to pay per month for health insurance coverage for
all uninsured members of the household?
```

- 1 LESS THAN \$25
 - 2 \$26-\$49
 - 3 \$50-\$99
 - 4 \$100-\$149
 - 5 \$150-\$200
 - 6 More than \$200
-
- 8 Don't know
 - 9 Not Applicable

```
Q: CONTCOV
T: 5 5
```

Since was continuously covered
by health insurance?

- 1 Yes
- 2 No

- 8 Don't know
- 9 Not Applicable

Q: CONMNTH

T: 5 5

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

(1-11)

- 8 Don't know
 - 9 Not available
- I:

Q: TESTPLAN

T: 5 5

TESTING UNINSURE TO ASK QUESTIONS ABOUT PLAN

I:

NUNI1=LISTLEN UNINSUR1
IF(NUNI1 <=0) SKIPTO PGMS
PAUSE 0

Q: UNPLAN

T: 5 5

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

- 1 Yes
- 2 No

- 8 Don't Know
- 9 Not available

Q: UNPLANY

T: 6 5

For how many months was
covered by some type of health insurance plan?

(1-11)

- 8 Don't know
- 9 Not available

Q: PGMS

T: 5 5

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.

Q: PGMS1

T: 5 5

Where did you hear about Medicare Savings Program?

Did you hear about them from

Q: PCHECK

T: 5 5

CHECKING PGMS2 (only programming logic)

I:

IF (PHEAR2=0)

SKIPTO PCHECK1

ENDIF

PAUSE 0

Q: PGMS2

T: 5 5

Where did you hear about LaMoms?

Did you hear about them from

I:

SHOWLIST MEDIA 10 15 22 1

Q: PCHECK1

T: 5 5

CHECKING PGMS3 (only programming logic)

I:

IF (PHEAR3=0)

SKIPTO LACHOICE

ENDIF

PAUSE 0

Q: PGMS3

T: 5 5

Where did you hear about LaCHIP?

Did you hear about them from

I:

SHOWLIST MEDIA 10 15 22 1

Q: LACHOICE

T: 5 5

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

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q: LACHOIF

T: 5 5

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

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q:HLTH1

T:5 5

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?

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.

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q:HLTH2

T:5 5

[Have you or anyone in your household been told by a doctor or health
professional that they have any of the following medical
conditions?]

Asthma?

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q:HLTH3

T:5 5

[Have you or anyone in your household been told by a doctor or health professional that they have any of the following medical conditions?]

EMPHYSEMA?

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q:HLTH4

T:5 5

[Have you or anyone in your household been told by a doctor or health professional that they have any of the following medical conditions?]

High blood pressure?

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q:HLTH5

T:5 5

[Have you or anyone in your household been told by a doctor or health professional that they have any of the following medical conditions?]

Diabetes?

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q:HLTH6

T:5 5

[Have you or anyone in your household been told by a doctor or health professional that they have any of the following medical conditions?]

Cancer?

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q:HLTH7

T:5 5

[Have you or anyone in your household been told by a doctor or health professional that they have any of the following medical conditions?]

HIV/AIDS?

1 Yes

2 No

-8 Don't know

-9 Not Applicable

Q:CHLTH1

T:5 5

And who is it in the household who has HEART DISEASE?

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

IF THEY ARE WILLING TO GIVE THE NAMES, ENTER "1" AND CHOOSE THE NAMES IN THE NEXT QUESTION.

ELSE ENTER "2" TO SKIP

1 Yes (willing to give the names)

2 No (skip the question)

Q:AHLTH1

T:5 5

[And who is it in the household who has HEART DISEASE?]

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

C: TESTING JUMP
Q:TJUMP10
T:5 5
I:
IF (HLTH2 !=1)SKIPTO TJUMP11
PAUSE 0

Q:CHLTH2
T:5 5
And who is it in the household who has ASTHMA?

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

IF THEY ARE WILLING TO GIVE THE NAMES, ENTER "1" AND CHOOSE THE NAMES IN THE NEXT QUESTION.

ELSE ENTER "2" TO SKIP

- 1 Yes (willing to give the names)
- 2 No (skip the question)

Q:AHLTH2
T:5 5

[And who is it in the household who has ASTHMA?]

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

C: TESTING JUMP
Q:TJUMP11
T:5 5
I:
IF (HLTH3 !=1)SKIPTO TJUMP12
PAUSE 0

Q:CHLTH3
T:5 5
And who is it in the household who has EMPHYSEMA?

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

IF THEY ARE WILLING TO GIVE THE NAMES, ENTER "1" AND CHOOSE THE NAMES IN THE NEXT QUESTION.

ELSE ENTER "2" TO SKIP

- 1 Yes (willing to give the names)
- 2 No (skip the question)

Q:AHLTH3
T:5 5

[And who is it in the household who has EMPHYSEMA?]
CHOOSE THE FAMILY MEMBERS

C: TESTING JUMP
Q:TJUMP12
T:5 5
I:
IF (HLTH4 !=1)SKIPTO TJUMP13
PAUSE 0

Q:CHLTH4
T:5 5
And who is it in the household who has HIGH BLOOD PRESSURE?

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

IF THEY ARE WILLING TO GIVE THE NAMES, ENTER "1" AND CHOOSE THE NAMES IN THE NEXT QUESTION.

ELSE ENTER "2" TO SKIP

- 1 Yes (willing to give the names)
- 2 No (skip the question)

Q:AHLTH4
T:5 5

[And who is it in the household who has HIGH BLOOD PRESSURE?]

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

C: TESTING JUMP
Q:TJUMP13
T:5 5
I:
IF (HLTH5 !=1)SKIPTO TJUMP14
PAUSE 0

Q:CHLTH5
T:5 5
And who is it in the household who has DIABETES?

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

IF THEY ARE WILLING TO GIVE THE NAMES, ENTER "1" AND CHOOSE THE NAMES IN THE NEXT QUESTION.

ELSE ENTER "2" TO SKIP

- 1 Yes (willing to give the names)
- 2 No (skip the question)

Q:AHLTH5
T:5 5

[And who is it in the household who has DIABETES?]

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

C: TESTING JUMP
Q:TJUMP14
T:5 5

I:
IF (HLTH6 !=1)SKIPTO TJUMP15
PAUSE 0

Q:CHLTH6
T:5 5

[And who is it in the household who has CANCER?]

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

IF THEY ARE WILLING TO GIVE THE NAMES, ENTER "1" AND CHOOSE THE NAMES IN THE NEXT QUESTION.

ELSE ENTER "2" TO SKIP

- 1 Yes (willing to give the names)
- 2 No (skip the question)

Q:AHLTH6
T:5 5

And who is it in the household who has CANCER?

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

C: TESTING JUMP

Q:TJUMP15
T:5 5

I:
IF (HLTH7 !=1)SKIPTO DIAG1
PAUSE 0

Q:CHLTH7
T:5 5
And who is it in the household who has HIV/AIDS?

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

IF THEY ARE WILLING TO GIVE THE NAMES, ENTER "1" AND CHOOSE THE NAMES IN THE NEXT QUESTION.

ELSE ENTER "2" TO SKIP

- 1 Yes (willing to give the names)
- 2 No (skip the question)

I:
KEY 1-2
IF (ANS=2) SKIPTO DIAG1

Q:AHLTH7
T:5 5
And who is it in the household who has HIV/AIDS?

INTERVIEWER: Remind Respondent that this is only to connect the effect of these chronic conditions have on health coverage.

Q: DIAG1
T: 5 5
Has any member of the Household been diganosed with a developmental disability such as AUTISM OR MENTAL RETARDATION?

- 1 Yes
- 2 No

- 8 Don't know
- 9 Not Applicable

Q:ADIAG1
T:5 5
And who in the household was diagnoised?

Q:USRCE
T:10 20

1 Yes

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

I:

```
X = ROSTNUM
IF X = 1
  CLR 3
  SHOW "Is there a particular PLACE that you go " 2 17 60
  SHOW "to if sick or need advice about your health?" 3 17 60
ENDIF
IF X = 2
  CLR 3
  SHOW "Is there a particular PLACE that " 2
17 60
  SHOW "goes to if sick or need advice about your health?" 3
17 60
  SHOW MEMBER2 2 52 10
ENDIF
```

Q:KPLACE

T:5 5

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 applicable

Q:CLIN1

T:10 20

- 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 applicable

I:

X=ROSTNUM

```
IF X = 1
  CLR 3
  SHOW "You said that you go to clinic for medical care." 2 17
60
  SHOW "What kind of clinic is that?" 3 17 60
ENDIF
```

Q:CLIN2

T:10 20

And is that a public or private clinic?

- 1 Public
- 2 Private

- 8 Don't know
- 9 Not applicable

Q:ROUCALL

T: 5 5

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

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

Now I have some questions about your health care.

In the last 12 months, did you make any appointments with a doctor or other health care provider for regular or routine health care?

- 1 Yes
- 2 No

- 8 Don't know
- 9 Not available

Q:ERUSE1

T: 5 5

In the last 12 months, did you ever go 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

Q:DELAY

T: 5 5

In the past 12 months, was there any time when you needed medical care, but delayed or didn't get 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

Q:DELAY2

T: 5 5

Was there any 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
- 10 No REASON

- 8 Don't know
- 9 Not available

Q:MED1

T: 5 5

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

Q:COST

T: 5 5

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

I:
NUM -9 5
DKNA

C: SECTION 3 Demographic section

Q:WORKINT

T: 3 10

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

Q:WORK

T:10 15

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

I:

X = MASTER A18MAR.ROSTNUM

IF X = 1

CLR 2

SHOW "Are YOU now employed at a job or business? " 2 10 60

ENDIF

IF X = 2

CLR 2

SHOW "Is now employed at a job or business? " 2

10 60

SHOW MEMBER2 2 14 10

ENDIF

Q:WORK1B

T:10 15

- 1 Full Time
- 2 Part Time

- 8 DON'T KNOW

-9 Not available

[INTERVIEWERS : READ ONLY IF NECESSARY
Full Time means 30 or more hours per week
Part Time means less than 30 hours per week]

I:

```
X = MASTER A18MAR.ROSTNUM
  IF X = 1
    CLR 2
    SHOW "Are YOU working full time or part time? " 2 10 60
  ENDIF
```

Q:WRK2
T:10 15

1 Working for employer
2 Self-employed only
3 Working for an employer and self-employed

-8 DON'T KNOW
-9 Not available

I:

```
X = MASTER A18MAR.ROSTNUM
  IF X = 1
    CLR 2
    SHOW "Are YOU working for an employer, self-employed or
both?" 2 10 70
  ENDIF
```

Q: WRK3
T: 8 20

1 Unemployed but looking for work
2 Not looking
3 Retired

-8 Don't know
-9 Not available

I:

```
X = MASTER A18MAR.ROSTNUM
  IF X = 1
    CLR 2
    CLR 3
    SHOW "Are you unemployed but looking for work, " 2 10 60
    SHOW "not looking for work or " 3 10 60
    SHOW "retired?" 4 10 60
```

ENDIF

Q:PLWK

T:1 5

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 (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

I:

X = MASTER A18MAR.ROSTNUM

IF X = 1

CLR 2

SHOW "What kind of place do you work for " 2 10 60

ENDIF

Q:SERVWK

T:2 5

Please specify the area of Services.

INTERVIEWER: IF NOT SURE, CHOOSE OTHER.

- 1 Restaurants, Hotels, rooming houses, camps and other lodging places
- 2 Personal services(e.g.child care,laundry,beautyOR 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

Q: BEPNUMB
T: 5 5

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
2 2-9 employees
3 10-25 employees
4 26-50 employees
5 51-99 employees
6 100-249 employees
7 250-499 employees
8 500-999 employees
9 1,000 or more employees

-8 Don't know
-9 Not available

Q: BEPNUMBA
T: 7 5

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

1 1
2 2-9 employees
3 10-25 employees
4 26-50 employees
5 51-99 employees
6 100-249 employees
7 250-499 employees
8 500-999 employees
9 1,000 or more employees

-8 Don't know
-9 Not available

I:

X = MASTER A18MAR.ROSTNUM
IF X = 1
CLR 2

SHOW "Thinking about the particular location or facility where" 2 10 60

SHOW "you work, how many people are employed there" 3 10 60

SHOW "full or part time?" 4 10 60

ENDIF

Q: LENGT

T: 5 1

(0-12) => ENTER "0" FOR LESS THAN A MONTH

INTERVIEWER: WE ARE ASKING THIS QUESTION TO FIND OUT ABOUT SEASONAL WORKERS.

-8 Don't know

-9 Not available

I:

X = MASTER A18MAR.ROSTNUM

IF X = 1

CLR 2

SHOW "About how many months per year do you work at the job?"

2 2 60

ENDIF

Q: WORKHRS

T: 7 5

INTERVIEWER: IF PERSON NORMALLY WORKS OVERTIME THEN INCLUDE THOSE HOURS

(1-80)

-8 Don't know

-9 Not available

I:

X = MASTER A18MAR.ROSTNUM

IF X = 1

CLR 2

SHOW "How many hours per week do you usually work at this job?" 2 10 70

ENDIF

Q: WORK2

T: 7 5

1 Yes

2 No

-8 Don't know

-9 Not available

I:X = MASTER A18MAR.ROSTNUM

IF X = 1

CLR 2

SHOW "Are you paid by the hour on your main job?" 2 10 60

ENDIF

Q: PAY1

T: 3 10

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 - 10000.00)

-8 Don't know
-9 Not available

I:

X = MASTER A18MAR.ROSTNUM
IF X = 1
CLR 2
SHOW "How much you make per hour?" 2 10 60
ENDIF

Q: PAY2
T: 4 10
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]

(1-5000000)

-8 Don't know
-9 Not available

I:

X = MASTER A18MAR.ROSTNUM
IF X = 1
CLR 2
SHOW "How much do you usually earn at this job " 2 10 60
SHOW "ANNUALLY before deductions?" 3 10 60
ENDIF

Q: PAY4
T: 7 5
1 Yes
2 No

-8 Don't know
-9 Not available

I:

X = MASTER A18MAR.ROSTNUM
IF X = 1
CLR 2
**SHOW "Do you have any other job besides the primary one that
we" 2 10 60**
SHOW "just talked about?" 3 10 60

ENDIF

Q: PAY4a
T: 4 10
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

I:
X = MASTER A18MAR.ROSTNUM
IF X = 1
CLR 2
SHOW "About how much do you usually earn at this job " 2 10
60
SHOW "ANNUALLY before deductions?" 3 10 60
ENDIF

Q:WORKSKP
T: 5 5
PAUSE

I:
VEMPLOY=0
PAUSE 0

Q: OTRSRCE
T: 5 5
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

I:
X = MASTER A18MAR.ROSTNUM
IF X = 1
CLR 5 5 5 28

SHOW "Do you " 5 5 10

ENDIF

Q:OTRSAMT

T: 5 5

About how much does 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.]

I:

X = MASTER A18MAR.ROSTNUM
IF X = 1
CLR 5 20 5 38
SHOW "do you " 5 20 19
ENDIF

Q: OTRAMT

T: 5 5

INTERVIEWER: ENTER ANNUAL AMOUNT.

(1-9999999) per year

I:

NUM 1 9999999 8 0 9 30

Q: OTRWEL

T: 5 5

Is any of this "other" income that we have just discussed from welfare payments that 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

I:

X = MASTER A18MAR.ROSTNUM
IF X = 1
CLR 6 32 6 45
SHOW "you " 6 32 13

ENDIF

Q: OTRCS

T: 5 5

Is any of this "other" income that we have just discussed
from child support payments that received?

1 Yes

2 No

-8 Don't know

-9 Not available

I:

FOR CHILD22

X=MASTER CHILD22.LISTNUM

IF X = 1

CLR 6 38 6 50

SHOW "you have" 6 38 10

ENDIF

Q:CREAWRK (ONLY PROGRAMMING logic)

T: 5 5

CREATE EMPLOYED AND NON-EMPLOYED LISTS

Q:CHLDCRE

T: 5 5

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

-8 Don't know

-9 Not available

Q:CHLINC1

T: 5 3

Is is 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.

1 Yes

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

Q:CHAMT

T: 5 5

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.

- (0-99999) Per Month
- 7 GIVES ANNUAL AMOUNT
- 8 Don't know
- 9 Not available

Q:ANCHAMT

T: 5 5

Enter the annual amount here...

- (0-999999) Per Year

Q:CHPAY

T: 5 5

have TO PAY CHILD SUPPORT FOR ANY CHILD NOT INCLUDED IN THE HOUSEHOLD?

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

I:

```
X = MASTER WORKEQ1.ROSTNUM
  IF X = 1
    CLR 5 5 5 28
    SHOW "Do you " 5 10 10
  ENDIF
```

Q:EMCHPAY

T: 5 5

About how much does pay monthly in child support?

(0-999999) Per Month
-7 GIVES ANNUAL AMOUNT
-8 Don't know
-9 Not available

I:
X = MASTER WORKEQ1.ROSTNUM
IF X = 1
CLR 5 25 5 45
SHOW "Do you " 5 25 10
ENDIF

Q:EMPCAMT
T: 5 5
Enter the annual amount here...

(0-999999) Per Year

I:
NUM 0 999999

Q:CHSKP
T: 5 5
Skip

I:
PAUSE 0

Q:TESTWRK
T: 5 5
TEST..THE CONDITIONS IN TESTWRK
I:

WLEN = LISTLEN WORKEQ1
IF (WLEN <=0) SKIPTO EDUCAT
PAUSE 0

Q:EMP2
T:5 5

('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

I:
X = MASTER WORKEQ1.ROSTNUM
IF X = 1
CLR 5 5 5 22
SHOW "Does your" 5 5 17

ENDIF

Q:EMP3

T:5 5

eligible to enroll in this employer's insurance plan?

1 Yes

2 No

-8 Don't know

-9 Not available

I:

X = MASTER WORKEQ1.ROSTNUM

IF X = 1

CLR 5 5 5 22

SHOW "Are YOU" 5 5 17

ENDIF

Q:EMP3A

T:5 5

[INTERVIEWER: Tell respondents this question deals with eligibility and not actual coverage. Respondents who are eligible for family coverage but opt for Employee only coverage, should be coded "2" - Family coverage.]

Is the insurance that

1 Employee coverage only

2 Family coverage

-8 Don't know

-9 Not available

I:

X = MASTER WORKEQ1.ROSTNUM

IF X = 1

CLR 5 26 5 60

SHOW "you are ELIGIBLE for...." 5 27 50

ENDIF

Q:EMP4

T:5 5

currently enrolled under this coverage?

1 Yes

2 No

-8 Don't know

-9 Not available

I:

```
X = MASTER WORKEQ1.ROSTNUM
  IF X = 1
    CLR 5 5 5 22
    SHOW "Are YOU" 5 5 17
  ENDIF
```

```
Q:EMP5
T:5 5
```

ENROLLED in employee coverage only or family coverage?

```
1    Employee coverage only
2    Family coverage

-8   Don't know
-9   Not available
```

```
I:
```

```
X = MASTER WORKEQ1.ROSTNUM
  IF X = 1
    CLR 5 5 5 22
    SHOW "Are YOU" 5 5 17
  ENDIF
```

```
Q:WHY1
T:5 5
```

INTERVIEWER: READ EACH ONE AND INDICATE ALL THAT APPLY

```
I:
```

```
X = MASTER WORKEQ1.ROSTNUM
  IF X = 1
    CLR 5 10 5 25
    SHOW "Why are you not covered through your employer?" 5 5 70
  ENDIF
```

```
Q:TPLNCHIL
T:5 5
TEST PLNCHIL
```

```
I:
CL=LISTLEN CHILD22
IF (CL=0) SKIPTO EMPSKP
PAUSE 0
```

```
Q:PLNCHIL
T:5 5
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

Q:WHY2
T:5 5

INTERVIEWER: READ EACH ONE AND INDICATE ALL THAT APPLY

I:
X = MASTER WORKEQ1.ROSTNUM
IF X = 1
CLR 5
CLR 6
SHOW "Why isn't/aren't the child/children covered through" 5
5 70
SHOW " YOUR employer?" 6 5 70
ENDIF

Q: PREM1
T: 5 5

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

I:

X = MASTER WORKEQ1.ROSTNUM
IF X = 1
CLR 5
SHOW "About how much do you have to pay out of each" 5 5 70
SHOW "paycheck for your share to get insurance through" 6 5
70
SHOW "your employer? " 7 5 70
ENDIF

Q: PREM2 C: FOR FAMILY COVERAGE
T: 5 5

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

I:

X = MASTER WORKEQ1.ROSTNUM

IF X = 1

CLR 5

SHOW "About how much do YOU have to pay out of each" 5 5 70

SHOW "paycheck for your share to get insurance through" 6 5

70

SHOW "your employer? " 7 5 70

ENDIF

Q:PREM3

T: 5 5

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

I:

X = MASTER WORKEQ1.ROSTNUM

IF X = 1

CLR 5 5 5 70

SHOW "How often are you paid?" 5 5 70

ENDIF

Q: PREM4

T: 5 5

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

I:


```
X = MASTER WORKEQ1.ROSTNUM
  IF X = 1
    CLR 5 5 5 70
    SHOW "How confident are you that your estimate is within " 5
5 70

  ENDIF
```

```
Q: EDUCAT
T: 6 10
  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
```

```
I:
FOR A18MAR
  X = MASTER A18MAR.LISTNUM
  IF X = 1
    CLR 2
    SHOW "What is the highest level of school you have ever
completed" 2 10 65
  ENDIF
```

```
Q: EDUSKP
T: 5 5
PAUSE
I:
PAUSE 0
```

```
Q: RACE
T: 15 10
  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
```

```
I:
  X = MASTER A18MAR.ROSTNUM
  IF X = 1
    CLR 2
    SHOW "What race do you consider yourself to be?" 2 10 65
  ENDIF
```

Q: HHINCOME

T: 3 10

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.

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

Q: ZIPCD

T: 3 10

What is your Zip Code?

(70001-72000)

-8 Don't Know

-9 Not Available

Q: PARISH

T: 5 5

What is the name of the parish where you live?

Q: HLTHIMP

T: 5 5

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

Q: CALLBACK

T: 5 5

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

Q:CALLBAC1
T: 5 5

What is your Full Name:

Q:CALLBAC2
T: 5 5

What Phone Number we can call you at

NUMBER CALLED :

NEW NUMBER:

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

Q: ThankYou
T: 10 10

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

LIST WHY1OPTS

Covered through other family member

Covered through a public program

Too expensive

Didn't like the benefit package

Didn't like the doctors in the plan

Don't believe in health insurance

OTHER REASONS (Specify)

Don't know

Not Available

NO MORE

ENDLIST

LIST WHY2OPTS

Covered through other family member
Covered through a public program
Too expensive
Employer doesn't offer family coverage
Didn't like the benefit package
Didn't like the doctors in the plan
Don't believe in health insurance
OTHER REASONS (Specify)
Don't know
Not available
NO MORE
ENDLIST

LIST PLANS

PLAN1
PLAN2
NO MORE
ENDLIST

LIST PROGMS

Medicare Savings Program (low income individuals)
LaMoms (insurance for pregnant women)
LaCHIP (insurance pgm for uninsured children age < 19)
None
ENDLIST

LIST HEARLIST

Kid Care
Healthy Kids
MediKids
Don't Know/No More
ENDLIST

LIST MEDIA

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
ENDLIST

LIST NINOPTS

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
ENDLIST