

New Jersey Family Health Study Survey: Introductory Script

Hello, this is _____ and I am calling for Rutgers University. We are conducting a survey of New Jersey families in order to understand their health care needs. I need to speak with an adult, 18 years or older, who lives here and is most familiar with the health care and health insurance needs of the members of your household.

IF ROOMMATES /NO FAMILY MEMBERS, SAY: In that case I can continue with you if you are 18 years of age or older.

IF NO ONE 18 YEARS OF AGE OR OLDER EVER: Is this a dormitory, a medical institution or hospital, some other type of institution, a place of business, or is this your home?

IF HOME: What is the age of the oldest person living in this home? (AS LONG AS THE OLDEST HOUSEHOLD MEMBER IS AT LEAST 16 YEARS OF AGE, WE CAN INTERVIEW THEM.)

IF DORMITORY, INSTITUTION, ETC. RECORD APPROPRIATELY AND END CONVERSATION.

(INT: IF NO ONE IN HH IS 16 YEARS OF AGE OR OLDER ENTER PUNCH “10 – NO ONE IN HH IS 16 YEARS OF AGE OR OLDER”)

IF NEW RESPONDENT COMES TO PHONE SAY:

Hello, this is _____ and I am calling from Rutgers University. We are conducting a survey of New Jersey families in order to understand their health care needs. I need to speak with an adult, 18 (16/17) years or older, who lives here and is most familiar with the health care and health insurance needs of the members of your household.

CONTINUE WITH EVERYONE:

The survey is confidential and its findings will help shape health care policy in New Jersey.

(IF SUBSCRIBER SAMPLE:) We recently sent you a letter in the mail describing the study. We are calling you because you were selected from a group of residents who purchased your own health insurance.

We are not selling anything or asking for donations. This study is sponsored by the Robert Wood Johnson Foundation, a non-profit organization. The study will help improve the state's management and regulation of health insurance plans. Your participation is voluntary and all of your answers will remain confidential.

(WHEN IN THE APPLICABLE TIME PERIOD READ) If you are eligible to participate in the full interview we will send you a check for \$10.00 as a token of our appreciation for your time and cooperation.

(WHEN IN THE APPLICABLE TIME PERIOD READ) As a token of our appreciation we will send you a check for \$5.00.

(IF RANDOMLY SELECTED) You have been randomly selected to participate in this study.

We are not selling anything or asking for donations. This study is sponsored by the Robert Wood Johnson Foundation, a non-profit organization. Our goal is to understand

and improve the health care of New Jersey residents. Your participation in the study is voluntary and confidential.

(WHEN IN THE APPLICABLE TIME PERIOD READ) If you are eligible to participate in the full interview we will send you a check for \$10.00 as a token of our appreciation for your time and cooperation.

(WHEN IN THE APPLICABLE TIME PERIOD READ) As a token our appreciation we will send you a check for \$5.00.

(IF EXPRESSES CONCERN ABOUT CONFIDENTIALITY READ:)

You as an individual will not be linked to any reports using the data. Only information for groups of people will be reported.

(IF ASKED LENGTH OF INTERVIEW READ:) The first part of the conversation will last only a few minutes. If the computer selects you to continue with a longer interview I'll explain at that time.

(IF RESPONDENT HAS OTHER QUESTIONS ABOUT THE SURVEY...WHETHER THEY AGREE TO CONTINUE OR NOT...READ:) If you have additional questions, you can contact someone at our firm by either calling a toll-free number during normal business hours, or e-mailing us anytime of the day. Would you like the toll free number and/or the e-mail address? Do you have something to write this down? The number is 1-800-772-9287. Ask to speak to Mr. Moffre. The e-mail address is: njhealth@srbi.com. Would you like me to repeat that/either of them? [IF RESPONDENT WANTS TO MAKE THIS CALL BEFORE CONTINUING...ARRANGE CALLBACK DATE AND TIME.]

SC1. First let me just verify that you are 18 (16/17) years of age or older? (NASF,SINTRO_1)

- Yes (GO TO SC1a1)
- No (GO TO SC1a)
- Don't Know (GO TO SC1a)
- Ref (GO TO SC1a)

SC1x1. **INTERVIEWER: ENTER WHETHER RESPONDENT IS:**

...

- 18 years of age or older (GO TO SC1ba)
- 16 or 17 years of age (GO TO CLOSING)

CLOSING: At the moment, we are not able to administer the interview with anyone under 18 years of age. Once we have approval to do so, we'll re-contact you.

SC1a. I need to speak to an adult 18 years of age or older, who lives in this household and is most familiar with the health care and health insurance needs of the other members of this household.

- Qualified respondent came to phone (GO BACK TO SC1)
- Qualified respondent not available (MAKE CALLBACK APPT.)
- Qualified respondent Ref (REFUSAL)

SC1ba. And I just want to verify you are the most familiar with the health care and health insurance needs of the members of your household. (IF THEY ARE AS KNOWLEGEABLE AS ANYONE ELSE OR EQUALLY AS KNOWLEDGEABLE RECORD AS "YES")

- Yes (GO TO SC1B)
- No (GO TO SC1BAA)
- Dk (GO TO SC1BAA)
- Ref (GO TO SC1BAA)

SC1baa. I need to speak to an adult 18 years of age or older, who lives in this household and is most familiar with the health care and health insurance needs of the other members of this household.

- Qualified respondent came to phone (GO BACK TO SC1)
- Qualified respondent not available (MAKE CALLBACK APPT.)
- Qualified respondent Ref (REFUSAL)

[ASK ALL]

SC1b. Are you a yearly or seasonal resident of New Jersey? (**IF SEASONAL PROBE:** How many months out of the year do you spend in New Jersey?)

- Yearly
- Seasonal 4 months or more
- Seasonal less than 4 months (SCREEN OUT SC1B)
- Dk (SCREEN OUT SC1B) **Probe if 4 months or more before accepting**
- Ref (SCREEN OUT SC1B) **Probe if 4 months or more before accepting**

WHEN RESPONDENT COMES ON LINE REINTRODUCE YOURSELF, ETC.

SC2a. What is your marital status are you...(READ LIST)

- Married,
- Living with a partner,
- Single and never married,
- Widowed,
- Divorced, or
- Separated?
- (vol) Ref

SC2b. In order to make sure we represent the opinions of people all over the state of New Jersey, could you tell me in which county you live? (DO NOT READ LIST)

[IF NEEDED: In what county is your primary New Jersey residence?]

| | |
|------------|-----------|
| Atlantic | Middlesex |
| Bergen | Monmouth |
| Burlington | Morris |
| Camden | Ocean |
| Cape May | Passaic |
| Cumberland | Salem |
| Essex | Somerset |
| Gloucester | Sussex |
| Hudson | Union |
| Hunterdon | Warren |
| Mercer | |

Dk (TO BE DETERMINED LATER BY TELEPHONE #)
Ref

SC3. I need to know how many people, including yourself and including infants, live in this household. Please include all family members who live in this household and, all friends, roommates, boarders or anyone else who lives in this household.

If there are tenants with separate entrances that live in another part of your building and don't share your living space...DO NOT INCLUDE THEM.

SC3xa. Including yourself, if applicable, how many people live in this household who are 65 years of age or older?

Range 0 to 16 with 15=don't know and 16=Ref (IF DK/REF AFTER PROBE THIS WILL BE AN UNQUALIFIED MID-INTERVIEW TERMINATE)

SC3xa2 **[If q.SC3xa is one or more ask...otherwise GO TO q.SC3xb]**
(IF ONLY ONE PERSON IN CATEGORY SAY):
Is this person between the ages of 65 to 74?

(IF MORE THAN ONE PERSON IN CATEGORY SAY):
And how many of the (insert #) are between the ages of 65 to 74?

SC3xa3. **IF ONLY ONE PERSON IN CATEGORY SAY):**
Is this person over 74 years of age?

(IF MORE THAN ONE PERSON IN CATEGORY SAY):
And how many of the (insert #) are over 74 years of age?

SC3xb. Including you, if applicable, how many people live in this household who are between the ages of 18 and 64 years of age? (DK AND REF PROMPT MID-INT. TERMINATE. PROBE THEM FIRST BEFORE ACCEPTING)

Range 0 to 16 (15 = Dk, 16 =Ref)

SC3xc. Between the ages of 6 and 17? (DK AND REF PROMPT MID-INT. TERMINATE. PROBE THEM FIRST BEFORE ACCEPTING)

Range 0 to 16 (15 = Dk, 16 =Ref)

SC3xd. Less than 6 years of age, including infants?

Range 0 to 16 (15 = Dk, 16 =Ref)

Verification for Household

I just need to verify that I have accounted for all of the people in your household correctly.

SC3xa1a. There is a total of (insert #) individual(s), over 74 years of age, living in your household. Correct?

- Yes
- No (GO BACK TO SC3XA AND RE-ASK SERIES FROM THAT POINT)

SC3xa1b. There is a total of (insert #) individual(s), 65 to 74 living in your household. Correct?

- Yes
- No (GO BACK TO SC3XA AND RE-ASK SERIES FROM THAT POINT)

SC3XB1. There is a total of (insert #) individual(s), between the ages of 18 and 64 living in your household. Correct?

- Yes
- No (GO BACK TO SC3XB AND RE-ASK SERIES FROM THAT POINT)

SC3XC1. And a total of (insert #) individual(s) between the ages of 6 and 17. Correct?

- Yes
- No (GO BACK TO SC3XC AND RE-ASK SERIES FROM THAT POINT)

SC3XD1. And (insert #) individual(s) less than 6 years of age?

- Yes
- No (GO BACK TO SC3XD AND RE-ASK SERIES FROM THAT POINT)

SC3a. Let me verify, including yourself, there is a total of (INSERT SUM FROM ALL ENTRIES IN SC3) adult(s) (and children) living in your household. Is that correct?

- Yes
- No (GO BACK TO SC3 AND RE-ASK)
- Dk (PROBE AGAIN TO CONFIRM. IF RESPONDENT WILL NOT CONFIRM HOUSEHOLD COMPOSITION, RECORD AS UNQUALIFIED MID TERMINATE.
- Ref (PROBE AGAIN TO CONFIRM. IF RESPONDENT WILL NOT CONFIRM HOUSEHOLD COMPOSITION, RECORD AS UNQUALIFIED MID TERMINATE.)

SC4. Is there anyone else who usually lives in your household but is temporarily away on business, vacation, away at school, in the hospital, etc....that you have not already mentioned?

- Yes (ASK SC4a)
- No (GO TO QUOTA EVALUATION)
- Dk (PROBE AGAIN IF CANNOT CONFIRM IT IS MID TERM.)
- Ref (PROBE AGAIN IF CANNOT CONFIRM IT IS MID TERM)

SC4a. How many people live in your household and are temporarily away?

Range 0 to 16 (15 = Dk, 16 =Ref)

[CATI: As we go through iterations a-d stop when the total amount of people is equal to Q.SC4a.]

[IF SC4A = 1 PERSON ASK Q.SC4AA...OTHERWISE CONTINUE]

SC4a1. How old is this person? (READ LIST IF NEEDED)

- Over 74 years of age
- 65 to 74
- 18 to 64
- 6 to 17
- less than 6 years of age

[ALL PERSONS ASKED Q.SC4a1 SHOULD GO TO QUOTA EVALUATION]

SC4aa. How many of those absent household members are 65 years of age or older? (DK AND REF PROMPT MID-INT. TERMINATE. PROBE THEM FIRST BEFORE ACCEPTING)

Range 0 to 16 (15 = Dk, 16 =Ref)

[IF Q.SC4AA IS ONE OR MORE ASK...OTHERWISE GO TO Q.SC4AB]

SC4aa2. (If only one person in category say): Is this person between the ages of 65 to 74?

(If more than one person in category say): And how many of the (insert #) are between the ages of 65 to 74?

SC4aa3. (If only one person in category say): Is this person over 74 years of age?

(IF MORE THAN ONE PERSON IN CATEGORY SAY): And how many of the (insert #) are over 74 years of age?

SC4ab. How many of those absent household members are between the ages of 18 and 64 years of age? (DK AND REF PROMPT MID-INT. TERMINATE. PROBE THEM FIRST BEFORE ACCEPTING)

Range 0 to 16 (15 = Dk, 16 =Ref)

SC4ac. Between the ages of 6 and 17? (DK AND REF PROMPT MID-INT. TERMINATE. PROBE THEM FIRST BEFORE ACCEPTING)

Range 0 to 16 (15 = Dk, 16 =Ref)

SC4ad. Less than 6 years of age, including infants?

Range 0 to 16 (15 = Dk, 16 =Ref)

Verification for Household Members temporarily away

I just need to verify that I have accounted for all of the people in your household, but are temporarily away correctly.

SC4a1a. There is a total of (insert #) individual(s), over 74 years of age, living in your household but temporarily away. Correct?

- Yes
- No (GO BACK TO SC4AA AND RE-ASK SERIES FROM THAT POINT)

SC4a1b. There is a total of (insert #) individual(s), 65 to 74 living in your household but temporarily away. Correct?

- Yes
- No (GO BACK TO SC4AA AND RE-ASK SERIES FROM THAT POINT)

SC4B. There is a total of (insert #) individual(s), between the ages of 18 and 64 living in your household but temporarily away. Correct?

- Yes
- No (GO BACK TO SC4AB AND RE-ASK SERIES FROM THAT POINT)

SC4C. And a total of (insert #) individual(s) between the ages of 6 and 17 living in your household but temporarily away. Correct?

- Yes
- No (GO BACK TO SC4AC AND RE-ASK SERIES FROM THAT POINT)

SC4D. And (insert #) individual(s) less than 6 years of age living in your household but temporarily away?

- Yes
 No (GO BACK TO SC4AD AND RE-ASK SERIES FROM THAT POINT)

CATI NOTE: The combination of the household rosters in SC3 & SC4 comprise the total roster. It is this total roster which will be inserted as “roster list” when called for later in the questionnaire.

QUOTA EVALUATION: REFER TO HOUSEHOLD ROSTER.

- 1) **IF ANYONE IN THE HOUSEHOLD IS 75+ CHECK QUOTA FOR THAT CELL.**
 - a. If cell is completed, GO TO next instruction (2) below
 - b. If cell is still open, this interview will count towards that cell. SKIP TO SC5.
- 2) **IF ANYONE IN THE HH IS 65 to 74 CHECK QUOTA FOR THAT CELL**
 - a. If cell is completed this is a screen out “elderly household” but CONTINUE WITH SC5
 - b. If cell is still open, this interview will count towards that cell. ASK SC5
- 3) **IF EVERYONE IN HH IS UNDER 65 CONTINUE.**

[ASK ALL]

SC5. It is important for the study to include households in a wide variety of economic situations.. In order to do this:

IF ONE PERSON HOUSEHOLD SAY: Was your total income from all sources in 2000...(Insert appropriate income choices for this household size.)

QUOTA EVALUTION WILL BE DONE HERE TO SEE IF INCOME CELL IS COMPLETED OR NOT. IF COMPLETED IT WILL BE A QUOTA OUT FOR THAT INCOME CATEGORY. HOWEVER ALL WILL CONTINUE WITH SC6.

IF TWO OR MORE PEOPLE SAY: We need to have some idea of the combined income of all people in your household for the year 2000. To the best of your ability would you say the combined income in the year 2000 from all sources, among all (insert number from roster) household members was...(Insert appropriate income choices for this household size.)

QUOTA EVALUTION WILL BE DONE HERE TO SEE IF INCOME CELL IS COMPLETED OR NOT. IF COMPLETED IT WILL BE A QUOTA OUT FOR THAT INCOME CATEGORY. HOWEVER ALL WILL CONTINUE WITH SC6.

[ASK ALL...EVEN THOSE WHO ARE ABOUT TO QUOTA OUT]

SC6. **IF ONLY ONE PERSON IN THE HOUSEHOLD SAY:** In order to complete this section of the conversation, I need to know your age. [RECORD ON GRID FOR SC7a]

IF MORE THAN ONE PERSON IN THE HOUSEHOLD SAY: To complete this section of the conversation, we need to get a good idea of the make up of your household. To do this I just need to have the first name or initials of each household member.)

[ONLY READ FOR FIRST ITERATION]

First you, what is your first name or your initials?

IF ONLY ONE OTHER PERSON SAY: And what is the first name or initials of the other household member?

IF MORE THAN ONE OTHER MEMBER SAY: Now of the remaining household members, what is the first name or initials of the oldest family member, other than yourself? And the next oldest? [ETC UNTIL YOU HAVE ACCOUNTED FOR EACH PERSON IN THE ROSTER.]

[Int: If “No other person” probe: Earlier you said that you had (# of people) people in the household...is that correct? If Yes, enter punch “1” and continue....If no, enter punch “2”]

1. Gave answer
2. No other person (Go back to SC3)

[IF ONLY ONE PERSON SKIP TO SC8a]**[ASK SC7 to SC7a1 CONSECUTIVELY FOR EACH PERSON]**

SC7. Is (your/name or initials) a male or female?
(INT: IF ASKING ABOUT RESPONDENT AUTOMATICALLY PUNCH SEX)

SC7a. What is (your/name or initials) age?

RANGE = 0 to 99 [0 = Under 1 year old; 98 = Dk; 99 = Ref]

[ASK IF SC7a IS DK OR REF... OTHERS TO SC8a]

SC7a1. Can you please tell me if (your/name or initials) age is (READ LIST)

- Less than 6,
- 6 to 17,
- 18-23,
- 24-34,
- 35-44,
- 45-54,
- 55-64,
- 65-74, or
- 75 or older?

(ASK ALL)

SC8a. Do you have more than one telephone number in your household at which you or anyone else in the household NORMALLY receive in-coming phone calls...please do not include modem only lines, fax only lines, beepers, pagers or cell phones. [IF “NO” ENTER “1”...IF YES ASK: How many different telephone numbers do you or anyone else in the household have at this residence at which you NORMALLY receive incoming phone calls?

Range 1 to 12 (11 = Dk, 12 = Ref)

SC8b. At any time during the past twelve months has your household been without any telephone service (working telephone number) for a week or longer?

- Yes
- No
- Dk
- Ref

THIS IS THE END OF THE SCREENER. PREVIOUS INSTRUCTIONS TO QUOTA OUT OR SCREEN OUT A RESPONDENT WOULD NOW BE ACTED UPON.

IF THE QUESTIONNAIRE IS BEING QUOTA OUT SAY:

SC9. That is all the questions we have for you. In order to send your check for \$5.00 I need to get your mailing information.

What is the first and last name of the person to whom the check should be addressed (ENTER IN ALL CAPS)?

What is the street address? And the apartment number (ENTER IN ALL CAPS)?

What city (ENTER IN ALL CAPS)?

State: Automatically recorded as New Jersey

The zip code?

[IF THE RESPONDENT IS TO CONTINUE AND WE HAVE ALREADY FILLED AT LEAST ONE QUOTA CELL (OFFERED \$5.00 TO DO THE SCREENING PORTION) SAY: We are very interested in asking you more questions about health care and health insurance of your household. This interview will take approximately 15 to 30 minutes to complete. As a token of our appreciation we will send you a check for \$15.00 instead of \$5.00, once you have completed the interview.

- Respondent agrees to continue (SKIP TO SECTION AA)
- Respondent agrees to continue but callback is made for later
- Respondent Refuses to continue (GO TO SC9 before ending conversation)

SECTION AA**HOUSEHOLD/FAMILY ROSTER****IF MORE THAN ONE PERSON IN THE HOUSEHOLD ASK Q.FR1....OTHERWISE SKIP TO SECTION A.**

In this segment of the questionnaire I just need to ask you if the other people in your household are related to you or not. If someone is related to you through marriage, such as a brother in-law, or a cousin in-law, that is considered related. a lifetime partner is also related.

[ASK FR1 & FR1a FOR EACH PERSON IN THE ROSTER]

FR1. Is (name/initials) related to you?

- Yes (ASK FR1a)
- No (ASK FR1b)
- Dk (ASK FR1b)
- Ref (RECORD AS MID-INTERVIEW TERMINATE)

FR1a. What relation is (name/initials) to you? NOTE: YOU ARE ALWAYS RECORDING WHAT RELATIONSHIP THE **OTHER** PERSON HAS TO THE RESPONDENT.

[IF CHILD MENTIONED: Is that your natural or legally adopted child, your stepchild, your foster child, or a child for whom you are the legal guardian]

- my **spouse/husband/wife**
- my **unmarried partner, boyfriend/girlfriend **
- my **natural or legally adopted child/son/daughter**
- my **stepdaughter/son**
- my **foster child**
- my **grandchild/grandson/granddaughter**
- my **child for whom I am the legal guardian**
- my **mother**
- my **father**
- my **brother/sister/sibling**
- my **grandfather/grandmother**
- my **mother/father-in-law**
- my **sister/brother-in-law**
- my **daughter/son-in-law**
- my **stepmother/father**
- my **aunt/uncle**
- my **niece/nephew**
- my **cousin**
- my **great grandmother/father**
- my **great aunt/uncle**
- my **great grandchild**
- my **other relative, specify:**_____

(NOW GO BACK AND ASK FR1 FOR THE NEXT PERSON. IF NO OTHERS GO TO INSTRUCTIONS BEFORE FR2.)

FR1b. What is your association or relationship with (name/initials)?

- my **housemate/roommate**
- my roomer/boarder/tenant
- my **landlord/owner of apt/house**
- my **friend**
- child of housemate/boarder/landlord/friend**
- parents of housemate/boarder/landlord/ friend**
- sibling of housemate/boarder/landlord/ friend**
- all other relatives of housemate/boarder/landlord/ friend**
- my **other non-relative, specify**_____

(NOW GO BACK AND ASK FR1 FOR THE NEXT PERSON...IF NO OTHERS GO TO FR2)

[ASK FR2 IF ONE OR MORE HOUSEHOLD MEMBERS NOT RELATED TO RESPONDENT. ALL OTHERS TO FR3]

FR2. Is (insert name of oldest non-related person) related to anyone living in your household?

- Yes
- No (GO BACK TO FR2 AND ASK FOR THE NEXT UNRELATED PERSON....IF ALL ARE ASKED GO TO INSTRUCTION BEFORE FR3)
- Dk (GO BACK TO FR2 AND ASK FOR THE NEXT UNRELATED PERSON....IF ALL ARE ASKED GO TO INSTRUCTION BEFORE FR3)
- Ref (GO BACK TO FR2 AND ASK FOR THE NEXT UNRELATED PERSON....IF ALL ARE ASKED GO TO INSTRUCTION BEFORE FR3)

FR2a. Who are they related to?

INSERT HOUSEHOLD ROSTER

FR2b. How is (person in FR1) related to (person in FR2a)?

- Spouse/married
- Partner
- Other relative
- Dk

CATI: IF PERSON MENTIONED IN FR2A IS RELATED TO THE RESPONDENT AND RESPONSE TO FR2B IS CODE "1" OR "2", THEN THE PERSON ASKED FR2 OF IS A FAMILY MEMBER....NOW GO BACK AND ASK FOR THE NEXT UNRELATED PERSON...IF ALL RELATED GO TO FR3.

IF PERSON IN FR2A IS NOT RELATED TO THE RESPONDENT, THEN YOU WILL NOT HAVE TO ASK FR2 ABOUT PERSON IN FR2A. ... GO BACK TO FR2 AND ASK FOR THE NEXT UNRELATED PERSON. IF THERE ARE NO MORE, GO TO FR3

FR3. *CATI COMPILE A LIST OF ALL INDIVIDUALS WHO ARE A FAMILY MEMBER...IF THIS ACCOUNTS FOR ALL PEOPLE IN THE HOUSEHOLD THIS IS A ONE FAMILY HOUSEHOLD.*

ONE FAMILY HOUSEHOLD READ:

For the rest of this interview I will be Referring to your family. When I say that I will be Referring to just the (# in household) people who live in your home.
(NOW GO TO QUESTION FR5)

MULTI FAMILY HOUSEHOLD READ:

For the rest of this interview, I will be Referring to your family. When I say that I will be Referring (only to you/only to [list family members]) and no one else in your household.

(IF THERE IS MORE THAN ONE FAMILY IN THE HOUSEHOLD ASK FR4...OTHERWISE GO TO INSTRUCTIONS BEFORE FR5)

FR4. I reached you by dialing (insert phone number from sample). Can I reach (read names of non-family members) by dialing this number, as well, or do they only answer their own phone number?

- Yes, can reach one or more
- No, cannot reach them/they have their own number (GO TO FR5)
- Don't know (GO TO FR5)
- Ref (GO TO FR5)

F4a. Which of them can I reach.

LIST NON RELATED HOUSEHOLD MEMBERS

FR5. **THIS QUESTION SERIES WILL BE ASKED FOR EACH FAMILY MEMBER WHO IS UNDER 25 YEARS OF AGE...STARTING WITH THE OLDEST. IF NO ONE UNDER 25, GO TO SECTION A**

IF RESPONDENT IS ONLY ONE UNDER 25 YEARS OF AGE AND LIVES IN HOUSE WITH BOTH PARENTS, GO TO SECTION A

IF RESPONDENT IS THE LEGAL GUARDIAN/FOSTER PARENT OF ALL UNDER 25 YEARS OF AGE AND RESPONDENT DOES NOT LIVE WITH SPOUSE GO TO SECTION A.

IF RESPONDENT IS THE PARENT/STEP-PARENT FOR ALL UNDER 25 YEARS OF AGE AND THEIR SPOUSE/PARTNER ALSO LIVES IN THE HOUSEHOLD, ASK:

Is (spouse) the other legal parent for (this child / all of these children)? **(IF VOLUNTEERS STEP PARENT PROBE: Has he/she legally adopted them?)**
[INTERVIEWER: If not natural or legally adopted for ALL children record as "NO"]

- Yes, (GO TO SECTION A)
- No
- Ref

THIS SERIES IS ASKED FOR EACH REMAINING PERSON UNDER 25 YEARS OF AGE. ASK THE ENTIRE SEQUENCE FOR EACH PERSON BEFORE GOING BACK AND ASKING ABOUT THE NEXT.

AA10. Does (CHILD'S) parents or legal guardian(s) live in your household? (if Yes) Is that the parents or the guardians?

- Yes, one or both parents (ASK AA12)
- Yes, guardian(s) (ASK AA11)
- No (GO TO SECTION A)
- Dk (GO TO SECTION A)
- Ref (GO TO SECTION A)

AA11. Who is (CHILD'S) guardian?

INSERT FAMILY ROSTER

AA12. Does (child)'s mother live in the household? (NSAF D7A)

- Yes (GO TO AA13)
- No (GO TO AA14)
- Dk
- Ref

AA13. Who is (NAME)'s mother? (NSAF D7B)

INSERT FAMILY ROSTER

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (RECORD)
- Someone new on list (GO BACK TO SC3)

AA13a. **IF AA13 UNDER AGE 22 ASK...OTHERWISE GO TO AA14:** Is she a legal guardian of [child]?

- Yes
- No
- Dk
- Ref

AA14. Does (NAME)'s father live in the household?(NSAF D7C)

- Yes
- No (GO TO AA16)
- Dk (GO TO AA16)
- Ref

AA15. Who is (NAME)'s father? (NSAF D7D)

INSERT FAMILY ROSTER

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (RECORD)
- Someone new on list (GO BACK TO SC3)

AA15a. **IF AA15 UNDER AGE 22 ASK..OTHERWISE GO TO AA15b** : Is he a legal guardian of [child]?

- Yes (GO TO AA16)
- No
- Dk
- Ref

AA15b. **IF AA13a=2 and AA15a=2 ASK:** Does child have any legal guardians?

- Yes
- No (GO TO AA16)
- Dk (GO TO AA16)
- Ref (GO TO AA16)

AA15c. Does legal guardian live in the house?

- Yes
- No (GO TO AA16)
- Dk (GO TO AA16)
- Ref (GO TO AA16)

AA15d. Who is this?

INSERT FAMILY ROSTER

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (RECORD)
- Someone new on list (GO BACK TO SC3)

AA16. **[IF MORE THAN ONE CHILD UNDER 25 IN HOUSEHOLD]** Do all the remaining children in the household have the same (parents/legal guardians)?

- Yes (GO TO SECTION A)
- No (GO BACK TO SERIES AND ASK FOR NEXT CHILD)
- Dk (GO BACK TO SERIES AND ASK FOR NEXT CHILD)
- Ref (GO BACK TO SERIES AND ASK FOR NEXT CHILD)

SECTION A – HEALTH CARE COVERAGE**[IF 2 OR MORE PEOPLE IN FAMILY READ]:**

Just to confirm, in addition to you, I have the following people listed as living in your household and part of your family (READ NAMES OF FAMILY MEMBERS). Before we continue, let me verify that there are no other family members living in your household. Is that correct?

[IF SINGLE PERSON HH]: CATI – Automatically punch “Yes” and do not ask the question.

- Yes it is correct (CONTINUE WITH A1)
- List of family members is incorrect (GO BACK TO SC3 AND RE-ASK)

A1. **[IF 2 OR MORE PEOPLE IN FAMILY]** At this time, is anyone in your family covered by Medicare...the health care program for people 65 years and older or for people with certain disabilities? (NSAF, E13)

[IF SINGLE PERSON HH] Are you covered by Medicare... the health care program for people 65 years and older or for people with certain disabilities?

- Yes
- No (GO TO A22)
- Dk (GO TO A22)
- Ref (GO TO A22)

A2. How many family members living in your household are covered by Medicare?
Please include yourself if applicable.

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER “1” AND NOT READ THE QUESTION]

RANGE 1 to 14 (15 = DK 16 = REF)

[IF A2 > TOTAL IN FAMILY ASK A2.1...OTHERS TO A2a]

A2.1. I have recorded a total of (# in family) living in your family. Is that correct?

- Yes, it is correct (RE-ASK A2)
- No, it is **incorrect** (GO BACK TO SC3 AND RE-ASK ALL QUESTIONS)

A2a. Who is covered by Medicare? [PROBE UNTIL YOU HAVE A TOTAL OF
(INSERT # IN A2) NAMES] (NSAF, E14)

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER “1” AND NOT READ
THE QUESTION]

INSERT FULL FAMILY ROSTER HERE. INCLUDE CODE FOR “OTHER NOT
ON LIST (SPECIFY)”

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your
family living in your household we didn’t include (insert specify). Is this
another name for someone I have on the list, or is this someone new
who should be added to the list of family members who live in your home?

- Already on list (GO BACK TO A2a and RE-RECORD)
- Someone new to list (GO BACK TO SC3)

**[IF THE NUMBER OF RESPONSES IN A2 DIFFERS FROM A2a ASK...OTHERS TO
A4]**

A3. Earlier you stated there were (insert number from A2) family members living in
your household who are covered by Medicare. However you gave me (insert
number of names given in A2a) names. Which of this information is not
correct....the names you gave me, or the total number of family members who
have Medicare?

- Incorrect number who have Medicare in A2 (RE-ASK A2)
- Incorrect names given (RE-ASK A2a)

A4 As you may know, Medicare allows beneficiaries to enroll in an HMO, (health maintenance
organization) to receive their Medicare-funded health care. These plans are
also called Medicare Plus Choice plans.

[IF 2 OR MORE PEOPLE IN THE HH] Is anyone in your family, who is covered
by Medicare, covered by any Medicare HMO or Medicare Plus Choice plan?
(modified MCBS, HIMC1, p. 10)

[IF SINGLE PERSON HH] You said you were covered by Medicare...are you
covered by any Medicare HMO or Medicare Plus Choice plan?

- Yes
- No (GO TO A13)
- Dk (GO TO A13)
- Ref (GO TO A13)

A4a. How many family members, living in your household are covered by any
Medicare HMO/Medicare Plus Choice plan? Please include yourself if
applicable.

RANGE 1 to 14 (15 = DK 16 = Ref)

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER “1” AND
NOT READ THE QUESTION]

[IF RESPONSE IN A4a IS GREATER THAN TOTAL IN A2 ASK:... OTHERS TO A4b]

A4a1. Earlier you stated there were (insert number from A2) family members living in your household who are covered by Medicare. However you told me (insert number from A4a) of them are covered by any Medicare HMO Plan or Medicare Plus Choice plan. Which of this information is not correct...the (insert number from A2) people who are in Medicare, or the (insert number from A4a) Medicare people who are in a Medicare HMO/Plus Choice plan?

- Incorrect number who have Medicare (RE-ASK A2)
- Incorrect number with Medicare HMO/Plus Choice (RE-ASK A4a)

A4b. Who is covered by any Medicare HMO plan? Who else?
INTERVIEWER YOU MUST HAVE A TOTAL OF (INSERT # IN A4a) NAMES. IF NOT, RE-ASK A4a1]

INSERT FULL FAMILY ROSTER HERE INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER "1" AND NOT READ THE QUESTION]

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A4b and RE-RECORD)
- Someone new to list (GO BACK TO SC3)

A4c. **[IF ANY FAMILY MEMBER IN A4b WHO IS NOT ALSO IN A2a ASK...OTHERS TO A5a.]**

You mentioned (insert name(s)) as having Medicare HMO or Plus Choice, but earlier you didn't mention them as having Medicare. Should (insert name) be added to the list of family members with Medicare?

- Yes, they need to be added (GO BACK AND RE-ASK FROM A2)
- No, their name was given in error (RE-ASK/EDIT A4b)

(IF RESPONDENT IS ONE OF THOSE NAMED IN A4b SAY): Think about the Medicare HMO plan that you are covered by. (ASK A6 THRU A11 AT THIS POINT JUST FOR THE RESPONDENT)

(IF RESPONDENT IS NOT NAMED IN A4b SAY): Think about the Medicare HMO plan that (OLDEST name WITH MEDICARE HMO) is covered by (ASK A6 THRU A11 AT THIS POINT JUST FOR THIS PERSON)

A5. What is the name of this plan?

[Probe: If the respondent mentions “Horizon” say: Is that Horizon Healthcare of NJ, Horizon Medicare Blue or Horizon Medicare Blue Plus]

- Aetna US Healthcare
- AmeriChoice of NJ
- AmeriHealth HMO
- Oxford Health Plans
- Horizon Healthcare of NJ
- Horizon Medicare Blue
- Horizon Medicare Blue Plus (prescription benefits)
- Other (specify)
- Dk
- Ref

A6. Does [your/ NAME FROM A4b] Medicare HMO plan cover medicines prescribed by your/their doctor? (Probe: Do not include discount cards) (MCBS, I22e)

- Yes
- No (GO TO INSTRUCTION BEFORE A12)
- Dk (GO TO INSTRUCTION BEFORE A12)
- Ref (GO TO INSTRUCTION BEFORE A12)

A7. Does this plan require [you/name] to pay out of pocket for brand name or generic prescription drugs that is not reimbursed by insurance?

- Yes
- No, (I/he/she) pay(s) nothing (GO TO A10)
- Dk (GO TO A10)
- Ref (GO TO A10)

A8. Under this coverage, how much does the plan require (you/name) to pay for **generic drugs that is not reimbursed by insurance?** **[IF “NOT SURE/REF” PROBE: What is your best guess?]**

Gave answer in money (Round to the nearest dollar)
Gave answer in percentage (Round to the nearest whole percent)
Other (specify)

\$_____ (RANGE 0 to 50)

<51>Don't know (AFTER PROBE)

<52>Ref (AFTER PROBE)

% _____ (Range 1 to 100) (102=Dk, 103 = Ref)

- A9. Under this coverage, how much does the plan require (you/name) to pay for brand name drugs that is not reimbursed by insurance? [IF “NOT SURE/REF” PROBE: What is your best guess?]

Gave answer in money
Gave answer in percentage
Other (specify)

\$ _____ (RANGE 1 to 50)

<51>Don't know (AFTER PROBE)

<52>Ref (AFTER PROBE)

% _____ (Range 1 to 100)

<101>Don't know (AFTER PROBE)

<102>Ref (AFTER PROBE)

- A10. Does the plan have a limit on what it will pay for prescription drugs each year?

Yes

No (GO TO INSTRUCTION BEFORE A12)

Dk (GO TO INSTRUCTION BEFORE A12)

Ref (GO TO INSTRUCTION BEFORE A12)

- A11. What is that limit?

\$ _____ (RANGE 1 to 5000) (ROUND TO NEAREST \$)

<8888>Don't know

<9999>Ref

REFER TO A4a.

- IF “1” GO TO INSTRUCTION BEFORE A13...

- IF “2 OR MORE” ASK Q12.

- IF A12 IS “2” AND THERE IS ANOTHER PERSON IN A4b...GO TO A12a

- IF A12 IS “2 OR MORE” AND THERE IS NO OTHER PERSON IN A4b...GO TO INSTRUCTION BEFORE A13

- A12. **(ASK THIS QUESTION FOR NEXT OLDEST PERSON WITH MEDICARE HMO.)**
Is [NEXT OLDEST NAME in A4b] covered by the same Medicare HMO plan as (You/insert person in 5a) or is it a different Medicare HMO plan?

- Same (IF ANOTHER PERSON IN A4b ASK A12 FOR THAT PERSON...OTHERWISE GO TO A13)
- Different (ASK A6 TO A11 FOR THIS PERSON...*CATI NEEDS TO CAPTURE THIS NAME*)
- Don't know (IF ANOTHER PERSON IN A4b ASK A12 FOR THAT PERSON...OTHERWISE GO TO A13)
- Ref (IF ANOTHER PERSON IN 4b ASK A12 FOR THAT PERSON...OTHERWISE GO TO A13)

IF A12 IS CODE "3" AND ANOTHER PERSON IN A4b...ASK A12 series for next person

(ASK THIS QUESTION FOR THE NEXT OLDEST PERSON WITH MEDICARE HMO.)
Is (NEXT OLDEST NAME IN A4b) covered by the same Medicare HMO plan as either (INSERT BOTH NAMES SERIES A6 to A11 PREVIOUSLY ASKED OF)?

- Yes same as (first name) series asked of (IF ANOTHER IN A4b ASK A12b FOR THEM...OTHERWISE GO TO A13)
- Yes, same as (second name) series asked of (IF ANOTHER IN A4b ASK A12b FOR THEM...OTHERWISE GO TO A13)
- No, different from either of the first two (*CATI CAPTURES THIS NAME AND ASK A6 TO A11 FOR THIS PERSON*)
- Don't know (IF ANOTHER IN A4b ASK A12b FOR THEM OTHERWISE GO TO A13)
- Ref (IF ANOTHER IN A4b ASK A12b FOR THEM...OTHERWISE GO TO A13)

The A12 series is looped, meaning that each time it will add the additional person who had a series asked of them because they were in a unique Medicare HMO plan.

- A13. Some people who have Medicare also purchase coverage to pay health costs not covered by Medicare. This is sometimes called MediGap or Medicare Supplement and can be purchased through groups such as AARP.

[IF 2 OR MORE PEOPLE IN HH] Does anyone in your family who has Medicare have this type of health care coverage? (Modified MCBS)

[IF SINGLE PERSON HH] Do you have this type of health coverage?

- Yes
- No (GO TO A22)
- Dk (GO TO A22)
- Ref (GO TO A22)

A13a. How many family members, living in your household are covered by any MediGap or Medicare Supplement? Please include yourself if applicable.

RANGE 1 TO 14 (15=DK 16 = REF)

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER "1" AND NOT READ THE QUESTION]

[IF RESPONSE IN A13a IS GREATER THAN RESPONSE IN A2 ASK:...OTHERS TO A14]

A13a1. Earlier you stated there were (insert number from A2) family members living in your household who are covered by Medicare. However you told me (insert number from A13a) of them are covered by any MediGap or Medicare Supplement. Which of this information is incorrect...the (insert number from A2) people who are in Medicare, or the (insert number from A13a) people who are in a MediGap or Medicare Supplement?

- Number who have Medicare in A2 (GO BACK AND RE-ASK A2)
- Number with MediGap/Medicare Supplement (RE-ASK A13a)

A14. Who is covered by any MediGap or Medicare Supplement? Who else?
(INTERVIEWER YOU MUST HAVE A TOTAL OF (INSERT # IN A13a) NAMES.
IF NOT RE-ASK A13a)

INSERT FULL FAMILY ROSTER HERE INCLUDE CODE FOR
"OTHER NOT ON LIST (SPECIFY)"

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER "1" AND NOT READ THE QUESTION]

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A14 and RE-RECORD)
- Someone new to list (GO BACK TO SC3)

[IF ANY FAMILY MEMBER IN A14 WHO IS NOT ALSO IN A2a ASK.... OTHERS TO A15.]

A14a. You mentioned (insert name(s)) as having MediGap or Medicare Supplement, but earlier you didn't mention them as having Medicare. Should (insert name) be added to the list of family members with Medicare?

- Yes, they need to be added (CATI ADD TO LIST BUT NO NEED TO RE-ASK A2)
- No, their name was given in error (RE-ASK A14)

IF RESPONDENT IS ONE OF THOSE NAMED IN A14 SAY: Think about the MediGap or supplemental insurance plan that you are covered by.

IF RESPONDENT IS NOT NAMED IN A14 SAY: Think about the MediGap or supplemental insurance plan that (oldest name with MediGap/Supplemental plan) is covered by.

A15 Does (your/name from A14) plan cover medicines prescribed by a doctor
(Probe: Do not include discount cards)? (MCBS, HI22e)

- Yes
- No (GO TO A21)
- Dk (GO TO A21)
- Ref (GO TO A21)

A16. Does this plan require (you/name) to pay out of pocket for brand name or generic prescription drugs that is not reimbursed by insurance?

- Yes
- No, I pay nothing (GO TO A19)
- Don't know (GO TO A19)
- Ref (GO TO A19)

A17. Under this coverage, how much does the plan require (you/name) to pay for generic drugs that is not reimbursed by insurance? (IF "NOT SURE/REF" PROBE: What is your best guess?)

Gave answer in money
Gave answer in percentage
Other (specify)

\$ _____ (RANGE 0 to 50)

<51>Don't know (AFTER PROBE)

<52>Ref (AFTER PROBE)

% _____ (Range 1 to 100)

<101>Don't know (AFTER PROBE)

<102>Ref (AFTER PROBE)

A18. Under this coverage, how much does the plan require (you/name) to pay for brand name drugs that is not reimbursed by insurance? (IF "NOT SURE/REF" PROBE: What is your best guess?)

Gave answer in money
Gave answer in percentage
Other (specify)

\$ _____ (RANGE 1 to 50)

<51>Don't know (AFTER PROBE)

<52>Ref (AFTER PROBE)

% _____ (Range 1 to 100)

<101>Don't know (AFTER PROBE)

<102>Ref (AFTER PROBE)

A19. Does the plan have a limit on what it will pay for prescription drugs each year?

Yes

No (GO TO A21)

Dk (GO TO A021)

Ref (GO TO A0210)

A20. What is that limit? (IF "NOT SURE/REF" PROBE: What is your best guess?)

\$ _____ (Range 1 to 5000)

8888>Don't know (AFTER PROBE)

9999>Ref (AFTER PROBE)

REFER TO A13a.

- IF "1" GO TO A22.

- IF "2 OR MORE" ASK A21.

- IF A21 IS "2" AND THERE IS ANOTHER PERSON IN A14...GO TO A21a

IF A21 IS "2 OR MORE" AND THERE IS NO OTHER PERSON IN A14....GO TO A22.

(ASK THIS SERIES FOR NEXT OLDEST MEDICARE COVERED PERSON LISTED IN A14)

A21. Is [NEXT OLDEST NAME IN A14] covered by the same Medi-Gap or supplemental plan as (YOU/INSERT PERSON IN 14a or is it a different plan?

Same (IF ANOTHER PERSON IN A14a ASK FOR THAT PERSON OTHERWISE GO TO A22)

Different (ASK A15 TO A20 FOR THAT PERSON...CATI NEEDS TO CAPTURE THE NAME OF THIS PERSON)

Dk (IF ANOTHER PERSON IN A14a ASK FOR THAT PERSON ...OTHERWISE GO TO A22)

REF (IF ANOTHER PERSON IN A14a ASK FOR THAT PERSON ... OTHERWISE GO TO A22)

IF A12a IS CODE "3" AND ANOTHER PERSON IN A14...GO TO A21b]

(ASK THIS SERIES FOR NEXT OLDEST MEDICARE COVERED PERSON LISTED IN A14a)

Is [NEXT OLDEST NAME] covered by the same MediGap or supplemental plan as (BOTH NAMES SERIES ALREADY ASKED OF) or is it a different plan?

- Yes, same as (first name) in series (IF ANOTHER PERSON IN A14a ASK FOR THAT PERSON...OTHERWISE GO TO A22)
- Yes, same as (second name) in series (IF ANOTHER PERSON IN A14a ASK FOR THAT PERSON...OTHERWISE GO TO A22)
- Different (ASK A14A FOR THAT PERSON....CATI NEEDS TO CAPTURE THE NAME OF THIS PERSON)
- DK (IF ANOTHER PERSON IN A14a ASK FOR THAT PERSON...OTHERWISE GO TO A22)
- REF (IF ANOTHER PERSON IN A14a ASK FOR THAT PERSON ... OTHERWISE GO TO A22)

A21 is a looped series, meaning that each time it will add the additional person who had a series asked of them because they were a unique MediGap or supplemental plan.

[REFER TO A1 IF “YES” ASK...ALL OTHERS GO TO A29]

A22. The New Jersey Pharmaceutical Assistance for the Aged and Disabled or P. A. A. D. (PAD) program provides assistance for some elderly and disabled persons to pay for their medicines.

A23. **[IF 2 OR MORE PEOPLE IN HOUSEHOLD]** Is anyone in your family enrolled in P.A.A.D. (PAD)?

[IF SINGLE PERSON HOUSEHOLD] Are you enrolled in P.A.A.D. (PAD)?

- Yes
- No (GO TO INSTRUCTION BEFORE A25)
- Don't know (GO TO INSTRUCTION BEFORE A25)
- Ref (GO TO INSTRUCTION BEFORE A25)

A23a. How many family members, living in your household, are enrolled in P.A.A.D.? Please include yourself if applicable.

RANGE 1 to 14

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER “1” AND NOT READ THE QUESTION]

A24. Who is enrolled? [PROBE: Anyone else?] [ANSWER MUST TOTAL RESPONSE IN A23a. IF NOT GO BACK AND RE-ASK A23a]

INSERT FAMILY ROSTER INCLUDE CODE FOR
"OTHER NOT ON LIST (SPECIFY)"

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER "1" AND NOT READ THE QUESTION]

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be on the list?

- Already on list (GO BACK TO A24 and RE-RECORD)
- Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1 is "Yes" – Interviewer, GO TO the "added person form" and fill in information.

Enter punch 1 – filled added person form/make cb appt.

If A1 is "no/Dk/Ref" go back to SC3

[IF THE VALUE IN A2 IS 1 OR MORE AND A23 IS NO, DK, OR REF ASK 25. IF THE VALUE IN A2 IS ONE OR MORE AND THE VALUE IN A23a IS ONE OR MORE, AND THEY ARE NOT EQUAL ASK A25...IF THE TWO VALUES ARE EQUAL GO TO A29.]

A25. New Jersey has a new program called Senior Gold that helps people pay for some prescribed medicine costs.

A26. **[IF 2 OR MORE PEOPLE IN HH]** At this time is anyone in your family enrolled in Senior Gold?

[IF SINGLE PERSON HH] At this time are you enrolled in Senior Gold?

- Yes
- No (GO TO A29)
- Don't know (GO TO A29)
- Ref (GO TO A29)

- A27. Who is enrolled [PROBE: Anyone else?]? [RESPONSES MUST EQUAL TOTAL IN A26a. IF NOT GO BACK AND RE-ASK A26a]

INSERT FAMILY ROSTER INCLUDE CODE FOR “OTHER NOT ON LIST (SPECIFY)”

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER “1” AND NOT READ THE QUESTION]

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn’t include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A27 and RE-RECORD)
 Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1 is “Yes” or A23 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

- A28. Does anyone in your family household have a prescription drug discount card?

- Yes (ASK A28A)
 No (GO TO A29)
 DK (GO TO A29)
 REF (GO TO A29)

A28a. Who has a prescription discount card? (Insert Family Roster)

- A29. **[IF 2 OR MORE PEOPLE IN HH]** At this time is anyone in your family covered by a health plan provided through a current or former employer or union, not including military employers? Please remember to include retirement benefit plans and plans obtained through persons not living with the family? (NSAF, E1)

[IF SINGLE PERSON HH] At this time are you covered by a health plan provided through a current or former employer or union, not including military employers? Please remember to include retirement benefit plans and plans obtained through persons not living with the family? (NSAF, E1)

- Yes
 No (GO TO INSTRUCTIONS BEFORE A50)
 Dk (GO TO INSTRUCTIONS BEFORE A50)
 Ref (GO TO INSTRUCTIONS BEFORE A50)

A30. Is there more than one health plan from a current or former employer or union, covering you (or other members of your family); not including military employers?

- More than one plan (GO TO A41a)
- Just one plan
- Don't know
- Ref

A31. Does the policyholder for this plan live in the household? (IF NEEDED: That is the person who worked for the company that provided this insurance plan?)

- Yes (GO TO A32)
- No (GO TO A31a)
- Don't know (GO TO A32a)
- Ref (GO TO A32a)

A31a. What is the first name or initials of the policyholder. In other words, in whose name is the health plan held? _____

[ASK A32 IF “YES” IN A31...OTHERS TO A32a]

A32. Who is the policyholder for this plan? [PROBE: In other words, in whose name is the health plan held?] (NSAF, E3)

INSERT FAMILY ROSTER INCLUDE CODE FOR “OTHER NOT ON LIST (SPECIFY)”

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A32 and RE-RECORD)
- Doesn't live in household (GO BACK AND RE-ASK A31)
- Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, or A26 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

A32a. **[IF A32 IS “RESPONDENT” SAY:** Including yourself, how many family members, living in your house, are covered by this plan?

IF A31 IS “YES” AND A32 IS NOT RESPONDENT SAY: Including (name in A32), how many family members, living in your house, are covered by this plan?

IF A31 IS “NO”: Including yourself, if applicable, how many family members, living in your house, are covered by this plan?

#_____Range 1 to 14 15=Dk 16=Ref

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER “1” AND NOT READ THE QUESTION]

[IF RESPONSE IN A32a IS GREATER THAN THE TOTAL PEOPLE IN THE FAMILY ASK...OTHERS GO TO INST. AT A32b]

Earlier you stated there were (# of people in family) family members living in your household. However you told me (insert number from A32a) of them are covered by a health plan from a current or former employer or union. Which of this information is correct....the (# of people in family) total family members or (insert total A32a) family members?

- Incorrect # who have employer/union insurance (RE-ASK A32a)
- Incorrect # of total family members (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, or A26 is “Yes” – Interviewer, GO TO the “added person form” and fill in information.

*Enter punch 1 – filled added person form/make cb appt.
Otherwise go back to SC3*

(IF A32a is “1” AND A31 IS “YES” SKIP TO A33...OTHERWISE ASK A32b)

(IF A32a = TOTAL FAMILY SIZE (SC3a + SC4a) SKIP TO INST. BEFORE A32Bc)

A32b Who in this family is covered by (your/Policyholder's) plan? [PROBE: Who else?] (NSAF, E4) [NOTE: answers must total response in A32a. If not go back and re-ask A32a]

INSERT FAMILY ROSTER HERE INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER "1" AND NOT READ THE QUESTION]

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A32b and RE-RECORD)
- Doesn't live in household (GO BACK AND RE-ASK A31)
- Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, or A26 is "Yes" – Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

(IF RESPONDENT IS THE POLICY HOLDER IN A32....SKIP TO A33 ... OTHERWISE..)

A32c. **IF RESPONDENT IS COVERED IN A32b BUT IS NOT THE POLICY HOLDER IN A32 READ:** What is (insert policyholder in A32 or 31a)'s relationship to you? (DO NOT READ LIST)

IF RESPONDENT IS NOT COVERED IN A32b AND IS NOT THE POLICY HOLDER IN A32 READ: What is (insert policyholder in A32 or A31a)'s relationship to (Insert name of oldest person listed in A32b other than the person from A32)? (DO NOT READ LIST)

Policyholder is family member's:

- Husband
- Former/husband
- Wife
- Former wife
- Partner
- Father (birth/adoptive or foster)
- Mother (birth/adoptive or foster)
- Brother
- Sister
- Grandfather
- Grandmother
- Uncle
- Aunt
- Cousin
- Other (SPECIFY)

A 33. Is that plan from (your/name's) current or former employer?

- Current employer (SKIP TO INSTRUCTION BEFORE A34a)
- Former employer
- Don't know (SKIP TO INSTRUCTION BEFORE A34a)
- Ref (SKIP TO INSTRUCTION BEFORE A34a)

A 34 Is that a retirement plan?

- Yes
- No
- Don't know
- Ref

[IF PERSON IN A32 IS ALSO IN A4b ASK A34a...ALL OTHER SITUATIONS GO TO INSTRUCTION BEFORE A34b]

A34a. Earlier you said (you/name) was/were in a Medicare HMO, is that the same as this retirement plan?

- Yes
- No
- Dk
- Ref

[IF PERSON IN A32 IS ALSO IN A14, ASK A34b...ALL OTHER SITUATIONS GO TO INSTRUCTION BEFORE A35.]

A34b. Earlier you said (you/name) had Medigap or Medicare Supplemental coverage, is that the same as this retirement plan?

- Yes
- No
- Dk
- Ref

A35. IF A33=2 and A34=2 ASK: Is that COBRA? (IF NEEDED: COBRA provides continuation of benefits for former employees or their dependents for some period of time usually 18 or 36 months, after termination of employment.)

- Yes
- No
- Dk
- Ref

A36. (Do you/Does (Policyholder)) have some kind of coverage for the cost of prescription drugs?

- Yes (GO TO A36b)
- No (GO TO A37)
- Dk (GO TO A37)
- 4 Ref (GO TO A37)

[IF SINGLE PERSON HOUSEHOLD SKIP TO A37]

A36b. Does it cover the same family members as the regular plan?

- 1 Yes (GO TO A37)
- 2 No
- 3 Dk
- 4 Ref

A36c. Who does it cover?

Insert Family Roster

A37. Does this plan require (you/name) to pay out of pocket for brand name or generic prescription drugs that is not reimbursed by insurance?

- Yes
- No, I pay nothing (GO TO INSTRUCTIONS BEFORE Q50)
- Don't know (GO TO INSTRUCTIONS BEFORE Q50)
- Ref (GO TO INSTRUCTIONS BEFORE Q50)

A38. Under this coverage, how much does the plan require (you/name) to pay for generic drugs that is not reimbursed by insurance?

Gave answer in money
Gave answer in percentage
Other (specify)

\$ _____ (RANGE 0 to 50)

<51>Don't know (AFTER PROBE)
<52>Ref (AFTER PROBE)

% _____ (Range 1 to 100)

<101>Don't know (AFTER PROBE)
<102>Ref (AFTER PROBE)

A39. Under this coverage, how much does the plan require (you/name) to pay for brand name drugs that is not reimbursed by insurance?

Gave answer in money
Gave answer in percentage
Other (specify)

\$ _____ (RANGE 1 to 50)

<51>Don't know (AFTER PROBE)

<52>Ref (AFTER PROBE)

% _____ (Range 1 to 100)

<101>Don't know (AFTER PROBE)

<102>Ref (AFTER PROBE)

A40. Does the plan have a limit on what it will pay for prescription drugs each year?

- Yes
 No (GO TO INSTRUCTIONS BEFORE Q50)
 Dk (GO TO INSTRUCTIONS BEFORE Q50)
 Ref (GO TO INSTRUCTIONS BEFORE Q50)

A41. What is that limit?

_____ (Range 1 to 5000)

8888 = DK 9999 = Ref

ALL ASK A36 SHOULD NOW GO TO INSTRUCTIONS BEFORE Q50

(ASK ONLY IF "YES" IN A30)

A41a. How many different health plans from a current or former employer or union presently cover one or more members of your family? (IF ASKED THE POLICY HOLDER DOES NOT HAVE TO LIVE IN THE HOUSEHOLD)

Range 1 to 5

A41b. What are the names of those plans? What is the name of the first plan? (The second?...etc.) _____

[INT: IF DO NOT KNOW THE NAMES OF THE PLANS THEN CALL THEM PLAN 1, PLAN 2, PLAN 3...ETC.]

- Aetna/U.S. Healthcare
 Blue Cross/Blue Shield of NJ
 Horizon/Horizon Blue Cross and Blue Shield
 Oxford
 United HealthCare
 Other (Specify)

[FOR EACH PLAN MENTIONED IN A41b ASK A42 TO A49 CONSECUTIVELY]

A42a. Does the policyholder for (insert description of plan in A41b) live in the household?

- Yes (GO TO A42b)
 No (GO TO A42a.1)
 DK (GO TO A43)
 Ref (GO TO A43)

A42a.1. What is the first name or initials of the policyholder. In other words, in whose name is the health plan held?

[ASK IF “YES” IN A42a...OTHERS TO A43]

A42b. Who is the policyholder for (insert description of plan in A41b)? .
 [PROBE: In other words, in whose name is the health plan held?] [
 (NSAF, E5)

FAMILY ROSTER INCLUDE CODE FOR “OTHER NOT ON LIST (SPECIFY)”

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn’t include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A42b and RE-RECORD)
 Doesn’t live in household (GO BACK TO A42a)
 Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, or A26 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

A43. **(IF A42b IS RESPONDENT SAY):** Including yourself, how many family members, living in your house, are covered by (insert description of plan)?

(IF A42a IS YES AND A42b IS NOT RESPONDENT SAY): Including (name in A42b), how many family members, living in your house, are covered by (insert description of plan)?

(IF A42a IS NO): Including yourself, if applicable, how many family members, living in your house, are covered by (insert description of plan)?

Range 1 to 14 15 = Don’t know 16 = Ref

[IF RESPONSE IN A43 IS GREATER THAN THE TOTAL PEOPLE IN THE FAMILY ASK...OTHERS GO TO INST. AT A43a]

Earlier you stated there were (# of people in family) family members living in your household. However you told me (insert number from A43) of them are covered by a health plan from a current or former employer or union. Which of this information is correct....the (# of people in family) total family members or (insert total A43) family members?

Incorrect # who have employer/union insurance (RE-ASK A43)

Incorrect # of total family members (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, or A26 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

(IF A43=1 AND A42a IS “YES” GO TO A43c....OTHERWISE ASK A43a)

A43a. Who are the family members covered by this plan? Who else?

(ANSWER MUST TOTAL RESPONSE IN A43. IF NOT GO BACK AND RE-ASK A43)

Insert family roster INCLUDE CODE FOR “OTHER NOT ON LIST (SPECIFY)”

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn’t include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

Already on list (GO BACK TO A43a and RE-RECORD)

Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, or A26 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

[IF A42b IS RESPONDENT, SKIP TO A43c...OTHERWISE...]

A43b. **IF RESPONDENT MENTIONED IN A43a SAY:** What is (insert policy holder from A42b or A42a.1)'s relationship to you? (DO NOT READ LIST)

IF RESPONDENT IS NOT MENTIONED IN A43a SAY: What is (insert policy holder from A42b or A42a.1)'s relationship to (insert name of oldest person in A43a other than the person from A42b)? [DO NOT READ LIST]

Policyholder is family member's:

- Husband
- Former husband
- Wife
- Former wife
- Partner
- Father (birth/adoptive or foster)
- Mother (birth/adoptive or foster)
- Brother
- Sister
- Grandfather
- Grandmother
- Uncle
- Aunt
- Cousin
- Other (SPECIFY)

A43c. Is that plan from (you/name's) current or former employer?

- Current employer (SKIP TO INSTRUCTION BEFORE A43d)
- Former employer
- Don't know (SKIP TO INSTRUCTION BEFORE A43d)
- Ref (SKIP TO INSTRUCTION BEFORE A43d)

A43c1. Is that a retirement plan?

- Yes
- No
- Dk
- Ref

[IF PERSON IN A43a IS ALSO IN A44b ASK A43d...ELSE GO TO INSTRUCTION BEFORE A43e]

A43d. Earlier you said (you/name) was/were in a Medicare HMO. Is that the same as this retirement plan?

- Yes
- No
- Dk
- Ref

[IF PERSON IN A43a IS ALSO IN A14, ASK A43e...ELSE GO TO INSTRUCTION BEFORE A43f]

A43e. Earlier you said (you/name) had Medica^p or Medicare Supplemental coverage, is that the same as this retirement plan?

- Yes
 No
 Dk
 Ref

[IF A43C IS 2 AND A43C1 IS 2 ASK A43f...ELSE GO TO A44]

A43f. Is that COBRA? [IF NEEDED] COBRA provides continuation of benefits for former employees and their dependents for some period of time usually 18 or 36 months, after termination of employment.

- Yes
 No
 Dk
 Ref

A44. Does this plan cover medicines prescribed by a doctor? (MCBS, HI22e)

- Yes
 No (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE Q50)
 Don't know (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE Q50)
 Ref (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE Q50)

A45. Does this plan require (you/name) to pay out of pocket for brand name or generic prescription drugs that is not reimbursed by insurance?

- Yes
 No, I pay nothing (GO TO A48)
 Don't know (GO TO A48)
 Ref (GO TO A48)

A46. Under this coverage, how much does the plan require (you/name) to pay for generic drugs that is not reimbursed by insurance?

Gave answer in money
 Gave answer in percentage
 Other (specify)

\$ _____ (RANGE 0 to 50)

<51>Don't know (AFTER PROBE)

<52>Ref (AFTER PROBE)

% _____ (Range 1 to 100)

<101>Don't know (AFTER PROBE)

<102>Ref (AFTER PROBE)

A47. Under this coverage, how much does the plan require (you/name) to pay for brand name drugs that is not reimbursed by insurance?

Gave answer in money
Gave answer in percentage
Other (specify)

\$ _____ (RANGE 1 to 50)

<51>Don't know (AFTER PROBE)

<52>Ref (AFTER PROBE)

% _____ (Range 1 to 100)

<101>Don't know (AFTER PROBE)

<102>Ref (AFTER PROBE)

A48. Does the plan have a limit on what it will pay for prescription drugs each year?

Yes

No (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE Q50)

Don't know (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE Q50)

Ref (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE Q50)

A49. What is that limit?

_____ (Range 1 to 5000)

<8888> Dk (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE q50)

<9999>Ref (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE q50)

REPEAT SERIES FOR EVERY PLAN, IF NO MORE PLANS GO TO INSTRUCTIONS BEFORE Q50

**– COMPARE FAMILY ROSTER AGAINST ALL MENTIONED IN A2, A32, a32b, A42b, AND A43a. (NSAF, BxE7)
IF EVERYONE INSURED GO TO A66.
IF AT LEAST ONE PERSON NOT INSURED, CONTINUE WITH A50**

A50 . **[IF 2 OR MORE PEOPLE IN HH]** At this time, is anyone in your family covered by a health plan that is purchased directly from an insurance company or HMO, that is, not from a current or past job? Please remember to include plans obtained through persons not living in the household. (NSAF, E7)

[IF SINGLE PERSON HH] At this time, are you covered by a health plan that is purchased directly from an insurance company or HMO, that is, not from a current or past job? Please remember to include plans obtained through persons not living in the household. (NSAF, E7)

(READ IF A4=1 OR A13=1)

NOTE: IF ANY FAMILY MEMBER HAS MEDICARE HMO OR MEDIGAP/MEDICARE SUPPLEMENT READ: Also, do not include Medicare HMO's/Choice Plus or the MediGap or Medicare supplement plan you told me about earlier.

- Yes
- No (GO TO BOX B)
- Don't know (GO TO Box B)
- Ref (GO TO Box B)

A51. Is there more than one health plan that was purchased directly from an insurance company or HMO covering members of your family?

- YES, MORE THAN ONE (GO TO A60)
- NO, ONLY ONE
- Don't know
- Ref

A52. Is this an HMO plan?

- Yes
- No
- Dk
- Ref

A53. Does the policyholder for this plan, live in this household?

- Yes (GO TO A53a)
- No (ASK A53-1)
- Dk (GO TO A54a)
- Ref (GO TO A54a)

A53-1. What is the first name or initials of the policyholder In other words, in whose name is the health plan held? _____ (skip to A54a)

A53a. Who is the policyholder for this plan? [PROBE: In other words, in whose name is the health plan held?] (NSAF, E9)

insert family roster INCLUDE CODE FOR
"OTHER NOT ON LIST (SPECIFY)"

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your home?

- Already on list (GO BACK TO A53a and RE-RECORD)
- Doesn't live in household (GO BACK AND RE-ASK A53)
- Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26 or A29 is "Yes" – Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

A54a. **[IF A53a IS THE RESPONDENT SAY:]** Including yourself, how many family members, living in your house are covered by this plan?

[IF A53 IS YES AND A53a IS NOT THE RESPONDENT SAY:] Including (insert name in A53a), how many family members, living in your house, are covered by this plan?

[IF A53 IS NO, Don't Know or Ref]: Including yourself, if applicable, how many family members, living in your house, are covered by this plan?

Range 1 to 14 15=DK 16=REF

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER "1" AND NOT READ THE QUESTION]

[IF RESPONSE IN A54a IS GREATER THAN THE TOTAL PEOPLE IN THE FAMILY ASK...OTHERS GO TO INST. AT A54b]

Earlier you stated there were (# of people in family) family members living in your household. However you told me (insert number from A54a) of them are covered by a health plan from a current or former employer or union. Which of this information is correct....the (# of people in family) total family members or (insert total A54a) family members?

- Incorrect # who have employer/union insurance (RE-ASK A54a)
- Incorrect # of total family members (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26 or A26 is "Yes" – Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

(IF A54a IS 1 AND A53 is “YES” GO TO BOX B...OTHERWISE CONTINUE WITH A54b)

A54b. Who are the family members covered by this plan? Who else? (NSAF, E10)
NOTE: ANSWER MUST TOTAL RESPONSE IN A54a. IF NOT RE-ASK A54a.

Insert family roster INCLUDE CODE FOR
 “OTHER NOT ON LIST (SPECIFY)”

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER “1” AND NOT READ THE QUESTION]

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn’t include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A54b and RE-RECORD)
 Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26 or A29 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

[IF RESPONDENT IN A53a or DK or REF in A53 SKIP TO BOX B...OTHERWISE:]

A54c. **IF RESPONDENT IN A54b SAY:** What is (insert policy holder from A53a or A53-1)’s relationship to you? (DO NOT READ LIST)

IF RESPONDENT NOT MENTIONED IN A54b SAY: What is (insert policy holder from (A53a or A53-1)’s relationship to (insert name of oldest member in A54b other than person in A53a)? (DO NOT READ LIST)

Policyholder is family member’s:

- Husband
 Former husband
 Wife
 Former wife
 Partner
 Father (birth/adoptive or foster)
 Mother (birth/adoptive or foster)
 Brother
 Sister
 Grandfather
 Grandmother
 Uncle
 Aunt
 Cousin
 Other (SPECIFY)

GO TO BOX B

A60. How many different plans were purchased directly from an insurance company or HMO covering members of your family?

Range 1 to 5

A60a. What is the name of each plan? What is the name of the first plan? (The second? etc.)

[INT: IF DO NOT KNOW THE NAMES OF THE PLANS THEN CALL THEM PLAN 1, PLAN 2, PLAN 3...ETC.]

- Aetna/U.S. Healthcare
- Blue Cross/Blue Shield of NJ
- Horizon/Horizon Blue Cross and Blue Shield
- Oxford
- United HealthCare
- Other (Specify)

[FOR EACH PLAN ASK A61 TO A63A CONSECUTIVELY]

[IF A60 IS DON'T KNOW OR REF THEN THE READ IN SHOULD SAY: (the first plan you mentioned)]

A61. Does the policy holder for (insert description of plan in A60a) live in this household. In other words, in whose name is the health plan held?

- Yes (GO TO A61a)
- No (ASK A61.1.)
- Don't know (GO TO A62a)
- Ref (GO TO A62a)

A61.1. What is the first name or initials of the policy holder? _____

(ASK ONLY IF A61 IS "YES"...OTHERS TO A62a)

A61a. Who is the policyholder for (name of plan in A60a) plan? [PROBE: In other words, in whose name is this health plan held?] (NSAF, E11)

Insert family roster INCLUDE CODE FOR
"OTHER NOT ON LIST (SPECIFY)"

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A61a and RE-RECORD)
- Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26 or A29 is "Yes" – Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

A62a. **IF A61a IS THE RESPONDENT SAY:** Including yourself, how many family members are covered by (name of plan in A60a)?

IF A61 IS YES AND A61a IS NOT RESPONDENT SAY: Including (name in A61a), how many family members are covered by (name of plan in A60a)?

IF A61 IS NO, Don't Know or Ref: Including yourself, if applicable, how many family members living in your household are covered by this plan?

RANGE 1-14 15=DK 16=REF

[IF RESPONSE IN A62a IS GREATER THAN THE TOTAL PEOPLE IN THE FAMILY ASK...OTHERS GO TO INST. AT A63]

Earlier you stated there were (# of people in family) family members living in your household. However you told me (insert number from A62a) of them are covered by a health plan from a current or former employer or union. Which of this information is correct....the (# of people in family) total family members or (insert total A62a) family members?

Incorrect # who have employer/union insurance (RE-ASK A62a)

Incorrect # of total family members (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26 or A26 is "Yes" – Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

(IF A61 IS "YES" AND A62a IS "1" GO TO NEXT PLAN OR TO BOX B...OTHERWISE CONTINUE)

A63. Who are the family members covered by this plan? Who else? (NSAF, E12)
[ANSWER MUST TOTAL RESPONSE IN A62a. IF NOT RE-ASK A62a]

INSERT FAMILY ROSTER INCLUDE CODE FOR
"OTHER NOT ON LIST (SPECIFY)"

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members how live in your house?

Already on list (GO BACK TO A63 and RE-RECORD)

Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26 or A29 is "Yes" – Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

A63a. **IF A61=2:** What is (policyholder's) relationship to member(s) covered by that plan?
(ACCEPT MULTIPLE RESPONSE)

Policyholder is family member's:

- Husband
- Former husband
- Wife
- Former wife
- Partner
- Father (birth/adoptive or foster)
- Mother (birth/adoptive or foster)
- Brother
- Sister
- Grandfather
- Grandmother
- Uncle
- Aunt
- Cousin
- Other (SPECIFY)

REPEAT SERIES FOR EACH PLAN/POLICYHOLDER (A55-60), IF LAST POLICYHOLDER GO TO BOX B

BOX B

IS THERE ANYONE IN THE FAMILY THAT IS NOT COVERED BY INSURANCE SOURCES PREVIOUSLY ASKED ABOUT THIS IS THEY HAVE NOT BEEN MENTIONED IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63 GO TO A64.

IF EVERYONE IN HOUSEHOLD HAS ALREADY BEEN LISTED IN AT LEAST ONE OF THOSE QUESTIONS...GO TO A66

A64. [IF SINGLE PERSON FAMILY READ]: At this time, are you covered by CHAMPUS or TRICARE, CHAMP-VA, VA, Railroad Retirement Fund, military health care, or the Indian Health Service? (NSAF, E15)

IF 2 OR MORE PEOPLE IN HH READ]: At this time, is anyone in your family covered by CHAMPUS or TRICARE, CHAMP-VA, VA, Railroad Retirement Fund, military health care, or the Indian Health Service? (NSAF, E15)

- Yes
- No (GO TO A66)
- Don't know (GO TO A66)
- Ref (GO TO A66)

A65. Who is covered? [PROBE: Anyone else?] (NSAF, E16)

INSERT FAMILY ROSTER INCLUDE CODE FOR
“OTHER NOT ON LIST (SPECIFY)”

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn’t include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A65 and RE-RECORD)
- Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26, A29 or A50 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

[FOR EACH PERSON LISTED IN A65 ASK A65a:]

A65a. What type of coverage do/does (you/ NAME) have? (NSAF, E17)

- CHAMPUS/TRICARE
- CHAMP-VA
- VA/other military health care
- Indian health services
- Railroad Retirement Fund
- Don’t know
- Ref

(ASK ALL)

A66. We asked about Medicare earlier. The other program, Medicaid, is a government health insurance program for low-income persons or for persons on public assistance.
IF A1=1 ADD: Sometimes people can be covered by both Medicare and Medicaid.

[IF 2 OR MORE PEOPLE IN HH] At this time, is anyone in your family covered by Medicaid? (MEPS language)

[IF SINGLE PERSON HH] At this time, are you covered by Medicaid?

- YES
- NO (GO TO BOX C)
- Don’t know (GO TO BOX C)
- Ref (GO TO BOX C)

A67. Who is covered? [PROBE: Anyone else?] (NSAF, E19)

INSERT FAMILY ROSTER INCLUDE CODE FOR
“OTHER NOT ON LIST (SPECIFY)”

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER “1” AND NOT READ THE QUESTION]

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn’t include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A67 and RE-RECORD)
 Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26, A29, A50 or A64 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

A68. **IF MORE THAN ONE PERSON NAMED IN A67 ASK:** Most people who have Medicaid are in an HMO. Is anyone in your family who has Medicaid in a Medicaid HMO?

IF ONLY ONE PERSON NAMED IN A67 ASK: Most people who have Medicaid are in an HMO. Are you/ Is name in a Medicaid HMO?

- Yes
 No (GO TO BOX C)
 Don’t know (GO TO BOX C)
 Ref (GO TO BOX C)

A68a. **IF MORE THAN ONE PERSON NAMED IN A67 ASK A68a & A69...OTHERWISE GO TO INSTRUCTION AT A70.**

Who?

INSERT FAMILY ROSTER INCLUDE CODE FOR
“OTHER NOT ON LIST (SPECIFY)”

[IF “OTHER NOT ON LIST” ASK:] When we listed the members of your family living in your household we didn’t include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A68a and RE-RECORD)
 Someone new to list (SEE ITALICS INSTRUCTION BELOW)

If A1, or A23, A26, A29, A50, A64 or A66 is “Yes” – Interviewer, GO TO the “added person form” and fill in information. Enter punch 1 – filled added person form/make cb appt.

Otherwise go back to SC3

A69. Is there more than one Medicaid HMO plan used by members of your family, or do you all belong to the same plan?

- All same /only one plan (GO TO A70)
- More than one
- Don't know (GO TO A70)
- Ref (GO TO A70)

A69a. How many plans?

RANGE 1 to 5 6=Dk 7=Ref

A70. **IF ONLY ONE PERSON IN A67 OR ONE PLAN IN A69 SAY:** What is the name of that plan? [DO NOT READ LIST]

IF MORE THAN ONE PLAN IN A69 ASK A70 FOR EACH PERSON IN A68A: What is the name of the plan (name) belongs to? [DO NOT READ LIST]

- Aetna
- Amerigroup
- Horizon
- Managed Health Services
- Physicians Health Services
- University
- Other (Specify) _____
- Don't Know
- Ref

[A71 AND A72 DELETED]

Box C IF ANYONE IN THE FAMILY IS NOT COVERED BY INSURANCE SOURCES PREVIOUSLY ASKED ABOUT THIS IS THEY HAVE NOT BEEN MENTIONED IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65, OR A67 ASK A73....OTHERWISE GO TO BOX D.

A73. New Jersey Kid Care and New Jersey Family Care are low cost health care programs sponsored by the state of New Jersey for people without other coverage.

[IF 2 OR MORE PEOPLE IN HH] At this time, is anyone in your family covered by New Jersey Kid Care or New Jersey Family Care? (NSAF, E20XX, modified)

[IF SINGLE PERSON HH] At this time, are you covered by New Jersey Kid Care or New Jersey Family Care?

- Yes
- No (GO TO Box D)
- Don't know (GO TO Box D)
- Ref (GO TO Box D)

A74. Who is covered? [PROBE: Anyone else?] (NSAF, E21)

[INT: IF RESPONDENT LIVES ALONE, YOU MAY ENTER "1" AND NOT READ THE QUESTION]

Insert family roster INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be on the list?

Already on list (GO BACK TO A74 and RE-RECORD)

Someone new to list – *Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form/make cb appt.*

A75. **[IF 2 OR MORE PEOPLE IN HH]** Does your family pay a monthly premium for that coverage?

[IF SINGLE PERSON HH] Do you pay a monthly premium for that coverage?

Yes

No (GO TO BOX D)

Dk (GO TO BOX D)

Ref (GO TO BOX D)

A75a. **[IF 2 OR MORE PEOPLE IN HH]** How much does your family pay per month for that coverage? (READ LIST IF NEEDED)

[IF SINGLE PERSON HH] How much do you pay per month for that coverage?

\$ 0

\$15

\$30

\$40

\$50

\$60

\$100

Other, specify _____ -

Dk

Ref

Box D

IF ANYONE IN THE FAMILY IS NOT COVERED BY INSURANCE SOURCES PREVIOUSLY ASKED ABOUT THIS IS THEY HAVE NOT BEEN MENTIONED IN A2A, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65, A67, or A74 ASK A76....OTHERWISE GO TO BOX E.

[FOR EACH PERSON NOT INDICATED AS HAVING HEALTH CARE COVERAGE ASK:]

A76. According to the information you have provided (NAME OF UNCOVERED FAMILY MEMBER) currently does not have health care coverage. Is that correct? (NSAF, E22)

- CORRECT, family member DOES NOT have health care coverage
- NOT CORRECT, family member DOES have health care coverage
- Don't know
- Ref

[FOR EACH PERSON “NOT CORRECT” IN A76 ASK A77 AND A78 SERIES CONSECUTIVELY]

A77. At this time, under what plans or programs is/are (NAME/you) covered? (NSAF, 23XX) READ LIST IF NECESSARY CODE ALL THAT APPLY –

- Insurance from a current/former employer union
- Insurance purchased directly from insurance company
- Medicare
- Medicaid
- NJ KID CARE, NJ Family Care
- CHAMPUS/TRICARE
- CHAMP-VA
- Railroad Retirement Fund
- Indian Health Services
- Other (SPECIFY)
- Don't know
- Ref

IF A77=1 or 2 ASK A78a..OTHERWISE GO TO NEXT PERSON “NOT CORRECT” IN A76. IF NO ONE GO TO INSTRUCTION BEFORE A79.

A78a. Does the policyholder for the (insurance from a current or former employer or union/insurance purchased directly from an insurance company) live in this household?

- Yes (GO TO A78b)
- No (ASK A78a-1)
- Not sure (SKIP TO A78c)
- Don't know (SKIP TO A78c)
- Ref (SKIP TO A78c)

A78a-1. What is the first name or initials of the policy holder. In other words, in whose name is the health plan held?

[IF A78a IS 'YES' ASK A78b....ELSE GO TO A78c]

A78b. Who is the policyholder for the (insurance from a current or former employer or union/insurance purchase directly from an insurance company)?

PROBE: In other words, in whose name is the health plan held? (NSAF, E24)

FAMILY ROSTER INCLUDE CODE FOR
"OTHER NOT ON LIST (SPECIFY)"

[IF "OTHER NOT ON LIST" ASK:] When we listed the members of your family living in your household we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- Already on list (GO BACK TO A78b and RE-RECORD)
- Someone new to list – *Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form/make cb appt.*

A78c. **[IF PERSON BEING ASKED A77 IS NOT THE SAME AS PERSON IN A78b**

ASK:] What is (policyholder's in A78b) relationship to (person A77 asked of)?

Policyholder is family member's:

- Husband
- Former husband
- Wife
- Former wife
- Partner
- Father (birth/adoptive or foster)
- Mother (birth/adoptive or foster)
- Brother
- Sister
- Grandfather
- Grandmother
- Uncle
- Aunt
- Cousin
- Other (SPECIFY)

[NOW GO BACK AND RE-ASK A77 – 78 FOR NEXT PERSON "NOT CORRECT" IN A76. IF NO ONE LEFT, GO TO INSTRUCTIONS BEFORE A79]

[FOR EACH PERSON WHO IS STILL WITHOUT HEALTH CARE COVERAGE ASK A79 TO A81 CONSECUTIVELY...(CORRECT IN A76)]

A79. [Were you/Was NAME] covered by a health care plan at any time during the past 12 months, that is since [DATE]. (NASF, E37)

- Yes
 No (REPEAT FOR NEXT UNCOVERED PERSON, IF LAST GO TO BOX E)
 Dk (REPEAT FOR NEXT UNCOVERED PERSON, IF LAST GO TO BOX E)
 Ref (REPEAT FOR NEXT UNCOVERED PERSON, IF LAST GO TO BOX E)

A80. For how many of the past 12 months did [you/NAME] have a health care plan? (NSAF, E37A) PROBE: Your best estimate is fine.

NUMBER OF MONTHS (1=1 month **or less**; 12=more than 11 months but **not** the full year/presently)

A81. **If A80 >7** [Were you/Was NAME] covered by a health care plan at any time in the past 6 months, that is since [DATE]. (NASF, E37)

- Yes
 No
 Dk
 Ref

Box E

Review Health Insurance Worksheet. Are there any for an “employer” plans (A77=1 or A29=1) (NSAF, E25)?

YES – GO TO A82

NO – GO TO BOX F

ASK A82-A86 FOR EACH POLICYHOLDER LISTED WITH EMPLOYER POLICY

The read in comes from A31a or A32 if A29=1 and A78a1 or A78b if A77=1

IF PLAN IS THROUGH CURRENT OR FORMER EMPLOYER OR UNION:

The next few questions I’m going to ask you are about characteristics of the plan that (you/POLICYHOLDER) get(s) through (your/his/her) current or former employer or union. (NSAF, Intro to E25)

A82. Is [your/Name’s] plan an HMO that is a Health Maintenance Organization? [PROBE: With an “HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were Referred by the HMO or there was a medical emergency] (CTS, p 25; NASF E25)

- YES (GO TO QA86)
 NO
 Don’t know
 Ref

A83. Is there a book, directory, or list of doctors associated with the plan? (CTS, p 25, similar to NASF, E26)

- Yes
 No
 Dk
 Ref

A84. Does (name of policyholder)'s plan require [you/members] to sign up with a certain primary care doctor, group of doctors, or clinic? PROBE: Do not include emergency care or care from specialist you were Referred to] (CTS, p 24, similar but slightly different wording to NASF, E27)

- Yes
 No
 Dk
 Ref

[ASK A86 IF A83 IS "YES" AND A84 IS "YES" OR IF A82 IS "YES" . ALL ELSE TO BOX F]

A86. If you do not have a Referral from your doctor, will this plan pay any of the costs of visits to a specialist or other doctors who are not in the plan? (CTS, p 26)

- Yes
 No
 Dk
 Ref

Box F

IF ANYONE IN FAMILY IS COVERED BY INSURANCE , THIS IS THEY HAVE BEEN MENTIONED IN A2A, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65, A67, A74 or A76=2 GO TO A87.

IF NO ONE IS COVERED BY INSURANCE GO TO A91

A87. **[IF EVERYONE IN FAMILY WITH INSURANCE READ:]** Was there any time in the past 12 months, that is since [DATE] when **anyone in your family** had no medical care plan? (NASF, E42 modified)

[IF SOME IN FAMILY NOT INSURED READ:] Thinking just about the family members who presently have a medical care plan ... was there any time in the past 12 months, that is since [DATE] when any of them did not have a medical care plan?

- Yes
 No (GO TO 91)
 Dk (GO TO 91)
 Ref (GO TO 91)

A87a. Who was that? [PROBE: Anyone else?]

INSERT FAMILY MEMBERS WITH MEDICAL CARE

A88. **ASK FOR EACH PERSON NAMED IN A87a:** For how many of the past 12 months did [you/NAME] NOT have a health care plan? (NASF, E43)

NUMBER OF MONTHS – Range = 1-14, 1 = 1 or less, 13 = DK, 14 = REF

(IF A 76 = 1 THEN ASK A 91.....OTHERWISE SKIP TO SECTION B)

A91. **IF ANY UNINSURED MEMBERS OF FAMILY ASK ...OTHERWISE GO TO SECTION B**

Have you (or anyone in your family) ever looked into getting coverage from NJ Kid Care, NJ Family care or Medicaid?

- Yes
- No (GO TO A93c)
- Dk (GO TO A93c)
- Ref (GO TO A93c)

A93a. Which one?

- NJ Kid Care/ NJ Family Care
- Medicaid
- Don't know
- Ref

A93b. **[FOR EACH PROGRAM IDENTIFIED ABOVE]** Did you/they actually apply for [PROGRAM]?

- Yes (GO TO NEXT SECTION)
- No (GO TO NEXT SECTION)
- Don't know (GO TO NEXT SECTION)
- Ref (GO TO NEXT SECTION)

A93c. Before I mentioned it in this survey, had you ever heard of NJ Kid Care or NJ Family Care?

- Yes
- No
- Don't Know
- Ref

SECTION B - HEALTH STATUS

[ASK SERIES B1 to B3 CONSECUTIVELY FOR EACH FAMILY MEMBER STARTING WITH THE RESPONDENT:]

B1. Now, I'd like to ask about your (and your family's) health.

Would you say (your/NAME'S) health is (READ LIST): (CTSpG78, e401; NSAFpgF-1, F1)

- Excellent,
- Very good,
- Good,
- Fair, or
- Poor?
- (VOL) Don't Know
- (VOL) Ref

B2. Would you say (your/NAME'S) health is now (READ ENTIRE LIST)? (NSAFpgF-1, F2)

- much better,
- somewhat better,
- about the same,
- somewhat worse, or
- much worse than it was 12 months ago?
- (vol) Don't Know
- (vol) Ref

B3. Would you say (your/NAME'S) DENTAL health is (READ LIST):

- Excellent,
- Very good,
- Good,
- Fair, or
- Poor?
- (vol) Don't Know
- (vol) Ref

[NOW GO BACK AND ASK B1 TO B3 FOR THE NEXT FAMILY MEMBER. IF ALL FAMILY MEMBERS ASKED CONTINUE WITH B4]

B4. Has a doctor or other health professional ever said that you (or any other member of your family household) had asthma? (modified BRFSSpg9, 3.1)

- Yes
- No (GO TO B5)
- Don't Know (GO TO B5)
- Ref (GO TO B5)

B4a. Who in the family household was this? [PROBE: Anyone else?]
 [INTERVIEWER: RESPONSES LIMITED TO PRESENT LIVING FAMILY MEMBERS]

[IF RESPONDENT LIVES ALONE ENTER "1" WITHOUT READING THE QUESTION]

INSERT FAMILY ROSTER

B5. Has a doctor or other health professional ever said that you or any other members of your family household had diabetes? (modified BRFSSpg10, 4.1)

- Yes
- No (GO TO Instruction before B11)
- Don't Know (GO TO Instruction before B11)
- Ref (GO TO Instruction before B11)

B5a. What family member(s) was this [PROBE: Anyone else?]?
 [INTERVIEWER: RESPONSES LIMITED TO PRESENT LIVING FAMILY MEMBERS]

INSERT FAMILY ROSTER

B5b. [IF ANY FAMILY MEMBER IN B5a IS A FEMALE 9 YEARS OF AGE OR OLDER ASK FOR EACH]:

Was (your/name) diabetes due to a pregnancy?

- Yes
- No
- DK
- REF

[IF NO ONE IN THE HOUSEHOLD 18 YEARS OF AGE OR OLDER GO TO SYSTEM RESPONSE INDEX...ELSE ASK B11]

B11. Next, I am going to ask you whether you (or any other adults in your family, that is you and names of family members 18 and older) have had some particular health problems in the last **3 months**.

*NOTE: do not change item letters, but:
 FOR RANDOM HALF ASK v. FIRST THEN ASK a. etc. in alpha order.
 FOR OTHER HALF ASK v., k., m., h., a, l, j., d. to f., b.. to c., q., u., and w.*

a. In the past 3 months have you (or any adults in your family) had back pain or neck pain that made it very painful to walk a block or go up a flight of stairs in the past three months? (RWJACpg26, F-h)

- Yes → Who is this? (INSERT LIST OF ADULTS IN FAMILY)
- No
- Dk
- Ref

- b. In the past 3 months have you (or other adults in your family household) had shortness of breath when lying down, waking up, or with light work or exercise? (RWJACpg25, F-b)
- Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 - No
 - Don't Know
 - Ref
- c. loss of consciousness or fainting in the past three months? (RWJACpg25, F-c)
- Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 - No
 - Dk
 - Ref
- d. In the past three months have you (or other adults in your family household) had unusually blurry vision or difficulty seeing? (modified RWJACpg25, F-d)
- Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 - No
 - Don't Know
 - Ref
- e. Have you (or other adults in your family household) had headaches that are either new or more frequent or severe than ones you have had before? (RWJACpg25, F-e)
- Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 - no
 - Don't Know
 - Ref
- f. Cough with yellow sputum (spew-tum) and fever? (RWJACpg25, F-f)
- Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 - no
 - Don't Know
 - Ref
- h. Had sadness, hopelessness, frequent crying, or felt depressed in the past three months? (RWJACpg25, F-a)
- Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 - no
 - Don't Know
 - Ref

- i. In the past 3 months have you (or other adults in your family household) had anxiety, nervousness, or fear that has kept you/them from doing the usual amount of work or social activities? (RWJACpg26, F-i)

Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 no
 Don't Know
 Ref

- j. Pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs? (RWJACpg26, F-j)

Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 no
 Don't Know
 Ref

- k. In the past 3 months have you (or other adults in your family household) had a sprained ankle that is too painful to bear weight? (RWJACpg26, F-k)

Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 no
 Don't Know
 Ref

- m. fatigue, extreme tiredness, or generalized weakness?
(RWJACpg26, F-m)

Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 no
 Don't Know
 Ref

(IF ONLY MALES IN FAMILY SKIP ITEM Q)

- q. a lump or mass in the breast? (RWJACpg26, F-q)

Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 no
 Don't Know
 Ref

(IF NO MALES AGE 40 OR OLDER SKIP ITEM U)

- u. a great deal of difficulty starting urination or passing urine in the past three months?
(RWJACpg27, F-u)

Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 no
 Don't Know
 Ref

- v. In the past 3 months, that is since [date], have you (or other adults in your family household) had difficulty hearing conversations or telephone calls? (RWJACpg27, F-v)

Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 no
 Don't Know
 Ref

- w. Chest pain that lasted more than a minute? (RWJACpg28, F-w)

Yes→ Who is this? (INSERT LIST OF ADULTS IN FAMILY)
 no
 Don't Know
 Ref

Symptom Response Index: Symptom Selection

ASK SERIES B12a TO B20 FOR UP TO FOUR (4) SYMPTOMS PER FAMILY.

Note: *Serious symptoms* are B11 items: (a to e, q, w)
Morbid symptoms are B11 items: (f, h to k, m, u, v)

Select symptoms for B12a-B30 series in the following order:

1. Select a *serious symptom* (if any) for the respondent.
2. If the respondent had no *serious symptoms*, select one *morbid symptom* (if any).
3. Randomly select one *serious symptom* for an adult other than the respondent (if any).
4. If no (more) adults (other than the respondent) had *serious symptoms*, randomly select a *morbid symptom*.
5. Repeat #3 and #4 for any adults not already asked about.
6. Repeat #1 to #5 for additional symptoms until or until no more symptoms or a total of 4 are asked about.

[CATI: PUT TIME STAMP AT THIS QUESTION]

- B12a. You said that (NAME/you) had had {symptom} in the past three months. During that time, (have/has) (NAME/you) seen a doctor, nurse, or other professional about this problem? (RWJACpg28, F-2)

Yes
 no
 Did not have symptom in past three months **ASK B12a FOR THE NEXT SYMPTOM. IF NO OTHER SYMPTOMS GO TO INSTRUCTION BEFORE B9.**
 Don't Know
 Ref

- B12. Did this (symptom) first appear in the past three months or did it start before that?

Past three months (GO TO INST BEFORE B14)
 Before that
 Don't Know (GO TO INST BEFORE B14)
 Ref (GO TO INST BEFORE B14)

B12b. Did the problem “flair up” or get worse in the past three months or was it an ongoing problem for longer than three months?

- Flaired up/got worse in past three months
- On going problem
- Dk
- Ref

NOW REFER TO B12a.

IF B12a IS “YES” ASK B12a FOR THE NEXT SYMPTOM. IF NO OTHER SYMPTOMS GO TO INSTRUCTION BEFORE B9.

IF B12a IS “NO/DK/REF” AND B12 IS “BEFORE THAT” AND B12b IS “FLAIRED UP” ASK B12a FOR THE NEXT SYMPTOM. IF NO OTHER SYMPTOMS GO TO INSTRUCTION BEFORE B9.

ALL OTHERS GO TO B14

B14. During the past three months, (has/have) (NAME/you) talked to a doctor or nurse *by telephone* about this problem? (RWJACpg29, F-7)

- Yes
- No (GO TO B17)
- Don't Know (GO TO B17)
- Ref (GO TO B17)

B15. Did (NAME/you) think that (he/she/you) needed to see a medical person for treatment of this problem, rather than just talk to someone on the telephone, at any time in the past three months? (RWJACpg29, F-10)

- Yes
- NO (ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)
- Dk (ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)
- Ref (ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)

B16. Why didn't (NAME/you) actually see a doctor or nurse in the past three months about this problem? [DO NOT READ LIST - CHECK ALL THAT APPLY] (RWJACpg30, F-11)

- Doctor said didn't need to be seen
- Could not afford it/no insurance
- Refused care because of lack of money or insurance
- Provider did not accept Medicaid/insurance
- Difficulty in getting appointment
- Afraid/embarrassed/ashamed to go
- Didn't think they could help
- No provider available
- Didn't know where to go
- No way to get there
- Hours not convenient
- Speaks a different language
- Health of another family member
- Feeling discriminated against by provider
- Lack of cultural understanding
- Other reason (specify)_____
- Don't know
- Ref

B16a_1. Was there any other reason? (record verbatim)_____

(GO TO NEXT SYMPTOM AND ASK B12A...IF NO NEXT SYMPTOM GO TO INSTRUCTION BEFORE B9)

[IF NO/DK/REF IN B14]

B17. At any time in the past three months, did (NAME/you) think that (he/she/you) needed to contact a doctor or other medical person about this problem? (RWJACpg31, F-16)

- Yes
- NO (ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)
- Dk (ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)
- Ref (ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)

B18. Did (NAME/you) actually *try* to see a medical person about this problem? (RWJACpg31, F-18)

- Yes
- No (GO TO B20)
- Dk (ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)
- Ref (ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)

B19. Why couldn't (NAME/you) see a medical person? (DO NOT READ LIST – CHECK ALL THAT APPLY) [INTERVIEWER PROBE: Any other reasons?] (RWJACpg31, F-19)

- Doctor said didn't need to be seen
- Could not afford it/no insurance
- Refused care because of lack of money or insurance
- Provider did not accept Medicaid/insurance
- Difficulty in getting appointment
- Afraid/embarrassed/ashamed to go
- Didn't think they could help
- No provider available
- Didn't know where to go
- No way to get there
- Hours not convenient
- Speaks a different language
- Health of another family member
- Feeling discriminated against by provider
- Lack of cultural understanding
- Other reason (specify)_____
- Don't know
- Ref

B19a_1. Any other reasons? (record verbatim) _____

(ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO TEST BEFORE B9)

(ASK ONLY IN "NO" IN B.18)

B20. Why did (NAME/you) not try to see a medical person? [DO NOT READ LIST – CHECK ALL THAT APPLY] [INTERVIEWER PROBE: Any other reason?] WJACpg32, F-20

- Doctor said didn't need to be seen
- Could not afford it/no insurance
- Refused care because of lack of money or insurance
- Provider did not accept Medicaid/insurance
- Difficulty in getting appointment
- Afraid/embarrassed/ashamed to go
- Didn't think they could help
- No provider available
- Didn't know where to go
- No way to get there
- Hours not convenient
- Speaks a different language
- Health of another family member
- Feeling discriminated against by provider
- Lack of cultural understanding
- Other reason (specify)_____
- Don't know
- Ref

B20a_1 Any other reasons? (record verbatim)_____

(ASK B12A FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM CONTINUE BELOW)

[IF ONE OR MORE CHILDREN UNDER 5 YEARS OF AGE ASK...ALL OTHERS TO B8]

B9. Is/are (insert names of all children under 5 years of age) limited in any way in activities, including play activities, because of an impairment or a physical or mental health problem?

- Yes
- No (GO TO B8)
- Dk (GO TO B8)
- Ref (GO TO B8)

B9a. **(IF MORE THAN ONE CHILD UNDER 5 YEARS OF AGE ASK B9a...OTHERS GO TO B8)**

Who? (insert list of those under 5 from the roster)

B8. (Are you/Including yourself is any one else in the family) limited in any way in (your/their) ability to care for (yourself/themselves), to work at a job, do housework, school work, or GO TO school because of an impairment or a physical or mental health problem?

- Yes (ASK B8a)
- No
- DK
- REF

IF RESP LIVES ALONE ENTER CODE FOR RESP AND DO NOT ASK. ALL OTHERS READ....

B8a. What family members is this? Anyone else?

(insert roster of those 5 years or older)

[FOR EACH PERSON IN B8a ASK B8a1]

B8a1. Is (your/insert name)'s limitation due to a physical problem, a mental health problem or both a physical and mental health problem?

- Physical problem
- Mental health problem (ask B8a2)
- Both physical and mental health problem (ask B8a2)
- Don't Know
- Ref

8a2. What specifically is the mental health problem?

- Adjustment Disorder
- Alcohol Use/Abuse
- Alzheimer's Disease
- Anxiety
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Conduct Disorder
- Dementia
- Depression
- Developmental Disorder (DD)
- Drug Use/Abuse
- Eating Disorder
- Impulse Control
- Language Disorder
- Learning Disorder
- Manic Depression
- Manic episodes
- Mental Retardation
- Neurotic Disorder
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Paranoid or Delusional Disorder
- Personality Disorder
- Phobia
- Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Senility
- Speech Disorder
- Stress
- Other, specify

[NOW GO BACK FOR THE NEXT PERSON...IF NO OTHERS GO TO B8ba]

Now I'm going to ask about some everyday activities. If anyone in your family uses special equipment to perform that activity, then answer for when they are using the equipment.

B8ba. Because of a health or physical problem do you (or anyone else in your family 5 years or older) have any difficulty bathing or showering?

- Yes
- No
- DK
- Ref

B8bb. Because of health or physical problem do you (or anyone else in your family 5 years or older) have any difficulty dressing?

INTERVIEWER: This doesn't include a small child not being able to tie their shoes, etc, because they are just too young or haven't been taught.)

- Yes
- No
- DK
- Ref

B8bc. Because of a health or physical problem do you (or anyone else in your family 5 years or older) have any difficulty eating? (INTERVIEWER: This is the physical ability to feed oneself or to be able to swallow food. It doesn't Refer to having an appetite.)

- Yes
- No
- DK
- Ref

B8bd. Because of a health or physical problem do you (or anyone else in the your family 5 years or older) have any difficulty getting in or out of bed or chairs?

- Yes
- No
- DK
- Ref

B8be. Because of a health or physical problem do you (or anyone else in your family 5 years or older) have any difficulty walking?

- Yes
- No
- DK
- Ref

B8bf. Because of a health or physical problem do you (or anyone else in your family 5 years or older) have any difficulty using the toilet? (INTERVIEWER: This is the ability to physically be able to use a toilet including getting on to it, etc. It does not have anything to do with constipation, digestive or bowel problems.)

- Yes
- No
- DK
- Ref

B8ca. Because of a health or physical problem do you (or anyone else in your family 18 YEARS OR OLDER) have any difficulty managing medications?

- Yes
- No
- DK
- Ref

B8cb. Because of a health or physical problem do you (or anyone else in your family 18 YEARS OR OLDER) have any difficulty using the telephone?

- Yes
- No
- DK
- Ref

B8cc. Because of a health or physical problem do you (or anyone else in your family 18 YEARS OR OLDER) have any difficulty doing light housework like washing dishes, straightening up, or light cleaning?

- Yes
- No
- DK
- Ref

**[IF RESPONDENT LIVES ALONE AND B8cc IS “YES” SKIP TO B8ce...OTHERWISE:
IF B8cc IS “YES”**

B8cd. Aside from that/those family member(s) that have difficulty doing light housework, do you (or does anyone else in your family) have difficulty doing heavy housework like scrubbing floors or washing windows, because of a health or physical problem

IF B8cc IS NOT “YES”: Because of a health or physical problem do you (or anyone else in your family 18 YEARS OR OLDER) have any difficulty doing heavy housework like scrubbing floors or washing windows?

- Yes
- No
- DK
- Ref

B8ce. Because of a health or physical problem do you (or anyone else in your family 18 YEARS OR OLDER) have any difficulty preparing meals?
(INTERVIEWER: This has nothing to do with ability to cook. IF YOU ARE TOLD SOMEONE DOESN'T COOK SAY: Well assuming they had to.)

- Yes
- No
- DK
- Ref

B8cf. Because of a health or physical problem do you (or anyone else in your family 18 YEARS OR OLDER) have any difficulty how about shopping for personal items such as toilet items or medicines?

- Yes
- No
- DK
- Ref

B8cg. Because of a health or physical problem do you (or anyone else in your family 18 YEARS OR OLDER) have any difficulty managing money like keeping track of expenses or paying bills?

- Yes
- No
- DK
- Ref

[ASK IF “YES” TO B8BA...OTHERWISE SKIP TO INSTRUCTION BEFORE B23A]

B21a. Who has this difficulty bathing or showering? Anyone else?

(INSERT ROSTER 5 YEARS OR OLDER)

B22. (Do you/Does (name(s)) receive help from another person with bathing or showering?
(MCBS,HS32-1)

- Yes
- No (GO TO INSTRUCTION BEFORE B23A)
- Don't Know (GO TO INSTRUCTION BEFORE B23A)
- Ref (GO TO INSTRUCTION BEFORE B23A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTIONS BEFORE B23a]

B22a. Who receives this help? (INSERT APPROPRIATE NAMES)

[ASK IF “YES” TO B8BB...OTHERWISE SKIP TO INSTRUCTION BEFORE B25A]

B23a. Who has difficulty dressing? Anyone else?

(INSERT ROSTER 5 YEARS OR OLDER)

B24. (Do you/Does (name(s)) receive help from another person with dressing?
(MCBS,HS32-1)

- Yes
- no (GO TO instruction before B25a)
- Don't Know (GO TO instruction before B25a)
- Ref (GO TO instruction before B25a)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B25a]

B24a. Who receives help with dressing? (INSERT APPROPRIATE NAMES)

[ASK IF “YES” TO B8BC...OTHERWISE SKIP TO INSTRUCTION BEFORE B27A]

B25a. Who has difficulty eating? Anyone else?

(INSERT ROSTER 5 YEARS OR OLDER)

B26. (Do you/Does (name(s)) receive help from another person with eating?
(MCBS,HS32-1)

- Yes
- No (GO TO INSTRUCTION BEFORE B27A)
- Don't Know (GO TO INSTRUCTION BEFORE B27A)
- Ref (GO TO INSTRUCTION BEFORE B27A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B27a]

B26a. Who receives help with eating? (INSERT APPROPRIATE NAMES)

[ASK IF “YES” TO B8BD...OTHERWISE SKIP TO INSTRUCTION BEFORE B29A]

B27a. Who has difficulty getting in or out of bed or chairs? Anyone else?

(INSERT ROSTER 5 YEARS OR OLDER)

B28. Do you/Does (name(s)) receive help from another person with getting in or out of bed or chairs? (MCBS,HS32-1)

- Yes
- No (GO TO INSTRUCTION BEFORE B29A)
- Don't Know (GO TO INSTRUCTION BEFORE B29A)
- Ref (GO TO INSTRUCTION BEFORE B29A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B29a]

B28a. Who receives help with getting in or out of bed or chairs? (INSERT APPROPRIATE NAMES)

[ASK IF “YES” TO B8BE...OTHERWISE SKIP TO INSTRUCTION BEFORE B31A]

B29a. Who has this difficulty walking? Anyone else?

(INSERT ROSTER 5 YEARS OR OLDER)

B30. (Do you/Does (name(s)) receive help from another person with walking? (MCBS,HS32-1)

- Yes
 No (GO TO INSTRUCTION BEFORE B31A)
 Don't Know (GO TO INSTRUCTION BEFORE B31A)
 Ref (GO TO INSTRUCTION BEFORE B31A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B31a]

B30a. Who receives help with walking? (INSERT APPROPRIATE NAMES)

[ASK IF “YES” TO B8BF...OTHERWISE SKIP TO INSTRUCTION BEFORE B33A]

B31a. Who has difficulty using the toilet? Anyone else?

(INSERT ROSTER 5 YEARS OR OLDER)

B32. (Do you/Does (name(s)) receive help from another person with using the toilet? (MCBS,HS32-1)

- Yes
 No (GO TO INSTRUCTION BEFORE B33A)
 Don't Know (GO TO INSTRUCTION BEFORE B33A)
 Ref (GO TO INSTRUCTION BEFORE B33A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B33a]

B32a. Who receives help with using the toilet? (INSERT APPROPRIATE NAMES)

<> NONE OF THE ABOVE

[ASK IF “YES” TO B8CA...OTHERWISE SKIP TO INSTRUCTION BEFORE B35A]

B33a. Who has difficulty managing medications? Anyone else?

(INSERT ROSTER 18 YEARS OR OLDER)

<> NONE OF THE ABOVE

B34. (Do you/Does (name(s)) receive help from another person with managing medications? (MCBS,HS32-1)

- Yes
 No (GO TO INSTRUCTION BEFORE B35A)
 Don't Know (GO TO INSTRUCTION BEFORE B35A)
 Ref (GO TO INSTRUCTION BEFORE B35A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B35a]

B34a. Who receives help with managing medications?
(INSERT APPROPRIATE NAMES)

<> NONE OF THE ABOVE

[ASK IF “YES” TO B8CB...OTHERWISE SKIP TO INSTRUCTION BEFORE B37A]

B35a. Who has difficulty using the telephone? Anyone else?

(INSERT ROSTER 18 YEARS OR OLDER)

<> NONE OF THE ABOVE

B36. (Do you/Does (name(s)) receive help from another person using the telephone?
(MCBS,HS32-1)

Yes

No (GO TO INSTRUCTION BEFORE B37A)

Don't Know (GO TO INSTRUCTION BEFORE B37A)

Ref (GO TO INSTRUCTION BEFORE B37A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B37a]

B36a. Who receives help with using the telephone?
(INSERT APPROPRIATE NAMES)

<> NONE OF THE ABOVE

[ASK IF “YES” TO B8CC...OTHERWISE SKIP TO INSTRUCTION BEFORE B39A]

B37a. Who has difficulty doing light housework like washing dishes, straightening up or light cleaning? Anyone else?

(INSERT ROSTER 18 YEARS OR OLDER)

<> NONE OF THE ABOVE

B38. (Do you/Does (name(s)) receive help from another person doing light housework like washing dishes, straightening up or light cleaning? (MCBS,HS32-1)

Yes

no (GO TO INSTRUCTION BEFORE B39A)

Don't Know (GO TO INSTRUCTION BEFORE B39A)

Ref (GO TO INSTRUCTION BEFORE B39A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B39a]

B38a. Who receives help with doing light housework like washing dishes, straightening up, or light cleaning? (INSERT APPROPRIATE NAMES)

[ASK IF “YES” TO B8CD...OTHERWISE SKIP TO INSTRUCTION BEFORE B41A]

B39a. Who has this difficulty doing heavy housework like scrubbing floors or washing windows? Anyone else?

(INSERT ROSTER 18 YEARS OR OLDER)

40. (Do you/Does (name(s)) receive help from another person with doing heavy housework like scrubbing floors or washing windows? (MCBS,HS32-1)

- Yes
- No (GO TO INSTRUCTION BEFORE B41A)
- Don't Know (GO TO INSTRUCTION BEFORE B41A)
- Ref (GO TO INSTRUCTION BEFORE B41A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B41a]

B40a. Who receives help with doing heavy housework like scrubbing floors or washing windows? (INSERT APPROPRIATE NAMES)

[ASK IF “YES” TO B8CE...OTHERWISE SKIP TO INSTRUCTION BEFORE B43A]

B41a. Who has difficulty preparing meals? Anyone else?

(INSERT ROSTER 18 YEARS OR OLDER)

B42. Do you/Does (name(s)) receive help from another person preparing meals? (MCBS,HS32-1)

- Yes
- no (GO TO INSTRUCTION BEFORE B43A)
- Don't Know (GO TO INSTRUCTION BEFORE B43A)
- Ref (GO TO INSTRUCTION BEFORE B43A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B43a]

B42a. Who receives help with preparing meals? (INSERT APPROPRIATE NAMES)

[ASK IF “YES” TO B8CF...OTHERWISE SKIP TO INSTRUCTION BEFORE B45A]

B43a. Who has difficulty shopping for personal items? Anyone else?

(INSERT ROSTER 18 YEARS OR OLDER)

B44. (Do you/Does (name(s)) receive help from another person shopping for personal items? (MCBS,HS32-1)

- Yes
- no (GO TO INSTRUCTION BEFORE B45A)
- Don't Know (GO TO INSTRUCTION BEFORE B45A)
- Ref (GO TO INSTRUCTION BEFORE B45A)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO INSTRUCTION BEFORE B45a]

B44a. Who receives help with shopping for personal items?
(INSERT APPROPRIATE NAMES)

[ASK IF "YES" TO B8CG...OTHERWISE SKIP TO SECTION C]

B45a. Who has difficulty managing money, like keeping track of expenses or paying bills? Anyone else?

(INSERT ROSTER 18 YEARS OR OLDER)

B46. (Do you/Does (name(s)) receive help from another person with managing money like keeping track of expenses or paying bills?
(MCBS,HS32-1) **(INTERVIEWER: Focus is not on their financial situation, but on their ability to manage whatever money they have)**

- Yes
- no (GO TO SECTION C)
- Don't Know (GO TO SECTION C)
- Ref (GO TO SECTION C)

[IF MORE THAN ONE PERSON IN CATEGORY ASK...OTHERWISE GO TO SECTION C]

B46a. Who receives help with managing money, like keeping track of expenses or paying bills? (INSERT APPROPRIATE NAMES)

SECTION C - UTILIZATION**INSTRUCTIONS TO SELECT FAMILY MEMBERS WHO WILL BE ADMINISTERED SECTION C:**

STEP 1: RANDOMLY SELECT ONE ADULT (19 or older) AND ONE CHILD (18 OR UNDER) – FROM AMONG ALL FAMILY MEMBERS.

- IF NO ONE OVER 19...SELECT ADULT FROM 16/17/18 YEAR OLDS

*****CATI INSURE RANDOMLY SELECTED INDIVIDUALS ARE INDICATED FOR CLIENT PURPOSES. EVEN IF THEY FIT ANY OF THE SUBSEQUENT STEPS*****

STEP 2: IF THE RESPONDENT IS NOT ONE OF THOSE ALREADY SELECTED...SELECT THE RESPONDENT.

STEP 3: ADD ANYONE ELSE WHO IS LISTED IN B8a

STEP 4: ADD ANYONE ELSE WHO IS LISTED IN B9a

STEP 5: ADD ANYONE ELSE WHOSE IS LISTED IN AT LEAST ANY ONE OF THESE QUESTIONS: B21a, B23a, B25a, B27a, B29a, B31a, B33a, B35a, B37a, B39a, B41a, B43a, B45a

STEP 6: ADD ANYONE ELSE WHOSE RESPONSE IN B1 WAS “FAIR” OR “POOR”

STEP 7: ADD ANYONE ELSE WHO IS LISTED IN B5a

STEP 8: ADD ANYONE ELSE WHO IS LISTED IN B4a

STEP 9: ADD ANYONE ELSE WHO IS A “YES” IN ANY OF THE Q11 SYMPTOMS

STEP 10: ADD ANYONE ELSE WHO IS A76 “CORRECT” (NO HEALTH PLAN)

C1. During the past 12 months, were you (or insert other focus people) a patient in a hospital overnight?

- Yes (ASK C1A)
- No (GO TO C5)
- DK (GO TO C5)
- Ref (GO TO C5)

C1a. Who?

Insert respondent and focus people list only

C1. (ASK ALL FOR EACH PERSON IN C1a)

C2. How many different times did you/[name] stay in the hospital overnight or longer in the past 12 months? (FHIS, 4.2, p 35, CTS p52)

_____ Number of Times RANGE 1 to 24 (24=24 or more)
<25> DON'T KNOW <26> REF

**[IF FOCUS PERSON FEMALE BETWEEN 10-55 ASK C3
 [IF FOCUS PERSON UNDER 1 YR GO TO C4.
 [ALL OTHER GO TO C3b]**

C3. Were any of these hospital stays for delivery of a baby?

- Yes
- No
- DK
- REF

C3a. How many nights did (you/name) stay in the hospital for delivery of a baby?

___ ___ range 1 to 366 365 = DK, 366 = REF

[IF C3 IS “YES” AND C2 IS “1” GO TO C5...OTHERWISE ASK C3b]

C3b. **WORDING IF C3 IS “YES”:** Not including the (# from C3a) nights for the delivery, how many other nights did (you/name) stay in the hospital during the past 12 months? (IF DK PROBE FOR BEST GUESS).

WORDING FOR ALL OTHERS: How many nights did (you/name) stay in the hospital during the past 12 months? IF DK PROBE FOR BEST GUESS)

___ ___ range 1 to 366 365 = DK, 366 = REF

C4. **[IF FOCUS PERSON UNDER 1 YEAR OLD ASK...OTHERWISE GO TO C5]:** Did [name] stay in the hospital overnight at birth? (CTS, p52, NSAF F5)

- Yes
- No (GO TO C4c)
- DK (GO TO C4c)
- REF (GO TO C4c)

C4a. How many nights did (name) stay in the hospital at birth?

___ ___ range 1 to 366 365 = DK, 366 = REF

C4b. Was (name) admitted to the hospital at any other time?

- Yes
- No (GO TO C5)
- DK (GO TO C5)
- REF (GO TO C5)

C4c. **[IF C4b IS “YES” READ]:** Not counting the (# C4a) nights from birth, how many other nights did (name) stay in the hospital?

[ALL OTHERS READ]: How many nights did (name) stay in the hospital?

___ ___ range 1 to 366 365 = DK, 366 = REF

C5. During the past 12 months did you (or insert other focus people) GO TO a hospital emergency room?

- Yes (ASK C5A)
- No (GO TO C6)
- DK (GO TO C6)
- Ref (GO TO C6)

C5a. Who went?

C5b. **(FOR EACH PERSON IN C5a)** About how many times did (you/name) GO TO a hospital emergency room in the past 12 months?

1 to 97 98 Dk 99 Ref

C6. Again, during the past 12 months have you (or insert other focus people) been to see a doctor? (IF C1 or C5 is “Yes” add: Do not count doctors seen while in the hospital overnight or the hospital emergency room.)

- Yes (ASK C6a)
- No (GO TO INST BEFORE C7A)
- Dk (GO TO INST BEFORE C7A)
- Ref (GO TO INST BEFORE C7A)

C6a. Who has seen a doctor?

C6b. **(FOR EACH PERSON IN C6A ASK C6B AND C7 CONSECUTIVELY)** About how many times (have you/has name) seen a doctor in the past 12 months?

1-366 , 365 = DK, 366 = REF

IF C6 IS “0” SKIP TO C7a...OTHERWISE

C7. **IF FOCUS PERSON IS UNDER 19 YEARS OF AGE SAY:** About how many of (your/his/her) (insert value in C6 visits / if DK/REF insert “ visits to a doctor that you just told me about”) were for well-child care, such as check-ups? (NSAF, F15)

IF FOCUS PERSON IS 19 YRS OR OLDER SAY: About how many of (your/his/her) (insert value in C6 visits/ if DK/REF insert “ visits to a doctor that you just told me about”) were for preventive care, such as check-ups? (modified NSAF, F15)

0-97 number of visits (97 = 97 or more)
 <998>DON'T KNOW
 <999>REF

CHECK: NUMBER OF VISITS FOR C7 DOES NOT EXCEED TOTAL VISITS C6 IF SO...

You said there were a total of (# in C6) visits to a doctor and of those (# in C7) were for preventive care such as check-ups? Which of those answers is incorrect?

- Total number of visits (GO BACK AND RE-ASK C6)
 Total number of check-ups (GO BACK AND RE-ASK C7)

[ASK C7a INSERTING ONLY THE RESPONDENT AND AND FOCUS PEOPLE WHO ARE 19 YEARS OF AGE OR OLDER. IF ALL UNDER 19 YEARS OF AGE GO TO INSTRUCTION BEFORE C8)

C7a. Did you (or insert focus names over 19) ever call a doctor, nurse or other health care professional about yourself/yourselves or any other family member during the past 12 months? Include phone calls for medical advice, prescriptions or test results, but not to make appointments.

- Yes (ASK C7A1)
 No (GO TO INST BEFORE C8)
 Dk (GO TO INST BEFORE C8)
 Ref (GO TO INST BEFORE C8)

C7a1. Who talked over the phone with a doctor or other health care professional?

(FOR EACH PERSON IN C7A1 ASK C7B AND C7C CONSECUTIVELY)

C7b. Thinking about the calls (you/name) made, who was that phone call about? (NHIS FAU.160)

INSERT FAMILY ROSTER

(FOR EACH PERSON MENTIONED IN C7b ASK:)

C7c. How many phone calls were made by (insert focus person who is "Yes" in C7a) about (insert name in C7b)? [IF NOT SURE SAY: Your best approximation is fine.] (NHIS FAU.170)

RANGE 1 TO 52 (52 = 52 times or more)
 53 = DK 54 = REF

FOR EACH FOCUS PERSON UNINSURED IN PAST YEAR BUT CURRENTLY INSURED (mentioned in A2a, A28a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65, A67, A74, or A76 AND mentioned in A87a) AND HAD DOCTOR VISITS IN PAST YEAR (C6>0) ASK C8.

FOR EACH FOCUS PERSON CURRENTLY UNINSURED (A76=CORRECT) and HAD DOCTOR VISITS IN PAST YEAR (C6>0, DK, or REF) ASK C8

ALL OTHERS GO TO C9

C8. During the past 12 months did (you/names) see a doctor when (you/he/she/they) did not have a health plan?

- Yes (ask C8.1)
- No (GO TO c9)
- Dk (GO TO c9)
- Ref (GO TO c9)

C8.1. Who saw the doctor?

INSERT FAMILY ROSTER

ASK C8A AND B CONSECUTIVELY FOR EACH PERSON IN C81

INTERVIEWER: IF ONLY ONE PERSON INSERTED BELOW, AUTOMATICALLY ENTER THAT CODE AND DO NOT ASK THE QUESTION.

C8a. The last time (you/name) saw the doctor when (you/he/she) didn't have a health plan, did the doctor...(READ LIST):

- provide care for free, (SKIP TO C9)
- charge only part of the usual fee, or
- charge the full price?
- (vol) don't know (SKIP TO C9)
- (vol) ReF (SKIP TO C9)

C8b. Did you or do you expect to pay the amount charged?

- Already paid for it
- Expect to pay for it
- No, not paying for it
- Will try to pay for it
- DON'T KNOW
- REF

C9. During the past 12 months did you (or focus people) see a dentist? (NSAF, F6)

- Yes (Ask C9a)
- No (GO TO C10a)
- DK (GO TO C10a)
- REF (GO TO C10a)

C9a. Who saw the dentist?

C9b. **(FOR EACH IN C9A)** About how many times did (you/name) see a dentist in the past 12 months?

1-366, 365 = DK, 366 = REF

C10a. Again in the past 12 months did you (or focus people) get care or treatment for an emotional or mental health problem from anyone such as a regular doctor, therapist or minister?

- Yes (ask C10a1)
- No (GO TO C10b)
- Dk (GO TO C10b)
- Ref (GO TO C10b)

C10a1. Who got that care? (Insert focus list)

[FOR EACH PERSON IN C10a1]

C10a1a. Who did (you/name) see? (DO NOT READ LIST) (MULTIPLE RECORD)

- Psychologist, psychiatrist, social worker, psychiatric nurse, counselor, or other mental health worker
- Primary care doctor or family doctor
- Minister, priest, rabbi, emergency room, school nurse, self help group
- Other (specify)
- DK
- REF

C10a2 (FOR EACH PERSON IN C10a1 ASK C10a2 and C10a3 CONSECUTIVELY) About how many times did (name) see a (read in from C10a1a) for this problem?

1-366, 365 = DK, 366 = REF

C10a3. What was the problem?

- Adjustment Disorder
- Alcohol Use/Abuse
- Alzheimer's Disease
- Anxiety
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Conduct Disorder
- Dementia
- Depression
- Developmental Disorder (DD)
- Drug Use/Abuse
- Eating Disorder
- Impulse Control
- Language Disorder
- Learning Disorder
- Manic Depression
- Manic episodes
- Marriage Counseling
- Mental Retardation
- Neurotic Disorder
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Paranoid or Delusional Disorder
- Personality Disorder
- Phobia
- Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Senility
- Speech Disorder
- Stress
- Therapy for a non-specified life problem (therapy, general therapy, etc.)
- Other, specify

C10d. Do you (or anyone else in your family) have an emotional or mental health problem for which they didn't seek care?

- Yes
- No (skip to C11)
- DK (skip to C11)
- REF (skip to C11)

C10d1. Who?

C10d2 (FOR EACH PERSON IN C10d1) What is/was (name)'s problem?

- Adjustment Disorder
- Alcohol Use/Abuse
- Alzheimer's Disease
- Anxiety
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Conduct Disorder
- Dementia
- Depression
- Developmental Disorder (DD)
- Drug Use/Abuse
- Eating Disorder
- Impulse Control
- Language Disorder
- Learning Disorder
- Manic Depression
- Manic episodes
- Marriage Counseling
- Mental Retardation
- Neurotic Disorder
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Paranoid or Delusional Disorder
- Personality Disorder
- Phobia
- Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Senility
- Speech Disorder
- Stress
- Therapy for a non-specified life problem (therapy, general therapy, etc.)
- Other, specify

[ASK ALL]

C11. Not counting the doctor visits you may have already told me about, have you (or insert other family members) seen a nurse practitioner at least once in the past 12 months? (IF ANYONE IN HOSPITAL IN PAST YEAR [C1 "Yes" for any family member, or C5 "1 or more" for any family member] ADD: Do not include nurse practitioners seen while in the emergency room or as an overnight patient in a hospital.)

- Yes (ASK C11a)
- No (SKIP TO C11f)
- DK (SKIP TO C11f)
- REF (SKIP TO C11f)

C11a. Who has seen a nurse practitioner in the past 12 months? Anyone else?

(IF RESP. LIVES ALONE ENTER THEIR CODE WITHOUT READING QUESTION)

INSERT FAMILY ROSTER

C11b. **[FOR EACH PERSON IN C11a ASK:]** How many times did (you/name) see a nurse practitioner in the past 12 months?

1-366, 365 =DK, 366 = REF

[ONLY INCLUDE FEMALES WHO ARE BETWEEN THE AGES OF 10 AND 55. IF NONE IN THE HOUSEHOLD, GO TO C12]

11f. Has/have (INSERT NAMES OF FEMALES 10 TO 55 YEARS OF AGE) seen a midwife during the past 12 months?

- Yes (ASK C11g)
- No (SKIP TO C12)
- DK (SKIP TO C12)
- REF (SKIP TO C12)

C11g. Who has seen a midwife in the past 12 months? Anyone else?

(IF RESP. LIVES ALONE ENTER THEIR CODE WITHOUT READING QUESTION)

INSERT APPROPRIATE FEMALES FROM FAMILY ROSTER

C11h. **[FOR EACH PERSON IN C11g ASK:]** How many times did (you/name) see a midwife in the past 12 months?

1-366, 365 = DK, 366 = REF

[ASK ALL]

C12. Have you (or anyone else in your family) seen a chiropractor in the past 12 months?

- Yes (ASK C12a)
- No (SKIP TO C16)
- DK (SKIP TO C16)
- REF (SKIP TO C16)

C12a. Who has seen a chiropractor in the past 12 months? Anyone else?

INSERT FAMILY ROSTER

(IF RESP. LIVES ALONE ENTER THEIR CODE WITHOUT READING QUESTION)

(ASK ALL)

C16. During the past 12 months, did you (or anyone else in your family) receive care at home from a registered nurse? (modified NLTCS, p27, Q10)

- Yes
- No (Skip to C16b)
- Dk (Skip to C16b)
- Ref (Skip to C16b)

C16a. Who received these services?

(FROM FAMILY ROSTER)

C16b. During the past year, did anyone in your household receive care at home from a home health aide, homemaker assistant, or nurse's aide? (PROBE: do not include home visits by a registered nurse) (modified NLTCS, p27, Q10)

- Yes
- No (Skip to C16d)
- Dk (Skip to C16d)
- REF (Skip to C16d)

C16c. Who received these services?

(FROM ROSTER)

C16d. In the LAST MONTH, since (date), have/has (name(s)) taken any prescription medicines?

- Yes
- No (GO TO c17)
- Dk (GO TO c17)
- Ref (GO TO c17)

C16d1. Who?

C16e **(FOR EACH PERSON IN C16d1 ASK:)**

How many different prescriptions of medicines have (you/name) taken in the last month? [INTERVIEWER: Listen carefully to respondent. We aren't talking about how many doses were taken, but how many different medications have been prescribed]

(NUMBER OF MEDICINES) RANGE 1-99, 98 = DK, 99 = REF

C17. During the past 12 months, that is since (date), have you (and name(s)) had a flu shot?

- Yes
- No (GO TO INST. BEFORE C18)
- Dk (GO TO INST. BEFORE C18)
- Ref (GO TO INST. BEFORE C18)

C17a. Who?

(IF RESPONDENT AND OTHER FOCUS PEOPLE ALL UNDER AGE 65 GO TO INST BEFORE C19...OTHERWISE ASK FOR THOSE 65 OR OLDER)

C18. Have (focus people 65+) ever had a pneumonia vaccination?

- Yes
- No (GO TO INST. BEFORE C18)
- Dk (GO TO INST. BEFORE C18)
- Ref (GO TO INST. BEFORE C18)

C18a. Who?

[IF ONLY 1 PERSON LISTED, JUST ENTER THE CODE...DO NOT ASK]

(ASK C19 FOR EACH FOCUS PERSON WHO IS A FEMALE 40+. THIS IS ASKED ONCE FOR EACH PERSON...OTHERWISE GO TO INSTRUCTION BEFORE C19b)

C19. When did (you/name) last have a mammogram, or (have/has name(s)) never had one? (DO NOT READ LIST)

- Within the past year
- Within the past 2 years
- Within the past 3 years
- Within the past 5 years
- 5 or more years ago
- Never had a mammogram
- Don't know
- Ref

(IF NO FOCUS PEOPLE FEMALE 20 + GO TO C20..OTHERWISE INSERT THE NAMES OF FOCUS FEMALES 20+)

C19b. During the past 12 months (have/has name(s)) received a Pap smear? ...

- Yes
- No (GO TO INST BEFORE C20A)
- Dk (GO TO INST BEFORE C20A)
- Ref (GO TO INST BEFORE C20A)

C19c. Who?

(IF NO FOCUS PEOPLE MALES 50+ GO TO INST BEFORE C20b...OTHERWISE ASK THIS ONCE FOR EACH MALE 50+)

C20a. Have you/has name ever had a prostate exam?

- Yes
- No
- DK
- Ref

(IF NO FOCUS PEOPLE 50+ GO TO INST BEFORE C20c...OTHERWISE ASK THIS ONCE FOR EACH PERSON 50+)

C20b. Have you/has name ever been screened for colorectal cancer?

[INTERVIEWER: This includes fecal occult test (mail-in stool sample), digital rectal exam, sigmoidoscopy and colonoscopy)

- Yes
- No
- DK
- Ref

(IF NO FOCUS PEOPLE FEMALE 45+ OR MALES 35+ GO TO C21a...OTHERWISE ASK FOR EACH FEMALE 45+ AND MALE 35+)

C20c. Have you/has name ever received a blood test for cholesterol?

- Yes
- No
- DK
- Ref

C21a. In the past 12 months, was there any family member WHO IS NO LONGER LIVING THERE who had significant health expenses?

- Yes
- No (GO TO C21)
- DK (GO TO C21)
- REF (GO TO C21)

C21b. What is that person's relationship to you?

- my **spouse/husband/wife**
- my **unmarried partner, boyfriend/girlfriend **
- my **natural or legally adopted child/son/daughter**
- my **stepdaughter/son**
- my **foster child**
- my **grandchild/grandson/granddaughter**
- my **child for whom I am the legal guardian**
- my **mother**
- my **father**
- my **brother/sister/sibling**
- my **grandfather/grandmother**
- my **mother/father-in-law**
- my **sister/brother-in-law**
- my **daughter/son-in-law**
- my **stepmother/father**
- my **aunt/uncle**
- my **niece/nephew**
- my **cousin**
- my **great grandmother/father**
- my **great aunt/uncle**
- my **great grandchild**
- my **other relative, specify:_____**

C21c. Why are they no longer living there?

- Died
- Divorced
- Married
- Went to school
- Went to nursing home
- Moved out
- Other, specify _____

C21. During the past 12 months about how much have you (and your family) had to pay for prescription drugs which was not covered or reimbursed by insurance? (NYC Survey, p 19)

(IF YES TO C21a, SAY: THIS SHOULD INCLUDE ANY EXPENSES FOR PRESCRIPTION DRUGS FOR YOUR [RELATIONSHIP(S) IN C21b.]

(READ LIST IF HESITANT. IF NEEDED: THIS IS OUT OF POCKET FOR THE WHOLE FAMILY, IN TOTAL FOR THE PAST 12 MONTHS)

- None
- Under \$200
- \$200-\$500
- \$501-\$1,000
- \$1001-\$2000
- \$2,001 or more
- DON'T KNOW
- REF

C22. During the past 12 months about how much have you (and your family) had to pay for dental care which was not covered by insurance? (NYC Survey, p 19)

(IF YES TO C21a, SAY: THIS SHOULD INCLUDE ANY EXPENSES FOR DENTAL CARE FOR YOUR [RELATIONSHIP(S) IN C21b.]

(READ LIST IF HESITANT)

- None
- Under \$200
- \$200-\$500
- \$501-\$1,000
- \$1001-\$2000
- \$2,001 or more
- (vol) No one visited dentist in past 12 months
- (vol) DON'T KNOW
- (vol) REF

IF C21 AND C22 = 1, SKIP TO INSTRUCTION BEFORE C21

C23a. How serious a financial problem have medical costs been to you (and your family) in the last year? Has it been a major problem, a minor problem, or not been a problem? (modified FHS 7.24)

- Major problem
- Minor problem
- No problem
- Don't know
- Ref

[ASK C33-C35 IF "YES" TO C10R "ONE OR MORE TIMES" IN C5 OR C6, OR THE RESPONDENT IS MENTIONED IN C11A, C11D, C11G, OR C12A....ALL OTHERS GO TO INSTRUCTION BEFORE C36]

C33. (In the last 12 months), how often did doctors or other health providers explain things in a way you could understand. Would you say (READ LIST): (CAHPSpg6, 28; BRFSSpg57)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- Never,
- sometimes,
- usually, or
- always?
- (vol) don't know
- (vol) Ref

- C34. How often did doctors or other health providers show respect for what you had to say (READ LIST): (CAHPSpg6, 29; BRFSSpg57)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- never,
- sometimes,
- usually, or
- always?
- (vol) don't know
- (vol) Ref

- C35. How often did doctors or other health providers spend enough time with you. (READ LIST)? (CAHPSpg6, 30; BRFSSpg57)

IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- never,
- sometimes,
- usually, or
- always?
- (vol) don't know
- (vol) Ref

[ASK C36 IF “YES” TO C10R “ONE OR MORE TIMES” IN C5 OR C6, OR THE RESPONDENT IS MENTIONED IN C11A, C11D, OR C11G]

- C36. (In the past 12 months), how often did your doctors or other health providers ask whether you take any prescription medicines? (READ ENTIRE LIST IF NEEDED)? (modified EPSpg26-18, AC19B)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- never,
- sometimes,
- usually, or
- always?
- (vol) don't take any (ASK C36.1)
- (vol) don't know
- (vol) Ref

- C36.1. **IF DON'T TAKE ANY:** But how often did they ask you if you took any? (READ LIST IF NECESSARY)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- never,
- sometimes,
- usually, or
- always?
- (vol) don't know
- (vol) Ref

C36a. (In the past 12 months), how often did your doctors or other health providers ask whether you took any herbal medicines? (READ LIST IF NECESSARY)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- Never,
- Sometimes,
- Usually, or
- Always?
- (vol) don't take any (Ask C36a.1)
- (vol) DK
- (vol) REF

C36a.1 **IF DON'T TAKE ANY:** But, how often did they ask you if you took any? (READ LIST IF NECESSARY)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- Never,
- Sometimes,
- Usually, or
- Always?
- (vol) DK
- (vol) REF

C36b. (In the past 12 months), how often did your doctors or other health providers ask whether you took any over-the-counter (OTC) medicines? (READ LIST IF NECESSARY)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- Never,
- Sometimes,
- Usually, or
- Always?
- (vol) don't take any (Ask C36b.1)
- (vol) DK
- (vol) REF

C36b.1. **IF DON'T TAKE ANY:** But, how often did they ask you if you took any? (READ LIST IF NECESSARY)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- Never,
- Sometimes,
- Usually, or
- Always?
- (vol) DK
- (vol) REF

C39. (In the last 12 months) have you been misdiagnosed, received bad advice, or been given an incorrect treatment or prescription...when seeing a doctor or any other health care provider? IF YES PROBE: Which? (Multiple Record)

[IF DIFFERENT FOR EACH PLAN SAY: Base it on the general health plan you use the most]

- Misdiagnosed
- Received bad advice
- Incorrect treatment or prescription
- NO, NONE OF THE ABOVE
- (VOL) DK
- (VOL) REF

SECTION D - ACCESS TO CARE

The next few questions are about different kinds of health care that you (and your family) may need.

[ASK FOR EACH PERSON SEPARATELY]

D1. Is there a particular doctor's office, hospital, health center or some other place that (you/name) usually (go/goes) to if (you/name) (is/are) sick or need advice about (your/his/her) health? (modified FHIS 3.1)

IF "YES" Probe: What kind of place is that? [DO NOT READ LIST] (FHIS 3.2)

IF CLINIC MENTIONED PROBE: Is it a hospital outpatient clinic, company clinic, school clinic, or some other kind of clinic? (FHIS 3.2)

IF HOSPITAL MENTIONED PROBE: Is it a hospital outpatient clinic, a hospital emergency room, or is it a doctor's office in a hospital? (FHIS 3.2)

IF SOME OTHER PLACE MENTIONED PROBE: Where was this? (FHIS 3.2)

- Yes, there is one place but i don't know what it is
- Yes, there is one place but i refuse to say what it is
- No, no particular place
- Doctor's office/group practice
- Hospital emergency room
- Hospital out-patient clinic
- Company/industrial clinic
- School clinic
- Other type of clinic
- Doctor's office or group practice
- Community or migrant health center
- Indian health service
- Public health department
- Walk-in center
- Other specify
- (VOL) Don't know if there is one place or not
- (VOL) Ref to say if there is one place or not

D3. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months was there a time when you (or someone in your family) wanted medical care or surgery but could not get it at that time? (NACS D1a1)

(IF RESPONDENT LIVES ALONE ENTER THEIR CODE AND DO NOT ASK "WHO WAS THAT?")

- Yes
- No
- Don't know
- Ref

D3a. Who was that? (MULTIPLE RECORD : _____
(from roster)

D4. Was there time when you (or someone in your family) wanted mental health care or counseling but could not get it at that time? (NACS D1e1)

(IF RESPONDENT LIVES ALONE ENTER THEIR CODE AND DO NOT ASK "WHO WAS THAT?")

- Yes (GO TO D4.1)
- No (GO TO D5)
- Don't know (GO TO D5)
- Ref (GO TO D5)

D4.1 Who was that? (MULTI RECORD)_____ (Ask D4a)
(from roster)

[FOR EACH PERSON LISTED IN D4.1 ASK]:

D4a. What was (your/name's) problem?

- Adjustment Disorder
- Alcohol Use/Abuse
- Alzheimer's Disease
- Anxiety
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Conduct Disorder
- Dementia
- Depression
- Developmental Disorder (DD)
- Drug Use/Abuse
- Eating Disorder
- Impulse Control
- Language Disorder
- Learning Disorder
- Manic Depression
- Manic episodes
- Marriage Counseling
- Mental Retardation
- Neurotic Disorder
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Paranoid or Delusional Disorder
- Personality Disorder
- Phobia
- Psychotic Disorder
- Schizoaffective Disorder
- Schizophrenia
- Senility
- Speech Disorder
- Stress
- Therapy for a non-specified life problem (therapy, general therapy, etc.)
- Other, specify

- D5. During the past 12 months was there a time when you (or someone in your family) wanted dental care but could not get it at that time? (NACS D1e1)

(IF RESPONDENT LIVES ALONE ENTER THEIR CODE AND DO NOT ASK "WHO WAS THAT?")

- Yes (GO TO D5a)
- No (GO TO D7)
- Don't know (GO TO D7)
- Ref (GO TO D7)

D5a. Who was that? (MULTI RECORD)_____

(from roster)

- D7. Was there a time when you (or someone in your family) didn't get or delayed getting a prescription because it cost too much? Please include Refills of earlier prescriptions as well as new prescriptions. (modified MCBS SC15)

(IF RESPONDENT LIVES ALONE ENTER THEIR CODE AND DO NOT ASK "WHO WAS THAT?")

- Yes (GO TO D7a)
- No (GO TO D8)
- Don't know (GO TO D8)
- Ref (GO TO D8)

D7a. Who was that? (MULTI RECORD)_____

(from roster)

- D8. During the past 12 months have you (or someone in your family) taken less of a prescribed medication to make the prescription last longer? (NEW QUESTION)

(IF RESPONDENT LIVES ALONE ENTER THEIR CODE AND DO NOT ASK "WHO WAS THAT?")

- Yes (GO TO D8a)
- No (GO TO SECTION F)
- Don't know (GO TO SECTION F)
- Ref (GO TO SECTION F)

D8a. Who was that? (MULTI RECORD)_____

(from roster)

SECTION F - Attitudes

Here are some statements people sometimes make about health care and insurance. Please tell me if you agree or disagree.

CATI: ASK THESE QUESTIONS IN RANDOM ORDER.

Interviewer: Probe : Is that strongly (disagree/agree) or somewhat (disagree/agree)?

3. Having my medical needs taken care of at a public or free clinic is just fine with me. (WTP) Agree or disagree? (Is that strongly disagree/agree or somewhat disagree/agree)?

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

4. Most doctors will treat you even if you can't afford to pay the full amount. (WTP) Agree or disagree? (Is that strongly disagree/agree or somewhat disagree/agree)?

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

5. If you are healthy, having health insurance is still a necessity. Agree or disagree? (Is that strongly disagree/agree or somewhat disagree/agree)?

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

10. Doctors and hospitals make too many mistakes. Agree or disagree? (Is that strongly disagree/agree or somewhat disagree/agree)?

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

12. If you wait long enough, most health problems go away by themselves.
Agree or disagree? (Is that strongly disagree/agree or somewhat disagree/agree)?
- Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - Don't Know (VOL)
 - Ref (VOL)
16. I worry a lot about my health. Agree or disagree? (Is that strongly disagree/agree or somewhat disagree/agree)?
- Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - Don't Know (VOL)
 - Ref (VOL)
18. If I take the right actions, I can stay healthy. Agree or disagree? (Is that strongly disagree/agree or somewhat disagree/agree)?
- Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - Don't Know (VOL)
 - Ref (VOL)
19. Health professionals control my health? Agree or disagree? (Is that strongly disagree/agree or somewhat disagree/agree)?
- Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - Don't Know (VOL)
 - Ref (VOL)
20. Most things that affect my health happen to me by chance. Agree or disagree?
(Is that strongly disagree/agree or somewhat disagree/agree)?
- Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - Don't Know (VOL)
 - Ref (VOL)

21. For the most part, I only GO TO the doctor when a health problem gets bad. Agree or disagree? (Is that strongly disagree/agree or somewhat (disagree/agree)?)

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

22. Even when I am sick, I prefer not to take medicines. Agree or disagree? (Is that strongly disagree/agree or somewhat (disagree/agree)?)

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

24. I am a lot more likely to take risks than the average person. (CTS, pg.83, e521)
(Probe: In general, or whatever you think of as risks). Agree or disagree? (Is that strongly disagree/agree or somewhat (disagree/agree)?)

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

25. I have problems finding the time to get to the doctor. Agree or disagree? (Is that strongly disagree/agree or somewhat (disagree/agree)?)

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

26. Families should help each other pay for health insurance in financially tight times. Agree or disagree? (Is that strongly disagree/agree or somewhat (disagree/agree)?)

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree
 Don't Know (VOL)
 Ref (VOL)

SECTION G - CAREGIVER ASSISTANCE – Changes from between the 2nd and 3rd Pretest

[ASK G1 TO G2d CONSECUTIVELY FOR EACH CARE RECIPIENT MENTIONED IN B21a OR B22a OR B23a OR B24a OR B25a OR B26a OR B27a OR B28a OR B29a OR B30a OR B31a OR B32a OR “YES” IN EITHER B34, B36, B38, B40, B42, B44, OR B46. ALL OTHERS TO GO G6]

CATI: IN THIS QUESTION YOU WILL INSERT THE NAME OF THE CARE RECIPIENT AND UP TO TWO DIFFICULTIES. THE DIFFICULTIES COME FROM THE LEAD QUESTION...SO IF SOMEONE IS MENTIONED IN B22a THAT DIFFICULTY IS IN B22. IF SOMEONE HAS MORE THAN TWO DIFFICULTIES ADD THE PHRASE “AND OTHER DAILY ACITIVITIES” TO THE QUESTION. IF SOMEONE ONLY HAS ONE DIFFICULTY, JUST THAT DIFFICULTY WILL BE READ IN. (note: read in difficulties by order of question in which they occur)

- G1. Earlier, you said that (you/insert name of care recipient) get(s) help from another person with [DIFFICULTY #1] (and [DIFFICULTY #2]) (and other daily activities). Who provides that help most of the time? Include family members, friends and paid professional help?

[INTERVIEWER IF SOMEONE OTHER THAN A FAMILY MEMBER LISTED ON THE ROSTER...PROBE FOR THEIR FIRST NAME OR INITIALS AND RECORD VERBATIM UNDER “OTHER SPECIFY”]

SINGLE RECORD (IF NEEDED PROBE FOR THE “MOST” HELP)

FAMILY ROSTER PLUS OTHER SPECIFY

G1a. (IF “OTHER” IN G1 ASK...ALL OTHERS GO TO G1b)

Does [INSERT OTHER SPECIFY RESPONSE] live there?

- Yes on a part-time basis (not 7 days a week)
- Yes on a full-time basis
- no
- don't know
- Ref

**[IF G1 IS RESPONDENT, SKIP TO G2...ALL OTHERS CONTINUE WITH G1b]
 [IF G1 IS A FAMILY MEMBER AND THE CARE RECIPIENT IS THE RESPONDENT THEN
 SKIP TO G2]**

G1b. What is (insert response to G1)'s relationship to (you/name of care-recipient)?

- (my or (name of care-recipient)'s) spouse (SKIP TO G2)
- (my or (name of care-recipient)'s) mother (SKIP TO G2)
- (my or (name of care-recipient)'s) father (SKIP TO G2)
- (my or (name of care-recipient)'s) son (SKIP TO G2)
- (my or (name of care-recipient)'s) son in law (SKIP TO G2)
- (my or (name of care-recipient)'s) daughter (SKIP TO G2)
- (my or (name of care-recipient)'s) daughter in law (SKIP TO G2)
- (my or (name of care-recipient)'s) grandmother (SKIP TO G2)
- (my or (name of care-recipient)'s) grandfather (SKIP TO G2)
- (my or (name of care-recipient)'s) grandparent in-law
- (my or (name of care-recipient)'s) aunt (SKIP TO G2)
- (my or (name of care-recipient)'s) uncle (SKIP TO G2)
- (my or (name of care-recipient)'s) grandchild
- (my or (name of care-recipient)'s) father-in law (SKIP TO G2)
- (my or (name of care-recipient)'s) mother in law (SKIP TO G2)
- (my or (name of care-recipient)'s) brother (SKIP TO G2)
- (my or (name of care-recipient)'s) sister (SKIP TO G2)
- (my or (name of care-recipient)'s) brother in-law (SKIP TO G2)
- (my or (name of care-recipient)'s) sister in-law (SKIP TO G2)
- (my or (name of care-recipient)'s) other relative (specify)
- (my or (name of care-recipient)'s) non-related friend
- (my or (name of care-recipient)'s) companion/partner
- Paid professional (non-family / non-friend)
- volunteer (non-family / non-friend)
- Don't know
- Ref

[IF CARE GIVER IS A FAMILY MEMBER SKIP TO G2]

G1c. Is (name of caregiver) male or female? [IF **CAREGIVER IS RESPONDENT**, AUTOMATICALLY RECORD RESPONSE WITHOUT ASKING QUESTION.]

- Male
- Female
- Don't know
- Ref

G2. Does anyone else regularly provide help to (you/name of care-recipient) for that/those) needs?

- Yes
- No (GO TO G3a)
- Don't know (GO TO G3a)
- Ref (GO TO G3a)

G2a. Who is this? (DO NOT PROBE FOR ADDITIONAL PEOPLE. ACCEPT THE FIRST TWO VOLUNTARY RESPONSES. IF ONLY ONE OFFERED, DO NOT PROBE FOR ANOTHER.)

[INTERVIEWER IF SOMEONE OTHER THAN A FAMILY MEMBER LISTED ON THE ROSTER...PROBE FOR THEIR FIRST NAME OR INITIALS AND RECORD VERBATIM UNDER "OTHER SPECIFY"]

FAMILY ROSTER PLUS 1st OTHER SPECIFY and 2nd OTHER SPECIFY

[IF G2a IS "OTHER" ASK...OTHERWISE GO TO INSTRUCTION BEFORE G2c]

G2b. **(ASK G2b to G2d CONSECUTIVELY FOR EACH CAREGIVER IN G2a)**
Does [CAREGIVER] live there?

- Yes
- No
- Don't know
- Ref

[IF G2a IS RESPONDENT, SKIP TO INSTRUCTION BEFORE G3a...ALL OTHERS CONTINUE WITH G2a]

[IF CARE GIVER IS A FAMILY MEMBER AND THE CARE RECIPIENT IS THEIR RESPONDENT SKIP TO THE NEXT CAREGIVER IN G2a]

G2c. What is (CAREGIVER'S) relationship to (you/ CARE RECIPIENT)?

- (my or (name of care-recipient)'s) spouse (SKIP TO G2)
- (my or (name of care-recipient)'s) mother (SKIP TO G2)
- (my or (name of care-recipient)'s) father (SKIP TO G2)
- (my or (name of care-recipient)'s) son (SKIP TO G2)
- (my or (name of care-recipient)'s) son in law (SKIP TO G2)
- (my or (name of care-recipient)'s) daughter (SKIP TO G2)
- (my or (name of care-recipient)'s) daughter in law (SKIP TO G2)
- (my or (name of care-recipient)'s) grandmother (SKIP TO G2)
- (my or (name of care-recipient)'s) grandfather (SKIP TO G2)
- (my or (name of care-recipient)'s) grandparent in-law
- (my or (name of care-recipient)'s) aunt (SKIP TO G2)
- (my or (name of care-recipient)'s) uncle (SKIP TO G2)
- (my or (name of care-recipient)'s) grandchild
- (my or (name of care-recipient)'s) father-in law (SKIP TO G2)
- (my or (name of care-recipient)'s) mother in law (SKIP TO G2)
- (my or (name of care-recipient)'s) brother (SKIP TO G2)
- (my or (name of care-recipient)'s) sister (SKIP TO G2)
- (my or (name of care-recipient)'s) brother in-law (SKIP TO G2)
- (my or (name of care-recipient)'s) sister in-law (SKIP TO G2)
- (my or (name of care-recipient)'s) other relative (specify)
- (my or (name of care-recipient)'s) non-related friend
- (my or (name of care-recipient)'s) companion/partner
- Paid professional (non-family / non-friend)
- volunteer (non-family / non-friend)
- Don't know
- Ref

[IF CAREGIVER IS A FAMILY MEMBER THEN SKIP TO THE NEXT CAREGIVER]

G2d. Is (CAREGIVER) male or female?

- Male
- Female
- Don't know
- Ref

(ASK G3a TO G5 CONSECUTIVELY FOR EACH CARE GIVER IN G1 AND G2a)

G3a. Does (CAREGIVER) typically spend time helping (you/CARE RECIPIENT) every week?

- Yes
- No (GO TO G4)
- Don't know (GO TO G4)
- Ref (GO TO G4)

G3. During a typical week, how much time (do you/does CAREGIVER) spend helping (you/CARE RECIPIENT)? [CATI: Answer can be in hours, minutes or both]

Hours: Range 1 to 168
 Minutes: Range 1 to 59
 DK (probe for best estimate before accepting)
 Ref

G4. During a typical month, how much time (do you/does CAREGIVER) spend helping (you/CARE RECIPIENT)? [CATI: Answer can be in hours, minutes or both]

Hours: Range 1 to 672
 Minutes: Range 1 to 59
 DK (probe for best estimate before accepting)
 Ref

G4a. How long has (CAREGIVER) been providing assistance to (CARERECIPIENT)? [CATI: Answer can be in days, weeks, months or years or combinations]

Days: Range 1 to 6
 Weeks: Range 1 to 51
 Months: Range 1 to 11
 Years: Range 1 to 80
 DK (probe for best estimate before accepting)
 Ref

[IF CAREGIVER IS "PAID PROFESSIONAL" IN G1b/2c GO BACK TO G3a FOR NEXT CAREGIVER. IF NO OTHER CAREGIVERS GO TO G6.]

IF CAREGIVER IS NOT A “PAID PROFESSIONAL” IN G1b/2c ASK G5]

G5. (Have you been/Has CAREGIVER been) paid for the help or assistance (you/they) gave (you/care recipient)

[INT: PAYMENT CAN BE PAID BY FAMILY MEMBER, INSURANCE PLAN, ETC...]

- Yes
- No
- Dk
- Ref

[NOW GO BACK AND ASK FOR NEXT CAREGIVER WHO IS NOT A PAID PROFESSIONAL. IF NO OTHERS CONTINUE WITH G6]

[ASK ALL]

G6. The next few questions are about providing assistance to elderly or disabled people.

Does anyone in your family living there provide any help such as personal care, running errands, or managing money matters to someone not living there because of a physical or mental health problem? Do not include household members who are paid professional caregivers such as a home health aide.

- Yes
- no (GO TO INST BEFORE G17)
- Don't know (GO TO INST BEFORE G17)
- Ref (GO TO INST BEFORE G17)

G7. Who provides that help? Anyone else?

INSERT FAMILY ROSTER

(ASK G8 to G15 FOR EACH PERSON IN G7 STARTING WITH THE RESPONDENT AND THEN GOING IN ORDER FROM OLDEST TO YOUNGEST)

G8. Does (CAREGIVER) help more than one person?

- Yes (READ G8a)
- No (GO TO G9)
- Don't know (GO TO G9)
- Ref (GO TO G9)

G8a. You said that YOU also helps someone who is not living in the house. Is the person YOU helps the most someone we already talked about or is there a different person who YOU helps the most?

- Same person
- Different person
- (VOL) Don't know
- (VOL) Ref

G9. What is the relationship of (CAREGIVER) to that person receiving the help?

- (my or (name of care-recipient)'s) spouse (SKIP TO G2)
- (my or (name of care-recipient)'s) mother (SKIP TO G2)
- (my or (name of care-recipient)'s) father (SKIP TO G2)
- (my or (name of care-recipient)'s) son (SKIP TO G2)
- (my or (name of care-recipient)'s) son in law (SKIP TO G2)
- (my or (name of care-recipient)'s) daughter (SKIP TO G2)
- (my or (name of care-recipient)'s) daughter in law (SKIP TO G2)
- (my or (name of care-recipient)'s) grandmother (SKIP TO G2)
- (my or (name of care-recipient)'s) grandfather (SKIP TO G2)
- (my or (name of care-recipient)'s) grandparent in-law
- (my or (name of care-recipient)'s) aunt (SKIP TO G2)
- (my or (name of care-recipient)'s) uncle (SKIP TO G2)
- (my or (name of care-recipient)'s) grandchild
- (my or (name of care-recipient)'s) father-in law (SKIP TO G2)
- (my or (name of care-recipient)'s) mother in law (SKIP TO G2)
- (my or (name of care-recipient)'s) brother (SKIP TO G2)
- (my or (name of care-recipient)'s) sister (SKIP TO G2)
- (my or (name of care-recipient)'s) brother in-law (SKIP TO G2)
- (my or (name of care-recipient)'s) sister in-law (SKIP TO G2)
- (my or (name of care-recipient)'s) other relative (specify)
- (my or (name of care-recipient)'s) non-related friend
- (my or (name of care-recipient)'s) companion/partner
- Paid professional (non-family / non-friend)
- volunteer (non-family / non-friend)
- Don't know
- Ref

G9a. Is the person receiving the help male or female?

- Male
- Female
- Dk
- Ref

G9b. About what age is the person receiving the help?

_____ (allow up to 3 digits) If over 105, confirm.

- <106>don't know
- <107>Ref

G10. Does the person receiving the help live in New Jersey?

- Yes
- No
- Dk
- Ref

- G11. Does the person receiving the help live in a nursing home, assisted living facility, other kind of home for the aged or disabled, or a private home or apartment?

[IF SAYS "OTHER KIND OF HOME" ASK "What kind?"]

- Adult community
- Assisted living facility (GO TO G12)
- Continuing care facility/community
- Nursing home (GO TO G12)
- Private home or apartment (GO TO G13a)
- Retirement community
- Senior housing/complex/community
- Other (specify) _____
- Don't know (GO TO G13a)
- Ref (GO TO G13a)

- G11a. Is that within a/the care facility or in a private home or apartment within the community?

- In care facility
- Private home/apartment (GO TO G13a)
- DK
- REF

- G12. Does that person have his/her own private telephone line?

- Yes
- No
- Dk
- Ref

[ASK ALL]

- G13a. (Do you/Does CAREGIVER) typically spend time helping that person every week?

- Yes
- No (GO TO G14)
- Dk (GO TO G14)
- Ref (GO TO G14)

- G13. During a typical week, how much time (do you/does CAREGIVER) spend helping that person?

Hours: Range 1 to 168
 Minutes: Range 1 to 59
 DK (probe for best estimate before accepting)
 Ref

G14. During a typical month, how much time (do you/does that person) spend helping that person?

Hours: Range 1 to 168

Minutes: Range 1 to 59

DK (probe for best estimate before accepting)

Ref

G14a. How long has (CAREGIVER) been providing assistance to (CARERECIPIENT)?

Days: Range 1 to 6

Weeks: Range 1 to 51

Years: Range 1 to 80

DK (probe for best estimate before accepting)

Ref

G15. (Are/Is) (you/ CAREGIVER) paid for the help or assistance (he/she/you) (give/gives) that person?

Yes

No

Don't know

Refused

[IF NO OTHER PERSONS IN G7 TO BE INSERTED GO TO INSTRUCTIONS BEFORE G17]

[IF ANOTHER PERSON IN G7 NOT YET INSERTED ASK: You said that (initials/name) also helps someone who is not living in the house. Is the person (initials/name) helps the most someone we already talked about or is there a different person who (initials/name) helps the most?

Same person (Ask G9, then ask G13a thru G15)

Different person (Go back to G9 thru G15 for that person)

DK (GO TO G13a for that person)

REF (GO TO G13a for that person)

EMPLOYMENT IMPACT OF CARE GIVING

[ASK G17 TO G23 CONSECUTIVELY FOR EACH CAREGIVER WHO IS MENTIONED IN ANY ITERATION OF G1 OR G2a AND HAS A TOTAL OF 4 OR MORE HOURS TOTAL FROM ALL THEIR ITERATIONS IN G4...AND THEY ARE NOT CODES 24 OR 25 IN G1b OR G2c AND THEY ARE 18 YEARS OF AGE OR OLDER.

IF NO ONE QUALIFIES GO TO G24.

CATI: IF CAREGIVER HELPS MORE THAN ONE CARE RECIPIENT THEN INSERT NAME'S OF ALL CARE RECIPIENTS WHEN ASKED TO "INSERT CARE RECIPIENT"]

G17. (Have you/Has caregiver) ever had to quit a job in order to take care of [you/CARERECIPIENT(S)]?

- Yes
- No
- Too young to have a job (VOL)
- Don't know
- Ref

G17a. Not including getting paid for informal care giving, if any, (Do you/ Does CAREGIVER) currently have a job for pay?

- Yes
- No (GO TO INSTRUCTION BEFORE G24)
- Don't know (GO TO INSTRUCTION BEFORE G24)
- Ref (GO TO INSTRUCTION BEFORE G24)

G18. (Have you/Has caregiver) had to cut back on your/his/her hours at work in order to provide care?

- Yes
- No
- Job is caring for this person (GO TO instruction before G24)
- Don't know
- Ref

G19. (Do you/Does caregiver) have to regularly take time off from work in order to provide care?

- Yes
- No
- Don't know
- Ref

G20. (Are you/Is caregiver) able to use flextime or work from home in order to provide care?

- Yes
- No
- (vol) Caregiver is self-employed (GO TO instruction after G23)
- Don't know
- Ref

G21. Is (your/caregiver's) employer flexible about the hours (you/caregiver) work(s) when you need to provide care?

- Yes
- No
- (vol) Caregiver is self-employed (GO TO instruction after G23)
- Don't know
- Ref

G22. Can (you/caregiver) take time off work in order to take the person(s) you care for to the doctor or other health care professional? PROBE IF "YES": Is this paid time off or unpaid time off?

- Yes, paid (includes paid vacation, paid sick leave, paid personal day, etc.)
- Yes, unpaid
- no
- (vol) caregiver is self-employed (GO TO instruction after G23)
- Don't know (PROBE: If you had to could you?)
- Ref

G23. Can (you/caregiver) take time off work in order to run errands such as grocery shopping for the person(s) you care for? PROBE IF "YES": Is this paid time off or unpaid time off?

- Yes, paid
- Yes, unpaid
- No
- Don't know (PROBE: If you had to, could you?)
- Ref

[NOW GO BACK AND ASK SERIES FOR NEXT CAREGIVER. IF NO OTHERS CONTINUE WITH G24]

Health Planning

ASK ALL

The next few questions are about health planning for you and your family living there.

G24. Have you, or anyone else ever looked into purchasing long-term care insurance for you or someone in your family living there? (Probe: Do not included family members who do not live in your home)

- Yes (GO TO G24a)
- No
- Don't know
- Ref

G24a For which family members did you look into this?

[INSERT FAMILY ROSTER]

- G25. Have you, or anyone else ever looked into an Assisted Living facility for you or someone in your family living there? (Probe: Do not included family members who do not live in your home)

Yes
 No
 Don't know
 Ref

- G25a. For which family members did you look into this?

[INSERT FAMILY ROSTER]

- G26. Have you, or anyone else ever looked into a nursing home for you or someone in your family living there? (Probe: Do not included family members who do not live in your home)

Yes
 No
 Don't know
 Ref

- G26a. For which family members did you look into this?

[INSERT FAMILY ROSTER]

- G27. Have you or anyone in your family household ever signed any type of legal document that names someone to make medical decisions or describes the type of care wanted in the event of serious illness? (Spiritual Beliefs & The Dying Process Survey, SPDP#3)

Yes
 No (GO TO G31_1)
 Don't know (GO TO G31_1)
 Ref (GO TO G31_1)

- G27a. Who is this? Anyone else?

INSERT FAMILY ROSTER

[FOR EACH PERSON IDENTIFIED IN G27A, ASK G28 AND G29]

- G28. Was the document that you/name signed called a living will or a health care power of attorney (also called a health care proxy or agent), or both?

Living will
 Health care power of attorney
 Both
 Neither
 Don't know
 Ref

G29. Have you/he/she told the doctor that you/he/she have/has signed that/those documents? (modified SPDP4)

- Yes
- No
- Don't know
- Ref

G31_1. Have you ever looked into getting home health care for yourself or a family member?

- Yes
- No/Never heard of home health care
- Don't know if anyone looked into it
- Ref

G31_2. Have you ever looked into getting adult day care for yourself or a family member?

- Yes
- No /Never heard of adult day care
- Don't know if anyone looked into it
- Ref

G31_3 Have you ever looked into respite (wres-pit) care for yourself or a family member?

- Yes
- No/Never heard of respite care
- Don't know if anyone looked into it
- Ref

G33. Have you ever used NJ Ease, a toll-free number you can call to find out about health services for the elderly and disabled?

- Yes (GO TO SECTION H)
- No
- Don't know
- Ref

SECTION H – EMPLOYMENT AND EARNINGS Changes from between the 2nd and 3rd Pretest

[ASK THIS SECTION ONLY FOR PEOPLE WHO ARE AT LEAST 16 YEARS OF AGE. ASK H1 TO H20 FOR EACH PERSON INDIVIDUALLY. SOME PEOPLE UNDER 19 YEARS WILL ONLY RECEIVE A FEW QUESTIONS.]

[SKIP SECTION H FOR EACH PERSON WHO IS AGE 16 TO 18 AND NOT MENTIONED IN A32 OR A42b OR A78b AND “NOT CORRECT” IN A76 (OR A76 NOT ASKED)]

[IF PERSON IS 19-22 AND NOT MENTIONED IN A32 OR A42b OR A78b AND “NOT CORRECT” IN A76 (OR A76 NOT ASKED), THEN ASK...]

H0. Is (name) a full-time student in the Fall of 2001?

- Yes (GO TO NEXT PERSON. IF NO OTHERS, GO TO INST. BEFORE H22)
- No (ASK H1)
- Dk (ASK H1)
- Ref (ASK H1)

This next series of questions is about jobs and earnings

H1. (Were you/Was (name)) working at a job last week? (This includes government/military. If the person was on vacation last week probe: Was this a paid vacation, or were (you/they) on leave?)

- Yes (GO TO INSTRUCTION BEFORE H3)
- No not working/on a non-paid vacation/on leave (GO TO H1a)
- DK (GO TO H1a)
- REF (GO TO H1a)

H1a. Which of the following (were you/ was name) doing most of last week?
(CHIS K1) (READ:)

- Wih a job/business but not at work,
- Looking for work, or
- Not working at a job/business and not looking?
- (vol) Dk
- (vol) Ref

H2. What is the main reason (you/name) did not work at a job/business last week?
(CHIS K2) (DO NOT READ. LIMIT TO SINGLE RESPONSE. IF MULTIPLE
ASK: Which of those was the MAIN reason?)

- Keeping house/caring for children or others
- Paid vacation (GO TO instruction before H3)
- Unpaid vacation
- On leave
- Couldn't find a job
- Going to school/student
- Retired
- Physical disability
- Unable to work
- On temporary layoff or strike
- On permanent layoff, downsizing
- Teacher off for the summer (GO TO H8)
- Other (SPECIFY)
- Dk
- Ref

H2a. Did (you/name) work for pay at any time in the past year?

- Yes
- No (GO TO NEXT PERSON OR FAMILY INCOME SECTION)
- Dk (GO TO NEXT PERSON OR FAMILY INCOME SECTION)
- Ref (GO TO NEXT PERSON OR FAMILY INCOME SECTION)

H2b. About how long ago did (you/he/she) stop working for pay? [CATI RESPONSE
CAN BE IN DAYS, WEEKS , MONTHS OR COMBINATION OF THEM]

- Days: range 1 to 6
- Weeks: range 1 to 3
- Months: range 1 to 11
- DK
- Ref

H3. Did (you/name) work at more than one job or business last week?
(NOTE: Count self-employment as 1 job or business)

- Yes
- No
- Dk
- Ref

H4. Including any overtime, how many hours did (you/name) work last week (at all
jobs)? (FHIS 6.5)

- (0-80) HOURS WORKED AT ALL JOBS 0=less than one hour
- (98) DON'T KNOW
- (99) REF

H4a. **[IF UNDER 20 HOURS OR MORE THAN 60 HOURS ASK;]**

I just want to verify that the total number of hours you/NAME worked last week (at all jobs) was (less than 20 hours/more than 60 hours) in that 7 day period.

- Correct
 Incorrect (READMINISTER H4)

H5. IF H3=1 OR H1=1 AND PERSON IS UNDER 19 YEARS OF AGE (AND IS NOT MENTIONED IN A32 OR A42b OR A78b) AND (WAS NOT ASKED A76 OR A76 IS ANSWERED “NOT CORRECT”) ASK: On (your/name’s) MAIN job, are/is (you/name) employed by: a private company, a federal, state, or local government, OR self-employed, OR working in a family business or family farm? (modified CHIS K4)

IF H3 IS ANSWERED AND NE1: Are/is (you/name) employed by: a private company, a federal, state, or local government, OR self-employed, OR working in a family business or farm? (modified CHIS K4)

[NOTE: MAIN JOB IS THE ONE YOU/HE/SHE USUALLY WORK(S) THE MOST HOURS] IF WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM, CODE (6) WORKING IN A FAMILY BUSINESS OR FAMILY FARM.]

- Private company, non-profit organization, foundation
 Federal government (including military) [GO TO H7]
 State government [GO TO H7]
 Local government [GO TO H7]
 Self-employed
 Family business or farm
 Dk
 Ref

H6b. What kind of business or industry is this? (CHIS K5)

[INTERVIEWER PROBE TO OBTAIN THE PRODUCT(S) OR SERVICE(S) IN WHICH THIS COMPANY DEALS. THEN PROBE TO OBTAIN WHAT THE COMPANY DOES WITH THE PRODUCT(S) OR SERVICE(S). (I.E. retail, wholesale, manufacturing, repair, distribution, etc.)

[IF RESPONDENT IS IN A PROFESSION (I.E. TEACHER/LAWYER/DR PROBE FOR GRADE TAUGHT/PRIVATE PRACTICE/ETC. RECORD VERBATIM UNDER PRODUCT OR SERVICE BELOW:

PRODUCT OR SERVICE: _____

WHAT CO DOES WITH PRODUCT/SERVICE: _____

H7. Is this a seasonal job? (FHIS 6.7a) IF NEEDED: Is this a job that only gets filled during certain parts of this year?

- Yes
- No
- Dk
- Ref

H8. How many hours per week do/does (you/ name) USUALLY work at this job? If (you/name) usually worked overtime hours include those hours (CTS fl31)

- (1-80) HOURS WORKED (GO TO H10)
- (97) HOURS VARY (PROBE: Is there an average?)
- (98) DON'T KNOW
- (99) REF (GO TO H10)

H9. **IF H3=1 READ:** Thinking just about (your/NAME'S) main job, (do you/does NAME) usually work more than 35 hours per week or less than 35 hours per week? ? (CTS fl13x)

IF H3 NE 1 READ: (Do you/Does NAME) usually work more than 35 hours per week or less than 35 hours per week?

- More
- Less
- Don't know
- Ref

H10. Do you/ Does (name) typically spend any of that time working at home?

- Yes
- No
- Don't know
- Ref

[IF H5 IS SELF EMPLOYED OR FAMILY BUSINESS/FARM GO TO H11...ELSE ASK H10b]

H10b. Is your employer in New Jersey? PROBE: If more than one location, are any located in New Jersey?

- Yes (GO TO H12)
- No (GO TO H12)
- Don't know (GO TO H12)
- Ref (GO TO H12)

H11. **ASK ONLY IF SELF EMPLOYED OR FAMILY BUSINESS/FARM IN H5..OTHERS TO H12:** Is this job based in New Jersey?

- Yes
- No
- Don't know
- Ref

H12. Have you/ Has (name) had this job for all of the past 12 months?

- Yes (GO TO BOX H1)
- No
- Dk
- Ref

H13. Were/Was (you/name) out of work in the past 12 months?

- Yes
- No
- Don't know
- Ref

BOX H1:

TEST IF H5=2,3,4 (GOVERNMENT) SKIP TO H19 ELSE ASK H14

H14. (Does your/(name's) employer/ Does your business) operate in more than one location? (FHIS 6.10)

- Yes
- No
- Don't know
- Ref

H15. Including yourself/(name), how many people are employed by (your /name's) employer /your family business at all locations? (CHIS K8)
Your best estimate is fine.

- One (GO TO H18)
- 2-4 (GO TO H18)
- 5-9 (GO TO H18)
- 10-24 (GO TO H18)
- 25-49 (GO TO H18)
- 50-99 (GO TO H18)
- 100-149 (GO TO H18)
- 150-199 (GO TO H18)
- 200-249 (GO TO H18)
- 250-499 (GO TO H18)
- 500-999 (GO TO H18)
- 1,000 or more (GO TO H18)
- Dk
- Ref

H16. Do you think it is 100 or more people?

- Yes (GO TO H18)
- No
- Dk
- Ref

H17. Do you think it is 50 or more people?

- Yes
- No
- DK
- Ref

H18. Are you/Is (name) covered by a union or collective bargaining unit?

- Yes
- No
- DK
- Ref

(REFER TO SECTION A. IF FOCUS PERSON IS IN A42b or A32 (FOR ANY PLAN) OR A77=1 AND FOCUS PERSON IS IN A78b GO TO H19b...OTHERWISE CONTINUE WITH H19.)

H19. **IF H5 IS SELF EMPLOYED/FAMILY BUSINESS/FARM:** Do/Does (you/name) offer or have a health insurance plan through (your/name's) business or farm? (FHIS 6.19)

ALLOTHERS READ: Does your/(name's) employer or union offer a health insurance plan to any of its employees? (FHIS 6.19)

- Yes
- No (GO TO H19d)
- Dk (GO TO H19d)
- Ref (GO TO H19d)

H19a. Are you/ Is (name) eligible for that coverage?

- Yes
- No (GO TO H19d)
- Dk (GO TO H19d)
- Ref (GO TO H19d)

(ASK IF HAS OWN EMPLOYER COVERAGE (IN OWN NAME) OR RESPONDED YES TO H19.)

H19b. Does your/(name's) employer offer only one health insurance plan or more than one health insurance plan to its employees? (CTS f541)

- One plan
- More than one plan
- Don't know
- Refused

H19d. Do you/ Does (name) get paid time off from work when you/he/she are/is sick?
(NACS E3)

- Yes
- No
- Dk
- Ref

H20. Do you/Does (name) get paid time off from work when (you/he/she) have/has to see a doctor?(NACS E4)

- Yes
- No
- Dk
- Ref

REPEAT EMPLOYMENT SECTION (H1-H20) FOR EACH PERSON 16 AND OLDER IF NO OTHERS CONTINUE WITH H22.

FAMILY INCOME

H22. The next questions are about income that (you/your family), received during 2000. During 2000, what was your family's total income from all sources, before taxes and other deductions? (FHIS 7.1)

[IF RESPONDENT IS 62+ YEARS: Please include all sources of income including social security income if you receive that.

PROBES:

- (a) Answers to questions on earnings are important to our survey because they help explain whether people can afford the health care they need. Also, the information you provide will be kept confidential and will only be used in statistical summaries .
- (b) Total income includes wages and salaries from jobs, net income from farms or businesses, interest or dividends, pensions or social security, income from rental property, estates or trusts, public assistance or welfare, social security, child support, other sources.
- (c) Your best estimate would be fine.
- (d) CODE 9999999 IF THE RESPONSE IS \$1,000,000 OR MORE

(Range = 0-999,999 999,999 = 999,999 or more)

- Gave Response (GO TO H24)
- Don't Know (GO TO Q.H23)
- Ref (GO TO Q.H23)

H23. Was your family's 2000 total income from all sources, before taxes: (READ LIST)

- Under \$20,000,
- \$20,000 to \$49,999, or
- \$50,000 or greater?
- Dk
- Ref

H23a. IF UNDER \$20,000, ASK: Is it: (READ LIST)

- Under \$10,000
- or \$10,000 - \$19,999
- Dk
- Ref

H23b. IF \$20,000 - \$49,999, ASK:

- Is it between \$20,000 and \$29,999,
- between \$30,000 and \$39,999 or
- between \$40,000 and \$49,999 ?
- Dk
- Ref

H23c. IF \$50,000 OR MORE, ASK:

- Is it between \$50,000 and \$74,999,
- between \$75,000 and \$99,999 2
- between \$100,000 and 149,999, or
- \$150,000 or more?
- Dk
- Ref

H24. Not counting the value of your primary home you may own, would you say that (you/your family's) assets, that is, all your savings, including retirement, and all other personal and family valuables together are worth more than \$50,000?

- Yes (GO TO H25)
- No
- Dk (GO TO H25)
- Ref (GO TO H25)

H24a. Would you say that (you/your family's) assets are worth more than \$20,000?

- Yes (GO TO H25)
- No
- Dk (GO TO H25)
- Ref (GO TO H25)

H24b. Would you say that (you/your family's) assets are worth more than \$5,000?

- Yes
- No
- Dk
- Ref

H25. During the year 2000, did you (or anyone else in your family living there) receive any government assistance such as SSI, SSDI, food stamps, TANF (TANIF), or any other public assistance or welfare payments?

- Yes (GO TO H25a)
- No (GO TO H29)
- DK (GO TO H29)
- REF (GO TO H29)

H25a. Did you (or anyone else in the family living there) receive Supplemental Security Income, or SSDI payments in 2000? (FHIS 7.6) PROBE: Federal SSI checks usually arrive on the first of every month in a yellow manila business size envelope.

- Yes
- No (GO TO H27)
- Dk (GO TO H27)
- Ref (GO TO H27)

IF MORE THAN ONE PERSON IN FAMILY ASK H26...OTHERWISE GO TO H27:

H26. Who received the SSI or SSDI payment?

INSERT FAMILY ROSTER HERE

H26b. Did anyone else in your family receive SSI or SSDI?

[IF NEEDED]: SSDI means Social Security Disability Income

- Yes
- No (GO TO H27)
- Dk (GO TO H27)
- Ref (GO TO H27)

H26c. Who is this?

H27. Did you (or anyone else in the family living there) receive any TANF or other type of public assistance or welfare payments from the State or local welfare offices in 2000?
(FHIS 7.10) PROBE: Do not include any SSI/SSDI payments you already told me about.

- Yes
- No (GO TO H28)
- Dk (GO TO H28)
- Ref (GO TO H28)

IF MORE THAN ONE PERSON IN FAMILY ASK H27a OTHERWISE GO TO H28

H27a: Who received this assistance?

INSERT FAMILY ROSTER

H27b. Did anyone else in your family receive TANF or any other type of public assistance or welfare payments?

- Yes
- No (GO TO H28)
- Dk (GO TO H28)
- Ref (GO TO H28)

H27c. Who is this?

INSERT FAMILY ROSTER

H28. Did you (or anyone else in the family living there) receive food stamps in 2000?
(FHIS 7.13)

- Yes
- No (GO TO H29)
- Dk (GO TO H29)
- Ref (GO TO H29)

H28a. (IF MORE THAN ONE PERSON IN FAMILY ASK H28a...OTHERWISE GO TO H29): Who received food stamps?

INSERT FAMILY ROSTER

(IF SINGLE PERSON FAMILY SKIP TO H29)

H28b. Did anyone else receive food stamps?

- Yes
- No (GO TO H29)
- Dk (GO TO H29)
- Ref (GO TO H29)

H28c. Who is this?

INSERT FAMILY ROSTER

H29. Is your home or apartment...(NSAF M-1)

- Owned or being bought by someone in your household
- Rented for cash, or
- Occupied without payment of cash rent
- Dk
- Ref

H30. Did you live in this house/apartment five years ago, this is in (INSERT MONTH), 1996?

- Lived in same house/apartment (skip to next section)
- No, lived at a different address/apartment
- Don't recall
- Ref

H31. What state and county did you live in five years ago, this is in (INSERT MONTH), 1996?

- State (PRECODE LIST)
- Puerto Rico
- Other outside of U.S. or Puerto Rico
- Don't know
- Ref

CATI: Prelist states. If NJ GO TO question which prelists the Counties. If any Other state GO TO a Question where we enter the county in verbatim.

IF PUERTO RICO there is no county question.

If Other outside of U.S. we want to record the country in a specify window.

SECTION I – DEMOGRAPHICS

11aa. What is your current zip code? ____ ____ ____ ____ ____

11a. **ASK IF 18 YEARS OR OLDER...OTHERWISE GO TO Q.11c**

What is the highest grade or level of school that (you/NAME) have/has completed?
(NASF, L1)

- 8th GRADE OR LESS
- 9th TO 11th
- 12th GRADE, GED OR HIGH SCHOOL DIPLOMA
- Some voc/tech/business [ASK 11b]
- Some voc.tech/business certificate or diploma [ASK 11b]
- Some college/no degree
- Associate's degree
- Bachelor's degree
- Some graduate/professional school/no degree
- Graduate/professional degree (MA;MS;PHD;EDD;MD;DDS;JJ/LLB, ETC)
- Dk
- Ref

11b. Do/Does (you/name) have a high school diploma or GED?

- Yes
- No
- Dk
- Ref

11c. Are you of Spanish, Hispanic, or Latino origin or descent? (NASF O1, CTS p106)
PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have (Probe used in CTS, not NASF)

- Yes (GO TO 11ca)
- No (GO TO 11cb)
- Dk (GO TO I3)
- Ref (GO TO I3)

[IF LIVES ALONE, GO TO INSTRUCTION BEFORE I2)

11ca. Is everyone else in the family also of Spanish, Hispanic or Latino origin or descent?

- Yes (GO TO i2)
- No (GO TO i1cc)
- Dk (GO TO i3)
- Ref (GO TO i3)

i1cb. Is everyone else in the family also **NOT** Spanish, Hispanic or Latino?

- We are all **NOT** Hispanic (GO TO Q.i3)
- Some are Hispanic (GO TO i1cc)
- (vol) DK (GO TO i3)
- (vol) REF (GO TO i3)

i1cc. (FOR EACH REMAINING FAMILY MEMBER ASK)

Is (name) of Spanish, Hispanic, or Latino origin or descent?

- Yes
- No
- Don't know
- Ref

(ASK IF I1C IS "YES"...ALL OTHERS TO I3)

I2. What group are you? Would you say you are Mexican, Mexican-American, Puerto Rican, Central or South American, Cuban or some other group?

- Mexican/ Mexican-American (GO TO INST BEFORE I2A)
- Puerto Rican (GO TO INST BEFORE I2A)
- Cuban (GO TO INSTR BEFORE I2A)
- Central or South American (GO TO INST BEFORE I2A)
- Dominican (GO TO INST BEFORE I2A)
- Haitian (GO TO INST BEFORE I2A)
- Other (specify) (GO TO INST BEFORE I2A)
- Dk
- Ref

(IF LIVE ALONE GO TO i3...OTHERWISE IF i1ca IS "YES" ASK i2a...ALL OTHERS GO TO i2b)

i2a. Is everyone else in the family also (insert response to I2)?

- Yes, we are all the same (GO TO i3)
- No, we are not all from there (ASK i2b)
- Dk (GO TO i3)
- Ref (GO TO i3)

I2b. (FOR EACH FAMILY MEMBER IN “YES” IN i1cc ASK)

What group (is name)? Would you say (name) is Mexican, Mexican-American, Puerto Rican, Central or South American, Cuban or some other group? **[NOTE: If anyone is a combination put the answer as “other” and list the combination..i.e. Mexican and South American]**

- Mexican/ Mexican-American
- Puerto Rican
- Cuban
- Central or South American
- Dominican
- Haitian
- Other (specify)
- Dk
- Ref

[ASK ALL]

I3. What is your race? (DO NOT READ LIST) (NASF, O3)

- Black/African American (GO TO I3a)
- White (GO TO I3a)
- American Indian/Native American/Aleutian or Eskimo (GO TO I3a)
- Asian/Pacific Islander (GO TO I3a)
- Other (specify) (GO TO I3a)
- (vol) Hispanic
(PROBE: Are you Hispanic and black, or Hispanic and white?) (Go to I3a)
- Dk
- Ref

(IF SINGLE PERSON FAMILY SKIP TO I4)

I3a. Is everyone else in your family (insert response to I3)?

- Yes, we are all the same race (GO TO i4)
- No, we are not all the same race (ASK i3ab)
- Dk (GO TO i4)
- Ref (GO TO i4)

I3ab: **[FOR EACH REMAINING FAMILY MEMBER ASK]** What is (name's) race?

- Black/African American
- White
- American Indian/Native American/Aleutian or Eskimo
- Asian/Pacific Islander
- Other (specify)
- (vol) Hispanic
(PROBE: Are you Hispanic and black, or Hispanic and white?) (Go to I3a)
- Dk
- Ref

14. Were you (or anyone else in your family who lives with you) born outside of the United States, Puerto Rico, or other US territories? [READ IF NECESSARY: Puerto Rico and other US territories (Guam, US Virgin Islands, American Samoa, Northern Marianas Islands, or Marshall Islands) are considered inside the United States. If born in US military family, that is considered born in the US regardless of the country.] (NASF O4)

- Yes
 No (GO TO I8a)
 Dk (GO TO I8a)
 Ref (GO TO I8a)

15. Who was born outside of the United States? {PROBE: Anyone else} (NASF, O5)

INSERT FAMILY ROSTER

| |
|--|
| ASK I6-I8 FOR ALL NAMES GIVEN IN I5 |
|--|

16. In what country were/was (you/NAME) born? (NASF, O6)

WE WILL USE THE COUNTRY CODE LIST FOR THIS QUESTION

17. Are/Is (you/NAME) a citizen of the United States? (NASF, O7)

- Yes
 No
 Dk
 Ref

18. When did (you/ name) come to live in the United States? (NASF, O9)
[CODE YEAR]

SPECIFIC YEAR

- 18a. What is your religious preference, or do you not have one? (READ LIST IF NECESSARY)

- Protestant,
 Roman Catholic,
 Mormon,
 Orthodox (such as Greek or Russian),
 Jewish,
 Muslim,
 some other religion, or
 no particular religion?
 Dk
 Ref

19. What is the primary language spoken in your home?

- English
- Spanish
- Italian
- Polish
- Chinese (Mandarin and Cantonese)
- Vietnamese
- Laotian
- Russian
- Yiddish
- Korean
- Other (specify)
- Dk
- Ref

Thank you very much for your time. I want to get your name and your mailing address so I can send you the check as a token of our appreciation.

What is your name?

What is your address?

Finally, before we say good-bye if you would like to have more information about Medicaid, KidCare/NJ Family Care or NJ Ease I can give you the phone numbers.

(Provide numbers requested)

Medicaid: 1-800-356-1561

NJ Ease: 1-877-222-3737

KidCare or Family Care: 1-800-701-0710

(Multiple Record)

- Didn't want numbers
- Gave Medicaid
- Gave KidCare/FamilyCare
- Gave NJ Ease