

**Introductory Script**

**FINAL**

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? (IF THE OLDEST PERSON WHO LIVES THERE IS 16 OR 17, CONTINUE BUT CATI WILL SCREEN OUT BEFORE INTERVIEW BEGINS.)

**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.

(ENROLLMENT STATUS WILL BE A SAMPLE READ-IN)

**(IF CURRENTLY ENROLLED:)** We recently sent you a letter in the mail describing the study. We are calling you because you were selected from a group of families who have been enrolled in New Jersey KidCare or New Jersey FamilyCare.

1. Do you have one or more children presently enrolled in NJFamilyCare or NJ KidCare?

- 1 – Yes, one or more children enrolled (GO TO 2)
- 2 – No, there are no children enrolled in NJFamilyCare or NJKidCare
- 8 – Don't Know
- 9 - Refused

1a. According to our records (insert index child from sample read-in) enrolled in NJ FamilyCare or NJ KidCare within the past 12 months; and is still enrolled. Is that correct?

- 1 - Yes, correct (GO TO 3aaa)
- 2 - No, not correct (ASK 1b)
- 3 - No one there by that name (VERIFY PHONE NUMBER.) IF INCORRECT THANK AND REDIAL. IF CORRECT RECORD AS "WRONG NUMBER."
- 6 - Child no longer lives in household (GO TO Q.3b)
- 7 - Child is deceased (RECORD AS "S/O FOCUS CHILD DECEASED.")
- 8 - Don't know (GO TO 1c)
- 9 - Refused (GO TO 1c)

1b. In what month and year was (index child) no longer covered by NJ FamilyCare or NJ KidCare?

- 1 - Before (today's date) 2002 (GO TO Q3aaa)
- 2 - Within 12 months of (today's date) (GO TO Q3aaa)
- 3 - Child never enrolled (S/O NOT EVER ENROLLED)
- 8 - Don't know (GO TO 1c)
- 9 - Refused (GO TO 1c)

1c. Is there someone else in the household I can speak to who might be able to tell me about (index child)'s experience with NJFamilyCare or NJ KidCare?

- 1 - Yes – ARRANGE CALLBACK IF NEEDED. WHEN NEW RESPONDENT IS CONTACTED GO BACK TO INTRO.
- 2 - No – S/O RESP. UNABLE TO ANSWER SCREENING QUESTIONS.
- 8 - Don't know – S/O RESP. UNABLE TO ANSWER SCREENING QUESTIONS
- 9 - Refused – RECORD AS UNQUALIFIED REFUSAL

2. According to our records (index child) is enrolled in health insurance through the state of New Jersey. Is that correct?

- 1 - Yes, correct (GO TO 3aaa)
- 2 - No, not correct (ASK 2b)
- 3 - No one there by that name (VERIFY PHONE NUMBER. IF INCORRECT THANK AND REDIAL. IF CORRECT RECORD AS "WRONG NUMBER.")
- 6 - Child no longer lives in household (GO TO Q.3b)
- 7 - Child is deceased (RECORD AS "S/O FOCUS CHILD DECEASED.")
- 8 - Don't know (GO TO 2c)
- 9 - Refused (GO TO 2c)

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

2b. In what month and year was (index child) no longer covered by NJ FamilyCare or NJ KidCare?

- 1 - Before (today's date) 2002 (GO TO Q3aaa)
- 2 - Within 12 months of (today's date) (GO TO Q3aaa)
- 3 - Child never enrolled (S/O NOT EVER ENROLLED)
- 8 - Don't know (GO TO 2c)
- 9 - Refused (GO TO 2c)

2c. Is there someone else in the household I can speak to who might be able to tell me about (index child)'s experience with NJFamilyCare or NJ KidCare?

- 1 - Yes – ARRANGE CALLBACK IF NEEDED. WHEN NEW RESPONDENT IS CONTACTED GO BACK TO INTRO.
- 2 - No – S/O RESP. UNABLE TO ANSWER SCREENING QUESTIONS.
- 8 - Don't know – S/O RESP. UNABLE TO ANSWER SCREENING QUESTIONS
- 9 - Refused – RECORD AS UNQUALIFIED REFUSAL

**(IF PREVIOUSLY ENROLLED:)** We recently sent you a letter in the mail describing the study. We are calling you because you were selected from a group of people who were previously enrolled in New Jersey KidCare or New Jersey FamilyCare and have left the program.

1. Did you have one or more children enrolled in NJFamilyCare or NJ KidCare within the past twelve months?

- 1 – Yes, one or more children were enrolled
- 2 – No children ever enrolled in NJFamilyCare or NJKidCare
- 3 - Child/children are now enrolled again/are still enrolled
- 8 – Don't Know
- 9 - Refused

1a. According to our records (insert index child from sample read-in) was enrolled in NJ FamilyCare or NJ KidCare within the past 12 months. Is that correct?

- 1 - Yes, correct (GO TO INSTRUCTIONS BEFORE 2)
- 2 - No, not correct (ASK 1b)
- 3 - No one there by that name (VERIFY PHONE NUMBER. IF INCORRECT THANK AND REDIAL. IF CORRECT RECORD AS "WRONG NUMBER.")
- 6 - Child no longer lives in household (GO TO Q.3b)
- 7 - Child is deceased (RECORD AS "S/O FOCUS CHILD DECEASED.")
- 8 - Don't know (GO TO 1c)
- 9 - Refused (GO TO 1c)

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

1b. In what month and year was (index child) no longer covered by NJ FamilyCare or NJ KidCare?

- 1 - Before (today's date) 2002 (GO TO Q3aaa)
- 2 - Within 12 months of (today's date) (GO TO Q3a)
- 8 - Don't know (GO TO 1c)
- 9 - Refused (GO TO 1c)

1c. Is there someone else in the household I can speak to who might be able to tell me about (index child)'s experience with NJFamilyCare or NJ KidCare?

- 1 - Yes – ARRANGE CALLBACK IF NEEDED. WHEN NEW RESPONDENT IS CONTACTED GO BACK TO INTRO.
- 2 - No – S/O RESP. UNABLE TO ANSWER SCREENING QUESTIONS.
- 8 - Don't know – S/O RESP. UNABLE TO ANSWER SCREENING QUESTIONS
- 9 - Refused – RECORD AS UNQUALIFIED REFUSAL

[IF Q1 IS RESPONSE "3" CHILD/REN STILL OR AGAIN ENROLLED ASK Q2. ALL OTHERS GO TO 3a]

2. Is (index child) presently enrolled in health insurance through the state of New Jersey?

- 1 - Yes, correct (GO TO 3aaa)
- 2 - No, not currently enrolled
- 8 - Don't know (GO TO 2c)
- 9 - Refused (GO TO 2c)

2b. In what month and year was (index child) no longer covered by NJ FamilyCare or NJ KidCare?

- 1 - Before (today's date) 2002 (GO TO Q3aaa)
- 2 - Within 12 months of (today's date) (GO TO Q3aaa)
- 8 - Don't know (GO TO 2c)
- 9 - Refused (GO TO 2c)

2c. Is there someone else in the household I can speak to who might be able to tell me about (index child)'s experience with NJFamilyCare or NJ KidCare?

- 1 - Yes – ARRANGE CALLBACK IF NEEDED. WHEN NEW RESPONDENT IS CONTACTED GO BACK TO INTRO.
- 2 - No (S/O RESP. UNABLE TO ANSWER SCREENING QUESTIONS)
- 8 - Don't know (S/O RESP. UNABLE TO ANSWER SCREENING QUESTIONS)
- 9 - Refused (RECORD AS UNQUALIFIED REFUSAL at 2c)

[ASK ALL]

3aaa. Within the past year, was a parent or guardian of (index child) enrolled in NJFAMILYCARE, for all or part of the year?

Yes     No     Not sure     Refused

3a. Let me verify that (index child) does live with you in New Jersey for all or at least six months of the year.

1 – Yes, all or most of the year (GO TO INTRO PART 2)

2 – No, or less than 50% of the year

9 – Refused (S/O UNQUALIFIED REFUSAL AT 3a)

[IF “NO” OR “LESS THAN 50% OF THE YEAR” IN 3a ASK:]

3b. Is the other home in which the child lives in New Jersey?

Yes

No (S/O “INDEX CHILD OUT OF STATE”)

DK (ASK TO SPEAK TO SOMEONE WHO KNOWS)

REF (S/O UNQUALIFIED REF AT 3b)

3c. Could you please tell me how to reach the parent or guardian at the home in which index child) lives (most of the year)?

Gave information (OBTAIN NAME, ADDRESS, PHONE NUMBER  
THEN THANK RESP. DO NOT CONTACT NEW RESP. NOW)

Refused information

Doesn't know how to contact person (S/O INDEX CHILD CANNOT BE  
LOCATED)

3d. If I sent you another letter, would you please forward it to that person?  
They can contact us directly, if they choose.

Agreed to forward letter

Refused cooperation (UNQUALIFIED REFUSAL AT 3b)

Doesn't know how to contact person (S/O INDEX CHILD CANNOT BE  
LOCATED)

**INTRO PART 2:**

We are not selling anything or asking for donations. This study is sponsored by the New Jersey Department of Human Services. New Jersey was selected by the federal government as one of the several states to develop plans to ensure all eligible children receive health care.

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.

You have been randomly selected to participate in this study. If you participate in the full interview we will send a check for \$10.00 as a token of our appreciation for your time and cooperation.

**(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 questionnaire will take about 35 minutes to complete.

**(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 organization who can answer these questions for you. Would you like the toll free number? Do you have something to write this down? The toll-free number is 1-888-812-9285. Ask to speak to Mr. Ronca. Would you like me to repeat that?

**[IF RESPONDENT WANTS TO MAKE THIS CALL BEFORE CONTINUING...ARRANGE CALLBACK DATE AND TIME. ]**

SC1. First let me just verify that you are 18 years of age or older? (NASF,SINTRO\_1)

- Yes (GO TO SC1ba)
- 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. [S/O NO ONE 18 OR OLDER IN HOUSEHOLD.]

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)

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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 SC2a)
- 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 SC2a)
- Qualified respondent not available (MAKE CALLBACK APPT.)
- Qualified respondent Ref (REFUSAL)

**[Q.SC1b DELETED THIS VERSION]**

**[ASK ALL]**

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

**NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686**

SC3. I need to know how many people, including you 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 you, 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)

**[If q.SC3xa is one or more ask...otherwise GO TO q.SC3xb]**

SC3xa2 **(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)



## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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 usually 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

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)

**NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686**

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 DELETED THIS VERSION]****[SC5 AND THE INCOME QUOTA EVALUATION ARE DELETED THIS VERSION]**

[ASK ALL]

SC6 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 the 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)

**[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?

FSC7B: INTERVIEWER ENTER THE CORRECT CODE FOR THE INDEX CHILD FROM THE HOUSEHOLD ROSTER LIST BELOW. IF YOU DO NOT KNOW WHO IS THE INDEX CHILD, ASK: Which of these children (read initials/name/etc.) is (index child)?

**ROSTER LIST 64 YEARS OR YOUNGER**

**[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

[Q. SC9 IS DELETED THIS VERSION]

[STATEMENT TO CONTINUE INTERVIEW BECAUSE HOUSEHOLD QUALIFIED IS DELETED THIS VERSION]

**SECTION AA**

**HOUSEHOLD/FAMILY ROSTER**

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 considered 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 **partners natural or legally adopted child/son/daughter**
- my **partners stepdaughter/son**
- my **partners foster child**
- my **partners grandchild/grandson/granddaughter**
- my **partners 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.)

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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**

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

- 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)**

- QFR4. I reached you by dialing (insert phone number from sample). Can I reach (read names) on non-family members) by calling this number, as well, or do they only answer their own phone number?

- Yes, can reach one or more of them
- No, cannot reach them/they have their own number
- Don't know
- Refused

- 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 AAFC17**

**IF RESPONDENT IS ONLY ONE UNDER 25 YEARS OF AGE AND LIVES IN HOUSE WITH BOTH PARENTS, GO TO AAFC17**

**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 AAFC17)
- No
- Ref

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**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 AAFC17)
- Dk (GO TO AAFC17)
- Ref (GO TO AAFC17)

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



## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[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

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**[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 AAFC17)
- 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)

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

ASK ALL:

AAFC17. Thinking about who lived in your household a year ago, that is since January 2002, was there anyone living in your household last year, in January 2002, that is not living there now?

- Yes
- No (GO TO AAFC21)
- Don't know (GO TO AAFC21)
- Refused (GO TO AAFC21)

AAFC18. How many people are no longer living there? (RANGE 1 TO 7 8=DK 9=REF)

\_\_\_\_\_

[FOR EACH PERSON IN AAFC18 ASK AAFC19 AND AAFC20 CONSECUTIVELY.]

**AAFC19. Thinking of (that person/the first of the (# in AAFC18)/the second of the (# in AAFC18/etc.), how old was that person in (current month) 2002? (RANGE 0 TO 97 97 = 97 years old + 98 = DK 99 = REF)**

\_\_\_\_\_ years old

AAFC20. What was that person's relationship to (index child)? [DO NOT READ LIST. IF PARENT PROBE: Is/was that person the natural parent or step-parent of (index child), are they/were they the legal guardian of (index child) or is/was (index child) their legally adopted child or foster child?

- Mother (natural or legally adoptive parent) of index child
- Father (natural or legally adoptive parent) of index child
- Step-mother of index child
- Step-father of index child
- Foster-mother of index child
- Foster-father of index child
- Legal guardian of index child
- Brother/sister/sibling of index child
- Grandmother/grand father of index child
- Aunt/uncle of index child
- Niece/nephew of index child
- Cousin of index child
- Great grandmother/great grandfather of index child
- Great aunt/great uncle of index child
- Other relative of index child (specify)
- The spouse of index child's mother or father (and not the index child's parent or legal guardian)
- The ex-spouse of index child's mother or father (and not the index child's parent or legal guardian)
- A natural or legally adopted child belonging to index child
- A stepchild belonging to index child
- Other not related to index child

**SECTION A – HEALTH CARE COVERAGE**

Just to confirm, in addition to you, I have the following people listed as living in your household NOW 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?

- Yes it is correct (CONTINUE WITH AAFC21)
- List of family members is incorrect (GO BACK TO SC3 AND RE-ASK)

AAFC21. Is there anyone living in your household now that did not live there last year in (current month) 2002?

- Yes
- No (GO TO A1)
- DK (GO TO A1)
- REF (GO TO A1)

AAFC22. Who? (SHOW HOUSEHOLD ROSTER. MULTIPLE RECORD)

list of household roster here

A1. 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)

- Yes
- No (GO TO A29)
- Dk (GO TO A29)
- Ref (GO TO A29)

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

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)

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)

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[IF THE NUMBER OF RESPONSES IN A2 DIFFERS FROM A2a ASK...ELSE TO A7]**

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 TO A28 DELETED THIS VERSION]

[ASK ALL]

A29. 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)

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)

Don't know (GO TO A32a)

No (GO TO A31a)

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)"

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[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

**[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)”

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[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

**[A34a to A35 DELETED THIS VERSION]**

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

- Yes (GO TO A36b)
- No (GO TO INSTRUCTIONS BEFORE Q50)
- Dk (GO TO INSTRUCTIONS BEFORE Q50)
- Ref (GO TO INSTRUCTIONS BEFORE Q50)

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

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

A36c. Who does it cover?

Insert Family Roster

**[A37 TO A41 DELETED THIS VERSION]**

**(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
- AmeriHealth
- Cigna
- Other (Specify)

**[FOR EACH PLAN MENTIONED IN A41b ASK A42 TO A43c1, A44 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?

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**[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*



## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**(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 (your/name’s) current or former employer?

- Current employer (SKIP TO A44)
- Former employer
- Don’t know (SKIP TO A44)
- Ref (SKIP TO A44)

A43c1. Is that a retirement plan?

- Yes
- No
- Dk
- Ref

[A43d, e, f DELETED THIS VERSION]

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

- Yes (GO TO NEXT PLAN OR INSTRUCTIONS BEFORE Q50)
- 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 to A49 DELETED THIS VERSION]

**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 . 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)

Also, do not include Medicare HMO's/Choice Plus, MediGap or a Medicare supplement plan if you have any of them.

- 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

**[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 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*

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**(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)”

[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)

<b>GO TO BOX B</b>
--------------------

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

Range 1 to 5

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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
- AmeriHealth
- Cigna
- 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*

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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 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 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*

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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. 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/Aetna US Healthcare
- Amerigroup
- Horizon/Horizon Mercy
- Managed Health Services/Americhoice
- Physicians Health Services
- University
- Other (Specify) \_\_\_\_\_
- Don't Know
- Ref

[A71 AND A72 DELETED]

BOX C

**IF INDEX CHILD IS "ENROLLED" ASK A73.1 SERIES.**

**IF INDEX CHILD IS "DISENROLLED" AND ONE OR MORE FAMILY MEMBERS NOT ALREADY MENTIONED IN A2a,A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65 or A67 ASK A74a AND A74b SERIES.**

**IF INDEX CHILD IS "DISENROLLED" AND EVERYONE ALREADY MENTIONED A2a,A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65 or A67 - GO TO A74b SERIES.**

[IF INDEX CHILD ENROLLED]

A73.1 As you know, 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.

We have already established that (index child) is enrolled in New Jersey Kid Care/NJ Family Care. Is that correct?

- Yes (Go to A73.2)
- No (Go to A73.1a)
- Don't Know (S/O A73)
- Refused (S/O A73)

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

A73.1a According to our records (insert index child from sample read-in) enrolled in NJ FamilyCare or NJ KidCare within the past 12 months; and is still enrolled. Is that correct?

- Yes, is still enrolled (Go to A73.2)
- No, not enrolled (Go to A74a.2)
- Never enrolled (S/O A731.a)
- Don't Know (S/O A731.a)
- Refused (S/O A731.a)

A73.2 At this time, is anyone else in your family covered by New Jersey Kid Care or New Jersey Family Care? (NSAF, E20XX, modified)

- Yes
- No (GO TO A74b)
- Don't know (GO TO A74b)
- Ref (GO TO A74b)

[CATI THE FAMILY ROSTER CODE FOR INDEX CHILD SHOULD BE AUTOMATICALLY PUNCHED INTO A73a]

A73a. Who?

SHOW FAMILY ROSTER LIST EXCLUDING INDEX CHILD (AUTO PUNCHED) AND ANYONE ALREADY MENTIONED IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65 or A67.

Add a punch for "named someone covered with other insurance"

A73aa. IF COVERED WITH OTHER INSURANCE ASK...OTHERWISE GO TO A74b:

Previously you told us (name) had some other type of insurance coverage. Is that true, or do they have NJ Kid Care/NJ Family Care?

- It is correct they have other insurance (REASK A73)
- No, they have NJ Kid Care/Family Care (ASK A73ab)
- Has both NJKidCare/FamilyCare and other type of insurance (CONTINUE WITH A74b)

A73ab. Interviewer enter the name(s)/initial(s) of the family members who were recorded incorrectly as having some other insurance. SAY: It is going to be necessary for me to go back into the questionnaire and correct the information I recorded. This will take some time, so I'd like to make an appointment to call you back in a few days.

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

[CATI PLEASE GO BACK AND UNSET ANY PERSON MARKED AS HAVING AN OTHER TYPE OF INSURANCE IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65, OR A67. THEN CONTINUE WITH A74b.]

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

[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 A73ab THEN SET UP CALLBACK )
- 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.*

**[NOW GO TO A74b]**

[IF INDEX CHILD DISENROLLED]

A74a.1 As you know, 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.

We have already established that (index child) is no longer enrolled in New Jersey Kid Care/NJ Family Care. Is that correct?

- Yes (Go to A74a.2)
- No (Go to A74a.1a)
- Don’t Know (S/O A74a.1)
- Refused (S/O A74a.1)

A74a.1a Let me verify that (index child) is presently enrolled in New Jersey Kid Care or New Jersey Family Care? Is that correct?

- Yes (Go to A73.2)
- No (Re-ask A74a.1)
- Don’t Know (S/O A74a.1a)
- Refused (S/O A74a.1a)

A74a.2 At this time, is **anyone** in your family **covered** by New Jersey Kid Care or New Jersey Family Care? (NSAF, E20XX, modified)

- Yes
- No (GO TO A74b)
- Don’t know (GO TO A74b)
- Ref (GO TO A74b)

A74ab. Who?

SHOW FAMILY ROSTER LIST EXCLUDING INDEX CHILD AND ANYONE ALREADY MENTIONED IN A2a,A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65 or A67.

Add a punch for “named someone covered with other insurance”

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

A74ac. IF COVERED WITH OTHER INSURANCE ASK...OTHERWISE GO TO AFC74a:

Previously you told us (name) had some other type of insurance coverage. Is that true, or do they have NJ Kid Care/NJ Family Care?

- It is correct they have other insurance (REASK A74a)
- No, they have NJ Kid Care/Family Care
- Has both NJKidCare/FamilyCare and other type of insurance (CONTINUE WITH A74B)

A74ad. Interviewer enter the name(s)/initial(s) of the family members who were recorded incorrectly as having some other insurance. SAY: It is going to be necessary for me to go back into the questionnaire and correct the information I recorded. This will take some time, so I'd like to make an appointment to call you back in a few days.

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 A74ad)
- Someone new to list – *Interviewer, GO TO the "added person form" and fill in information. Enter punch 1 – filled added person form, ASK A74B THEN make cb appt.*

ASK ALL:

A74b. IF INDEX CHILD IS PRESENTLY DISENROLLED READ:

We have already established that (index child) is no longer enrolled in New Jersey Kid Care/NJ Family Care.

Was anyone **else** in your family covered by NJ Kid Care or Family Care within the past 12 months, **but is not covered now?**

IF INDEX CHILD IS ENROLLED READ:

Was anyone in your family covered by NJ Kid Care or Family Care within the past 12 months, but is not covered now?

- Yes
- No (GO TO AFC74a)
- Don't know (GO TO AFC74a)
- Ref (GO TO AFC74a)

A74b.1. Who was that?

INSERT FAMILY ROSTER EXCLUDING PRESENTLY COVERED BY NJ FAMILY CARE (A73a OR A74ab) AND THE INDEX CHILD.

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

[ASK ALL]

AFC74a. Thinking about your experiences having (index child) in NJ FamilyCare, how would you rate NJ FamilyCare? Overall would you say it is: [READ LIST] (NASHP#4)

- Excellent,
- Very good,
- Good,
- Fair, or
- Poor?
- (vol) DK
- (vol) Ref

AFC74b. In just a word or two, what would you say is the best thing about NJ FamilyCare? (ASK OPEN-ENDED. MULTIPLE RECORD) [NASHP#5 MODIFIED]

- Affordable/cheap/free/coverage for children whose parents can't afford it
- Good coverage/comprehensive coverage
- Access to doctors and specialists/choice of doctors
- Good doctors/good medical care
- It's a program for working families
- Can get preventive care for my child/access to care whenever needed
- Prescription coverage
- Good staff/knowledgeable staff
- Whole program/help people
- Few hassles/no hassles
- Better than Medicaid
- Other (specify)
- Don't know
- Refused

AFC74c. In just a word or two, what is the worst thing about NJ FamilyCare? (ASK OPEN-ENDED. MULTIPLE RECORD) [NASHP#5 MODIFIED]

- Bad communication/hard to reach live person/hard to get answers
- Program poorly run/disorganized/administrative errors/billing problems
- Discrimination from nurses, doctors, dentists, health professionals
- Too complicated/red tape/bureaucracy (renewal and enrollment)
- Premiums or co-pays too expensive
- Cancelled if late premium/drop people who don't pay
- Eligibility criteria too strict
- NJFC office staff/program staff treats you poorly
- Health care professionals treated you poorly
- Cancelled coverage without being told why
- Bad coverage
- Bad dental
- Poor quality of care/can't find good doctors
- Limited choice of doctors
- Trouble with referrals/trouble seeing specialists
- Long waits for appointments for dental/doctors backed up
- Doesn't cover the whole family
- HMO's/Dealing with HMO's [NOTE TO CATI/DP: remember we cannot change the card/col/code of existing codes from 9322)
- Other (specify)
- Don't know
- Refused

A75. Does/did your family pay a monthly premium for that coverage?

- Yes
- No (GO TO AFC75h)
- Dk (GO TO AFC75h))
- Ref (GO TO AFC75h)

A75a. How much does/did your family pay per month for that coverage? (READ LIST IF NEEDED)

- \$ 0
- \$15
- \$30
- \$40
- \$50
- \$60
- \$100
- Other, specify\_\_\_\_\_ -
- Dk
- Ref

AFC75b. How often, if at all, was paying that amount difficult for you financially?  
Was/Is it: (READ LIST) [KANSAS #PRE4 INTRO SENTENCE  
DELETED/RESPONSE #4 REWORDED]

- Almost every month,
- Every couple of months,
- Rarely, or
- It was never difficult to pay?
- (vol) DK
- (vol) Ref

AFC75c. Have you ever borrowed money from a friend or family member to pay your NJ FamilyCare premium?

- Yes
- No
- DK
- Ref

AFC75d. Please tell me if you agree or disagree with the following statements.

It was worth paying the NJ FamilyCare premiums because otherwise my health care costs would be higher? Do you agree or disagree? PROBE: Is that strongly (agree/disagree) or somewhat (agree/disagree)?

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Dk
- Ref

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

AFC75e. It was worth paying the NJ FamilyCare premiums just in case we had unexpected health expenses. Do you agree or disagree? PROBE: Is that strongly (agree/disagree) or somewhat (agree/disagree)?

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Dk
- Ref

AFC75f. It was worth paying the NJ FamilyCare premiums because I felt good about contributing part of the costs of our health insurance? Do you agree or disagree? PROBE: Is that strongly (agree/disagree) or somewhat (agree/disagree)?

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Dk
- Ref

AFC75g. It was worth paying the NJ FamilyCare premiums because my (child/family – *if enrolled adults*) is NOT healthy. Do you agree or disagree? PROBE: Is that strongly (agree/disagree) or somewhat (agree/disagree)?

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Dk
- Ref

AFC75h. Thank you. Now a personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When (index child) joined the NJ FamilyCare health plan, did (he/she) get a new personal doctor or nurse?

- Yes
- No (GO TO BOX D)
- Dk (GO TO BOX D)
- Ref (GO TO BOX D)

AFC75i. With the choices NJ FamilyCare gave you, how much of a problem, if any, was it to get a personal doctor or nurse for (index child) that you (are/were) happy with? Was it a: [READ LIST]

- Big problem,
- A small problem, or
- Not a problem?
- (vol) Didn't get a new personal doctor or nurse
- (vol) DK
- (vol) 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 A73a/A74a 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 apt.*

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)

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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) (NASF, 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. (NASF, 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 AFC89**

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 AFC89)
- Dk (GO TO AFC89)
- Ref (GO TO AFC89)

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

AFC89. Next I have a few questions about renewal, that is, the re-enrollment process or eligibility review you have to go through every year to keep (index child) enrolled in NJ FamilyCare.

When you first signed (index child) up for NJ FamilyCare, did they tell you that you would have to renew his/her enrollment after about a year or didn't they tell you about renewal?

- Yes they told me about renewal
- No they did not tell me about renewal
- I already knew I had to renew
- Don't recall/not sure
- Refused

AFC90. Have you ever been asked to renew? This would include if you started the renewal process and didn't finish, or you went through the renewal process but were told you couldn't continue the coverage, or you received materials to renew (even if you haven't completed them yet.).

- Yes
- No
- Not sure
- Refused

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

[IF RESPONSE TO AFC90 IS “Yes” CONTINUE. OTHERWISE IF “ENROLLED” GO TO B1. IF “DISENROLLED” GO TO AFC108]

AFC91. When you were asked to renew, were you surprised that you had to renew at that time?

- Yes       No       Dk       Ref

[IF “ENROLLED” ASK AFC92a. OTHERWISE GO TO INSTRUCTIONS BEFORE AFC93]

AFC92a. Was there anything about the renewal application that made it difficult to complete?

- Yes       No       Dk       Ref

AFC92b. What would make it easier for you to complete the application? (ASK OPEN ENDED. MULTIPLE RECORD)

- Shorten application form
- Reduce documentation needed for application (pay stubs/birth certificate)
- Make instructions clearer
- I need more time
- Translate application into another language/provide a translator
- Need assistance filling out the application
- Electronic filing
- Pre-printed application (e.g. application with previous information already filled in)
- Other (specify)
- I don't know enough/haven't had enough experience with renewal process
- NOTHING NEEDS TO BE DONE/IT ALREADY IS EASY
- Refused

[IF “ENROLLED” GO TO B1 ... IF DISENROLLER REACHED RENEWAL CONTINUE....OTHERWISE GO TO AFC108]

AFC93. Thinking about the most recent time you needed to renew, did you receive renewal application materials for NJ FamilyCare?

- Yes  
 No (GO TO AFC98)  
 Dk (GO TO AFC98)  
 Ref (GO TO AFC98)

AFC94. Did you complete and return the renewal materials?

- Yes completed and returned materials (GO TO AFC95)  
 No  
 Not sure (GO TO AFC95)  
 Refused (GO TO AFC95)

AFC94a. Why not? (DO NOT READ LIST. MULTIPLE RECORD)

- Decided not to renew
- Lost/misplaced them
- Started to fill them out but didn't finish/intended to start them but didn't
- Other (specify)
- DK (probe before accepting)
- Refused

AFC95. What would make it easier for you to complete the application? [DO NOT READ LIST. MULTIPLE RECORD]

- Shorten application form
- Reduce documentation needed for application (e.g. pay stubs/birth certificate)
- Make instructions easier
- Give me more time
- Translate application into another language/provide a translator
- Need assistance filling out the application
- Electronic filing
- Preprinted application (e.g. application with previous information already filled out)
- Other (specify)
- Don't know/not enough experience with renewal application process
- Refused

[IF AFC94 IS "YES" CONTINUE WITH AFC96  
IF AFC94a IS "DECIDED NOT TO RENEW" GO TO AFC106  
IF AFC94a IS "LOST OR MISPLACED THEM" GO TO AFC100  
OTHERWISE GO TO AFC99]

AFC96. Did you hear back from NJ FamilyCare program about your application?

- Yes (GO TO AFC97)
- No
- Don't know
- Refused

AFC96a. About how long ago did you send in the renewal?

- \_\_ days (range 1 to 6)
- \_\_ weeks (range 1 to 3)
- \_\_ months (range 1 to 12)

IF DK ASK: Was it more than two months ago?

- Yes
- No
- Not sure
- Refused

[EVERYONE ASKED AFC96a GOES TO B1]

AFC97. Was (index child) renewed or not?

- Yes (GO TO AFC108)
- No (GO TO AFC107)
- No decision yet they just needed information/had questions (GO TO AFC99)
- Not sure (GO TO 108)
- Refused (GO TO 108)

AFC98. Did you want to renew in NJ FamilyCare?

- Yes (GO TO AFC100)
- No (GO TO AFC106)
- Not sure (GO TO AFC106)
- Refused (GO TO B1)

AFC99. Do you think it is likely that you will return the renewal application/supply them with that additional information?

- Yes
- No
- Don't know
- Refused

[ALL ASKED AFC99 GO TO B1]

AFC100. Did you try to contact someone in order to get a new application? [REV. NJFAMILYSTUDY]

- Yes
- No [GO TO AFC106]
- Not sure [GO TO B1]
- Refused [GO TO B1]

[PREVIOUS AFC101 TO 104a REPLACED WITH AFC100A AND AFC100B]

AFC100a. Who did you TRY to contact? Was it: (READ LIST. MULTI-RECORD)

- NJ FamilyCare?
- Your county social service office?
- Your health care provider or HMO?
- Did you TRY TO contact someone else? (SPECIFY)
- (vol) Don't know if tried to contact anyone
- (vol) Refused

AFC100b. Were you able to reach them? (IF "Yes" DETERMINE WHO WAS REACHED AND ENTER THEM. IF **NO ONE** REACHED ENTER "NO, NOT ABLE TO REACH THEM.") [MULTI RECORD OKAY IF "YES" PUNCHES]

- Yes, NJ FamilyCare
- Yes, county social service office
- Yes, Health care provider
- Yes, other
- NO ONE REACHED
- DK
- Refused

[IF "YES" IN AFC100b ASK AFC105.]

AFC105: How satisfied were you with the assistance you received? Were you:  
(READ LIST) [IF NEEDED SAY: Overall....]

- Very satisfied,
- Somewhat satisfied,
- Somewhat dissatisfied, or
- Very dissatisfied?
- (vol) Don't know
- (vol) Refused

**[EVERYONE ASKED AFC105 GOES TO B1]**

AFC106. Why not? Any other reason? [DO NOT READ LIST. MULTIPLE RECORD]

- Paperwork/renewal process too difficult
- Decided to wait until (index child) needed medical care or prescriptions
- Did not want (index child) in the NJ FamilyCare Program
- Got or planned to get other insurance for (index child)
- Did not think that (index child) would be eligible
- Premiums were too expensive/cost too much/could not afford it
- Program was not worth the hassle
- Other (specify)
- Don't know (GO TO B1)
- Refused (GO TO B1)

[EVERYONE ELSE ASKED AFC106 GO TO INSTRUCTIONS BEFORE  
AFC109]

AFC107. Why was (index child) ineligible for the NJ FamilyCare program? What  
other reasons? (DO NOT READ LIST. MULTIPLE RECORD.)

- He/she was too old
- Income too high
- Income too low
- Qualify for Medicaid instead
- We were behind on our premiums
- (index child) covered by private insurance
- Other (specify)
- Did not respond to missing information request
- Don't know
- Refused

[EVERYONE ASKED AFC107 SKIP TO B1]

[IF INDEX CHILD CURRENTLY ENROLLED SKIP TO SECTION B]

AFC108. Why is (index child) no longer enrolled in NJ Family Care? Any other  
reason? [DO NOT READ LIST. MULTIPLE RECORD]

- (index child) was healthy (didn't need medical care or prescriptions)
- Did not want (index child) in the NJ FamilyCare program
- Got or planned to get other insurance for (index child)
- Did not think that (index child) was still eligible
- Premiums were too expensive/cost too much/could not afford it
- Other (specify)
- Don't know
- Refused



NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

[IF AFC106 is “Did not want (index child) in the NJ FamilyCare Program” OR AFC108 “Did not want (index child) in the NJ FamilyCare program” ASK AFC109... OTHERWISE GO TO INSTRUCTIONS BEFORE AFC110]

AFC109. You said that you did not want (index child) in the NJ FamilyCare program. Why is that? What other reasons? (DO NOT READ LIST. MULTIPLE RECORD) [KANSAS #NRE9]

- Don't like public programs/social programs
- Didn't like NJ FamilyCare and didn't want to sign up again/NJ FamilyCare not what I expected (PROBE WHY BEFORE ACCEPTING)
- Didn't like NJ FamilyCare Benefits
- Didn't like the doctor
- Didn't like the insurance company/the HMO
- Other (specify)
- Don't know
- Refused

[IF AFC106 WAS “Did not think that (index child) was still eligible” OR AFC108 WAS “Did not think that (index child) was still eligible” ASK AFC110...OTHERWISE GO TO INSTRUCTIONS BEFORE AFC111]

AFC110. You said that you believed that (index child) would NOT be eligible for NJ FamilyCare. Why was that? (DO NOT READ LIST. MULTIPLE RECORD) [KANSAS #NRE11]

- (index child) moved out of state
- (index child) was too old
- Income was too high
- Income was too low
- Told we qualify for Medicaid
- We were behind on our premiums
- (index child) could get private insurance
- Other (specify)
- Don't know
- Refused

[IF AFC106 WAS “Premiums were too expensive/cost too much/could not afford it” OR AFC 108 WAS “Premiums were too expensive/cost too much/could not afford it” ASK AFC111...OTHERWISE GO TO B1]

AFC111. You said that premiums were expensive. Were you behind on premiums at that time? [KANSAS #NRE12]

- Yes
- No
- Don't recall
- Refused

[A91 to A93c OMITTED THIS VERSION]

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[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): (CTSpq78, 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 BFC3a1]

BFC3a1. Do any of your children under 18 currently need or use MEDICINE PRESCRIBED BY A DOCTOR (other than vitamins) because of ANY medical, behavioral, or other health condition?

- Yes
- No (GO TO BFC3b1)
- DK (GO TO BFC3b1)
- Ref (GO TO BFC3b1)

BFC3a2. Who? Any one else?

PRELIST CHILDREN FROM FAMILY ROSTER

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

[FOR EACH CHILD MENTIONED IN BFC3a2 ASK:]

BFC3a3. IF ONLY ONE CHILD MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE CHILDREN SAY: Is (insert child)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

- Yes
- No
- Dk
- Ref

BFC3b1. Do any of your children under 18 need or use more MEDICAL CARE, MENTAL HEALTH OR EDUCATIONAL SERVICES than is usual for most children of the same age because of ANY medical, behavioral, or other health condition?

- Yes
- No (GO TO BFC3c1)
- DK (GO TO BFC3c1)
- Ref (GO TO BFC3c1)

BFC3b2. Who? Any one else?

PRELIST CHILDREN FROM FAMILY ROSTER

[FOR EACH CHILD MENTIONED IN BFC3b2 ASK:]

BFC3b3. IF ONLY ONE CHILD MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE CHILDREN SAY: Is (insert child)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

- Yes
- No
- Dk
- Ref

BFC3c1. Are any of your children under 18 LIMITED OR PREVENTED in any way in their ability to do the things most children of the same age can do because of ANY medical, behavioral, or other health condition?

- Yes
- No (GO TO BFC3d1)
- DK (GO TO BFC3d1)
- Ref (GO TO BFC3d1)

BFC3c2. Who? Any one else?

PRELIST CHILDREN FROM FAMILY ROSTER

[FOR EACH CHILD MENTIONED IN BFC3c2 ASK:]

BFC3c3. IF ONLY ONE CHILD MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE CHILDREN SAY: Is (insert child)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

- Yes
- No
- Dk
- Ref

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

BFC3d1. Do any of your children under 18 need or get any SPECIAL THERAPY, such as physical, occupational, or speech therapy because of ANY medical, behavioral, or other health condition?

- Yes
- No (GO TO BFC3e1)
- DK (GO TO BFC3e1)
- Ref (GO TO BFC3e1)

BFC3d2. Who? Any one else?

PRELIST CHILDREN FROM FAMILY ROSTER

[FOR EACH CHILD MENTIONED IN BFC3d2 ASK:]

BFC3d3. IF ONLY ONE CHILD MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE CHILDREN SAY: Is (insert child)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

- Yes
- No
- Dk
- Ref

BFC3e1. Do any of your children under 18 have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets TREATMENT OR COUNSELING?

- Yes
- No (GO TO BFC3f1)
- DK (GO TO BFC3f1)
- Ref (GO TO BFC3f1)

BFC3e2. Who? Any one else?

PRELIST CHILDREN FROM FAMILY ROSTER

[FOR EACH CHILD MENTIONED IN BFC3e2 ASK:]

BFC3e3. IF ONLY ONE CHILD MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE CHILDREN SAY: Is (insert child)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

- Yes
- No
- Dk
- Ref

BFC3f1. IF RESP. ONLY ADULT IN FAMILY SAY: Do you currently need or take PRESCRIPTION MEDICINE (other than vitamins or birth control pills) because of ANY medical, behavioral, or other health condition?

OTHERWISE READ: Do you or any ADULTS in your family currently need or take PRESCRIPTION MEDICINE (other than vitamins or birth control pills) because of ANY medical, behavioral, or other health condition?

- Yes
- No (GO TO BFC3g1)
- DK (GO TO BFC3g1)
- Ref (GO TO BFC3g1)

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

BFC3f2. [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE]

OTHERWISE ASK: Who? Any one else?

PRELIST ADULTS FROM FAMILY ROSTER

[FOR EACH ADULT MENTIONED IN BFC3f2 ASK:]

BFC3f3. IF ONLY ONE ADULT MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE ADULT SAY: Is (insert adults)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

- Yes
- No
- Dk
- Ref

BFC3g1. IF RESP. ONLY ADULT IN FAMILY SAY: Do you use MEDICAL CARE, MENTAL HEALTH, OR OTHER HEALTH SERVICES on a regular basis because of ANY medical, behavioral, or other health condition?

OTHERWISE SAY: Do you or any ADULTS in your family need or use MEDICAL CARE, MENTAL HEALTH, OR OTHER HEALTH SERVICES on a regular basis because of ANY medical, behavioral, or other health condition?

- Yes
- No (GO TO BFC3h1)
- DK (GO TO BFC3h1)
- Ref (GO TO BFC3h1)

BFC3g2. [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE]

OTHERWISE ASK: Who? Any one else?

PRELIST ADULTS FROM FAMILY ROSTER

[FOR EACH ADULT MENTIONED IN BFC3f2 ASK:]

BFC3g3. IF ONLY ONE ADULT MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE ADULTS SAY: Is (insert adult)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

- Yes
- No
- Dk
- Ref

BFC3h1. IF RESP. ONLY ADULT IN FAMILY SAY: Do you have difficulty doing or need assistance to do day-to-day activities because of ANY medical, behavioral, or other health condition? (For instance work, go to school, do housework, socialize, cook, do paperwork.)

OTHERWISE SAY: Do you or any ADULTS in your family have difficulty doing or need assistance to do day-to-day activities because of ANY medical, behavioral, or other health condition? (For instance work, go to school, do housework, socialize, cook, do paperwork.)

- Yes
- No (GO TO BFC3i1)
- DK (GO TO BFC3i1)
- Ref (GO TO BFC3i1)

BFC3h2. Who? Any one else?

PRELIST ADULTS FROM FAMILY ROSTER

[FOR EACH ADULT MENTIONED IN BFC3h2 ASK:]

BFC3h3. IF ONLY ONE ADULT MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE ADULTS SAY: Is (insert adult)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

Yes       No       Dk       Ref

BFC3i1. IF RESP ONLY ADULT IN FAMILY SAY: Do you need or get SPECIAL THERAPY because of ANY medical, mental health, or other health condition? (for example: physical, occupational, speech or respiratory therapy)

OTHERWISE SAY: Do you or any ADULTS in your family need or get SPECIAL THERAPY because of ANY medical, mental health, or other health condition? (for example: physical, occupational, speech or respiratory therapy)

Yes  
 No (GO TO BFC3j1)  
 DK (GO TO BFC3j1)  
 Ref (GO TO BFC3j1)

BFC3i2. [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE]

OTHERWISE ASK: Who? Any one else?

PRELIST ADULTS FROM FAMILY ROSTER

[FOR EACH ADULT MENTIONED IN BFC3i2 ASK:]

BFC3i3. IF ONLY ONE ADULT MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE ADULTS SAY: Is (insert adult)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

Yes       No       Dk       Ref

BFC3j1. IF RESP. ONLY ADULT IN FAMILY SAY: Do you need or get TREATMENT OR COUNSELING for any kind of mental health, substance abuse, or emotional problem?

OTHERWISE READ: Do you or any ADULTS in your family need or get TREATMENT OR COUNSELING for any kind of mental health, substance abuse, or emotional problem?

Yes  
 No (GO TO B4)  
 DK (GO TO B4)  
 Ref (GO TO B4)

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

BFC3j2. [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE]

OTHERWISE ASK: Who? Any one else?

PRELIST ADULTS FROM FAMILY ROSTER

[FOR EACH ADULT MENTIONED IN BFC3j2 ASK:]

BFC3j3. IF ONLY ONE ADULT MENTION SAY: Is this a condition that has lasted or is expected to last for AT LEAST 12 months?

IF TWO OR MORE ADULTS SAY: Is (insert adult)'s condition, a condition that has lasted or is expected to last for AT LEAST 12 months?

Yes       No       Dk       Ref

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]

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. IF RESPONDENT ONLY ADULT IN FAMILY SAY: Now I am going to ask you if you have had any particular health problems in the last **3 months**.

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

OTHERWISE READ: 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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)
- No  
 Dk  
 Ref

- c. loss of consciousness or fainting in the past three months? (RWJACpg25, F-c)

- Yes → Who is this? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)
- No  
 Dk  
 Ref



## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

- 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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)
- No  
 Dk  
 Ref
- f. Cough with yellow sputum (spew-tum) and fever? (RWJACpg25, F-f)
- Yes → Who is this? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)
- No  
 Dk  
 Ref
- h. Had sadness, hopelessness, frequent crying, or felt depressed in the past three months? (RWJACpg25, F-a)
- Yes → Who is this? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)
- No  
 Dk  
 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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)
- No  
 Dk  
 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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)
- No  
 Dk  
 Ref

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)

- No
- Dk
- Ref

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

Yes → Who is this? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)

- No
- Dk
- Ref

**(IF ONLY MALES IN FAMILY SKIP ITEM Q)**

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

Yes → Who is this? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)

- No
- Dk
- 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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)

- No
- Dk
- 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? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)

- No
- Dk
- Ref

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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

- Yes → Who is this? [IF RESP. ONLY ADULT AUTOMATICALLY ENTER THEIR CODE] OTHERWISE ASK: Who? Any one else? (INSERT LIST OF ADULTS IN FAMILY)
- No  
 Dk  
 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.

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” GO TO B14.**

**ALL OTHERS GO BACK TO NEXT SYMPTOM. IF NO OTHER SYMPTOMS GO TO INSTRUCTION BEFORE B9.**

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

- Could not afford it
- No insurance
- Doctor had treated it previously
- Not serious enough
- Difficulty in getting appointment
- Didn't think a doctor could help
- Didn't want to get care
- 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)

**[B9 SERIES DELETED THIS VERSION  
B8 SERIES DELETED THIS VERSION  
B21A TO B46A DELETED THIS VERSION]**

**SECTION C - UTILIZATION**

[ASK ALL]

C1. During the past 12 months, were you or any other family household member a patient in a hospital overnight? [IF NEEDED: Regardless of whether or not you used NJFamilyCare.]

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

C1a. Who?

**FAMILY ROSTER**

**(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 FEMALE BETWEEN 10-55 YEARS ASK C3  
IF UNDER 1 YEARS OLD GO TO C4.  
ALL OTHERS 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 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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

- C5. During the past 12 months did you or any other family household member GO TO a hospital emergency room? [IF NEEDED: Regardless of whether or not you used NJFamilyCare.]

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

- C5a. Who went?

[INSERT LIST]

- 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 any other family household member 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.) [IF NEEDED: Regardless of whether or not you used NJFamilyCare.]

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?

INSERT LIST

- 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 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 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



## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**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)

**[C7a to C7c DELETED THIS VERSION]**

**FOR EACH 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 (C5b>0 or C6b>0) ASK C8.**

**FOR EACH PERSON CURRENTLY UNINSURED (A76=CORRECT) and HAD DOCTOR VISITS IN PAST YEAR (C5b>0 or C6b>0) 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**

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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

- C9. During the past 12 months did you , or any other family household member, see a dentist?  
[IF NEEDED: Regardless of whether or not you used NJFamilyCare.] (NSAF, F6)

- Yes (Ask C9a)  
 No (GO TO C10a)  
 DK (GO TO C10a)  
 REF (GO TO C10a)

- C9a. Who saw the dentist?

INSERT FAMILY ROSTER

- 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 any other family household member get care or treatment for an emotional or mental health problem from anyone such as a regular doctor, therapist or minister? [IF NEEDED: Regardless of whether or not you used NJFamilyCare.]

- 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 – C10d2 DELETED THIS VERSION]**

**[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 C11c)  
 DK (SKIP TO C11c)  
 REF (SKIP TO C11c)

- C11a. Who has seen a nurse practitioner in the past 12 months? Anyone else? [IF NEEDED: Regardless of whether or not you used NJFamilyCare.]

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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[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? [IF NEEDED: Regardless of whether or not you used NJFamilyCare.]

- 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?

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 household seen a chiropractor in the past 12 months? [IF NEEDED: Regardless of whether or not you used NJFamilyCare.]

- Yes (ASK C12a)
- No (SKIP TO C13)
- DK (SKIP TO C13)
- REF (SKIP TO C13)

C12a. Who has seen a chiropractor in the past 12 months? Anyone else?

INSERT FAMILY ROSTER

**(C16 TO C16c DELETED THIS VERSION)**

**(ASK ALL)**

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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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 C19)
- Dk (GO TO INST. BEFORE C19)
- Ref (GO TO INST. BEFORE C19)

C17a. Who?

**(C18-18a DELETED THIS VERSION)**

**(ASK C19 FOR EACH 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 FEMALES 20 + GO TO C20..OTHERWISE INSERT THE NAMES OF 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 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 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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**(IF NO FEMALES 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

**[IF AAFC17 IS “YES” ASK C21a...OTHERWISE GO TO C21]**

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 \_\_\_\_\_

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

[ASK ALL]

- C21. During the past 12 months about how much have you and other in your family household had to pay for prescription drugs which were 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 others in your family household 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

- C23a. How serious a financial problem have medical costs been to you and your family household 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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[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

**[C36 TO C39 DELETED THIS VERSION]**

#### **SECTION D - ACCESS TO CARE**

The next few questions are about different kinds of health care that you (and your family) may need.

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[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 (GO TO D3)
- Doctor's office/group practice
- Hospital emergency room (GO TO D3)
- 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 (GO TO D3)
- (VOL) Ref to say if there is one place or not

DFC2a. About how long would it usually take you to get to (index child)'s usual source of medical care? [CAN RECORD IN BOTH HOURS AND/OR MINUTES]

\_\_\_ hours (range 1 to 7)

\_\_\_ \_\_\_ minutes (range 1 to 59)

DFC2b. How does (index child) usually get there...is it by (READ LIST): (ACCEPT MULTIPLE RESPONSE)

- Walking,
- Driving themselves,
- Being driven by someone else,
- Taxi,
- Other public transportation like bus, train or subway,
- Ambulance, or
- Some other way? (specify)
- (vol) Don't know
- (vol) Refused

[IF ONE OF THE RESPONSES IN DVC2b IS “DRIVING THEMSELVES” OR “BEING DRIVEN” ASK DFC2c...OTHERWISE GO TO DFC2d]



DFC2c. Do you have to pay parking or tolls?

- Yes       No       DK       Ref

DFC2d. IF INDEX CHILD IS ENROLLED READ: Is (index child)'s usually source of care his/her NJ FamilyCare primary care provider?

IF INDEX CHILD IS DISENROLLED READ: Is [INDEX CHILD's] usual doctor the same one s/he used when s/he had FamilyCare or has s/he changed doctors?

- Yes/Yes same one (GO TO D3)  
 No/Change doctors  
 Not sure (GO TO D3)  
 Refused (GO TO D3)

DFC2e. Why doesn't (index child) usually go to his/her NJ FamilyCare provider?  
[DO NOT READ LIST. MULTIPLE RECORD.]

- Doesn't have a NJ FamilyCare provider  
 Too far away  
 Inconvenient to get too  
 Doesn't like NJ FamilyCare provider  
 Costs too much  
 Sees specialist instead  
 Takes too long to get an appointment  
 Inconvenient hours  
 Have to wait too long in the waiting room  
 Other (specify)  
 Not sure  
 Refused

[ASK ALL]

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)

- 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)

- 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)

**[D4a DELETED THIS VERSION]**

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)

- 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)

- 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)

- 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)?

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

F3. 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)

F4. 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)

F5. 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)

F. 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)

F12. 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)

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

F16. 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)

F18. 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)

F19. 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)

F20. 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)

F21. 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)

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

F22. 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)

F24. 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)

F25. 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)

F26. 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)

F27-F29 New for this version.

F27. Have you heard of any recent or upcoming changes in NJ FamilyCare benefits or coverage?

1. Yes
2. No [Go to Section H]
3. Don't Know [Go to Section H]
4. Refused [Go to Section H]

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

F28. What specific impact, if any, do you think these changes will have on your family? (DO NOT READ LIST) (CHECK ALL THAT APPLY)

1. One or more family members will lose coverage
2. Benefits reduced (e.g., elimination of dental coverage) for one or more family members
3. Increases in monthly premiums
4. Higher co-payments for health care services
5. Other (specify) \_\_\_\_\_
6. Don't know
7. Refused

F29. How much of an effect will these changes have on your family? Will they have a major effect, a minor effect, or no effect?

1. Major effect
2. Minor effect
3. No effect
4. Don't Know
5. Refused

**[SECTION G DELETED THIS VERSION]**

**SECTION H – EMPLOYMENT AND EARNINGS**

**[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 2002?

- 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, working/on paid vacation (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)

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

H1a. Which of the following (were you/ was name) doing most of last week?  
(CHIS K1) (READ:)

- With 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 HFC2c)
- Dk (GO TO HFC2c)
- Ref (GO TO HFC2c)

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

HFC2c. And, what about last year in January 2002 (were/was) (you/he/she) working for pay?

- Yes
- No (GO TO H3)
- DK (GO TO H3)
- REF (GO TO H3)

HFC2d. In a typical week, about how many hours did (you/he/she) work for pay at all  
jobs? (80 = 80+ DK=98 REF=99)

\_\_ \_\_ # hours per week

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

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**[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)

**[ASK ONLY IF SELF EMPLOYED OR FAMILY BUSINESS/FARM IN H5..OTHERS TO H12:]**

H11. 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 HFC13a)
- No
- Dk
- Ref

H13. Were/Was (you/name) out of work in the past 12 months?

- Yes
- No
- Don't know
- Ref

HFC13a. Now thinking about January 2002 last year, were (you/he/she) working for pay?

- Yes
- No (GO TO BOX H1 BEFORE H14)
- DK (GO TO BOX H1 BEFORE H14)
- REF (GO TO BOX H1 BEFORE H14)

HFC13b. In a typical week about how many hours did (you/he/she) work for pay at all jobs in January 2002?

\_\_ \_\_ # hours worked per week

BOX H1:  TEST IF H5=2,3,4 (GOVERNMENT) SKIP TO H19 ELSE ASK H14
---

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

H14. (Does your/(name's) current 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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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)

HFC19aa. Are other family members also eligible for that coverage?

- Yes       No       Don't know       Refused

**(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 2002. During 2002, 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 HFC23d)
- Don't Know (GO TO Q.H23)
- Ref (GO TO Q.H23)

H23. Was your family's 2002 total income from all sources, before taxes: (READ LIST)

- Under \$20,000,
- \$20,000 to \$49,999, or
- \$50,000 or greater?
- Dk (GO TO HFC23d)
- Ref (GO TO HFC23d)

H23a. IF UNDER \$20,000, ASK: Is it: (READ LIST)

- Under \$10,000
- or \$10,000 - \$19,999
- Dk
- Ref

ALL ASKED H23a GOES TO HFC23d

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

ALL ASKED H23b  
GOES TO HFC23d

H23c. IF \$50,000 OR MORE, ASK:

- Is it between \$50,000 and \$74,999,
  - between \$75,000 and \$99,999
  - between \$100,000 and 149,999, or
  - \$150,000 or more?
  - Dk
  - Ref
- ALL ASKED H23c  
GOES TO HFC23d

[ASK ALL]

HFC23d. Compared to a year earlier, that is 2001, was your total family income in 2002 higher, lower, or about the same?

- Higher
- Lower
- About the same (GO TO H24)
- Not sure (GO TO H24)
- Refused (GO TO H24)

HFC23e. By about how much did it go (up/down) in 2002? Your best guess is fine. [ROUND OFF TO NEAREST DOLLAR]

\_\_\_ \_\_ , \_\_\_ \_\_ \_\_\_ per year

\_\_\_ , \_\_\_ \_\_ \_\_\_ per month

\_\_\_ , \_\_\_ \_\_ \_\_\_ per week

\_\_\_ \_\_ \_\_\_ per day

\_\_\_ \_\_ per hour

HFC23f. (IF DON'T KNOW/REFUSED IN HFC23e) Just to get an idea would you say it went (up/down) by: [READ LIST]

- \$10,000 or more for the year,
- Between \$5,000 and \$10,000 for the year, or
- Between \$1,000 and \$5,000 for the year, or
- Less than \$1,000.00?
- (vol) DK
- (vol) 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)

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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 2002, 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 2002? (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?

\_\_\_\_\_

**NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686**

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 2002? (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 2002? (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), 1998?

- 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), 1998?

- 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

I1aa. What is your current zip code? \_\_\_\_ \_

I1a. **[ASK IF 18 YEARS OR OLDER...OTHERWISE GO TO Q.I1c]**  
What is the highest grade or level of school that (you/NAME) have/has completed?  
(NASF, L1)

- 8<sup>th</sup> GRADE OR LESS
- 9<sup>th</sup> TO 11<sup>TH</sup>
- 12<sup>TH</sup> GRADE, GED OR HIGH SCHOOL DIPLOMA
- Some voc/tech/business [ASK I1b]
- Some voc.tech/business certificate or diploma [ASK I1b]
- 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

I1b. Do/Does (you/name) have a high school diploma or GED?

- Yes
- No
- Dk
- Ref

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

- 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 I1ca)
- No (GO TO I1cb)
- 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)

- 11cb. 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)

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

**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) [If combo, enter in OTHER (specify)]

- 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 I3)**

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?

[If combo, enter in OTHER (specify)]

- 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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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

<b>ASK I6-I8 FOR ALL NAMES GIVEN IN I5</b>
--

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

## NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

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

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?

[ASK ALL]

R1. Thank you for your cooperation and for taking the time to participate in this important study. In the coming months, we may be contacting you again to collect some follow-up information on health care issues and concerns. Like the interview today, your participation to a follow-up interview will be voluntary and your responses will remain confidential.

Just to make sure I can reach you, I'd like to ask a few questions about how best to do that.

- Continue with instruction before R2
- Respondent has voluntarily refused to take part in additional interviews [END INTERVIEW]

[IF CLOSING IS DON'T KNOW OR REFUSED SKIP TO R3. OTHERWISE ASK R2.]

R2. Is the address you just gave me for mailing the payment for today's interview the address we could reach you in three to six months?

- Yes (GO TO R5)
- No, could obtain a new address (Go to R3)
- No, could not obtain a new address (Go to R4)
- Don't know (Go to R4)
- Refused (Go to R4)

R3. What is the address where we can reach you in three to six months? [IF RESP. DOESN'T KNOW THEN RECORD THE PRESENT ADDRESS. IF RESPOND. REFUSES TO TELL US, THEN Q.R1 ABOVE IS "RESP. VOL. REF."]

Street: \_\_\_\_\_  
 Apt \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686

R3a. Is there a phone number at that address, a work phone number or a cell phone that I could use?

- Yes, cell
- Yes, at that address
- Yes, at work
- No (Go to R5)
- DK (Go to R5)
- Ref (Go to R5)

R3b. What is that number? (Area code) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(GO TO R5)

(IF "Couldn't obtain address/Dk/Ref" in R2)

R4. Is there a business address that I could reach you in three to six months?

- Yes
- No (Go to R4b)
- DK (Go to R4b)
- Ref (Go to R5)

R4a. What is that address?

Company name: \_\_\_\_\_

Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

R4b. Is there a phone number at that address, or a cell phone I could use?

- Yes, cell
- Yes, at work
- No (Go to R5)
- DK (Go to R5)
- Ref (Go R5)

R5. In case we aren't able to contact you, can you give me the name of a close friend or relative who doesn't live with you, but would always know how to get in touch with you.

Refused that information

Name: \_\_\_\_\_

What is their complete mailing address?

Street: \_\_\_\_\_

Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

And their telephone number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NEW JERSEY FAMILY CARE ENROLLERS/DISENROLLERS #9686**

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

KidCare or Family Care: 1-800-701-0710

(Multiple Record)

Didn't want numbers  
Gave Medicaid  
Gave KidCare/FamilyCare  
Gave NJ Ease