

WYOMING HEALTH INSURANCE SURVEY

Any adult who knows about health insurance for the members of your household may answer this survey. Thanks for your help! Please return the completed survey in the pre-paid reply envelope. The University of Wyoming's Survey Research Center will make sure your responses are confidential. Please do not put your name on the form. We use only a code number to keep track of replies:

Please write your answers in the blanks, or mark an "x" inside the appropriate circle or box(es).

1. Is the address where you received this survey a seasonal home (like a vacation home) or is it occupied by your household all year?

(Please mark **one** response circle.)

- It is occupied only sometimes
 It is occupied all year

2. What telephone service is currently active in this household?

- No telephone service right now
 Cell phone(s) only
 Residential phone line(s) only
 Both cellular and residential phones

3. How many people currently live or stay in this house, apartment, or mobile home?

(Count adults, children, infants, foster children, roomers, housemates, **and** those away at school, **but not** those away in the Armed Forces, a correctional facility, or a nursing home.)

_____ people live here, total

4. How many of the people in this household are children or infants, age 18 or younger?

_____ are children or infants

5. What person in the household most recently had a birthday?

(If there is an infant in the household, his/her birth could be the "most recent birthday.")

- I myself had the most recent birthday
 Some other adult, age 19 or older
 A child or infant, age 18 or younger

6. How old is the person in the household who most recently had a birthday?

(The adult, child, or infant with the most recent birthday will be called the "*Birthday Person*.")

_____ years old

(or _____ months, if less than 2 years old)

7. In general, how would you describe the health of that *Birthday Person*?

- Excellent
 Very good
 Good
 Fair
 Poor
 (Don't know)

8. Is the *Birthday Person* male or female?

- Male
 Female

9. What is your own relationship to the *Birthday Person*?

- I am the *Birthday Person*
 I am the *Birthday Person's* grandparent
 Birthday Person's parent or stepparent
 Birthday Person's spouse or partner
 Birthday Person's son or daughter
 Birthday Person's brother or sister
 Other relative of the *Birthday Person*
 I'm not a relative of the *Birthday Person*

(Survey finishes on the **back** of this page.)

10. Here is a list of different types of health insurance. Does the *BirthDay Person* currently have any of these types of health insurance?
 (The *BirthDay Person* is the adult, child, or infant who most recently had a birthday.)

(Please mark **all** boxes that apply.)

- Health insurance through a railroad retirement plan
- Medicare (for persons age 65 and older, or persons with disabilities)
- Veteran's Affairs disability benefit, or military (VA/TRICARE/CHAMPUS)
- Title 19, Medicaid, or Kid Care (Wyoming EqualityCare)
- Wyoming Health Insurance Pool (high-risk pool insurance)
- Health insurance through the *BirthDay Person's* work or union
- Health insurance through someone else's work or union
- COBRA (eligible through a former employer, at household expense)
- Health insurance bought directly by the *BirthDay Person*
- Health insurance bought directly by someone else
- Student health insurance
- Indian Health Service
- Other (What?) _____
- BirthDay Person* has no health insurance
- (Don't know)

11. How long has it been since the *BirthDay Person* was last covered by health insurance?
 (For questions 11 and 12, do **not** count the Indian Health Service as health insurance.)

(Please mark **one** circle, and also write a number in one blank if applicable.)

- BirthDay Person* has never had insurance
- Last covered _____ years ago
- Last covered _____ months ago
- Currently has health insurance
- (Don't know)

12. Not counting the *BirthDay Person*, how many other people in this household currently have health insurance?
 (If none, please write zeroes in the blanks.)

_____ (other) adults have insurance

_____ (other) children have insurance

13. Is there anyone in this household eligible for health insurance through an employer or union, who has chosen not to sign up for it?

- (Don't know)
- Nobody is eligible in the household
- Everyone eligible is covered
- Someone is eligible but is not covered, because: (Mark the **one main reason**.)
 - Cannot afford the cost
 - Not a good value
 - Person is healthy
 - Care is available without it
 - Expect other coverage shortly
 - Another reason (What?) _____

14. Approximately, what was the household's total income in 2001 (before tax, all sources)?
 (Income information is important to help the state understand how to make health insurance more affordable. Your answer will be kept strictly confidential.)

- Less than \$5,000
- \$5,000 to 9,999
- \$10,000 to 14,999
- \$15,000 to 19,999
- \$20,000 to 29,999
- \$30,000 to 39,999
- \$40,000 to 49,999
- \$50,000 to 74,999
- \$75,000 or more
- (Don't know)

15. Do you have any other comments?
 (Please enclose them on separate paper.)

Please mail your survey in the pre-paid envelope provided. Thanks for your help!