**Cognitive Testing of Health Insurance Questions
for Wave 12 SIPP**

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Abstract

Center for Survey Methods Research (CSMR) staff conducted cognitive interviews to test some revisions to health insurance questions for the Wave 12 SIPP instrument. The changes were specific to health care situations for persons who have no health insurance. This memorandum provides the results of that testing. Between July 23rd and August 11th to support this testing, eight cognitive interviews were conducted. The test questionnaire contained questions from the core instrument, from the Wave 12 Medical Expenses and Utilization Topical Module, and from the Wave 8 Welfare Reform Module. These questions were needed to provide information for the question fills for the target test questions and to establish skip patterns. In addition, new roster probes and demographic items under development for the SIPP Methods Panel were included in the questionnaire. The questions were adapted to be administered on paper. Because the focus of questionnaire revisions was questions about medical service use in the reference period by uninsured persons, we recruited respondents who did not have health insurance.

Keywords: SIPP, health insurance, medical expenditures

Jerry

August 18, 1999

MEMORANDUM FOR   Patricia Doyle
                              Survey Improvement Coordinator
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Subject: Cognitive Testing of Health Insurance Questions for Wave 12
                              SIPP

Center for Survey Methods Research (CSMR) staff conducted cognitive interviews to test some revisions to health insurance questions for the Wave 12 SIPP instrument. The changes were specific to health care situations for persons who have no health insurance. This memorandum provides the results of that testing.

Between July 23rd and August 11th to support this testing, eight cognitive interviews were conducted. The test questionnaire contained questions from the core instrument, from the Wave 12 Medical Expenses and Utilization Topical Module, and from the Wave 8 Welfare Reform Module. These questions were needed to provide information for the question fills for the target test questions and to establish skip patterns. In addition, new roster probes and demographic items under development for the SIPP Methods Panel were included in the questionnaire. The questions were adapted to be administered on paper. A copy of the questionnaire is included as Attachment A.

Because the focus of questionnaire revisions was questions about medical service use in the reference period by uninsured persons, we recruited respondents who did not have health insurance. Respondents were recruited through local community organizations and through personal contacts. Of the respondents, only one was covered by any type of insurance. Three African-American males between the ages of 33 and 60 were recruited, along with two white males in their mid-thirties and three females (one white and two African-American) in their mid-twenties.

Five of the interviews were conducted in CSMR's cognitive lab, two were conducted on-site at a homeless shelter in Prince George's county and one was conducted at United Community Ministries—a community-service organization in northern Virginia. The interviews were approximately 30 to 45 minutes in duration.

Q36, Q37A/B, Q41 and Q45 of Attachment A were the target test questions. Six respondents were asked Q36, five were asked Q37A/B, no respondents were asked Q41 and two respondents were asked Q45.

Q36 **Earlier you said that you were not covered by any health insurance in**
         [FILL MONTHS NOT COVERED].
         During (that month/ those months) did you go to a dentist or other dental professional?

This question was a new question, which closely paralleled a question about doctors. Of the respondents who were asked this question (N = 6), most had no particular reactions to this question and answered without a problem. One respondent asked that the question be re-read, but then responded with an answer. One respondent reacted to the coupling of health insurance and number of dental visits. This respondent mentioned this because she had assumed dental and health insurance were separate items, and had been treating them as such throughout the interview. Until this point in the interview, the respondent did not assume health insurance included dental insurance.

The respondents who were asked this question did not seem to have problems providing a response, whether they saw a dental professional or not. Of the respondents who were asked this question and had a dental visit within the four-month reference period, each individual accurately placed the visit within the past four months. Earlier, in Q22, respondents had been asked if they'd seen a dental professional in the last twelve months. Perhaps the previous exposure to the dental-visit recall task had prepared them to answer the same question for this shorter, four-month reference period. Respondents who had seen a dentist in the past twelve months thought about when their visit occurred. They reported thinking of particular months or time of year (e.g., "in the winter") when formulating an answer to this question.

Recommendation: We do not recommend making any changes to this question.

Q37A **During [FILL MONTHS NOT COVERED], when you were not insured, did you go to a doctor, nurse, or another health care provider?**

Both Q37A and Q37B were made clearer by explicitly stating interest in only the uninsured months within the reference period. Of the four respondents who were asked this question, only one indicated having a problem. The problem stemmed both from the reference period and confusion about the response categories. The respondent wondered if emergency room visits should be included with regular doctor visits. He combined these two categories (consistent with his thinking process in a previous question) and answered "yes" to this question. Upon questioning the respondent about the reference period he was thinking of, it was learned that he was considering the past year, instead of the past four months. This led the respondent to change his answer to "no." Other than this, respondents did not have problems with the question.

Recommendation: We do not recommend making any changes to this question.

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Q37B Earlier you said that you were not covered by any health insurance in
       [FILL MONTHS NOT COVERED].
       During (that month/ those months) did you go to a doctor, nurse, or another health
       care provider?

Only one respondent was asked this question. He provided this answer quickly: "Nurse," and offered no further response.

As in Q36, the respondents had been asked earlier to think about and provide responses to inquiries regarding contact with medical providers in the past year. At this point, respondents had already been thinking about their different illnesses and assessing whether these instances occurred in the past twelve months. Again, perhaps thinking about it very recently within the interview made it easy to determine whether they had contact with a medical provider in this four month reference period.

Recommendation: We do not recommend making any changes to this question.

Q41   What kind of treatment did you receive?

This question was a new follow-up for the previous three questions regarding explicit options for received treatment. None of the respondents were asked this question. Either they had not seen a medical professional in the specified time frame, or they answered "yes" to one of the previous three options—which would have caused them to skip over Q41 (*Did you receive treatment for an illness or injury? Did you receive any routine or preventative care...? Did you receive treatment for a drug or alcohol problem?*).

Recommendation: We do not recommend making any changes to this question.

Q45   Did anyone ask what your income was before they set a price for the services?

The term "anyone" in this question replaced a fill of medical providers previously read to respondent (clinic/hospital/doctor) based upon a previous question (Q42). Before the term "anyone" replaced the fill of medical providers, it was suggested that the fill include "dentist." None of the respondents proceeded through the skip patterns in such a way that would allow this question to be asked as it was intended. It required respondents to have gone to the doctor/dentist within the past four months and not know whether they paid a reduced or full price for the service(s). However, the interviewers asked this question whenever the skip pattern got them to Q44, even if the respondent did not answer "don't know" to the question. This was done in order to get some feedback on this question from respondents.

In one interview, the respondent provided a "no" response to this question. She said the doctor inquired about health insurance, but did not ask about her income. When probed for her interpretation of the term "anyone," she said the receptionist.

In the other interview, the respondent provided a "yes" response to this question, but when giving examples of the questions that people asked him, he did not mention income. He said someone asked if he was employed, if he had health insurance and if he was a veteran. This incident happened when the respondent made a visit to the emergency room, so he was not sure who was asking these questions. He thought it might have been a nurse.

Thus, it seems that a variety of personnel is being captured by the term "anyone," but none were outside of the intended set written into the old form of the question. While "anyone" was interpreted correctly, the term "income" was interpreted too broadly. The second respondent above may have taken some liberties when interpreting "income" in the question, since he did not include any examples of income when providing examples of things the emergency-room personnel asked him. Rather, he said they asked him about employment, health insurance and veteran status. The possible misinterpretation of "income" may have occurred because employment and health insurance topics were heavily emphasized within the questionnaire. Since the questionnaire used for the cognitive interviews contained only portions of SIPP, it is possible that within the context of the entire SIPP questionnaire this same misinterpretation may not have been made. Within the larger context of SIPP, the topic of income would be broached by this point, allowing the respondent to correctly interpret the term "income" by the time Q45 is asked.

Recommendation: We do not recommend making any changes to the term "anyone" in this question, since it did not capture any personnel outside of the intended categories. However, the possibility for over-reporting exists within this question if the respondent does not correctly interpret the term "income."

Attachment

cc:
J. Moore (CSMR)
J. Klein-Griffiths (CSMR)

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ATTACHMENT A

SIPP Methods Panel
Summer, 1999

We need to make a list of all the people who live or stay here. That includes any babies and children as well as adults, nonrelatives as well as family members, people who stay here sometimes as well as people who live here all the time. Please mention someone even if you 're not sure they should be included.

R1   Let's start with you.   What is your name?

Please give me the names of everyone else who lives or stays here. Anyone else?

--- Record if Offered ---

First	Last	Sex	Relationship to YOU		
				Sex	Relationship
1. _____	_____	____	_____	(1) M	(0) Respondent
				(2) F	(1) Spouse
2. _____	_____	____	_____		(2) Child
					(3) Brother/Sister
3. _____	_____	____	_____		(4) Parent
					(5) Grandchild
4. _____	_____	____	_____		(6) Grandparent
					(7) ALL OTHERS
5. _____	_____	____	_____		(Inc. In-laws)
6. _____	_____	____	_____		

We know we miss people whose living situations are complicated or who move around. I want to run through some of these situations, which you may not have thought about. If you think of someone, please mention the person even if he or she isn t a member of this household:

R2   Is there anybody who works here or stays here to be closer to work?
       ❑ Yes
       ❑ No   [go to R3]

       a) Who is that? Anyone else?

       _____

                                     What does this question mean in your own words?

R3   (Is there) anybody who's staying with you until they find a place to live?
       ❑ Yes
       ❑ No   [go to R4]

       a) Who is that? Anyone else?

       _____

       [INCLUDE on HH roster]*

R4   (Is there) anybody who has recently moved out or is moving in or out now?
       ❑ Yes
       ❑ No   [go to R5]

       a) Who is that? Anyone else?

       _____

                                     Probe only if R has problem comprehending Q

R5   (Is there) anybody for whom you keep a space or a room?
       ❑ Yes
       ❑ No   [go to R6]

       a) Who is that? Anyone else?

       _____

R6   (Is there) anybody who stays here often, but who also has other places where he or she stays?

  ❑ Yes

  ❑ No [go to R7a]

  a) **Who is that? Anyone else?**

_____

                How often is the term "often"?

R7a   Okay, I need to be sure I'm including the correct people in this survey. You mentioned [NAME PEOPLE LISTED IN -ROST- SCREEN] – is this address the current residence for all of you?   (That is, is this the place where you all live and sleep most of the time?)

  ❑ Yes, this address is the current residence for all people in R1   [go to CHECK ITEM 1]

  ❑ No [go to R7b]

  ❑ DK, Other -- PROBE AND RECORD VERBATIM   [go to R7b]

Notes from R's DK/Other response:

R7b   **[Who doesn't reside here?/Whose residence are you unsure about?] Anyone else?**

CHECK ITEM 1
Were any people added through R2, R4, R5, R6 probes?

  ❑ No [go to NOTE above R14 – pg. 7]

  ❑ Yes

Were any people added through R4 (moving in or out)?

  ❑ Yes [ask R11-R13 Mover Series for these people]

  ❑ No [ask R8-R10 Other Series for all these people]

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CHECK ITEM 2

List all names added in response to R2, R5, R6

     Name 1   _____

     Name 2   _____

     Name 3   _____

     Name 4   _____

R8   **Is this [NAME1]'s current residence,** (where she/he lives and sleeps most of the time)?

1	2	3	4	
❏	❏	❏	❏	Yes [INCLUDE on HH ROSTER; skip to next name listed in CHECK ITEM 2; if no more names, skip to CHECK ITEM 3] *add name to roster
❏	❏	❏	❏	No
❏	❏	❏	❏	Other
❏	❏	❏	❏	DK
❏	❏	❏	❏	Refused

What does the term "current residence" mean to you?

R9   (ASK IF person was named in R7b) **During a typical week, how many nights does [NAME1] stay here overnight, or is there no usual pattern?**

1	2	3	4	
❏	❏	❏	❏	3 or fewer
❏	❏	❏	❏	4 or more [INCLUDE ON HH ROSTER; skip to next name listed above; if no more names, skip to CHECK ITEM 3] *add to roster
❏	❏	❏	❏	No usual pattern
❏	❏	❏	❏	Other *probe for pattern if other than weekly*
❏	❏	❏	❏	DK/Ref

What does the term "typical" mean to you?

R10   **Does [NAME1] have another place that [he/she] considers to be [his/her] current residence?**

1	2	3	4	
❏	❏	❏	❏	Yes [EXCLUDE from HH roster; skip to next name in CHECK ITEM 2, if no more names, skip to NOTE above R14 – pg. 7]
❏	❏	❏	❏	No [INCLUDE on HH roster; skip to next name in CHECK ITEM 2, if no more names, skip to NOTE above R14 – pg. 7] *add to roster
❏	❏	❏	❏	Other, DK, Ref [EXCLUDE from HH roster; probe for a description of NAME1's living situation; record verbatim responses; skip to next name in CHECK ITEM 2, if no more names, skip to NOTE above R14 – pg. 7]

Probe (if "yes"): Can you tell me a little bit more about that situation?

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CHECK ITEM 3
List all names added in response to R4

     Name 1   _____
     Name 2   _____
     Name 3   _____
     Name 4   _____

R11   **Is this [NAME1]'s current residence,** (where she/he lives and sleeps most of the time)?

1   2   3   4

❑   ❑   ❑   ❑   Yes [INCLUDE on HH ROSTER; skip to next name listed in CHECK ITEM 3; if no more names, skip to NOTE above R14 – pg. 7] *add to roster

❑   ❑   ❑   ❑   No
❑   ❑   ❑   ❑   Other
❑   ❑   ❑   ❑   DK
❑   ❑   ❑   ❑   Refused

What does the term "current residence" mean to you?

R12a **Is [NAME] moving in or out?**

1   2   3   4

❑   ❑   ❑   ❑   Moving in
❑   ❑   ❑   ❑   Moving out

R12b **Is [NAME] completely moved in/out, or still in the process of moving in/out?**

1   2   3   4

❑   ❑   ❑   ❑   Completely moved in [INCLUDE on HH roster; skip to next name in CHECK ITEM 3; if no more names, skip to NOTE above R14 – pg. 7] *add to roster

❑   ❑   ❑   ❑   Completely moved out [EXCLUDE from HH roster; skip to next name in CHECK ITEM 3, if no more names, skip to NOTE above R14 – pg. 7]

❑   ❑   ❑   ❑   Still in process   [go to R12c]
❑   ❑   ❑   ❑   Not sure; D/R   [go to R12c]

Can you tell me what "completely moved in or out" means in your words?

R12c Since [NAME] **started to move in/out, how many nights has he/she stayed here overnight? Would you say it's MORE THAN half the time, or LESS THAN half the time?**

1	2	3	4	
❑	❑	❑	❑	MORE than half
❑	❑	❑	❑	(exactly half)
❑	❑	❑	❑	LESS than half
❑	❑	❑	❑	(never)
❑	❑	❑	❑	Not sure; D/R

Can you tell me how you would decide between more or less than half the time?

R12d Does [NAME] **take part in the daily activities of this household, such as eating here, contributing to finances, helping with chores, and so forth?**

1	2	3	4	
❑	❑	❑	❑	Yes [INCLUDE on HH roster; skip to next name in CHECK ITEM 3; if no more names, skip to NOTE above R14 – pg. 7]*add to roster
❑	❑	❑	❑	No [EXCLUDE from HH roster; skip to next name in CHECK ITEM 3; if no more names, skip to NOTE above R14 – pg. 7]

Keep open for probing: why does R include/exclude HH member?
What would that HH member say if asked?

R13 Does [NAME] **have another place that [heshe] considers to be [hisher] current residence?**

1	2	3	4	
❑	❑	❑	❑	Yes [EXCLUDE from HH roster; go to next name on CHECK ITEM 3; if no more names, skip to NOTE above R14 – pg. 7]
❑	❑	❑	❑	No [INCLUDE on HH roster; go to next name on CHECK ITEM 3; if no more names, skip to NOTE above R14 – pg. 7]*add to roster
❑	❑	❑	❑	OTHER, DK, Ref [EXCLUDE from HH roster; probe for a description of NAME's living situation; record verbatim responses; go to next name on CHECK ITEM 3; if no more names, skip to NOTE above R14 – pg. 7]

Probe (if "yes"): Can you tell me a little bit more about that situation?

NOTE:
*READ AFTER FINAL ROSTER DETERMINATION: According to the rules of this survey, I need to ask you questions about [READ NAMES FROM FINAL ROSTER].

Follow-up if R says someone else should be included on the roster—ask why.

R14   **Who owns or rents this home—that is, what name or names are on the deed or lease?**

_____

Can you tell me what this Q means to you?

SHOW FLASHCARD A

(Ask if "Relationship to you" in R1 is blank)

R15   **What is [NAME]'s relationship to** [NAME of person in R14]?

(1) Spouse (Husband/Wife)
(2) Unmarried Partner
(3) Child
(4) Grandchild
(5) Parent (Mother/Father)
(6) Brother/Sister
(7) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
(8) Foster Child
(9) Housemate/Roommate
(10) Roomer/Boarder
(11) Other Non-Relative of Reference Person

Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9

R16   **What is [NAME]'s date of birth?**

Record month/day/year

Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9

R17 **Was anyone in this household born outside of the United States or its territories?**
[Read if necessary: Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas are examples of U.S. territories]

    ❑   Yes
    ❑   No   [go to R22]
    ❑   DK   [go to R18 or CHECK ITEM 4]
    ❑   Ref   [go to R22]

R18 **Who was born outside of the U.S. or its territories?**
[Read if necessary: Puerto Rico, Guam, the U.S. Virgin Islands or Northern Marianas are examples of U.S. territories]

Anyone else?

CHECK ITEM 4

	P1	P2	P3	P4	P5	P6	P7	P8	P9
In US/Territories **[go to R22]**									
Outside US/Territories									
DK									
Refused **[go to R22]**									

R19 **Are you/Is [fill name] a citizen of the United States?**

	P1	P2	P3	P4	P5	P6	P7	P8	P9
Yes									
No **[go to R21]**									
DK **[go to R21]**									
Refused **[go to R22]**									

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R20 Are you/Is [fill name] **a citizen by naturalization?**

	P1	P2	P3	P4	P5	P6	P7	P8	P9
Yes [go to R22]									
No									
DK									
Refused [go to R22]									

Can you tell me what this Q means?

R21 At the time of your/[fill name]'s **birth, was either of your/hisher parents a U.S. citizen?**

	P1	P2	P3	P4	P5	P6	P7	P8	P9
Yes									
No									
DK									
Refused									

REPEAT ITEMS R19 – R21 FOR EACH PERSON LISTED IN CHECK ITEM 4 AS "OUTSIDE US/TERRITORIES" OR "DK."

R22   Has [NAME] graduated from high school?

		P1	P2	P3	P4	P5	P6	P7	P8	P9
Yes										
No	[go to R24]									

SHOW FLASHCARD B

R23   What is the highest level of school [NAME] has completed or the highest degree [HESHE] has received?

	P1	P2	P3	P4	P5	P6	P7	P8	P9
High school grad (diploma or GED equivalent)									
Some college but no degree (regular jr coll/college/univ)									
Associate (2-yr) coll degree – Occupationl/vocationl Pgrm									
Associate (2-yr) coll degree – Academic program									
Bachelors degree									
Master's degree									
Professional degree: MD, DDS (dentist), JD (atty), DVM									
Doctorate degree: Ph.D., Ed.D.									
SOME vocational/technical/trade/business school but no diploma or certificate									
Diploma or certificate from a vocational/technical/trade/ business school									
Other [specify: _____]									

⇒ go to CHECK ITEM 5B

R24   What is the highest level of school [NAME] has completed?

	P1	P2	P3	P4	P5	P6	P7	P8	P9
Less than 1st grade									
1st, 2nd, 3rd or 4th grade									
5th or 6th grade									
7th or 8th grade									
9th grade									
10th grade									
11th grade									
12th grade, no diploma									

<u>CHECK ITEM 5A</u>
Is NAME 18 years old or older?

	P1	P2	P3	P4	P5	P6	P7	P8	P9
Yes [go to R25]									
No [go to CHECK ITEM 5B]									

R25   **[HAVHAS] [NAME] completed high school by means of a GED or other equivalency test or program?**

	P1	P2	P3	P4	P5	P6	P7	P8	P9
Yes									
No									

<u>CHECK ITEM 5B</u>
Is NAME 15 years old or older?

	P1	P2	P3	P4	P5	P6	P7	P8	P9
Yes [go to R26]									
No [do NOT ask R26]									

R26   **Is [NAME] currently married, widowed, divorced, separated, or [HAVHAS] [HESHE] never married?**

	P1	P2	P3	P4	P5	P6	P7	P8	P9
Married									
Widowed									
Divorced									
Separated									
Never married									

Modified SIPP Core Health Insurance Questions

Q1 Now I'm going to ask you about health insurance. At any time between March 1st and today were you covered by Medicare?

    ❑ Yes
    ❑ No   [go to Q4]
    ❑ DK   [go to Q4]
    ❑ Refused [go to Q4]

                        Record on Reference Card: SECTION B

CARETHEN

Q2 In which months were you covered by Medicare?

	Yes	No	DK	Ref
In this month?	❑	❑	❑	❑
In June?	❑	❑	❑	❑
In May?	❑	❑	❑	❑
In April?	❑	❑	❑	❑
In March?	❑	❑	❑	❑

                        Record on Reference Card: SECTION D
How did you decide which months to include or exclude?

MCNUMB

(SHOW FLASHCARD C)

Q3 May I see your Medicare card to record the claim number and type of coverage?

    ❑ Card not available
    ❑ Medicare # available_____

Q4 **At any time between March 1st and the end of June were you covered by MEDICAID, which you may also know as (FILL STATE NAME BELOW)?**

        ❑ Yes   [go to Q6]
        ❑ No
        ❑ DK
        ❑ Refused   [go to Q8]

                                    Record on Reference Card: SECTION B

DC   Medical Assistance
MD   Maryland Access to Care or MAC, Medical Assistance or Health Choice
VA   Medallion, Options or Medical Assistance

Q5 **At any time between March 1st and the end of June were you covered by any other public assistance program that pays for medical care?**

        ❑ Yes
        ❑ No   [go to Q8]
        ❑ DK   [go to Q8]
        ❑ Refused   [go to Q8]

                                    Record on Reference Card: SECTION B

Q6 **May I see your MEDICAID card to verify the name of the medical program?**

        ❑ Card Not Available
        ❑ Verified to be a MEDICAID card

Q7   **In which months were you covered —**

	Yes	No	DK	Ref
In July?	❑	❑	❑	❑
In June?	❑	❑	❑	❑
In May?	❑	❑	❑	❑
In April?	❑	❑	❑	❑
In March?	❑	❑	❑	❑

Record on Reference Card: SECTION D
How did you decide which months to include or exclude?

Q8   [FILL if Q1 or Q4 = *Yes*: **Other than the Medicare and/or MEDICAID we just talked about,] are you covered by (any other) health insurance in this month?**

❑ Yes
❑ No
❑ DK/Ref

Were you covered —

	Yes	No	DK	Ref
In June?	❑	❑	❑	❑
In May?	❑	❑	❑	❑
In April?	❑	❑	❑	❑
In March?	❑	❑	❑	❑

Record on Reference Card: SECTION B & D
How did you decide which months to include or exclude?

CHECK ITEM A
Are there any *"Yeses"* in the answers to Q8?

❑ Yes   [go to Q9]
❑ No   [skip to CHECK ITEM B]

Q9   **Was your insurance coverage in your own name or were you covered as a family member on someone else's plan?**

❑ Plan in own name   [go to Q11]
❑ Covered by someone else's plan [go to Q10]
❑ Both   [go to Q11]

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Q10   Who had the health insurance plan that covered you?

    ❑ No one else currently living here

Q11   (Fill if double-covered: **Let's talk about the plan in your own name/that person's name). Was the health insurance obtained through —**

    ❑ **Your/his/her current employer or work?**   [go to Q13]
    ❑ **Your/his/her former employer?**   [go to Q13]
    ❑ **Your/his/her Union?**   [go to Q13]
    ❑ **CHAMPUS?**   [go to CHECK ITEM B]
    ❑ **CHAMPVA?**   [go to CHECK ITEM B]
    ❑ **Military/VA health care?**   [go to CHECK ITEM B]
    ❑ **Privately purchased?**   [go to CHECK ITEM B]
    ❑ **Or in some other way?**   [go to Q12]
    ❑ **DK/Ref**   [go to CHECK ITEM B]

What do the terms "CHAMPUS" and "CHAMPVA" mean to you?

READ IF NECESSARY

Q12   How was that health insurance obtained?

    [go to CHECK ITEM B]

Q13   **Did your/his/her (current employer/ former employer/ union) pay all, part, or none of the premium of the plan?**

    ❑ All
    ❑ Part
    ❑ None
    ❑ DK/Ref

15

CHECK ITEM B

Is Q1 or Q4 = *Yes*?
     ❑ Yes   [go to Q16]
     ❑ No

Is Q8 = "checked" for all months?
     ❑ Yes   [go to Q16]
     ❑ No   [ask Q14 for all months = *No*]

HINONE

Q14 **I recorded that you were NOT covered by any health insurance plan during the months of [MONTH(S) NOT COVERED].**

       Which ONE OR MORE of these reasons describe why you were not covered?

(SHOW FLASHCARD D)

     ❑ Too expensive, can't afford health insurance
     ❑ No health insurance offered by (employer of self, spouse, or parent)
     ❑ Not working at a job long enough to qualify
     ❑ Job layoff, job loss, or any reason related to unemployment
     ❑ Not eligible because working part time or temporary job
     ❑ Can't obtain insurance because of poor health, illness, age, or a pre-existing condition
     ❑ Dissatisfied with previous insurance OR don't believe in insurance
     ❑ Have been healthy, not much sickness in the family, haven't needed health insurance
     ❑ Able to go to VA or military hospital for medical care
     ❑ Covered by some other health plan, such as Medicaid
     ❑ No longer covered by parents policy
     ❑ Other   [go to Q15]
     ❑ DK/Ref   [go to Q16]

HISPEC

Q15 **Specify the exact "OTHER" reason not covered by health insurance**

_____

16

ME01

Q16 These next few questions are about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

      ❑ Excellent
      ❑ Very good
      ❑ Good
      ❑ Fair
      ❑ Poor

What time frame were you thinking about when you answered this question?

ME02

Q17 During the past 12 months, that is, the period from today back to this date one year ago, were you a patient in a hospital overnight or longer?

      ❑ Yes
      ❑ No   [go to Q20]
      ❑ DK   [go to Q20]
      ❑ Refused   [go to Q20]

Record on Reference Card: SECTION F

ME03

Q18 How many nights in all did you spend in a hospital of any type during the past 12 months?

_____ nights

❑ None

Probe 1 (if non-zero answer): How did you come up with your answer?
Probe 2: What's "hospital of any type" mean to you?

Q19 Which of the following best describes the reasons why you entered the hospital during the *MOST RECENT* stay of one night or longer.

	Yes	No	DK	Ref
Diagnostic tests to determine what was wrong?	❑	❑	❑	❑
(IF FEMALE:)Give birth, including cesarean section?	❑	❑	❑	❑
Operation or surgery?	❑	❑	❑	❑
Treatment or therapy, not including surgery?	❑	❑	❑	❑
Any other reason?	❑	❑	❑	❑

Can you tell me what this Q means to you?

Q20 During the past 12 months, did you take any prescription medications?

❑ Yes
❑ No   [go to Q22]
❑ DK   [go to Q22]
❑ Refused [go to Q22]

Q21 Do you take prescription medicines on a daily basis?

❑ Yes
❑ No
❑ DK/Ref

(SHOW FLASHCARD E)

Q22 During the past 12 months, how many visits did you make to a dentist or other dental professional listed on Flashcard E?

_____ times

❑ None

Record on Reference Card: SECTION E
What period of time were you thinking about when you answered this Q?

18

Q23 **Have you lost any of your permanent adult teeth?**

❑   Yes
❑   No   [go to Q25]
❑   DK   [go to Q25]
❑   Refused   [go to Q25]

Q24 **Have you lost *ALL* of your permanent adult teeth?**

❑ Yes
❑ No
❑ DK/Ref

Q25 **Please look at Flashcard F.**

[FILL if Q17 = *Yes*: **Not counting contacts during hospital stays during the/ During the**] **past 12 months, how many times did you see or talk to a medical doctor or other medical provider about your health?**

❑ 1   [go to Q26]
❑ 2 or more [go to Q27]
❑ None   [go to Q28]
❑ DK   [go to Q28]
❑ Refused   [go to Q28]

Record on Reference Card: SECTION F

Q26 **Did that visit or call include contact with a physician?**

❑ Yes   [go to Q28]
❑ No   [go to Q28]
❑ DK   [go to Q28]
❑ Refused   [go to Q28]

Q27 About how many of those (Fill value from Q25) **visits or calls included contact with a physician?**

_____ times

❑ All
❑ None

(SHOW FLASHCARD G)

Q28 **In the last 12 months, did you purchase any other medical supplies or services such as those listed on Flashcard G?**

❑ Yes
❑ No
❑ DK/Ref

What did you think this Q was asking?

Q29 [FILL if Q17 = *Yes*: **Including days while a patient at a hospital, during the/During the**] **past 12 months, about how many days did illness or injury keep you in bed more than half of the day?**

_____ days

❑ None

(If R stayed in bed): How did you come up with your answer?

Q30 During the past 12 months, about how much did <u>YOU</u> pay for health insurance for yourself (or others in the household)?

NOTE TO FR: If someone else in the household pays for the health insurance that covers this respondent, do NOT try to separate the amounts for each person. Just mark N (none) for this respondent.

_____ dollars   [go to Q32]

❑ None   [go to Q32]
❑ DK   [go to Q31]
❑ Refused   [go to Q31]

Record on Reference Card: SECTION C

Q31 Was it...

❑ less than $500?
❑ $500 to $1000?
❑ $1000 to $5000?
❑ $5000 to $10000?
❑ $10000 or more?
❑ DK/Ref

Record on Reference Card: SECTION C

Q32 During the past 12 months, about how much was paid for your <u>OWN</u> medical care, including payments for hospital visits, medical providers, dentists, medicine, or medical supplies? (IF OTHER ADULTS IN HH ADD: Include any amount paid on your behalf by another person in this household.)

_____ dollars   [go to CHECK ITEM C]

❑ None   [go to CHECK ITEM C]
❑ DK   [go to Q33]
❑ Refused   [go to Q33]

Record on Reference Card: SECTION C
What does this Q mean to you?

Q33   Was it...

       ❑ **less than $500?**
       ❑ **$500 to $1000?**
       ❑ **$1000 to $5000?**
       ❑ **$5000 to $10000?**
       ❑ **$10000 or more?**
       ❑ **DK/Ref**

CHECK ITEM C
Is there a dollar amount > 0 given in Q30, Q31, Q32 or Q33?
       ❑ Yes   [go to Q34]
       ❑ No   [go to CHECK ITEM D]

Q34   Were these amounts for medical care and health insurance the total cost to your household or did you get reimbursed by some outside source?

       ❑ Total Cost   [go to CHECK ITEM D]
       ❑ Got Reimbursed [go to Q35]
       ❑ Expects to get reimbursed but has not yet[go to CHECK ITEM D]
       ❑ DK   [go to CHECK ITEM D]
       ❑ Refused   [go to CHECK ITEM D]

Q35   How much of these expenses were reimbursed?

       ENTER "N" FOR NONE
       ENTER "A" FOR ALL EXPENSES REIMBURSED

       _____ dollars

         OR

       _____ % (percent reimbursed if answer given as a percentage)

CHECK ITEM D

See SECTION D on Reference Card

Is there at least one X in every column (month)?
        ☐ Yes   [END]
        ☐ No   [ask remaining Qs about months which are blank]

CHECK ITEM E
Is Q22 > 0?
        ☐ Yes   [go to Q36]
        ☐ No   [go the CHECK ITEM F]

MEWR01

* Q36 Earlier you said that you were not covered by any health insurance in
            [FILL MONTHS NOT COVERED].
      During (that month/ those months) did you go to a dentist or other dental professional?

        ☐ Yes
        ☐ No
        ☐ DK
        ☐ Ref

                Record on Reference Card: SECTION H & I
                      How did you come up with your answer?

CHECK ITEM F
Does Q17 = *Yes* or Q25 = *1 or more*?
        ☐ Yes   [go to CHECK ITEM G]
        ☐ No

Does Q36 = *Yes*?
        ☐ Yes   [go to Q42]
        ☐ No   [END]

<u>CHECK ITEM G</u>
Was Q36 asked?

    ❑ Yes   [go to 37A]
    ❑ No   [go to 37B]

<div align="right">* MEWR02</div>

* Q37A   **During [FILL MONTHS NOT COVERED], when you were not insured, did you go to a doctor, nurse, or another health care provider?**

* Q37B   **Earlier you said that you were not covered by any health insurance in [FILL MONTHS NOT COVERED].**
During (that month/ those months) did you go to a doctor, nurse, or another health care provider?

    ❑ Yes
    ❑ No
    ❑ DK
    ❑ Refused

<div align="right">Record on Reference Card: SECTION H</div>

<u>CHECK ITEM H</u>
Are Q36 and Q37 both *No, DK* or *Refused or blank*?

    ❑ Yes   [END]
    ❑ No

Is Q37 = *No* and Q36 = *Yes*?

    ❑ Yes   [go to Q42]
    ❑ No   [go to Q38]

<div align="right">MEWR03</div>

Q38   **Did you receive treatment for an illness or injury?**

    ❑ Yes
    ❑ No
    ❑ DK/Ref

<div align="right">Record on Reference Card: SECTION I</div>

Q39 **Did you receive any routine or preventive care, such as a checkup, [FILL IF FEMALE: prenatal care,] or family planning?**

       ❏ Yes
       ❏ No
       ❏ DK/Ref

                              Record on Reference Card: SECTION I

Q40 **Did you receive treatment for a drug or alcohol problem?**

       ❏ Yes
       ❏ No
       ❏ DK/Ref

                              Record on Reference Card: SECTION I

CHECK ITEM I
Are Q38 and Q39 and Q40 all = *No* or *DK*?
       ❏ Yes   [go to Q41]
       ❏ No   [go to Q42]

* Q41 What kind of treatment did you receive?

_____

What kinds of things did you think we were looking for in this Q?

Q42 **Where did you go to get (that/ those) health care (service/ services)?**
DO NOT READ CATEGORIES TO R -- MARK ALL THAT APPLY

- ❏ Clinic or Public Health Department
- ❏ Emergency room
- ❏ Hospital, excluding emergency room
- ❏ VA hospital
- ❏ Doctor's office
- ❏ Dentist's office
- ❏ Someplace else — What was that? _____

Q43 **(Was this service/ Were these services) free, or did you have to pay something for them?**

- ❏ Free — END
- ❏ Paid something
- ❏ Both (if respondent volunteers)
- ❏ DK -- END
- ❏ Refused — END

Q44 **Do you think you paid the full price for these services or do you think you paid a reduced price?**

- ❏ Full price — END
- ❏ Reduced price — END
- ❏ DK
- ❏ Refused -- END

How did you come up with that answer?

* Q45 Did anyone ask what your income was before they set a price for the services?

- ❏ Yes
- ❏ No
- ❏ DK/Ref

Probe 1 (if "yes"): Who was the person?
Probe 2: Who did you think we meant by "anyone"?

26

FLASHCARD A

Relationship Codes

1. Spouse (Husband or Wife)

2. Unmarried Partner

3. Child

4. Grandchild

5. Parent (Mother or Father)

6. Brother or Sister

7. Other Relative of Reference Person (Uncle, Cousin, Mother-in-Law, etc.)

8. Foster child

9. Housemate/roommate

10. Roomer/Boarder

11. Other Non-Relative of Reference Person

FLASHCARD B

Education Codes

1. High school grad (diploma or GED or equivalent)

2. Some college but no degree (regular jr. coll/college/univ.)

3. Associate (2-yr) college degree - Occupational/vocational program

4. Associate (2-yr) college degree - Academic program

5. Bachelors degree

6. Master's degree

7. Professional degree - for example: MD (doctor), DDS (dentist), JD (lawyer), DVM (veterinarian)

8. Doctorate degree - for example: Ph.D., Ed.D.

9. SOME vocational/technical/trade/ business school, but no diploma or certificate

10. Diploma or certificate from a vocational/technical/trade/business school

11. Other *[please specify]*

CARD   C

SAMPLE MEDICARE CARDS

MEDICARE	HEALTH INSURANCE

SOCIAL SECURITY ACT

NAME OF BENEFICIARY

JOHN Q PUBLIC

CLAIM NUMBER	SEX
000-00-0000-A	**MALE**
IS ENTITLED TO	EFFECTIVE DATE

HOSPITAL (PART A) 12-1-90
MEDICAL (PART B) 12-1-90

SIGN
HERE ➡ *John Q. Public*

MEDICARE	HEALTH INSURANCE

RAILROAD RETIREMENT BOARD

NAME OF BENEFICIARY

JOHN Q PUBLIC

CLAIM NUMBER	SEX
	MALE
IS ENTITLED TO	EFFECTIVE DATE

HOSPITAL (PART A) 12-1-90
MEDICAL (PART B) 12-1-90

SIGN
HERE ➡ *John Q. Public*

FLASHCARD D

REASONS NOT COVERED BY HEALTH INSURANCE

Which one or more of these reasons describe why you were not covered by health insurance during this time?

1 — Too expensive, can't afford health insurance

2 — No health insurance offered by (employer of self, spouse, or parent)

3 — Not working at a job long enough to qualify

4 — Job layoff, job loss, or any reason related to unemployment

5 — Not eligible because working part time or temporary job

6 — Can't obtain insurance because of poor health, illness, age, or a pre-existing condition

7 — Dissatisfied with previous insurance OR don't believe in insurance

8 — Have been healthy, not much sickness in the family, haven't needed health insurance

9 — Able to go to VA or military hospital for medical care

10 — Covered by some other health plan, such as Medicaid

11 — No longer covered by parents policy

12 — Other

FLASHCARD E

DENTIST

DENTAL OR ORAL SURGEONS

ORTHODONTISTS

DENTAL HYGIENISTS

DENTAL TECHNICIANS

DENTAL ASSISTANTS

OTHER DENTAL SPECIALIST

FLASHCARD F

PHYSICIANS

NURSES, NURSE PRACTITIONERS

PARAMEDICS

HEALTH AIDES

PHYSICIAN ASSISTANTS

CHIROPRACTORS

MIDWIVES, NURSE MIDWIVES

OPTOMETRISTS/OPHTHALMOLOGISTS

PODIATRISTS

PHYSICAL THERAPISTS

SPEECH THERAPISTS

OCCUPATIONAL THERAPISTS

AUDIOLOGISTS

PSYCHIATRISTS, PSYCHOLOGISTS

PSYCHIATRIC SOCIAL WORKERS

MENTAL HEALTH THERAPISTS

LAB OR X-RAY TECHNICIAN

OTHER MEDICAL PROVIDER

FLASHCARD G

EYEGLASSES OR CONTACT LENSES

DIABETIC EQUIPMENT OR SUPPLIES

OVER THE COUNTER MEDICINES

TRANSPORTATION SERVICES

MENTAL HEALTH SERVICES

HOME HEALTH CARE

OTHER MEDICAL SUPPLIES/EQUIPMENT/SERVICES