

LOUIS HARRIS AND ASSOCIATES, INC.
111 Fifth Avenue
New York, New York 10003

FOR OFFICE USE ONLY:

Questionnaire No.: _____
(1-5)

Study No.628130 (Includes trended questions)
(109-114)

Card Number (6,7)

March 3, 1997

Sample Point No. / / / / / / / / / /
(128-134)

KAISER/COMMONWEALTH
1997 NATIONAL SURVEY OF HEALTH INSURANCE

Time Started: _____A.M./P.M.

Interviewer _____ I.D. NO.: _____ Date of Interview: _____
(174-179)

Area Code: _____ Telephone No.: _____
(117-119) (120-126)

Hello, my name is _____, calling from Louis Harris & Associates, also known as the Harris Poll in New York. We are conducting an important study on health care in the United States. The survey asks about your experiences with doctors and health insurance, and your views and concerns. (IF NECESSARY: Your participation is very important. Your responses represent 25,000 Americans and will improve the national understanding of the health care system. Your answers and those of everyone we interview are completely confidential and will only be used for statistical analysis). We want to speak with an adult in this household.

Continue..... (208)___-1
Hung-up..... ___-2
Refused..... ___--

NOTE REASON FOR REFUSAL:

Too busy..... (209)___-1
Too sick..... ___-2
Not interested..... ___-3
Other (SPECIFY)

.....___-0
Don't know..... ___-&
Refused..... ___--

210-212Z

SECTIONS:

- B. Health Status and Doctors
- C. Overall Satisfaction with Services and System
- D. Access
- E. Insurance Coverage
- G. Plan Choice
- H. Retirees
- J. Cost Experiences
- K. Children's Health Care
- L. Worries
- M. Reform Options
- F. Factuals/Demographics

SCREENING QUESTIONS

(93 K/CF, 91 K/CF)

A. How many adults 18 years of age or older live in this household?

 / / (If "0", SCREEN OUT Q.A)
(213-214) (If "1", SKIP TO Q.SEX)

(93 K/CF, 91 K/CF)

B. How many of these are women?

 / /
(215-216)

(93 K/CF, 91 K/CF)

C. INTERVIEWER: SUBTRACT NUMBER OF WOMEN FROM TOTAL NUMBER OF ADULTS. RECORD NUMBER OF MEN.

 / /
(217-218)

(93 K/CF, 91 K/CF)

IF "0" IN Q.B OR Q.C, READ INSTRUCTION "D"; SKIP OTHERS TO "E"

D. ADULTS IN HOUSEHOLD ARE SAME SEX: USE RESPONDENT SELECTION GRID ON BACK OF SAMPLE CARD. IF RESPONDENT IS NOT AVAILABLE, ARRANGE CALLBACK.

"Let me see, in this household I need to speak with the _____.

E. FEMALE(S) MALE(S) IN HOUSEHOLD: USE SEX INDICATED ON FRONT OF SAMPLE CARD AND RESPONDENT SELECTION GRID ON BACK OF CARD TO DETERMINE WHO YOU SHOULD SPEAK TO. IF RESPONDENT NOT AVAILABLE, ARRANGE CALLBACK.

"Let me see, in this household I need to speak with the _____

FROM OBSERVATION: RESPONDENT SEX

MALE (219(____ -1
FEMALE..... ____ -2

220Z

221Z

222-280Z

(THERE IS NO SECTION A IN THIS QUESTIONNAIRE).

B. Health Status and Doctors

(93 K/CF Q.B1, 91 K/CF Q.B1)

B1. Would you say your health, in general, is excellent, good, fair, or poor?

Excellent (308(__-1
 Good __-2
 Fair __-3
 Poor..... __-4
 Don't know __-&
 Refused..... __ - -

(93 K/CF Q.B2)

B2. Have you, or any member of your family who lives with you, had a serious illness, chronic condition, injury or disability that has required extensive medical care in the last 12 months, or not?

Yes, had a serious illness..... (309(__-1 (ASK Q.B2a)
 No, not had a serious illness..... __-2 (SKIP TO Q.B3)
 Don't know __-&
 Refused..... __ - -

ASK Q.B2a IF "YES" TO Q.B2

B2a. Was it you or a family member that had a serious illness, chronic condition, injury or disability that has required extensive medical care in the last 12 months, or not?

Respondent (310(__-1
 Family member __-2
 Respondent and family member..... __-3
 Don't know __-&
 Refused..... __ - -

(93 K/CF Q.B3)

ASK EVERYONE

B3. Were you hospitalized in the last 12 months, or not?

Yes, have been hospitalized..... (311(__-1 (ASK Q.B3a)
 No, not hospitalized __-2 (SKIP TO Q.B4)
 Don't know __-&
 Refused..... __ - -

(*NYC)

ASK Q.B3a IF "YES" TO Q.B3

B3a. Do you think the time you spent in the hospital was about right, too long, or too short?

About right (312(__-1 (SKIP TO INSTRUCTIONS
 ABOVE Q.B3c)
 Too long __-2 — (ASK Q.B3b)
 Too short __-3 (ASK Q.B3b)
 Don't know __-& (SKIP TO INSTRU CTIONS
 Refused..... __ - (ABOVE Q.B3c)

(*NYC)

B3b. Did you feel you had a say about how long you stayed in the hospital?

- Yes..... (313(__-1
- No..... __-2
- Don't know __-&
- Refused..... __ - -

(*NYC)

ASK Q.B3c IF "YES" TO Q.B3 AND FEMALE

B3c. Was your hospitalization to give birth?

- Yes, to give birth (314(__-1
- No, not to give birth __-2
- Both to give birth and other reasons (vol.) __-3
- Don't know __-&
- Refused..... __ - -

(93 K/CF Q.B4)

ASK EVERYONE

B4. Do you have a regular doctor you usually go to when you are sick or want medical advice, or not?

- Yes, have regular doctor (315(__-1 (ASK Q.B5)
- No regular doctor..... __-2 (SKIP TO Q.B6)
- Don't know __-&
- Refused..... __ - -

(93 K/CF Q.B5)

ASK Q. B5 IF HAVE REGULAR DOCTOR IN Q.B4

B5. About how long has this doctor been your regular doctor?

- One year or less (316(__-1
- Two years..... __-2
- Three years..... __-3
- Four years __-4
- Five years __-5
- Six years __-6
- Seven or more years..... __-7
- Don't know __-&
- Refused..... __ - -

(NYC, Low Inc)
ASK EVERYONE

B6. At what type of health care facility do you usually receive medical care? (READ IF NECESSARY: Is it a doctor's office, a clinic or health center, an HMO, a hospital emergency room, a hospital outpatient department, or some other place?)

- Doctor's office (317(__ -1
- Clinic or health center __ -2
- HMO __ -3
- Hospital emergency room __ -4
- Hospital outpatient department __ -5
- Call for medical advice (vol.) __ -6
- No where (vol.) __ -7
- Don't know __ - &
- Refused __ - -
- Other (SPECIFY):
 _____ __ -0

318-320Z

(*93 K/CF Q.B7)

B8. Altogether, how many visits to a doctor's office or clinic have you, yourself, made in the last 12 months?

_ / _ / _ / _
 (321-323)

- Don't know (321(__ - &
- Refused __ - -

Altogether, how many doctor visits have you had in the last year?

(LowInc)

ASK Q.B9 OF WOMEN WHO VISITED DOCTOR IN PAST YEAR (RESPONSE 1 OR MORE IN Q.B8) -- ALL OTHERS SKIP TO Q.B10

B9. (How many of these visits were/Was that visit) related to a pregnancy?

_ / _ / _ / _ (RECORD NUMBER)
 (324-326)

- Don't know (324(__ - &
- Refused __ - -

NOTE: NUMBER IN Q.B9 SHOULD NOT EXCEED NUMBER IN Q.B8

(LowInc)

ASK EVERYONE

B10. Have you or any other family member in your household gone to an emergency room for medical care in the last 12 months, or not?

- Yes, have gone to the emergency room (327(__ - 1 (ASK Q.B10a)
- No, have not gone to the emergency room __ - 2 (SKIP TO Q.B11)
- Don't know __ - &
- Refused __ - -

(NYC, LowInc Q.B7)

ASK Q.B10a IF "Yes, have gone to E.R." IN Q.B10 -- ALL OTHERS SKIP TO Q.B11

B10a. Which person or persons in your family have gone to the emergency room in the last 12 months?
(MULTIPLE RECORD)

- Respondent (328(__-1
- Spouse __-2
- Another adult __-3
- Child __-4
- Don't know __-&
- Refused..... __--

(93 K/CF Q.F2, 91 K/CF Q.F7)

ASK EVERYONE

B11. How old are you? IF HESISTANT, READ LIST

- 18 to 20..... (329(__- 1
- 21 to 24..... __- 2
- 25 to 29..... __- 3
- 30 to 34..... __- 4
- 35 to 39..... __- 5
- 40 to 44..... __- 6
- 45 to 49..... __- 7
- 50 to 64..... __- 8
- 65 to 74..... __- 9
- 75 and over..... (330(__- 0
- Don't know (329(__-&
- Refused..... (329(__- -

(*LowInc Q.B7b)

ASK ITEMS 1 AND 2 OF WOMEN ONLY (ASK ITEM 1 OF WOMEN 50+ ONLY) -- ASK ITEM 3 OF MEN 50 YEARS OR OLDER ONLY; ASK ITEM 4 OF EVERYONE

B12. In the last 12 months have you received a (READ EACH ITEM), or not?

<u>DO NOT ROTATE</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
1. Mammogram	(331(__-1	__-2	__- &	__- -
2. Pap smear	(332(__-1	__-2	__- &	__- -
3. Prostate exam	(333(__-1	__-2	__- &	__- -
4. Routine physical examination or check up.....	(334(__-1	__-2	__- &	__- -

335-380Z

C. OVERALL SATISFACTION WITH SERVICES AND SYSTEM

(93 K/CF, 91 K/CF Q.C1)

C1. Overall, how do you feel about the health care services that you and your family have used in the last few years? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Very satisfied	(408(__-1
Somewhat satisfied		__-2
Somewhat dissatisfied.....		__-3
Very dissatisfied.....		__-4
Don't know		__-&
Refused.....		__--

409-480Z

D. ACCESS

(93 K/CF, 91 K/CF Q.D1)

D1. In the past 12 months, was there a time when you needed medical care but did not get it, or not?

Yes, needed and did not get (508(____-1 (ASK Q.D2)

No such occasion.....__-2 (SKIP TO Q.D4a)

Don't know __-&

Refused..... __--

(93 K/CF, 91 K/CF Q.D2)

D2. What was the main reason that you did not get the medical help needed in this situation? DO NOT READ LIST - SINGLE RECORD

Could not get an appointment (509(____-1

Don't know good doctor/clinic to go to __-2

It cost too much.....__-3

Could not get off work.....__-4

Has no one to take care of children__-5

Wait too long in doctor's office/clinic__-6

Not easy to get to the doctor's office/clinic__-7

Couldn't find a doctor who speaks my language.....__-8

Not covered by insurance__-9

Too nervous or afraid (510(____-0

No transportation/too far.....__-1

Language problem.....__-2

Paperwork/bureaucracy.....__-3

* Doctor's hours/time not convenient__-4

** Didn't think problem was serious__-5

** Thought insurance wouldn't cover service, but didn't ask.....__-6

** Insurance company actually denied coverage for service.....__-7

** Doctor/hospital refused to accept insurance__-8

** Did not want to ask for charity__-9

** Waited and problem went away on its own (511(____-0

** Doctor/nurse said I didn't need care I thought I needed__-1

** Was refused medical care by provider.....__-2

Don't know (509(____-&

Refused..... (509(____--

Other (SPECIFY): ENTER ON NEXT SCREEN

..... (509(____-0

512-514Z

* Not included in 91 K/CF Q.D2

** Not included in 91 K/CF or 93 K/CF

(K-GBTN)

D2a. Was there just one time in the past 12 months when you didn't get the medical care you needed, or was there more than one time?

One time..... (515(__ - 1
 More than one time..... __ - 2
 Don't know __ - &
 Refused..... __ - -

(K-GBTN)

D2b. Did you need routine preventive care (such as check-ups, immunizations, cancer screening) or did you need care for a particular medical problem or symptom, or both?

Preventive care..... (516(__ - 1
 Particular medical problem __ - 2
 Both..... __ - 3
 Don't know __ - &
 Refused..... __ - -

(K-GBTN)

ASK Q.D2c IF "PROBLEM" OR "BOTH" IN Q.D2b

D2c. How serious would you say you thought the problem was at the time - very serious, somewhat serious, not very serious, or not at all serious?

Very serious..... (517(__ - 1
 Somewhat serious __ - 2
 Not very serious __ - 3
 Not at all serious __ - 4
 Don't know __ - &
 Refused..... __ - -

ASK Q.D2d IF "PROBLEM" OR "BOTH" IN Q.D2b

D2d. Did this medical problem cause you pain or make it difficult to participate in daily activities, or not?

Yes, caused pain or made it difficult..... (518(__ - 1
 No, did not cause pain or make it difficult..... __ - 2
 Don't know __ - &
 Refused..... __ - -

(NYC Q.BB3)

ASK Q.D3 IF "YES" TO Q.D1 - ALL OTHERS SKIP TO Q.D4a

D3. How serious would you say were the consequences to you of not receiving medical care when you thought you needed it -- were they very serious, somewhat serious, or not very serious?

Very serious..... (519(__ - 1
 Somewhat serious __ - 2
 Not very serious __ - 3
 Don't know __ - &
 Refused..... __ - -

(K-GBTN)

ASK Q.D3a IF "PROBLEM" OR "BOTH" IN Q.D2b

D3a. Do you still have this medical problem, or not?

- Yes, still have problem (520(__ - 1
- No, do not __ - 2
- Don't know __ - &
- Refused..... __ - -

(93 K/CF Q.D4a, 91 K/CF Q.D5)

ASK EVERYONE

D4a. During the last year - since (DATE ONE YEAR AGO) - have you or has any member of your family been refused health care because you didn't have insurance or you couldn't pay? (IF YES:) Was that you, or some other family member? SINGLE RECORD

- Yes, respondent was refused..... (521(__-1
 - Yes, someone else in family __-2
 - Yes, both respondent and someone else (vol.)..... __-3
- (ASK Q.D4b)

- No, not refused..... __-4
 - Don't know __-&
 - Refused..... __--
- (SKIP TO Q.D5)

(93 K/CF Q.D4c)

D4b. Did you or your family member get treatment somewhere else or not?

- Yes, got treatment (522(__-1
- Did not get __-2
- Don't know __ - &
- Refused..... __ - -

(93 K/CF Q.D5, 91 K/CF Q.D6)

ASK EVERYONE

D5. In the past twelve months, have you ever put off or postponed seeking health care which you felt you needed because you could not afford it , or not?

- Yes, put off or postponed getting health care(523(__-1
- No, did not put off or postpone __-2
- Don't know __-&
- Refused..... __ - -

ASK Q.D5a IF YES TO Q.D5

D5a. Did you eventually get the care you thought you needed, or not?

- Yes.....(524(__ - 1
- No..... __ - 2
- Don't know __ - &
- Refused..... __ - -

ASK EVERYONE

D6. In the past 12 months, have you not filled a prescription for medicine because you could not afford it?

- Yes.....(525(__ - 1
- No..... __ - 2
- Don't know __ - &
- Refused..... __ - -

(NYC Q.BB1b)

ASK EVERYONE

D7. Overall, how difficult is it for you to get medical care when you need it -- extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?

- Extremely difficult(526(__ - 1
- Very difficult..... __ - 2
- Somewhat difficult..... __ - 3
- Not too difficult..... __ - 4
- Not at all difficult..... __ - 5
- Don't know __ - &
- Refused..... __ - -

527-580Z

E. INSURANCE COVERAGE

(*93 K/CF, 91 K/CF Q.E1)

E1. Now a question about different kinds of health plans or health insurance, including those provided by the government. As I read each of the following health plans, please tell me whether or not you yourself are covered by it? (READ LIST)

<u>ROTATE - START AT "X"</u>	<u>Yes, Covered</u>	<u>No, Not Covered</u>	<u>Don't Know</u>	<u>Refused</u>
() 1. Health insurance through your work or union.....	(608(__-1	__-2	__-&	__--
() 2. Health insurance through someone else's work or union..	(609(__-1	__-2	__-&	__--
() 3. Health insurance bought directly by yourself or your family	(610(__-1	__-2	__-&	__--
() 4. Medicare, a government plan that pays health care bills for people aged 65 and over and for some disabled people	(611(__-1	__-2	__-&	__--
* () 5. Medicaid, or Medical Assistance	(612(__-1	__-2	__-&	__--
<u>READ LAST</u>				
* 6. Health Insurance through some other source.....	(613(__-1	__-2	__-&	__--

91K/CF and 93 K/CF

* Item 5 reads "Medicaid, or Public Aid"

* Item 6 reads "Health insurance through some other group"

ASK Q.E1a IF "NO, NOT SURE OR REFUSED" TO ALL ITEMS IN Q. E1 - ALL OTHERS SKIP TO Q.E2 (NYC)

E1a. Do you have any health insurance, or not?

Yes..... (614(__-1 (ASK Q.E2)

No.....__-2 (SKIP TO Q.E3)

Don't know__-& (SKIP TO Q.E3)

Refused.....__-- (SKIP TO Q.E3)

(93 K/CF Q.E2, 91 K/CF Q.E2a)

ASK Q.E2 IF ANY "X" IN BOX (Q.E1) OR "YES", INSURED" IN Q.E1a - ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.E3

E2. Was there any time in the past two years when you were completely without any health plan or medical insurance coverage?

Yes, there was such a time..... (615(__-1 (ASK Q.E4)

No, no such time__-2 (SKIP TO Q.E4)

Don't know__-& (SKIP TO Q.E3)

Refused.....__-- (SKIP TO Q.E3)

(93 K/CF Q.E3, 91* K/CF Q.E2c)

ASK Q.E3 IF NOT CURRENTLY INSURED Q.E1 OR Q.E1a OR "YES, SUCH A TIME" IN Q.E2 - ALL OTHERS SKIP TO INSTRUCTION ABOVE Q.E4

E3. For how many months (have you been/were you) without health insurance?

____/____/____ Months RANGE (1-99)
(616-617)

Don't know(616(____-&
Refused..... ____ - -

91 K/CF

About how many weeks were you without any health insurance over the last two years?

(LowInc)

ASK Q.E4 IF NOT CURRENTLY INSURED BY MEDICAID IN Q.E1 ITEM 5 AND LESS THAN 24 MONTHS IN Q.E3

E4. Was there a time in the last two years when you were on Medicaid or state medical assistance, or not?

Yes, insured by Medicaid in past 2 years..... (618(____-1

No, not insured by Medicaid in past 2 years..... ____-2

Don't know ____-&

Refused..... ____--

ASK Q.E5 IF CURRENTLY INSURED BY MEDICAID IN Q.E1, ITEM 5 OR COVERED BY MEDICAID IN PAST 24 MONTHS IN Q.E4

E5. How long (have you been/were you) on Medicaid?

Months..... (619(____ - 1

Years ____ - 2

Don't know ____-&

Refused..... ____ - -

____/____/____ month OR ____/____/____ years
(620-622) RANGE (1-999) (623-624) RANGE (1-50)

ASK Q.E6 IF 24 MONTHS OR LESS IN Q.E5

E6. What type of insurance, if any, did you have just before you enrolled in Medicaid? (READ LIST IF NECESSARY)

None/uninsured(625(____ - 1

Private coverage..... ____ - 2

Some other type ____ - 3

Don't know ____-&

Refused..... ____ - -

ASK Q.E7 IF CURRENTLY INSURED BY MEDICAID IN Q.E1, ITEM 5 OR COVERED BY MEDICAID IN PAST 2 YEARS IN Q.E4

E7. Were you employed when you joined Medicaid, or not?

Yes, employed(626(____ - 1

No, not employed ____ - 2

Don't know ____-&

Refused..... ____ - -

(93 K/CF Q.E4, 91 K/CF Q.E3c)

ASK Q.E8 IF NOT CURRENTLY INSURED IN Q.E1 OR Q.E1a

E8. Why don't you have health insurance now? (DO NOT READ LIST - SINGLE RECORD) (PROBE FOR REASON)

- Lost job/between jobs/unemployed(627(__ - 1
- Insurance doesn't cover dependents..... __ - 2
- Job doesn't offer coverage..... __ - 3
- Can't obtain/was refused insurance because
 - of poor health, illness, or age __ - 4
 - Too expensive, can't afford..... __ - 5
 - Don't believe in insurance __ - 6
 - In good health/don't need it..... __ - 7
 - Changed insurance company __ - 8
 - Don't know how to get insurance..... __ - 9
 - Never thought about it.....(628(__ - 0
 - Don't know(627(__ -&
 - Refused.....(627(__ - -
 - Other reason (SPECIFY)
 - _____ (627(__ - 0

629-631Z

ASK Q.E9 IF NOT CURRENTLY INSURED IN Q.E1 OR Q.E1a

E9. Have you tried to buy health insurance and been turned down, or not?

- Yes, tried to buy and turned down..... (632(__-1
- No, did not try __-2
- Don't know __-&
- Refused..... __--

(LowInc)

ASK Q.E10 IF INSURED BY MEDICAID (Q.E1, ITEM 5 = "YES")

E10. When you joined your current health plan, were you given a choice of plans, were you assigned to the plan, or did you not have a choice of plans?

- Choice of plans (633(__ - 1
- Assigned to plan __-2
- No choice of plans..... __-3
- Don't know __-&
- Refused..... __--

(93*K/CF Q.E6)

ASK Q.E11 IF CURRENTLY INSURED IN Q.E1 OR Q.E1a

E11. Is your health plan an HMO? (IF NECESSARY: That is an organization that provides a full range of health care services and generally requires you to choose doctors and hospitals on the plan's list.)

Yes, health plan is an HMO.....(634(___ - 1 (SKIP TO Q.E15)

No, it is not..... ___ - 2 (ASK Q.E12)

Don't know ___ - &

Refused..... ___ - -

93 K/CF Q.E6

Are you a member of an HMO, or not? (IF NECESSARY statement is also different)

E12. Does your health plan require you to choose from the plan's list of doctors or clinics for the plan's fullest coverage of medical care costs? (IF NECESSARY: And the plan either will not pay or will pay a much lower share of medical costs for physicians not in the plan's network.)

Yes, health plan requires choice from list.....(635(___ - 1 (SKIP TO Q.E14)

No, it does not ___ - 2 (ASK Q.E13)

Don't know ___ - & (ASK Q.E13)

Refused..... ___ - - (ASK Q.E13)

E13. Does your health plan allow you go to almost any doctor or hospital that you choose, or not? (IF NECESSARY: That is, the plan offers the same type of benefits and coverage for any doctor you choose.)

Yes, health plan allows almost any(636(___ - 1 (SKIP TO Q.E15)

No, it is not..... ___ - 2 (ASK Q.E14)

Don't know ___ - & (ASK Q.E14)

Refused..... ___ - - (ASK Q.E14)

E14. Does your health plan call itself a PPO, or preferred provider organization, or not?

Yes, plan is a PPO(637(___ - 1

No, it is not..... ___ - 2

Don't know ___ -&

Refused..... ___ - -

(93 K/CF Q.E10)

ASK Q.E15 IF CURRENTLY INSURED IN Q.E1 OR Q.E1a

E15. How satisfied are you with the choice of doctors you can see with your current health plan - very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?

Very satisfied (638(___ -1

Somewhat satisfied ___ -2

Not very satisfied ___ -3

Not at all satisfied ___ -4

Don't know ___ -&

Refused..... ___ - -

(93 K/CF Q.E12)

E16. How satisfied are you with your health insurance - very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- Very satisfied (639(__ -1
- Somewhat satisfied __-2
- Somewhat dissatisfied..... __-3
- Very dissatisfied..... __-4
- Don't know __-&
- Refused..... __--

(LowInc)

E17. In your current health plan, have you had major problems, minor problems, no problems, or no experience with (READ EACH ITEM)?

<u>ROTATE - START WITH "X"</u>	<u>Major Problems</u>	<u>Minor Problems</u>	<u>No Problems</u>	<u>No Experience</u>	<u>Don't Know</u>	<u>Refused</u>
()a. Your plan not covering treatment you or your doctor thought was necessary..... (640(__ - 1	__ - 2	__ - 3	__ - 4	__ - &	__ - -	
()b. Your plan delaying care while you waited for approval (641(__ - 1	__ - 2	__ - 3	__ - 4	__ - &	__ - -	
()c. Having to deal with rules that were confusing and complex..... (642(__ - 1	__ - 2	__ - 3	__ - 4	__ - &	__ - -	
()d. Your plan delaying payment for services (643(__ - 1	__ - 2	__ - 3	__ - 4	__ - &	__ - -	

(LowInc)

ASK EVERYONE CURRENTLY INSURED IN Q.E1 OR Q.E1a

E18. How long have you been enrolled in your current health plan? (IF HESITANT READ LIST)

- Less than 1 year (644(__ - 1
- One to less than 2 years..... __ - 2 (ASK Q.E19)
- 2 to less than 3 years __ - 3 (SKIP TO INSTRUCTIONS ABOVE Q.E22)
- 3 to less than 5 years __ - 4
- 5 to less than 10 years __ - 5
- 10 or more years __ - 6
- Don't know __ - &
- Refused..... __ - -

(LowInc Q.A23)

ASK Q.E19 IF ENROLLED IN HEALTH PLAN LESS THAN TWO YEARS IN Q.E18

E19. When you most recently changed health plans in the last two years, what was the main reason that you changed? (SINGLE RECORD -- DO NOT READ LIST)

- Changed/lost a job (645(__ - 1
- Employer changed health plans..... __ - 2
- Married/divorced, family changed..... __ - 3
- A change in the choices offered by Medicaid __ - 4
- Loss of eligibility for coverage __ - 5
- Moved or relocated __ - 6
- Dissatisfaction with your previous plan..... __ - 7
- Found a less expensive plan..... __ - 8
- Found a better plan..... __ - 9
- Doctor changed health plans..... (646(__ - 0
- Student/graduated..... (646(__ - 1
- Not insured previously (646(__ - 2
- Don't know (645(__ - &
- Refused..... (645(__ - -
- Other (Specify)
- _____ (645(__ - 0

647-649Z

(*93 K/CF Q.E15a)

ASK Q.E20 IF CURRENTLY INSURED IN Q.E1 OR Q.E1a AND ENROLLED IN PLAN LESS THAN 2 YEARS IN Q.E18

E20. When you joined your current plan, did you have to change your doctor, or not?

- Had to change (650(__ -1 (ASK Q.E21)
- Did not have to change __ -2 (SKIP TO Q.E22)
- Don't know __ - &
- Refused..... __ - - (SKIP TO Q.E22)

93 K/CF Q.E15a

When you joined the HMO, did you have to change your doctor, or not?

(93 K/CF Q.E15b)

E21. Was having to change doctors a major problem, a minor problem or not a problem at all?

- Major problem..... (651(__ -1
- Minor problem __ -2
- Not a problem..... __ -3
- Don't know __ - &
- Refused..... __ - -

(LowInc Q.B4a)

ASK Q.E22 IF ENROLLED IN A MANAGED CARE PLAN (Q.E11 = 1 OR Q.E13 = 1 OR Q.E14 = 1) -- ALL OTHERS SKIP TO Q.G1

E22. In the past 12 months, other than an emergency, have you or another family member covered by your health plan chosen to go to a doctor or facility outside your plan even though you had to pay more to do this, or not?

Yes, have gone outside plan (652(____ - 1 (ASK Q.E23)

No, have not gone outside plan's list__ - 2 (SKIP TO Q.G1)

Don't know__-&

Refused.....__-- (SKIP TO Q.G1)

(LowInc Q.B4b)

E23. Why did you go to a doctor or facility outside your plan? (DO NOT READ LIST -- MULTIPLE RECORD)

To see another doctor (653(____ - 1

Dissatisfied with doctor or care__ - 2

To go to a different hospital__ - 3

Convenience__ - 4

Delay for appointment__ - 5

Service not covered.....__ - 6

Familiar with doctor__ - 7

Second opinion.....__ - 8

Don't know__ - &

Refused.....__ - -

Other (Specify)

_______ - 0

654-656Z

657-680Z

G. PLAN CHOICE

INTRODUCTION: We want to know more about how many health plans you have to choose from through your or your spouse’s work or union.

(93* K/CF, 91 K/CF Q.G1)

ASK EVERYONE

G1. Are you currently working full-time, working part-time, or are you retired or unemployed, a student, a homemaker, or something else?

- Full-time(708(__ - 1
- Part-time..... __ - 2
- Retired __ - 3
- Unemployed __ - 4
- Student __ - 5
- * Homemaker __ -6
- * Something else..... __ -7
- Don’t know __-&
- Refused..... __ - -

* Not included in 91 K/CF, Q.G1 or in 93 K/CF Q.G1

93 K/CF Q.G1

Includes “or just not working” in question and includes “not working” as response.

(93 K/CF Q.F1, 91 K/CF Q.F1a)

G2. Are you single, married, widowed, separated, or divorced?

- Single (709(__ - 1
- Married..... __ - 2
- Widowed..... __ - 3
- Separated..... __ - 4
- Divorced..... __ - 5
- Don’t know __-&
- Refused..... __ - -

(93 K/CF Q.G2a)

ASK Q.G3 IF EMPLOYED (Q.G1 = 1 OR 2)

G3. In the past two years, have you or a member of your family decided to stay in one job rather than take another mainly because it offered better health care benefits for you and your family, or not?

- Yes, stayed in job because of health insurance..... (710(__ - 1
- No..... __ - 2
- Don’t know __ - &
- Refused..... __ - -

(91 K/CF Q.F2)

ASK Q.G4 IF MARRIED IN Q.G2 - ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.G6

G4. Does your spouse currently work full-time, work part-time or is he/she retired, unemployed, a student, a homemaker or something else?

- Full-time (711(__ - 1
- Part-time..... __ - 2
- Retired __ - 3
- Unemployed __ - 4
- Student __ - 5
- * Homemaker __ - 6
- * Something else..... __ - 7
- Don't know __ - &
- Refused..... __ - -

* Not included in 91 K/CF Q.F2

ASK Q.G5 IF RESPONDENT IS EMPLOYED (Q.G1 = 1 OR 2) AND SPOUSE IS EMPLOYED (Q.G4 = 1 OR 2) AND RESPONDENT IS INSURED IN Q.E1 OR Q.E1a

G5. Is your health plan from your own employer, your spouse's employer, or do you have plans from both?

- Own employer..... (712(__ - 1
- Spouse's employer __ - 2
- Both..... __ - 3
- Neither (vol.) __ - 4
- Don't know __ - &
- Refused..... __ - -

(*93 K/CF Q.E8a)

ASK. Q.G6 IF RESPONDENT IS EMPLOYED (Q.G1 = 1 OR 2)

G6. Does your employer offer you a choice of different health plans or is there only one plan?

- Choice (713(__ - 1
- Only one plan __ - 2
- No plans offered (vol.) __ - 3
- Don't know __ - &
- Refused..... __ - -

93K/CF Q.E8a

Does the health insurance you have through work or a union offer you a choice of different health plans or is there just one plan?

ASK. Q.G7 IF CHOICE IN Q.G6 (Q.G6 = 1)

G7. Is one of the plans you can choose an insurance plan that will pay when you see any doctor you want?

- Yes, plan will pay (714(__ - 1
- No, plan will not pay..... __ - 2
- Don't know __ - &
- Refused..... __ - -

ASK Q.G8 IF MARRIED (Q.G2 = 2) AND SPOUSE IS EMPLOYED (Q.G4 = 1 OR 2)

G8. Does your spouse's employer offer your family a choice of different health plans, or is there only one plan?

- Choice (715(__ - 1
- Only one plan __ - 2
- No plans offered (vol.) __ - 3
- Don't know __ - &
- Refused __ - -

ASK Q.G9 IF CHOICE IN Q.G8 (Q.G8 = 1)

G9. Is one of the choices offered by your spouse's employer a plan that will pay when you see any doctor you want?

- Yes, plan will pay (716(__ - 1
- No, plan will not pay __ - 2
- Don't know __ - &
- Refused __ - -

(93 K/CF Q.E8c)

ASK Q.G10 - Q.G12 IF INSURED IN Q.E1 OR Q.E1a AND CHOICE IN Q.G6 = 1 OR Q.G8 = 1 OR MARRIED AND RESPONDENT AND SPOUSE EMPLOYED

G10. Did you choose the least expensive plan for you or another plan?

- Least expensive plan (717(__ - 1
- Another plan __ - 2
- Don't know __ - &
- Refused __ - -

G11. When you made your choice, were you given information regarding (READ EACH ITEM), or not?

		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
1.	Plan quality	(718(__ - 1	__ - 2	__ - &	__ - -
2.	Which doctors are in the plan	(719(__ - 1	__ - 2	- &	__ - -

G12. Did you feel like the amount of information you got about your choices was about right, too much, or too little?

- About right (720(__ - 1
- Too much __ - 2
- Too little __ - 3
- Received no information (vol.)..... __ - 4
- Don't know __ - &
- Refused __ - -

(*93 K/CF Q.E11)

ASK Q.G13 IF RESPONDENT IS EMPLOYED (Q.G1 = 1 OR 2)

G13. About how many full-time employees work for your employer?

____/____/____/____/____/____/____/____ RANGE (1-999999)
(721-725)

Don't know(721(____-&
Refused..... ____ - -

93 K/CF Q.E11

726-780Z

About how many employees work for the employer which provides your health insurance?

If less than 5,000 ____/____/____/____/____/____
5,000 or more ____/____/____/____/____/____

H. RETIREESASK Q.H1 IF CURRENTLY RETIRED IN Q.G1 OR CURRENTLY EMPLOYED IN Q.G1 (1 OR 2) AND AGED 45+ IN Q.B11 - ALL OTHERS SKIP TO Q.I1

H1. Does your (former) employer or union offer health benefits to retirees, or not?

Yes, employer does (808(__ - 1 (ASK Q.H2)

No, employer does not __ - 2 (SKIP TO Q.J1)

Don't know __ - &

Refused __ - - (SKIP TO Q.J1)

ASK Q.H2 IF "YES" TO Q.H1

H2. Does your (former) employer or union offer a choice of health plans to retirees, or not?

Yes, choice (809(__ - 1

No choice __ - 2

Don't know __ - &

Refused __ - -

ASK Q.H3 IF "YES" IN Q.H1

H3. Have these health benefits for retirees been reduced in the past two years, or not?

Yes, benefits reduced (810(__ - 1

No, not reduced __ - 2

Don't know __ - &

Refused __ - -

ASK Q.H4 IF RETIRED IN Q.G1 AND "YES" IN Q.H1

H4. Do you receive health benefits from your former employer or union, or not?

Yes, receive retiree benefits (811(__ - 1

No, do not __ - 2

Don't know __ - &

Refused __ - -

ASK Q. H5 IF RETIRED (Q.G1 = 3), MARRIED (Q.G2 = 2) AND NO TO Q.H4

H5. Do you receive health benefits from your spouse's former employer or union, or not?

Yes, receive benefits (812(__ - 1

No, do not __ - 2

Don't know __ - &

Refused __ - -

813-880Z

(K-GBTN)

ASK EVERYONE

J5. In the past year, have you received any medical care for free or for a reduced charge, or not?

- Yes, received care..... (920(__ - 1
- No, have not __ - 2
- Have not needed any care (vol.) __ - 3
- Don't know __ - &
- Refused..... __ - -

(K-GBTN)

J6. Do you currently owe any money for medical bills, or not?

- Yes, owe money (921(__ - 1 (ASK Q.J7)
- No, do not __ - 2 (SKIP TO Q.K1)
- Don't know __ - &
- Refused..... __ - - (SKIP TO Q.K1)

ASK Q.J7 IF YES TO Q.J6

J7. How much money do you owe for medical bills?

- \$ / / / / , / / / / RANGE (1-999999)
(922-927)
- Don't know(922(__ - &
- Refused..... __ - -

J8. In the past year, have you been contacted by a collection agency about owing money for these medical bills, or not?

- Yes..... (928(__ - 1 (ASK Q.J9)
- No..... __ - 2 (SKIP TO Q.K1)
- Don't know __ - &
- Refused..... __ - - (SKIP TO Q.K1)

ASK Q.J9 IF YES TO Q.J8

J9. Have these medical bills caused you to declare bankruptcy, or not?

- Yes..... (929(__ - 1
- No..... __ - 2
- Don't know __ - &
- Refused..... __ - -

930-980Z

K.. CHILDREN'S HEALTH CARE

K1. Do you have any children under the age of 18 that live with you, or not?

Yes, have child(ren) (1008(__ - 1 (ASK Q.K1a)

No, do not __ - 2 (SKIP TO Q.L1)

Don't know __ - & (SKIP TO Q.L1)

Refused..... __ - - (SKIP TO Q.L1)

ASK Q.K1a IF "YES" TO Q.K1

K1a. Are you the parent, stepparent, foster parent or guardian of any of these children?

Yes.....(1009(__ -1 (ASK Q.K2)

No..... __ -2 (SKIP TO Q.L1)

Don't know __ -& (SKIP TO Q.L1)

Refused..... __ - - (SKIP TO Q.L1)

(* NYC Q.A2)

ASK Q.K2 IF "YES" IN Q.K1 -- ALL OTHERS SKIP TO Q.L1

K2. Please tell me how many how children under the age of 18 live in your household?

/ / / (RANGE: 0-15)

(1010-1011)

Don't know(1010(__ -&

Refused..... __ - -

(NYC Q.J1)

K3. I would like to ask you some questions about (this child/one of your children). (IF MORE THAN 1 IN Q.K1, SELECT CHILD WITH MOST RECENT BIRTHDAY.) How old is this child?

(Range 0-17)

/ / / years

(1012-1013)

Don't know(1012(__ -&

Refused..... __ - -

(NYC Q.J2)

K4. In general, how would you describe this child's health -- excellent, good, fair or poor?

Excellent(1014(__ -1

Good __ -2

Fair __ -3

Poor..... __ -4

Don't know __ - &

Refused..... __ - -

(NYC Q.J3)

K5. Has this child received care from a doctor or health professional in the last 12 months, or not?

Yes, received care.....(1015(__ - 1 (ASK Q.K5a)
 No, has not received care..... __ - 2 (SKIP TO Q.K6)
 Don't know __ - &
 Refused..... __ - - (SKIP TO Q.K6)

ASK Q.K5a IF "YES" TO Q.K5

K5a. Has this child received a routine physical exam or check-up in the last 12 months, or not?

Yes.....(1016(__ -1
 No..... __ -2
 Don't know __ -&
 Refused..... __ - -

(NYC Q.J4)

K6. Has this child had a serious illness, chronic condition, injury or disability that has required a lot of medical care in the last 12 months, or not?

Yes, has had a serious illness/condition.....(1017(__ -1
 No, has not had __ -2
 Don't know __ -&
 Refused..... __ - -

(NYC Q.J5)

K7. Is this child covered by any form of health insurance, or not?

Yes, child covered(1018(__ - 1 (GO TO INSTRUCTIONS ABOVE Q.K8)
 No, child not covered __ - 2 (SKIP TO Q.K12)
 Don't know __ - &
 Refused..... __ - - (SKIP TO Q.K12)

(*NYC Q.J5a)

ASK Q.K8 IF "Yes" TO Q.K7 AND "Yes" TO ANY ITEM IN Q.E1 OR "Yes" TO Q.E1a

K8. Is this child covered by the same health insurance as you, or not?

Yes, same.....(1019(__ - 1 (SKIP TO INSTRUCTIONS ABOVE Q.K10)
 No, not the same __ - 2 (ASK Q.K9)
 Don't know __ - &
 Refused..... __ - - (ASK Q.K9)

(*NYC Q.J5b)

ASK Q.K9 IF ANSWERED "Yes" TO Q.K7 AND ("No" OR "Not sure" TO Q.K8 OR PARENT UNINSURED IN Q.E1a)

K9. Is this child on Medicaid, Medical Assistance, a public health plan for children, private insurance, or some other source of insurance?

Medicaid or Medical Assistance(1020(__ - 1
 A public health plan for children..... __ - 2
 Private insurance..... __ - 3
 Some other source..... __ - 4
 Don't know __ - &
 Refused..... __ - -

ASK Q.K10 IF CHILD INSURED BY MEDICAID (QK9 = 1) OR [SAME AS PARENTS (Q.K8 = 1) AND "YES, MEDICAID" IN Q.E1, ITEM 5]

K10. How long has this child been on Medicaid?

- Months..... (1021(__ -1
- Years __ -2
- Don't know __-&
- Refused..... __ - -

/ / / / months OR / / / years
 (1022-1024) RANGE (1-999) (1025-1026) RANGE (1-18)

ASK Q.K11 IF 24 MONTHS OR LESS IN Q.K10

K11. What type of insurance, if any, did this child have before joining Medicaid? (READ LIST IF NECESSARY)

- None/uninsured (1027(__ -1
- Private insurance..... __-2
- Some other type __-3
- Don't know __- &
- Refused..... __ - -

(NYC Q.J6)

ASK EVERYONE WITH CHILDREN IN Q.K1

K12. Do you have a particular doctor or health professional for this child that you usually take (him/her) to when (he/she) is sick or needs medical attention, or not?

- Yes, have a particular doctor/health professional (1028(__ -1
- No, don't have __-2
- Don't know __- &
- Refused..... __ - -

(NYC Q.J7)

K13. At what type of health care facility does this child usually receive medical care? (READ LIST IF NECESSARY -- Is it a doctor's office, a clinic or health center, HMO, a hospital emergency room, a hospital outpatient department, a school clinic, or some other place?) (MULTIPLE RECORD)

- Doctor's office (1029(__ -1
- Clinic or health center __-2
- HMO __-3
- Hospital emergency room..... __-4
- Hospital outpatient department..... __-5
- School clinic..... __-6
- Urgent care center (vol.) __-7
- Herbalist, botanica (vol.) __-8
- None (vol.)..... __-9
- Don't know __-&
- Refused __--

Other (SPECIFY):
 _____ (1029(__ -0

1030-1032Z

(NYC Q.D3 and 91 K/CF Q.D3)

K14. During the past 12 months, was there a time when this child needed medical care, but did not get it, or not?

- Yes, child needed and did not get..... (1033(__ -1 (ASK Q.K15)
- No such occasion __ -2
- Don't know __ -&
- Refused __ - - (SKIP TO Q.K16)

91 K/CF

D3. During the past 12 months was there a time when one of your children 17 years old or younger needed medical care but did not get it, or not?

(NYC Q.J11)

K15. Overall, how difficult is it for this child to get medical care when he or she needs it - extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?

- Extremely difficult(1034(__ - 1
- Very difficult..... __ - 2
- Somewhat difficult..... __ - 3
- Not too difficult..... __ - 4
- Not at all difficult..... __ - 5
- Don't know __ - &
- Refused..... __ - -

(CWF-Parents)

K16. Have you had a lot of trouble, some trouble, or no trouble at all paying for this child's health and medical expenses?

- A lot of trouble(1035(__ - 1
- Some trouble..... __ - 2
- No trouble at all __ - 3
- Don't know __ - &
- Refused..... __ - -

K17. Thinking about this child, how satisfied are you with the quality of care this child receives - very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied? If this does not apply to your child, please tell me that.

- Very satisfied(1036(__ - 1
- Somewhat satisfied __ - 2
- Not very satisfied..... __ - 3
- Not at all satisfied __ - 4
- Does not apply __ - 5
- Don't know __ - &
- Refused..... __ - -

ASK Q.K18 IF RESPONDENT IS INSURED IN Q.E1 OR Q.E1a AND HAS MORE THAN ONE CHILD IN Q.K2

K18. Earlier you told me that you had more than one child. Do your other children have health insurance?

Yes, all have insurance(1037(__-1 (ASK Q. K19)

Yes, some have insurance __-2 (ASK Q. K19)

No..... __-3 (SKIP TO Q.L1)

Don't know __ - &

Refused..... __ - - (SKIP TO Q.L1)

ASK Q.K19 IF "YES, ALL HAVE INSURANCE" OR "YES, SOME HAVE INSURANCE" (Q.K18=1 OR 2) AND PARENT INSURED IN Q.E1 OR Q.E1a

K19. Are they covered by the same health insurance as you are, or not?

Yes, same insurance.....(1038(__-1

No, not the same __-2

Don't know __ - &

Refused..... __ - -

1039-1080Z

L. WORRIES

(*93 K/CF, 91 K/CF Q.J1)

ASK EVERYONE (NOTE: ASK ITEM A ONLY IF RESPONDENT OR SPOUSE IS EMPLOYED (Q.G1 = 1 OR 2) OR (Q.G4 = 1 OR 2); ASK ITEM F IF INSURED IN Q.E1 OR Q.E1a; ASK ITEM E IF HAVE CHILDREN (Q.K1=1)

L1. I will read you a list of things that people sometimes worry about. Please say for each one if it is something you worry about a great deal, quite a lot, not much, or not at all? (READ LIST)

INTERVIEWER: If respondent does not have insurance, is not employed, or has no children code Not Applicable, where appropriate.

<u>ROTATE - START WITH "X"</u>	<u>A Great Deal</u>	<u>Quite A Lot</u>	<u>Not Much</u>	<u>Not At All</u>	<u>Not Applicable/ No Insurance</u>	<u>Don't Know</u>	<u>Refused</u>
* () a. That you or your spouse will lose your job in the next twelve months..... (1108)	___-1	___-2	___-3	___-4	___-5	___-&	___--
() b. You will have to pay very expensive medical bills which are not covered by health insurance..... (1109)	___-1	___-2	___-3	___-4	___-5	___-&	___--
* () c. That you will be denied a medical procedure that you need..... (1110)	___-1	___-2	___-3	___-4	___-5	___-&	___--
** () d. You won't be able to go to the doctor that you use now..... (1111)	___-1	___-2	___-3	___-4	___-5	___-&	___--
*** () e. That you won't be able to save enough money to put your child through college..... (1112)	___-1	___-2	___-3	___-4	___-5	___-&	___--
() f. Health insurance will become so expensive you won't be able to afford it..... (1113)	___-1	___-2	___-3	___-4	___-5	___-&	___--
*** () g. That you won't be able to get the kind of specialty care you might need..... (1114)	___-1	___-2	___-3	___-4	___-5	___-&	___--
*** () h. That you will have problems paying for basic living expenses like housing and food..... (1115)	___-1	___-2	___-3	___-4	___-5	___-&	___--
* () i. That your health benefits for your family will be cut..... (1116)	___-1	___-2	___-3	___-4	___-5	___-&	___--

1117-1180Z

91 K/CF

* a. reads "That you or your spouse will lose your job in 1992."

* i. reads "Your health plan will cut the insurance you have now for your spouse or for a child."

Item F on 91K/CF and 93 K/CF, ITEM C ON 628130

* f. reads "That you will not be able to get the health care that you need when you are very ill because you can't afford it."

** Not included in 91 K/CF Q.J1

*** Not included in 91 K/CF or 93 K/CF Q.J1

M. REFORM OPTIONS

ASK EVERYONE

M1. In your opinion, what is the most important health care reform issue that needs to be addressed by either Congress or state governments? (DO NOT READ LIST - SINGLE RECORD)

- Providing health insurance coverage to everyone (1208(____ - 1
- Providing health insurance coverage to working families ____ - 2
- Providing health insurance coverage to children ____ - 3
- Making health insurance affordable..... ____ - 4
- Controlling health care costs for the country ____ - 5
- Coverage for home care, nursing homes, chronic illnesses..... ____ - 6
- Coverage for prescription drugs..... ____ - 7
- Saving Medicare..... ____ - 8
- Making sure doctors are competent and qualified..... ____ - 9
- Preserving choice of doctor (1209(____ - 0
- Regulating/Controlling HMOs/health plans to protect quality of care..... ____ - 1
- Better information on quality of plans ____ - 2
- Consumer protections in health plans ____ - 3
- Lowering health care costs for me and my family ____ - 4
- Don't know (1208(____ - &
- Refused..... (1208(____ - -
- Other (SPECIFY) _____ (1208(____ - 0

1210-1212Z

M2. I will now read you five health reforms that might be discussed nationally in the next four years. For each, please say whether you would strongly favor, somewhat favor, somewhat oppose, or strongly oppose it? (READ EACH ITEM)

<u>ROTATE - START AT "X"</u>	<u>Strongly Favor</u>	<u>Somewhat Favor</u>	<u>Somewhat Oppose</u>	<u>Strongly Oppose</u>	<u>Don't Know</u>	<u>Refused</u>
() a. Making sure all children have health insurance coverage (1213(____ - 1	____ - 2	____ - 3	____ - 4	____ - &	____ - -	
() b. Making sure all working families have health insurance coverage (1214(____ - 1	____ - 2	____ - 3	____ - 4	____ - &	____ - -	
() c. Letting uninsured families purchase Medicaid, the Medical Assistance program, at a reduced cost, with the help of government funds..... (1215(____ - 1	____ - 2	____ - 3	____ - 4	____ - &	____ - -	
() d. Preserving the Medicare program for all people aged 65 or older..... (1216(____ - 1	____ - 2	____ - 3	____ - 4	____ - &	____ - -	
() e. Letting people under 65 purchase Medicare..... (1217(____ - 1	____ - 2	____ - 3	____ - 4	____ - &	____ - -	

(*93 K/CF Q.K6)

M3. New funds may be needed to pay for improved health care coverage. Would you support an increase in (READ EACH ITEM), or not?

M4. Which one of these ways of raising money would you prefer? (READ LIST IF NECESSARY)

	<u>Q.M3</u>				<u>Q.M4</u> <u>Prefer</u>
	<u>Yes,</u> <u>Support</u>	<u>No,</u> <u>Would Not</u>	<u>Don't</u> <u>Know</u>	<u>Refused</u>	
<u>ROTATE -- START AT "X"</u>					
() a. Income taxes	(1218(___ - 1	___ - 2	___ - &	___ - -	(1222(___ - 1
() b. Sales tax	(1219(___ - 1	___ - 2	___ - &	___ - -	___ - 2
() c. Insurance premiums paid by employers and employees.....	(1210(___ - 1	___ - 2	___ - &	___ - -	___ - 3
() d. Payroll tax on wages, like the Social Security tax.....	(1221(___ - 1	___ - 2	___ - &	___ - -	___ - 4
None of these (vol.).....	XXXXX	XXXXX	XXXXX	XXXXX	___ - 5
Don't know	XXXXX	XXXXX	XXXXX	XXXXX	___ &
Refused.....	XXXXX	XXXXX	XXXXX	XXXXX	___ - -

1223-1280Z

93 K/CF Q.K6 reads:

A lot of money may be needed for a new health care system to provide adequate health insurance for everyone. Which one of the following ways of raising money would you prefer?

Item 2. A national sales tax

Item 4. An increased payroll tax like FICA which varies with wages, paid by employers and employees

F. Factuals/Demographics

Now I have a few factual questions to help classify your answers.

(608088 Q.S1)

- F1. Could you tell me, including yourself, how many family members, including adults and children, live in this home? Please include anyone who is temporarily in the hospital, in a nursing home or away at school.

___/___/___ People RANGE (1-99)
(1308-1309)

Don't know(1308(____-&
Refused..... ____ - -

(93 K/CF Q.F3, 91 K/CF Q.F8)

- F2. What is the highest level of school you have completed or the highest degree you have received?

Less than high school
(grades 1-11, grade 12 but no diploma) (1310(____ - 1

High School Graduate or equivalent (GED)..... ____ - 2

Some college but no degree (incl. 2 year
occupational or vocational programs)..... ____ - 3

College Graduate (e.g. BA, AB, BS)..... ____ - 4

Postgraduate (e.g. MA, MS, MEng, MEd, MSW, MBA, MD,
DDs, DVM, LLB, JD, PhD, EdD)..... ____ - 5

Don't know ____ - &
Refused..... ____ - -

(93 K/CF Q.F4, 91 K/CF Q.F11)

- F3. Regardless of how you might vote, what do you usually consider yourself - a Republican, a Democrat, an Independent, or what?

Republican (1311(____ - 1

Democrat ____ - 2

Independent..... ____ - 3

None/Other (vol.)..... ____ - 4

Don't know ____ - &

Refused..... ____ - -

(93 K/CF Q.F6)

F4a. Which of the following income categories best describes your total 1995 household income? Just stop me when I get to the right category. Was it (READ LIST)?

INTERVIEWER: Total household income before taxes from all sources - if unsure of 1995 income, probe for estimate

- \$7,500 or less (1312(__ - 1
- \$7,501 to \$10,000 __ - 2
- \$10,001 to \$12,000 __ - 3
- \$12,001 to \$15,000 __ - 4
- \$15,001 to \$20,000 __ - 5
- \$20,001 to \$25,000 __ - 6
- \$25,001 to \$30,000 __ - 7
- \$30,001 to \$35,000 __ - 8
- \$35,001 to \$40,000 __ - 9
- \$40,001 to \$45,000 (1313(__ - 0
- \$45,001 to \$60,000 __ - 1
- \$60,001 to \$75,000 __ - 2
- \$75,001 to \$100,000 __ - 3
- \$100,000 + __ - 4
- Don't know (1312(__ - &
- Refused (1312(__ - -

ASK Q.F4b IF "Not sure" TO Q.F4a OR IF (1-PERSON HH IN Q.F1 AND Q.F4a=2) OR IF (5-PERSON HH IN Q.F1 AND Q.F4a=5)

F4b. Could you tell me whether your total 1995 household income is (READ LIST)?

READ INCOME CATEGORIES IN COLUMN UNDERNEATH NUMBER FROM Q.F1 AND RECORD. CATEGORIES CAN BE READ ONE AT A TIME UNTIL RESPONDENT INDICATES.

NUMBER IN FAMILY IN Q.F1

(F4aa) BASE: 1 PERSON IN HH	(F4bb) BASE: 2 PEOPLE IN HH	(F4c) BASE: 3 PEOPLE IN HH
\$7800 or less (1314(__ - 1	\$10,000 or less (1315(__ - 1	\$12,000 or less (1316(__ - 1
More than \$7800 __ - 2	More than \$10,000 __ - 2	More than \$12,000 __ - 2
Don't know __ - &	Don't know __ - &	Don't know __ - &
Refused __ -	Refused __ -	Refused __ -
(F4d) BASE: 4 PEOPLE IN HH	(F4e) BASE: 5 PEOPLE IN HH	(F4f) BASE: 6 PEOPLE IN HH
\$16,000 or less (1317(__ - 1	\$18,000 or less (1318(__ - 1	\$20,000 or less (1319(__ - 1
More than \$16,000 __ - 2	More than \$18,000 __ - 2	More than \$20,000 __ - 2
Don't know __ - &	Don't know __ - &	Don't know __ - &
Refused __ -	Refused __ -	Refused __ -
(F4g) BASE: 7 PEOPLE IN HH	(F4h) BASE: 8 PEOPLE IN HH	(F4i) BASE: 9 OR MORE PEOPLE IN HH
\$24,000 or less (1320(__ - 1	\$26,000 or less (1321(__ - 1	\$31,000 or less (1322(__ - 1
More than \$24,000 __ - 2	More than \$26,000 __ - 2	More than \$31,000 __ - 2
Don't know __ - &	Don't know __ - &	Don't know __ - &
Refused __ -	Refused __ -	Refused __ -

(*93 K/CF Q.F7a, 91 K/CF Q.F13)

F5. Are you of Hispanic origin or descent, or not?

- Yes, of Hispanic origin (1323(__ - 1 (ASK Q.F6)
- No, not of Hispanic origin __ - 2 (SKIP TO Q.F7)
- Don't know __-&
- Refused..... __ - - (SKIP TO Q.F7)

(*93 K/CF Q.F7b)

F6. Do you consider yourself Mexican, Puerto Rican, Cuban, Dominican, Caribbean, Costa Rican, Brazilian, or from some other Spanish speaking country?

- Mexican (1324(__ - 1
- Puerto Rican..... __ - 2
- Cuban __ - 3
- Dominican..... __ - 4
- * Caribbean __ - 5
- Costa Rican __ - 6
- Brazilian __ - 7
- * Spaniard __ - 8
- Don't know __ - &
- Refused..... __ - -
- Other (SPECIFY) _____ - 0

* Not included in 93 K/CF Q.F7b

1325-1327Z

(*93 K/CF Q.F8, 91 K/CF Q.F14)

ASK EVERYONE

F7. Do you consider yourself white, black or African American, Asian or Pacific Islander, American Indian or Alaskan Native, mixed race, or something else?

- White (1328(__ - 1
- Black..... __ - 2
- * African-American __ - 3
- Asian or Pacific Islander __ - 4
- American Indian or Alaskan native __ - 5
- ** Mixed race..... __ - 6
- ** Something else..... __ - 7
- Don't know __ - &
- Refused..... __ - -

* Not included in 91 K/CF

** Not included in 91 K/CF or in 93 K/CF

ASK Q.F8 IF MARRIED IN Q.G2

F8. Do you live with your (husband/ wife), live with another family member, live with someone else, or do you live alone? (MULTIPLE RECORD)

- Husband/Wife (1329(__ - 1
 - Another family member..... __ - 2
 - Someone else __ - 3
 - Alone __ - 4
 - Don't know __ - &
 - Refused..... __ - -
- (SKIP TO Q.F10)

ASK Q.F9 IF NOT MARRIED IN Q.G2 AND 2 MORE PEOPLE IN HH1 IN Q.F1

F9. Do you live as a couple with someone, live with another family member, live with someone else, or do you live alone? MULTIPLE RECORD

- Live with someone else (1330(__ - 1
- Another family member..... __ - 2
- Someone else __ - 3
- Alone __ - 4
- Don't know __ - &
- Refused..... __ - -

ASK Q.F10 IF INSURED IN Q.E1 OR Q.E1a AND MARRIED

F10. Is your spouse covered by your health plan, or not?

- Yes, spouse covered..... (1331(__ - 1
- No, not covered..... __ - 2
- Don't know __ - &
- Refused..... __ - -

ASK EVERYONE

F11. Have you received any form of government assistance in the past two years including AFDC, WIC, the food stamp program, or any other state or local public assistance program, or not?

- Yes, have received assistance (1332(__ - 1
- No, have not __ - 2
- Don't know __ - &
- Refused..... __ - -

(93 K/CF Q.F9)

F12. How many separate telephone lines with different telephone numbers do you have at the home you are in now which can receive phone calls? Do not count those which are only used for faxes and modems.

_____/_____/_____/_____/_____
 (1333-1334)

- Don't know(1333(__ - &
- Refused..... __ - -

(*93 K/CF Q.F10a)

F13. All of the information you have provided is confidential. When the results of this survey are published, we or reporters may want to talk to some of the people we have surveyed about their experiences. Would you like to do this?

Yes, like to talk to us or reporters (1335(__ - 1 (ASK Q.F14)

No, do not want to talk to us or reporters __ - 2 (SKIP TO END)

Don't know __ - &

Refused __ - - (SKIP TO END)

(*93 K/CF)

F14. Will you give us permission to give your name and telephone number to a reporter? (If so, what is your name?)

Yes (1336(__ - 1

No __ - 2

1337-1339Z

ENTER ON SCREEN:

Name

That completes the interview. Thank you very much for your cooperation.

INTERVIEWER OBSERVATION:

Please indicate below whether respondent has an interesting story about healthcare, access to care, etc., or not.

Interesting story/positive.(1340(__ - 1

Interesting story/negative __ - 2

Not an interesting story __ - 3

Please indicate whether there was a language difficulty in conducting the interview or not.

Yes, language difficulty(1341(__ - 1

No language difficulty __ - 2

Time Ended: _____ AM/PM

Time: _____ Minutes (1342-1351)

_____ Seconds (1352-1363)