Kansas and Missouri Consumer Health Access Survey

Adult and Child CATI Instrument Specifications

FINAL

Prepared by:
RTI International

RTI
INTERNATIONAL

Table of Contents

Section   Page

FRONT END SCREENING

ANSPROMPT

(ASK IF: ANSW_CT==1 OR ANSW_CT==4 OR ANSW_CT==7 OR ANSW_CT==10,
ELSE GO TO INT02.)

PLEASE LEAVE THE FOLLOWING MESSAGE ON THE ANSWERING MACHINE.

Hello, my name is (First and Last name) and I'm calling on behalf of nonprofit health organizations in Kansas and Missouri about a survey on health insurance coverage and problems getting care. Your participation will help the funders improve access to health care in your state. Please call us at 1-800-613-2408 at your convenience. We look forward to speaking with you. Thank you.

> 01   LEFT MESSAGE (GO TO INT02)
> 02   SOMEONE PICKED UP (GO TO ANSWRECORD)
> 03   UNABLE TO LEAVE MESSAGE (GO TO INT02)

INT04

(DISPLAY IF: DISP = PRIVACY MANAGER)

IF THE MESSAGE ASKS TO IDENTIFY WHO OR WHAT COMPANY IS CALLING:
"We are calling on behalf of non-profit organizations in Kansas and Missouri."

IF MESSAGE ASKS TO ENTER A PHONE NUMBER:
ENETER: 1-855-322-2826

> 01   PHONE ANSWERED (GO TO INT1A)
> 02   PHONE NOT ANSWERED (GO TO SCREEN)

INTRODUCTION AND SCREENER QUESTIONS FOR MAIN SAMPLE

LEAD_IN1
Source: Ohio Medical Assessment Survey (OMAS)

Hello, my name is _____ (INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of nonprofit health organizations in Kansas and Missouri about a survey on health and health care issues. This is not a sales call.

(IF NECESSARY: We are conducting a survey on health insurance coverage and problems getting health care. The survey is sponsored by nonprofit health organizations in KANSAS and MISSOURI. We are not selling anything.)

> 01   CONTINUE (GO TO BEGIN)
> 04   BUSINESS NUMBER (GO TO BUSINESS_NUM)

05   WOULD LIKE TO BE CALLED ON A NEW NUMBER (GO TO TEL06)

IF NECESSARY: The funders of this survey are:
[*Kansas sample list order*]: Kansas Health Foundation, Health Care Foundation of Greater Kansas City, and the REACH Healthcare Foundation, Missouri Foundation for Health, United Methodist Health Ministry Fund (in Missouri).

[*Missouri sample list order*]: Missouri Foundation for Health, United Methodist Health Ministry Fund (in Missouri), Kansas Health Foundation, Health Care Foundation of Greater Kansas City, and the REACH Healthcare Foundation.

BUSNIESS_NUM

We are conducting a study of households in Kansas and Missouri. For survey purposes, can you confirm if anyone lives at these premises?

01   YES (CONTINUE)
02   NO (TERMINATE AS BUSINESS IB)

BEGIN
Source: OMAS

Your telephone number was chosen randomly and all information will be kept strictly confidential and only reported in group form. This call may be monitored or recorded for quality assurance. (FILL: IF INCENTIVE=1) The person selected to participate will receive a $10 electronic gift card for completing the survey.)

(IF NECESSARY: We are also interested in experiences of persons who do not have health insurance. The sponsors need your household´s input to improve access to health care that may help you and your family. This survey should take approximately 20 minutes to complete. I work for RTI, a survey research company contracted by health care foundations in your state. If you have questions or concerns about participating in the study, you may call the Survey Manager, Tamara Terry at 1-800-334-8571 ext. 66560. If you have questions about your rights as a study participant, you may call RTI's Office of Human Protection at 1-866-214-2043.

IF NECESSARY: The funders of this survey are: [Kansas sample list order]: Kansas Health Foundation, Health Care Foundation of Greater Kansas City, and the REACH Healthcare Foundation, Missouri Foundation for Health, United Methodist Health Ministry Fund (in Missouri).
[Missouri sample list order]: Missouri Foundation for Health, United Methodist Health Ministry Fund (in Missouri), Kansas Health Foundation, Health Care Foundation of Greater Kansas City, and the REACH Healthcare Foundation.

01   ADULT ON PHONE (GO TO STARTTIME_S)
02   ADULT AVAILABLE (GO BACK TO LEAD_IN1)
03   CHILD SPEAKING (GO TO ADULT)
05   LANGAUGE BARRIER (GO TO LANGBARRIER)

06   REFUSED (GO TO WHO_REF)

ADULT

Source: OMAS

May I speak with an adult?

01   ADULT AVAILABLE (GO BACK TO LEAD_IN1)
03   NOT AVAILABLE (GO TO THANKS1)

99   REFUSED (GO TO WHO_REF)

CELL_RESP

Source: OMAS

Is this a <CALLTYPE> phone?

(INTERVIEWER NOTE: IF R SAYS "cable, VOIP (voice over) or satellite phone" CODE AS A LANDLINE PHONE
IF NECESSARY: By landline we mean any phone in your house that is not a cell phone.)

01   LANDLINE PHONE
02   CELL PHONE (GO TO CELL1)
08   SCHEDULE A CALLBACK (GO TO INT06)
09   OTHER CODES (GO TO ALTB)

S1

Source: OMAS

(ASK IF: CELL_RESP=01)

(PROGRAMMER: START TIMER FOR SCREENER. REQUIRED FOR BOTH COMPLETE AND SCREENED INTERVIEWS)

First, have I reached you at a residential household, such as an apartment, a house, or a mobile home?

01   YES (GO TO NUM_ADULTS)
02   NO, NON-RESIDENCE (GO TO INT05)

98   DK (GO TO INT05)
99   REFUSED (GO TO INT05)

CELL1

Source: OMAS

(ASK IF: IF CELL_RESP=02, ELSE GO TO CELL_PICK)

Before we continue, are you driving or doing anything that requires your full attention right now?

01   YES (R IS DRIVING/DOING SOMETHING)
02   NO (GO TO CELL_PICK)
03   NOT A CELL PHONE (GO BACK TO CELL_RESP)

CELL2
Source: OMAS

When would be a better time to call you?

(IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW: I´m sorry, but for your safety we´re not able to do the interview while you´re driving. When would be a better time to call you?)

01   SET CALL BACK (GO TO INT06)

CELL_PICK
Source: OMAS

This study hopes to gain information about access to health care. I need to speak with an adult 19 years or older. Are you an adult?

01   YES (ADULT ON PHONE) (GO TO PRESCR_NAME)
02   NO (CHILD ON PHONE)

CELL_CONFIRM
Source: OMAS

Does this phone belong to someone 19 years of age or older? (IF YES: May I speak to that adult?)

01   YES, ADULT COMES TO PHONE (GO TO CELL_INTRO)
02   YES, ADULT CANNOT COME TO PHONE (GO TO INT06)
03   NO, PHONE BELONGS TO SOMEONE 18 YRS OR YOUNGER (GO TO INT09)

NUM_ADULTS
Source: OMAS

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, **including** yourself, are 19 years of age or older?

(INTERVIEWER: FOR PURPOSES OF THIS SURVEY "HOUSEHOLD" REFERS TO ALL OF THE PEOPLE WHO ARE LIVING IN THIS HOUSE, APARTMENT, OR MOBILE HOME WHERE WE REACH THE RESPONDENT.)

ENTER NUMBER OF ADULTS (If NUM of Adults =0 go to S2)

---

98   DK (GO TO NUM_ADULTREF)
    99   REFUSED (GO TO NUM_ADULTREF)

NUM_ADULTSREF
Source: OMAS

(ASK IF NUM_ADULTS = 98,99)

For the purposes of this survey, we will need to know the number of adults, aged
19 years or older, who are members of your household. How many members of
your household, including yourself, are 19 years of age or older?

(INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER, SELECTING 01 WILL TAKE YOU BACK TO
NUM_ADULT TO ENTER A RESPONSE. YOU DO NOT HAVE TO RE-READ THE QUESTION.)

    01   GIVES ANSWER - TAKES YOU BACK TO NUM_ADULT TO ENTER RESPONSE

    98   DK (GO TO INT11)
    99   REFUSED (GO TO INT11)

S2
Source: OMAS
(ASK IF NUM_ADULTS = 0, ELSE GO TO S3)

Just to confirm, you said that there are no adults, 19 years of age or older in your household?

    01   YES, THERE ARE NO ADULTS (GO TO INT09)
    02   NO, THERE ARE ADULTS (GO BACK TO NUM_ADULTS)

    98   DK (GO TO INT11)
    99   REFUSED (GO TO INT11)

S3
Source: OMAS

The person in your household I need to interview is the adult aged 19 or older currently living in your
household with the most recent birthday. Is that you or someone else?

(INTERVIEWER: SELECT THE PERSON WHO HAD THE LAST BIRTHDAY, NOT WHO WILL HAVE THE NEXT
BIRTHDAY.)

(IF NECESSARY:

- Household refers to all the people who are living in this house, apartment, or mobile home where I have reached you. Members of a household do not have to be related; this includes roommates.
- Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also be fine.)

(INTERVIEWER: IF RESPONDENT SAYS THAT TWINS, TRIPLETS, QUADRUPLETS ETC, HAD THE MOST RECENT BIRTHDAY, SAY "Consider their order of birth, and tell me who was born last.")

01   SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY (GO TO PRESCR_NAME)
02   NOT SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY (GO TO PRESCR_NAME)
03   INDIVIDUAL ON PHONE DOES NOT KNOW HOUSEHOLD MEMBERS BIRTHDAYS (Go to S4)

96   THERE ARE NO ADULTS 19 OR OVER IN HOUSEHOLD (GO TO INT09)
98   DK (GO TO INT11)
99   REFUSED (GO TO INT11)

S4
Source: OMAS

May I speak to someone who knows about the household member´s birthdays?

01   PERSON COMING TO THE PHONE (GO BACK TO S3)
02   NO ONE AVAILABLE WHO KNOWS HHM BIRTHDAYS (GO TO INT06)

CELL_INTRO

Hello, my name is _____ (INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of the State of Ohio. We are conducting a survey on health and health care issues. This call may be monitored or recorded for quality assurance.

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey's sponsor is the State of Ohio. We are not selling anything)

You are the person I need to interview.

01   CONTINUE

SCR_NAME
Source: OMAS

(FILL: IF CELL_PICK=01 Then you are the person I need to interview.)

Could I have <PRESCR_NAME> first name or initials?

(IF NECESSSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also be fine.)

(INTERVIEWER: BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP)

    RECORD NAME OR INITIALS   (TEXT RANGE=25 CHARACTERS)

SPEAK1
Source: OMAS
(ASK IF: S1=01 OR CELL_PICK= 01 OR NUM_ADULTS=01 GO TO PREINFORM, ELSE ASK SPEAK1)

Before we continue, are you driving or doing anything that requires your full attention right now?

(INTERVIEWER:
  ▪ IF THE SELECTED RESPONDENT IS TEMPORARILY ILL AND WOULD BE ABLE TO DO THE INTERVIEW AT A LATER TIME, SELECT 02 NOT AVAILABLE.

  ▪ SELECT OPTION 03, ONLY IF THE SELECTED RESPONDENT CANNOT DO THE INTERVIEW DUE TO A LONG-TERM OR PERMANENT PHYSICAL OR MENTAL IMPAIRMENT.)

    01   YES (GO TO Cell 2)
    02   NO (GO TO S5)
    03   SELECTED R IS PHYSICALLY OR MENTALLY IMPAIRED AND CANNOT DO INTERVIEW

    98   DK (GO TO INT06)
    99   REFUSED (GO TO INT06)

S5
Source: OMAS

I need to speak to the person who knows the most about (FILL: SCR_NAME'S) health insurance. Would that be you or someone else?

(INTERVIEWER: ATTEMPT TO GET A KNOWLEDGEABLE PERSON ON THE LINE. IF SUCCESSFUL, CODE IN '01' BELOW. IF UNSUCCESSFUL, ATTEMPT TO GET THE NAME OF A KNOWLEDGEABLE PERSON TO CALL BACK LATER AND CODE IN '02'. IF RESPONDENT SAYS NOBODY IN THE HOUSEHOLD IS KNOWLEDGEABLE, ASK, Who in the household would be the most knowledgeable?)

    01   YES (GO TO PROXY_NAME)
    02   NO (GO TO SK_SS2B)

    98   DK (GO TO SK_SS2B)
    99   REFUSED (GO TO SK_SS2B)

PROXY_NAME
Source: OMAS

Could I have (FILL: IF S5=01 your / IF S5=02 his or her) first name or initials?

(IF NECESSSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also work.)

(INTERVIEWER: BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP.)

      RECORD NAME OR INITIALS   (TEXT RANGE=25 CHARACTERS)

S6
Source: OMAS

(ASK IF: S5=02, ELSE GO TO INFORM)

May I speak to (FILL: PROXY_NAME) now please?

      01   YES
      02   NO (GO TO INT06)

      98   DK (GO TO INT06)
      99   REFUSED (GO TO INT06)

INFORM
Source: OMAS

(FILL: IF SPEAK1=03: We are conducting a survey on health and health care issues. Since <SCR_NAME> is unable to complete the interview, we would like you to respond on their behalf.)

Now, I would like to ask a few general questions about <YOURSELF_NAM> and <YOUR_HIS_HER> family.

Before we begin, I would like you to know that the interview will last approximately 20 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential. May we begin?

(INTERVIEWER: IF THE R SAYS NO, CLICK BREAK TO SET AN APPOINTMENT OR CODE A REFUSAL)
      01   YES
      02   NO (GO TO INT06)

      99   REF (GO TO WHO_REF)

PROXY
Source: OMAS

(ASK IF: SS2b = 01 OR S4a=01, ELSE ASK S15)

What is your relationship to <SCR_NAME>?

(INTERVIEWER: READ LIST ONLY IF NECESSARY, and SAY: "You are < SCR_NAME>'s...)

01	YOU ARE (SCR_NAME)'S WIFE / FEMALE PARTNER
02	YOU ARE (SCR_NAME)'S HUSBAND / MALE PARTNER
03	YOU ARE (SCR_NAME)'S MOTHER
04	YOU ARE (SCR_NAME)'S FATHER
05	YOU ARE (SCR_NAME)'S DAUGHTER
06	YOU ARE (SCR_NAME)'S SON
07	YOU ARE (SCR_NAME)'S GRANDMOTHER
08	YOU ARE (SCR_NAME)'S GRANDFATHER
09	YOU ARE (SCR_NAME)'S AUNT
10	YOU ARE (SCR_NAME)'S UNCLE
11	YOU ARE (SCR_NAME)'S SISTER
12	YOU ARE (SCR_NAME)'S BROTHER
13	YOU ARE (SCR_NAME)'S OTHER FEMALE RELATIVE
14	YOU ARE (SCR_NAME)'S OTHER MALE RELATIVE
15	YOU ARE (SCR_NAME)'S FEMALE LEGAL GUARDIAN
16	YOU ARE (SCR_NAME)'S MALE LEGAL GUARDIAN
17	YOU ARE (SCR_NAME)'S FOSTER MOTHER
18	YOU ARE (SCR_NAME)'S FOSTER FATHER
19	YOU ARE (SCR_NAME)'S OTHER FEMALE NON-RELATIVE
20	YOU ARE (SCR_NAME)'S OTHER MALE NON-RELATIVE
96	NOT ANSWERING THE QUESTION / NOT ENOUGH INFO
98	DK
99	REFUSED

S7
Source: OMAS

What is <YOUR_NAME> gender?

(INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY.)

01	MALE
02	FEMALE
97	OTHER
99	REFUSED

STATE

What state do <YOU_NAME> live in?

      KS   KANSAS
      MO   MISSOURI
      03   ANOTHER STATE
      04   OUTSIDE OF THE US

      98   DK
      99   REFUSED

S8_INSTATE
Source: OMAS

(ASK IF: (STATE=KS) OR (STATE=MO), ELSE GO TO INT18)

How long <HAVE_HAS> <YOU_NAME> lived in <STATE>? Has it been less than a month, or one month or more?

(INTERVIEWER: IF RESPONSE IS "ALL MY LIFE", SELECT RESPONSE OPTION 02 "ONE MONTH OR MORE".)

      01   LESS THAN 1 MONTH (GO TO INT18)
      02   ONE MONTH OR MORE

      97   LIVES IN ANOTHER STATE (GO TO INT18 - CODE AS INELIGLE. TERMINATE).
      98   DK (GO TO INT18)
      99   REFUSED (GO TO INT18)

ZIPCODE
Source: OMAS

What is <YOUR_NAME> ZIP code?

      RECORD 5 DIGIT ZIP CODE   (RANGE 63001-72958)

      DK   99998 (GO TO KS_COUNTY/MS_COUNTY)
      REF   99999 (GO TO COUNTY)

CTY_VERIFY

I show that the zip code [XXXXX] is in [Name of County] County. Is that correct?

      01   YES (GO TO S10)
      02   NO

98   DK
        99   REFUSED

COUNTY
Source: OMAS

In what county in the State of <STATE> <DO_DOES> <YOU_NAME> live?

(IF NECESSARY: Which county <DO_DOES> <YOU_NAME> live in **most of the time**?)

(INTERVIEWER NOTE:
   o   IF RESPONDENT SAYS "ST. LOUIS" ASK: "Do you mean that you live in the city of St. Louis or you
       live outside the city in St. Louis County?
   o   FIND THE COUNTY RESPONDENTS NAME IN THE LIST AND CODE ACCORDINGLY.
   o   IF RESPONDENT SAYS MORE THAN ONE COUNTY NAME, CODE ONLY THE ONE RESPONDENT
       LIVES IN MOST OF THE TIME IS MOST SURE OF.

   (ANTICIPATED CODE FROM SAMPLE IS (FILL: RESTORE COUNTY FIPS CODE)

        998   DK
        999   REFUSED

TOWN
Source: OMAS

(ASK IF: KS_COUNTY=998 OR 999, OR MO_COUNTY=998 OR 999, ELSE GO TO S10)

In what city or town <DO_DOES> <YOU_NAME> live or live nearest to?

        (INTERVIEWER: PROBE FOR SPELLING NEEDED.)

_____RECORD RESPONSE (TEXT RANGE=70 CHARACTERS)

        98   DK
        99   REFUSED

S10
Source: OMAS
(ASK IF: NUM_ADULTS NOT EQUAL 1, ELSE GO TO S11)

Including <YOURSELF_NAM>, how many **adult** members of <YOURHISHER> **family**, age 19 and over, live
in this household? By family, I mean two or more persons residing together who are related by birth,
marriage, partnership, adoption or legal guardianship.

(IF NECESSARY: For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent. By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

(IF RESPONDENT SAYS "0", ASK "Are you the only person age 19 or older in your family living in this household?" IF YES, CODE "01")

   ENTER NUMBER (ZERO IS NOT A VALID RESPONSE)

  98 DK (GO TO S12)
  99 REFUSED (GO TO S12)

S10b
Source: OMAS

(ASK IF: S10> NUM_ADULTS AND NUM_ADULTS > 00, ELSE GO TO S12)

Let me see if I have this right, earlier I had recorded that there were <NUM_ADULTS> living in <YOUR_NAME> **household**, but now I recorded that there were <S11> in <YOUR_NAME> **family**? Which of these is correct?

(IF NECESSARY: For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent. By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

  01 CHANGE NUMBER OF ADULTS IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE
     NUM_ADULTS
  02 CHANGE NUMBER OF ADULTS IN FAMILY, ENTER NEW NUMBER AND RECODE S11 (GO
     TO S10)
  03 NO CHANGES (GO TO S11)

  99 REFUSED (GO TO S11)

S11
Source: OMAS

How many children 18 years of age **or younger** live in this household, whether they are family members or not?

(IF NECESSARY:
- For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent.

- By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

ENTER NUMBER OF CHILDREN

98   DK (GO TO S14)
99   REFUSED (GO TO S14)

S12
Source: OMAS

How many of the <S11> living in <YOUR_NAME> household are family members?

(IF NECESSARY: By family, I mean children who are related to <YOU_NAME> by birth, marriage, adoption or legal guardian.)

(NOTE: IF RESPONDENTS SAYS "NONE" CODE AS 0)

ENTER NUMBER OF CHILDREN

98   DK (GO TO S13)
99   REFUSED (GO TO S13)

NOCHILD_CK
Source: OMAS

(ASK IF: S12>S11, ELSE GO TO S13)

Let me see if I have this right, there are < S11>, total in the household and <S12> in the household who are family members. Which of these is correct?

1   CHANGE NUMBER OF CHILDREN IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE S11 (GO TO S11)
2   CHANGE NUMBER OF CHILDREN IN FAMILY, ENTER NEW NUMBER AND RECODE S12 (GO TO S12)

98   DK
99   REFUSED

S13
Source: OMAS

<ARE YOU/IS NAME> a parent or guardian of any of the < S11> living in your household, including children temporarily away from the home?

(IF NECESSARY: Parents include step parents, foster parents, and legal guardians.)

     01   YES
     02   NO

     98   DK
     99   REFUSED

S14
Source: OMAS

Please tell me how old <YOUWERE_NAME> on <YOURHISHER> last birthday.

(IF NECESSARY:
- These questions are just to help ensure that this study's results represent everyone in the state of <STATE>.
- Your best guess is fine.)

     RECORD AGE   (RANGE 019-125) (GO TO LANGUAGE)

     998   DK
     999   REFUSED

S14a
Source: OMAS

(ASK IF: S14=998,999, ELSE GO TO S14FILL)

On <YOUR_NAME> last birthday would you say that <YOUWERE_NAME>…

     (IF NECESSARY:
         o   These questions are just to help ensure that this study's results represent everyone in the State of [KANSAS/MISSOUR].

         o   Your best guess is fine.)

     01   19-24 years old
     02   25-34 years old
     03   35-44 years old
     04   45-54 years old
     05   55-64 years old
     06   65 years or older

     98   DK (GO TO INT09)
     99   REFUSED (GO TO INT09)

LANGUAGE
Source: American Community Survey

Do you speak a language other than English at home?

01   YES
02   NO (GO TO SK_ENDS)

98   DK
99   REFUSED

LANGHOME
Source: American Community Survey

What is this language?

Select appropriate response

01   English
02   Spanish
03   German
04   Vietnamese
05   Chinese
06   Laotian
07   Burmese
08   French
09   Creole French
10   Tagalog
11   Arabic
12   Korean
13   Serbo-Croatian
14   Russian
15   Pennsylvania Dutch
16   OTHER _____

SECTION A: CURRENT INSURANCE STATUS

PREA1
Source: OMAS

> My next questions are about <YOUR/NAME> **current** health insurance coverage, that is, the health coverage <YOU/NAME> had **last week**, if any. Most of these questions require a "yes" or "no" answer.

>> 01   CONTINUE

A1
Source: OMAS

<ARE YOU/IS NAME> covered by health insurance or some other type of health care plan?

>> 01   YES (GO TO A2)
>> 02   NO (GO TO C1)

>> 98   DK (GO TO A2)
>> 99   REFUSED (GO TO A2)

A2
Source: OMAS

<AREISC> <YOU_NAME> covered by a health insurance plan through a current or former employer or union?

(IF NECESSARY:
- Either through (FILL: IF INT1=03 SCR_NAME's/ ELSE your) own or someone else's employment.
- Include retiree coverage and COBRA.
- Do not include Medicare or Medicaid coverage.)

> (If NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK, "<AREISC> <YOU_NAME> enrolled in the program now?")

>> 01   YES (SET INSURED=1) (GO TO A2_DENT)
>> 02   NO (GO TO A2_R, THEN A3)

>> 98   DK (GO TO A3)
>> 99   REFUSED (GO TO A3)

A2_DENT

Does this insurance plan help you pay for dental care, such as teeth cleaning and x-rays of your teeth?

        01   Yes (GO TO SK_ENDA, then to NEWB1)
        02   No (GO TO SK_ENDA, then to NEWB1)

        98   DK (GO TO SK_ENDA, then to NEWB1)
        99   REFUSED (GO TO SK_ENDA, then to NEWB1)

A3

Are you covered by TRICARE, CHAMP-VA or military health insurance?
        01   Yes (SET INSURED=1) (GO TO SK_ENDA, then to NEWB1)
        02   No

        98   DK
        99   REFUSED

A4
Source: OMAS

<AREISC> <YOU_NAME> covered by **Medicare or Medicare Advantage**, the **Federal** government-funded health insurance plan for people 65 years and older or with certain disabilities?

(If NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK, "<AREISC> <YOU_NAME> enrolled in the program now?")

{IF NECESSARY: The MEDICARE ADVANTAGE PLANS in your area are: Coventry Select, Humana Gold Choice or Plus, Humana Choice, UnitedHealthcare MedicareDirect, UnitedHealthcare Medicare Advantage, and Cigna-Health Spring Advantage}

        01   YES (SET INSURED=1) (GO TO A5)
        02   NO (GO TO A5)

        98   DK (GO TO A5)
        99   REFUSED (GO TO A5)

A5
Source: OMAS

Are you covered by Medicaid or (IN KANSAS: KanCare)(IN MISSOURI FILL: Missouri HealthNet), the state government health care assistance program?

(IF NECESSARY:
- o Medicaid is a state program that pays for medical care for certain people with low income, are disabled, or are pregnant.

- o The names of some Medicaid plans in <YOUR_NAME> area are:

  AmeriGroup Real Solutions, Sunflower Health Plan, United Healthcare Community Plan, United Healthcare Dual Complete, Healthcare USA, Home State and MissouriCare. Are you covered by any of these health plans?
- o IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK, "<AREYOU_ISNAM> enrolled in the program now?")

     01   YES (SET INSURED=1 (GO TO SK_ENDA, THEN GO TO NEWB1))
     02   NO

     98   DK (GO TO A7)
     99   REFUSED (GO TO A7)

A7
Source: OMAS

(ASK IF: ((S14>=65) AND (S14<998)) OR (S14A=06) OR (A4=01) OR (A5=01), ELSE GO TO SK_ENDA))
<AREYOU_ISNAM> covered by a health insurance plan purchased through Healthcare.gov, the Federal Health Insurance Exchange, that is, a plan related to Federal health care reform or OBAMACare?

(INTERVIEWER NOTE: HEALTHCARE.GOV SHOULD BE READ AS HEALTH CARE DOT GUV)

     01   YES (GO TO ANYHELP)
     02   NO (GO TO A8_OTHER)

     98   DK (GO TO A8_OTHER)
     99   REFUSED (GO TO A8_OTHER)

[FILL IF KANSAS SAMPLE] IF UNSURE: The names of Healthcare.gov plans in Kansas are:
     Kansas Solutions
     BlueCross BlueShield of Kansas City
     United Healthcare Community Plan
     Medica

[FILL IF MISSOUR SAMPLE] IF UNSURE: The names of Healthcare.gov plans in Missouri are:
     Healthy Alliance Life
     BlueCross BlueShield of Kansas City
     Coventry Health & Life
     All Savers Insurance
     Humana

A8_OTHER
Source: OMAS

<AREYOU_ISNAM> covered by any **other** health insurance purchased directly, that is, a private plan not related to a current or past employment?

        01   YES (GO TO A8CK_DENT)
        02   NO (GO TO SK_ENDA, THEN TO C1)

        98   DK (GO TO SK_ENDA, THEN TO C1)
        99   REFUSED (GO TO SK_ENDA, THEN TO C1)

A8_CKDENT
Is this a dental insurance plan that pays ONLY for dental care?

        01   YES (GO TO SK_ENDA, THEN GO TO C1)
        02   NO (SET INSURED=1) (GO TO ANYHELP)

        98   DK (GO TO ANYHELP)
        99   REFUSED (GO TO ANYHELP)

IF S14>=65 OR S14A=06, SKIP ANYHELP and HELPLIST.

ANYHELP
(ASK IF: A7=01 OR A7_R=01)

Did you receive help to get enrolled in your current insurance plan, like help finding the right plan or help filling out an application?

        01   Yes
        02   No (GO TO SK_ENDA, THEN GO TO NEWB1)

        98   DK (GO TO SK_ENDA, THEN GO TO NEWB1)
        99   REFUSED (GO TO SK_ENDA, THEN GO TO NEWB1)

HELPLIST

Did you get help from a **health navigator or assistor, the healthcare dot gov or chatline**, or someone else?

        01   Health navigator or assistor
        02   Healthcare.gov helpline or chatline

03	Both
04	Someone else
05	Did not get help from anyone

98	DK
99	REFUSED

SECTION B: CURRENTLY INSURED ADULT

IF INSURED=1, CONTINUE. IF INSURED ≠ 1, SKIP to C1.

NEWB1

How long <HAVE_HAS> <YOU_NAME> been covered by <YOURHISHER> current health insurance plan?
Would you say less than 12 months or 12 months or more?

(IF NECESSARY:
o Your best guess is fine.
o IF covered by more than one plan, answer for the plan that pays the medical bills first or pays most of the medical bills. How long <HAVE_HAS> <YOU_NAME> been covered by that plan?)

01	Less than 12 months (GO TO NEWB1a)
02	12 months or more (GO TO SK_ENDB, THEN TO SECTION D)

98	DK (GO TO NEWB1a)
99	REF (GO TO NEWB1a)

NEWB1a

Have <YOU_NAME> been covered by this plan for less than 60 days or 60 days or more?

(IF NECESSARY: Your best guess is fine.)

01	Less than 60 days (GO TO B2)
02	60 days or more (GO TO B2)

98	DK (GO TOB2)
99	REFUSED (GO TO B2)

B2
Source: OMAS

During the past 12 months, was there any time that <YOU_NAME> did **not** have health insurance for more than 60 days? That is, between <FILL WITH THIS DATE LAST YEAR> and today.

        01   YES (GO TO SK_ENDB AND START SECTION D)
        02   NO (GO TO SK_ENDB AND START SECTION D)

        98   DK (GO TO SK_ENDB AND START SECTION D)
        99   REFUSED (GO TO SK_ENDB AND START SECTION D)

SECTION C: UNINSURED ADULT

C1
Source: OMAS

When <WEREWAS> <YOU_NAME> last covered by any type of health insurance plan? Your best guess is fine. Was it…

        01   Less than 60 days ago,
        02   60 days to less than 1 year ago,
        03   1 to 3 years ago, or
        04   More than 3 years ago?

        05   NEVER HAD INSURANCE

        98   DK
        99   REFUSED (SK_ENDC AND START SECTION D)

C5
Source: National Health Interview Survey (NHIS) 2013

During the past 2 years, did you try to purchase health insurance directly, that is, not through any employer or union?
        01   YES
        02   NO (SK_ENDC AND START SECTION D)

        98   DK (SK_ENDC AND START SECTION D)
        99   REFUSED (SK_ENDC AND START SECTION D)

C5a
Source: NHIS 2013

Have you looked into purchasing health insurance coverage through healthcare.gov, also called ObamaCare?

    01   YES
    02   NO

    98   DK (SK_ENDC AND START SECTION D)
    99   REFUSED (SK_ENDC AND START SECTION D)

C6_HELPLIST

Which best describes the kind of help you got when you looked for health insurance coverage. Did <YOU_NAME> receive help from a health navigator or assistor, got help from someone else, or you got no help.

    01   GOT HELP FROM A HEALTH NAVIGATOR OR ASSISTOR
    02   GOT HELP FROM SOMEONE ELSE
    03   GOT NO HELP

    98   DK
    99   REFUSED

C8

<WEREWAS> <YOU_NAME> able to buy a plan then?

    01   YES
    02   NO

    98   DK
    99   REFUSED

C9
Source: NHIS 2013

_$recall(recall= "Why <AREIS> <YOU_NAME> no longer covered by this plan?", condition="C8=01")_$recall(recall= "Why did <YOU_NAME> not buy a plan", condition="C8=02")

(IF NECESSARY: Open-ended, interviewer select all reasons stated. Prompt: Any other reasons?)

    01   Turned down by Medicaid/Was told not eligible for Medicaid
    02   Price too high/could not find an affordable plan/deductibles too high

03   Pre-existing/health condition
            04   Got health insurance from other source
            05   Other (ENTER VERBATIM)

            98   DK
            99   REFUSED

SECTION D: HEALTH

LEAD-IN

Now I would like to ask if you are getting the care you need for specific health conditions. I'm going to read you a list of health conditions. For each, I want you to tell me if a doctor or other healthcare professional has told you that you had the condition.

            01   CONTINUE

HYP
Source: OHIO GROUP VIII

Has a doctor or other health care provider ever told <YOU_NAME> that <YOU_NAME> had hypertension or high blood pressure?
            01   YES (SET CONDNUM=1)
            02   NO (SET CONDNUM=0 AND GO TO CHOL)

            98   DK (SET CONDNUM=0 AND GO TO CHOL)
            99   REFUSED (SET CONDNUM=0 AND GO TO CHOL)

HYP_RX
Source: OMAS

<DODOESC> <YOU_NAME> now take any medicine prescribed by a doctor for <YOUR_NAME> hypertension?
            01   YES
            02   NO

            98   DK
            99   REFUSED

HYPER_COST

During the past 12 months, was there any time <YOU_NAME> needed medical care, including prescription medicine, for your [hypertension] but didn't get it because of the **cost**?

---

01   YES
        02   NO

        98   DK
        99   REFUSED

CHOL
Source: Ohio Group VIII
Has a doctor or other health care provider ever told you that <YOU_NAME> had high cholesterol, or high blood cholesterol?

        01   YES (SET CONDNUM=[1+(CONDNUM)])
        02   NO (GO TO DIAB)

        98   DK (GO TO DIAB)
        99   REFUSED (GO TO DIAB)

CHOL_RX
Source: OMAS

<DODOESC> <YOU_NAME> now take any medicine prescribed by a doctor for <YOUR_NAME> high cholesterol?
        01   YES
        02   NO

        98   DK
        99   REFUSED

CHOL_COST

During the past 12 months, was there any time <YOU_NAME> needed medical care, including prescription medicine, for <YOUR_NAME> high cholesterol but didn't get it because of the **cost**?

        01   YES
        02   NO

        98   DK
        99   REFUSED

DIAB
Source: Ohio Group VIII

Diabetes? (Has a doctor or other health care provider ever told you that <YOU_NAME> had diabetes?)

(DIABETES: di·a·be·tes)

01   YES (SET CONDNUM=[1+(CONDNUM)])
02   NO (GO TO ANGINA)

98   DK (GO TO ANGINA)
99   REFUSED (GO TO ANGINA)

INSULIN
Source: OMAS

Do <YOU_NAME> now take insulin for <YOUR_NAME> diabetes?
01   YES
02   NO

98   DK
99   REFUSED

DIAB_RX
Source: OMAS

Do <YOU_NAME> now take any medicine prescribed by a doctor for <YOU_NAME> diabetes, **other than insulin**?

01   YES
02   NO

98   DK
99   REFUSED

DIAB_COST

During the past 12 months, was there any time <YOU_NAME> needed medical care, including prescription medicine, for <YOUR_NAME> diabetes but didn't get it because of the **cost**?

01   YES
02   NO

98   DK
99   REFUSED

ANGINA

Heart disease, artery disease, or angina (an·gi·na)? (Has a doctor or other health care provider ever told <YOU_NAME> that <YOU_NAME> had heart disease, artery disease, or angina angina?)

> 01   YES → CODE AS HEART=1, CONTINUE TO MCI
> 02   NO
>
> 98   DK
> 99   REFUSED

MCI
Source: Ohio Group VIII

A heart attack, or myocardial infarction? (Has a doctor or other health care provider ever told <YOU_NAME> that you had a heart attack, or myocardial infarction?)

> (MYOCARDIAL: myo·car·di·al)
> (INFARCTION: in·farc·tion)

> 01   YES (CODE AS HEART=1, GO TO CHF)
> 02   NO
>
> 98   DK
> 99   REFUSED

CHF
Source: Ohio Group VIII

Congestive heart failure? (Has a doctor or other health care provider ever told <YOU_NAME> that <YOU_NAME> had congestive heart failure?)

> (CONGESTIVE: con·ges·tive)

> 01   YES (CODE AS HEART=1)
> 02   NO (GO TO ARTH)
>
> 98   DK (GO TO ARTH)
> 99   REFUSED (GO TO ARTH)

IF HEART=1, SET CONDNUM=[1+(CONDNUM)]
IF CONDNUM=4, SKIP TO ARTH
ELSE, IF HEART=1, ASK HEART_RX and HEART_COST

HEART_RX

(ASK IF: (SUM (V01(HYP=01))+ (V01(CHOL=01))+ (V01(DIAB=01))+ (V01(HEART=01))<=3), ELSE GO TO ARTH)

<DODOESC> <YOU_NAME> now take any medicine prescribed by a doctor for <YOUR_NAME> heart condition?

01   YES
02   NO

98   DK
99   REFUSED

HEART_COST

During the past 12 months, was there any time <YOU_NAME> needed medical care, including prescription medicine, for <YOUR_NAME> heart condition but didn't get it because of the **cost**?

01   YES
02   NO

98   DK
99   REFUSED

ARTH
Source: Medical Expenditure Panel Survey (MEPS) 2013

Arthritis or rheumatism? (Has a doctor or other health care provider ever told <YOU_NAME> that <YOU_NAME> had arthritis or rheumatism?)

(ARTHRITIS: rheu·ma·tism)
(RHEUMATISM: roo-ma-tism)

01   YES
02   NO (GO TO BEHAV)

98   DK (GO TO BEHAV)
99   REFUSED (GO TO BEHAV)

IF ARTH=1, SET CONDNUM=[1+(CONDNUM)]
IF CONDNUM>3, SKIP TO BEHAV
ELSE, IF ARTH=01, CONTINUE

ARTH_RX

(ASK IF: (SUM (V01(HYP=01))+ (V01(CHOL=01))+ (V01(DIAB=01))+ (V01(HEART=01))+
(V01(ARTH=01))<=3), ELSE GO TO BEHAV)

Do <YOU_NAME) now take any medicine prescribed by a doctor for <YOUR_NAME> arthritis or
rheumatism?
>01   YES
>02   NO

>98   DK
>99   REFUSED

ARTH_COST

During the past 12 months, was there any time <YOU_NAME> needed medical care, including
prescription medicine, for <YOUR_NAME> arthritis or rheumatism but didn't get it because of the **cost**?
>01   YES
>02   NO

>98   DK
>99   REFUSED

BEHAV

Has a doctor or other health care provider ever told <YOU_NAME> that <YOU_NAME> had depression,
anxiety, other behavioral or emotional health condition, substance abuse or addiction?
>01   YES
>02   NO (GO TO OTHER)

>98   DK (GO TO OTHER)
>99   REFUSED (GO TO OTHER)

IF CONDNUM>3, SKIP TO OTHER
ELSE, IF BEHAV=01, CONTINUE
[COND] = [for this condition]

BEHAV_RX

(ASK IF: (SUM (V01(HYP=01))+ (V01(CHOL=01))+ (V01(DIAB=01))+ (V01(HEART=01))+ (V01(ARTH=01))+
(V01(BEHAV=01))<=3), ELSE GO TO OTHER))

<DODOESC> <YOU_NAME> now take any medicine prescribed by a doctor for this condition?
>01   YES
>02   NO

98   DK
        99   REFUSED

BEHAV_COST

During the past 12 months, was there any time <YOU_NAME> needed medical care, including
prescription medicine, for this condition but didn't get it because of the **cost**?
        01   YES
        02   NO

        98   DK
        99   REFUSED

OTHER
Source: NHIS

(Has a doctor or other health care provider ever told <YOU_NAME> that you had) some other chronic
condition that has lasted or is expected to last six or more months?

        01   YES
        02   NO (GO TO INJURY)

        98   DK (GO TO INJURY)
        99   REFUSED (GO TO INJURY)

[COND] = [for this other condition]
IF CONDNUM>3, SKIP TO INJURY
ELSE, IF OTHER=01, CONTINUE
[COND] = [for this condition]

OTHER_RX

(ASK IF: (SUM (V01(HYP=01))+ (V01(CHOL=01))+ (V01(DIAB=01))+ (V01(HEART=01))+ (V01(ARTH=01))+
(V01(BEHAV=01))+ , (V01(OTHER=01))<=3), ELSE GO TO INJURY))

Do <YOU_NAME> now take any medicine prescribed by a doctor for this other condition?
        01   YES
        02   NO

        98   DK
        99   REFUSED

OTHER_COST

During the past 12 months, was there any time <YOU_NAME> needed medical care, including prescription medicine, for this other condition but didn't get it because of the **cost**?

        01   YES
        02   NO

        98   DK
        99   REFUSED

INJURY

<DODOESC> <YOU_NAME> suffer from any kind of injury or accident that now prevents <YOU_NAME> from working at a job or working as many hours as <YOUHESHE> would like?

        01   YES
        02   NO (GO TO SK_ENDD AND START SECTION E)

        98   DK (GO TO SK_ENDD AND START SECTION E)
        99   REFUSED (GO TO SK_ENDD AND START SECTION E)

INJURY_2
 (ASK IF: INJURY=01, ELSE GO TO INJURY_3)

Did this **injury or accident** take place in the past 12 months?

        01   YES
        02   NO

        98   DK
        99   REFUSED

INJURY_3

In the past 12 months, was there any time <YOU_NAME> needed treatment or health services for <YOUR_NAME> **injury** or **accident** but didn't get it because of the **cost**?

        01   YES
        02   NO

        98   DK
        99   REFUSED

SECTION E: OVERALL UNMET NEED

ANYUNMET

In the past 12 months, was there a time <YOU_NAME> needed health care of any kind and could not get it?

01 YES
02 NO

98 DK
99 REFUSED

CARENOW

Is there health care <YOU_NAME> need right now that <YOUHESHE> are not getting because <YOU_NAME> <HAVE_HAS> no health insurance or because insurance will not pay for it?

01 YES
02 NO (GO TO SK_ENDE AND START SECTION F)

98 DK (GO TO SK_ENDE AND START SECTION F)
99 REFUSED (GO TO SK_ENDE AND START SECTION F)

CARENEED

Could <YOU_NAME> please tell me in <YOUR_NAME> own words what kind of health care <YOU_NEED> need right now?

ENTER UP TO TWO VERBATIM RESPONSES. NO EXCLUSIONS

(IF NECESSARY: The sponsors of this survey want to learn about the health care needs people in your community cannot access. You do not need to say what disease or health problem this is for.)

01 ENTER RESPONSE

98 DK
99 REFUSED

SECTION F: FUNCTIONAL STATUS

F_1
Source: Ohio Group VIII

Now, thinking about <YOUR_NAME> physical health, which includes physical illness and injury, for how many days, **during the past 30 days** did a physical health condition keep <YOU_NAME> from doing <YOUR_HIS_HER> your work or other usual activities?

      ENTER NUMBER OF DAYS   RANGE = 0-30

      98   DK
      99   REFUSED

F_2
Source: Ohio Group VIII

Now, thinking about <YOUR_NAME> mental health, which includes stress, depression, and problems with emotions or substance abuse, for how many days **during the past 30 days** did a mental health condition or emotional problem keep <YOU_NAME> from doing <YOUR_HIS_HER> work or other usual activities?

      ENTER NUMBER OF DAYS   RANGE = 0-30

      98   DK
      99   REFUSED

SECTION G: USUAL PLACE OF CARE

G1
Source: MEPS

The next questions are about the places you get care for <YOURSELF_NAM>.Is there a particular doctor´s office, clinic, health center, or other place that <YOU_NAME> usually <GOGOES> to when <YOU_NAME> <AREIS> sick or <YOU_NAME> need advice about <YOUR_HIS_HER> health?

      01   YES
      02   NO (GO TO G8)
      03   MORE THAN ONE PLACE (GO TO G1b)

      98   DK (GO TO G8)
      99   REFUSED (GO TO G8)

G1a

Is this place an emergency room or urgent care?

      01   YES (GO TO G2)
      02   NO (GO TO G3)

      98   DK (GO TO G2)
      99   REFUSED (GO TO G2)

G1b

Is one of these places an emergency room or urgent care?

      01   YES
      02   NO (GO TO G3)

      98   DK
      99   REFUSED

G2

Other than an emergency room or urgent care is there any other place <YOU_NAME> have gone in the past 12 months to see a doctor or talk to someone when <YOU_NAME> are sick or need advice about your health?

      01   YES
      02   NO (GO TO G8)

98   DK (GO TO G8)
                    99   REFUSED (GO TO G8)

G3

Tell me about this **place** <YOU_NAME> <GOGOES> to[IF G1=03 add "first or most often"). Is this a community health clinic offering free or reduced cost care, a doctor's office or physician practice, hospital outpatient department, or someplace else? Prompt: Which one?

                    01   Community health clinic offering free or reduced cost care
                    02   A doctor's office or physician practice
                    03   Hospital outpatient department
                    04   Someplace else

                    98   DK
                    99   REFUSED - > SKIP TO G8

G4
Source: MEPS

The next few questions are about how easy or hard it is for <YOU_NAME> to see somebody at the PLACE you just described to me. I will call this place your **usual place of care**.

Does <YOUR_NAME> usual PLACE of care have office hours at night or on weekends?

                    01   YES
                    02   NO

                    98   DK
                    99   REFUSED

G5
Source: MEPS

How difficult is it to contact a medical person at <YOUR_NAME> usual **place** of care **after** their regular hours for an urgent medical need**? In the past 12 months**, would <YOU_NAME> say it is…

                    01   very difficult,
                    02   somewhat difficult,
                    03   not too difficult, or
                    04   not at all difficult?

                    97   NEVER TRIED
                    98   DK
                    99   REFUSED

G6
Source: MEPS

Does someone at your usual place of care speak the language you prefer or provide translator services for you?

    01   YES
    02   NO

    98   DK
    99   REFUSED

G7H
Source: MEPS

How long does it usually take for <YOU_NAME> to get to <YOUR_NAME> usual place of care? Your best guess is fine.

(INTERVIEWER: IF RESPONDENT ONLY REPORTS MINUTES, ENTER "0" FOR THE HOURS)

    RECORD HOURS (IF APPLICABLE)
    RECORD MINUTES

    98   DK
    99   REFUSED

G8
Source: NHIS

During the past 12 months, did <YOU_NAME> have any trouble finding a general doctor or provider who would see <YOU_NAME>?

    01   YES
    02   NO

    98   DK
    99   REFUSED

G9
Source: NHIS

During the past 12 months, <WEREWAS> <YOU_NAME> told by a doctor's office or clinic that they would not accept <YOU_NAME> as a new patient?

    01   YES

02   NO

98   DK
99   REFUSED

G10
Source: Ohio Group VIII

(ASK IF: G1=02 OR G2=02,98, ELSE GO TO SK_ENDG)

What are the reasons <YOU_NAME> <DO_DOES> not have a usual **place** of medical care, other than the emergency room? For each statement I read, please tell me yes or no.

01   CONTINUE

G10_TRY
Source: Ohio Group VIII

<YOU_NAME_C> <HAVE_HAS> not tried to find a doctor's office or clinic to go to.

01   YES
02   NO

98   DK
99   REFUSED

G10_TRANS

Transportation is too difficult.

01   YES
02   NO

98   DK
99   REFUSED

G10_CLOSE

The doctor <YOU_NAME> want to see is too far away.

01   YES
02   NO

98   DK
99   REFUSED

G10_COST
Source: Ohio Group VIII

<YOU_NAME> can't afford to pay the cost to see a doctor.

      01   YES
      02   NO

      98   DK
      99   REFUSED

G10_HEALTH

<YOU_NAME> have a health problem that makes it difficult to get to the doctor.

      01   YES
      02   NO

      98   DK
      99   REFUSED

G10_RARE

<YOU_NAME> rarely or never get sick.

      01   YES
      02   NO

      98   DK
      99   REFUSED

SECTION H: ACCESS

H1

(ASK IF: NEWB1=01,02, OR B1A=04 (INSURED FOR <1 YEAR OF CURRENT COVERAGE), ELSE GOTO H2.)

<HAVEHAS> <YOU_NAME> seen a doctor or other health professional <u>since getting your current coverage</u>?

       01   YES
       02   NO

       98   DK
       99   REFUSED

H2
Source: NHIS

In the last 12 months, <HAVEHAS> <YOU_NAME> seen or talked to a general doctor who treats a variety of illnesses, a doctor in general practice, family medicine, or internal medicine?

       01   YES
       02   NO

       98   DK
       99   REFUSED

H2X
Source: NHIS

About how long has it been since <YOU_NAME> last saw a dentist or dental hygienist?

       01   Less than one year
       02   At least one year ago but less than two years
       03   Two or more years ago
       04   NEVER SEEN A DENTIST OR DENTAL HYGIENIST

       98   DK
       99   REFUSED

H_DENT

I may have asked you this before. <DODOES> <YOU_NAME> have any insurance that pays for dental care?

        01   YES
        02   NO

        98   DK
        99   REFUSED

H2a
Source: MEPS

In the last 12 months, was there a time <YOU_NAME> needed dental care but did not get it?

        01   YES
        02   NO (GO TO H3)

        98   DK (GO TO H3)
        99   REFUSED (GO TO H3)

H3
Source: NHIS

In the last 12 months, <HAVE_HAS> <YOU_NAME> seen a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

        01   YES
        02   NO

        98   DK
        99   REFUSED

H3a
Source: OMAS

In the past 12 months, was there a time when <YOU_NAME> needed mental health care or counseling services but did not get it?

        01   YES
        02   NO (GO TO H5)

        98   DK (GO TO H5)
        99   REFUSED (GO TO H5)

H4

Source: Ohio Group VIII

Why could <YOU_NAME> **not** get the mental health care or counseling you needed? For each statement I read, please tell me yes or no.

      01   CONTINUE

H4_a.

<YOU_NAME> did not know where to go to get care.

      01   YES
      02   NO

      98   DK
      99   REFUSED

H4_b.

The mental health care provider was not available when <YOU_NAME> needed to go.
      01   YES
      02   NO

      98   DK
      99   REFUSED

H4_c.

Insurance would not pay for the mental health care or counseling <YOU_NAME> needed.
      01   YES
      02   NO
      03   RESPONDENT VOLUNTEERS – DID NOT HAVE INSURANCE AT THE TIME.

      98   DK
      99   REFUSED

H4_d.

<YOU_NAME> could not find a mental health care provider who would take <YOUR_NAME> insurance.
      01   YES
      02   NO
      03   RESPONDENT VOLUNTEERS – DID NOT HAVE INSURANCE AT THE TIME.

      98   DK
      99   REFUSED

H5
Source: NHIS

Specialists are doctors like surgeons, heart doctors, and others who specialize in one particular medical disease or problem. In the past 12 months, <HAVE_HAS> <YOU_NAME> seen a specialist to get care for <YOURSELF_NAM>?

      01   YES
      02   NO

      98   DK
      99   REFUSED

H6

In the past 12 months, was there a time when <YOU_NAME> needed specialty care and did not get it?

      01   YES
      02   NO (GO TO H8)

      98   DK (GO TO H8)
      99   REFUSED (GO TO H8)

H7_OPEN

What kind of specialty care <WEREWAS> <YOU_NAME> unable to get (OPEN-ENDED RESPONSE)? Please describe in <YOUR_NAME> own words.

PROMPT: What kind of specialist did you need to see? (A heart doctor, eye doctor)?
PROMPT: What part of your body needed care? (liver, stomach, knee)?

IF NECESSARY - ONLY IF REFUSED: The sponsors of this survey want to learn about the health care needs people in your community cannot access. You do not need to say what disease or health problem this is for.

      01   ENTER VERBATIM RESPONSE

      98   DK
      99   REFUSED

H7_REAS

Why could <YOU_NAME> **not** get the specialty care <YOU_NAME> needed? For each statement I read, please tell me yes or no.

      01   CONTINUE

H7_a.

The specialist's office was too far away or too hard to get to.

      01   YES
      02   NO

      98   DK
      99   REFUSED

H7_b.

The wait time until the next available appointment was too long.
      01   YES
      02   NO

      98   DK
      99   REFUSED

H7_c.

Insurance would not pay for the specialty care <YOU_NAME> needed.

      01   YES
      02   NO
      03   RESPONDENT VOLUNTEERS – DID NOT HAVE INSURANCE AT THE TIME.

      98   DK
      99   REFUSED

H7_d.

You could not find a specialist who would take your insurance coverage.
      01   YES
      02   NO
      03   RESPONDENT VOLUNTEERS – DID NOT HAVE INSURANCE AT THE TIME.

      98   DK
      99   REFUSED

H7_other

(ASK IF: H7_a=02,98 and H7_b=02,98 and H7_c=02,98 and H7_d=02,98, ELSE GO TO H8)

Is there any other reason I have not mentioned?
01 OPEN END RESPONSE (INTERVIEWER: RECORD VERBATIM RESPONSE)
02 NO

98 DK
99 REFUSED

H8
Source: NHIS

During the past 12 months, <WEREWAS> <YOU_NAME> prescribed medication by a doctor or other health professional?

01 YES
02 NO (GO TO H10)

98 DK
99 REFUSED

H9
Source: NHIS

During the past 12 months, were any of the following true for <YOU_NAME>? For each statement I read, please tell me yes or no.

01 CONTINUE

H9_a

<YOU_NAME> skipped medication doses to save money.
(IF NECESSARY: "Was this true for <YOU_NAME> in the last 12 months.")

01 YES
02 NO

98 DK
99 REFUSED

H9_b

<YOU_NAME> took less medicine to save money.
(IF NECESSARY: "Was this true for <YOU_NAME> in the last 12 months.")

      01   YES
      02   NO

      98   DK
      99   REFUSED

H9_c

<YOU_NAME> delayed filling a prescription to save money.
(IF NECESSARY: "Was this true for <YOU_NAME> in the last 12 months.")

      01   YES
      02   NO

      98   DK
      99   REFUSED

H10
Source: NHIS

<HAVEHASC> <YOU_NAME> been a patient in a hospital emergency department **in the past 3 months**?

      01   YES
      02   NO (GO TO SK_ENDH AND START SECTION J)

      98   DK (GO TO SK_ENDH AND START SECTION J)
      99   REFUSED (GO TO SK_ENDH AND START SECTION J)

H11

(ASK IF NEWB1=01 OR ,98 (INSURED FOR <1 YEAR OF CURRENT COVERAGE), ASK H11. ELSE SKIP TO H12a.)

Thinking about <YOUR_NAME> most recent emergency room visit, was this before or after you got <YOUR_NAME> <current insurance/[FILL IF A5_R=01: Medicaid coverage]>?

      01   BEFORE CURRENT INSURANCE
      02   AFTER CURRENT INSURANCE

98   DK

99   REFUSED (GO TO SK_ENDH AND START SECTION J)

H12a
Source: NHIS

Thinking about <YOUR_NAME> most recent emergency room visit, did <YOU_NAME> go to the emergency room either at night or on the weekend?

       (IF NECESSARY: Please answer for <YOUR_NAME> most recent visit.)

       01   YES
       02   NO

       98   DK
       99   REFUSED

H12b
Source: NHIS

Did this emergency room visit result in a hospital admission?

       (IF NECESSARY: Please answer for <YOUR_NAME> most recent visit.)

       01   YES (GO TO SK_ENDH, THEN GO TO J1)
       02   NO

       98   DK
       99   REFUSED

H13_LEADIN
Source: NHIS

Which of the following apply to <YOUR_NAME> last emergency room visit. Please tell me yes or no for each:

       01   CONTINUE

H13_a
Source: NHIS
<YOUR_NAME_C> doctor's office or clinic was not open.

       01   YES
       02   NO

98   DK
                99   REFUSED

H13_b
Source: NHIS

<YOUR_NAME_C> health provider advised <YOU_NAME> to go.

                01   YES
                02   NO

                98   DK
                99   REFUSED

H13_c
Source: NHIS

The problem was too serious for the doctor's office or clinic

                01   YES
                02   NO

                98   DK
                99   REFUSED

H13_d
Source: NHIS

Only a hospital could help <YOU_NAME>.

                01   YES
                02   NO

                98   DK
                99   REFUSED

H13_e
Source: NHIS

The emergency room is <YOUR_NAME> closest provider.

                01   YES
                02   NO

                98   DK

99   REFUSED

H13_f
Source: NHIS

You get most of <YOUR_NAME> care at the emergency room.

          01   YES
          02   NO

          98   DK
          99   REFUSED

SECTION J: MEDICAL BILL PROBLEMS

J1
Source: OMAS

During the past 12 months, were there times when <YOU_NAME> **or <YOUR_NAME> family** had problems paying or **were** unable to pay for medical bills for <YOURSELF_NAM> or anyone else in <YOUR_NAME> family? This includes unpaid hospital bills, doctor bills, or bills for other medical care.

       01   YES
       02   NO (GO TO SK_ENDJ)

       98   DK (GO TO SK_ENDJ)
       99   REFUSED (GO TO SK_ENDJ)

J2
Source: Ohio Group VIII

<AREIS_C> <YOU_NAME> still paying off this medical debt?

       01   YES
       02   NO (GO TO J4)

       98   DK (GO TO J4)
       99   REFUSED (GO TO J4)

J4

(ASK IF: NEWB1=01,02) OR (B1A=04), ELSE GO TO J5).

Are any of these unpaid medical bills for care **<YOU_NAME>** received **after** getting <YOUR_NAME> current <insurance / [OR FILL IN IF A5_R=01: Medicaid coverage>?

       01   YES
       02   NO

       98   DK
       99   REFUSED

J5
Source: Ohio Group VIII

In the past 12 months, did you ever do any of the following or have any of the following happen as a result of the unpaid medical bills? For each statement I read, please tell me yes or no.

01   CONTINUE

J5a
Source: Ohio Group VIII

Borrowed money from friends or relatives.

        01   YES
        02   NO

        98   DK
        99   REFUSED

J5b
Source: Ohio Group VIII

Taken a loan of any kind.

        01   YES
        02   NO

        98   DK
        99   REFUSED

J5d
Source: Ohio Group VIII

Had a creditor call or come to see <YOU_NAME> to demand payment.

        01   YES
        02   NO

        98   DK
        99   REFUSED

SECTION K: CURRENT EMPLOYMENT STATUS

K1
Source: OMAS

The next questions are about your employment status.

Last week, did <YOU_NAME> have a job either full- or part-time?

      01   YES
      02   NO (GO TO K6)

      98   DK (GO TO K6)
      99   REFUSED (GO TO K6)

K2
Source: Group VIII

Altogether, how many jobs or businesses <DO_DOES> <YOU_NAME> have?

      01   ENTER RESPONSE

      98   DK
      99   REFUSED

K3
Source: Group VIII

<DODOESC> <YOU_NAME> usually work less than 35 hours a week at $recall(recall= "all of <YOUR_NAME> jobs combined", condition="(K2>1)")_$recall(recall= "<YOUR_NAME> job", condition="NOT (K2>1)")?

      01   YES
      02   NO (GO TO SK_ENDK, THEN L1)

      98   DK (GO TO SK_ENDK, THEN L1)
      99   REFUSED (GO TO SK_ENDK, THEN L1)

K4
Source: Group VIII

Do <YOU_NAME> want to work a full-time work week of 35 hours or more per week?

  01 YES (GO TO SK_ENDK AND START SECTION L)
  02 NO (GO TO SK_ENDK AND START SECTION L)

  98 DK (GO TO SK_ENDK AND START SECTION L)
  99 REFUSED (GO TO SK_ENDK AND START SECTION L)

K6
Source: Group VIII

When did <YOU_NAME> last work at a job or business?

  01 Within the last 12 months
  02 More than 12 months ago, or
  03 Never worked

  98 DK
  99 REFUSED

K7
Source: Group VIII

<AREIS_C> <YOU_NAME> currently looking for work?

  01 YES
  02 NO

  98 DK
  99 REFUSED

K8
Source: Group VIII

<DODOESC> <YOU_NAME> have a disability that prevents <YOU_NAME> from accepting any kind of work during the next six months?

  01 YES
  02 NO

  98 DK
  99 REFUSED

SECTION L: ADULT DEMOGRAPHICS

L1
Source: OMAS

The next few questions are for general classification purposes only.

<AREIS_C> <YOU_NAME> married or a member of an unmarried couple?

- 01   YES
- 02   NO (GO TO L3)

- 98   DK (GO TO L3)
- 99   REFUSED (GO TO L3)

L2
Source: Ohio Group VIII

Does <YOUR_NAME> spouse, partner or significant other work full-time or part-time?

(IF NECESSARY: PART-TIME MEANS USUALLY WORKING LESS THAN 35 HOURS PER WEEK.)

- 01   FULL-TIME
- 02   PART-TIME
- 03   SPOUSE/PARTNER DOES NOT WORK

- 98   DK
- 99   REFUSED

L3
Source: OMAS

What is the highest level of school <YOU_NAME> have completed or the highest degree received?

(IF RESPONSE IS:
- "HIGH SCHOOL", ASK "Does this mean "some high school" or "high school graduate".
- IF RESPONSE IS "COLLEGE", ASK "Does this mean "some college" or "four-year college graduate".
- IF RESPONSE IS DEGREE, ASK "What type of degree?")

- 01   LESS THAN FIRST GRADE
- 02   FIRST THROUGH 8TH GRADE
- 03   SOME HIGH SCHOOL, BUT NO DIPLOMA
- 04   HIGH SCHOOL GRADUATE OR EQUIVALENT (GED/VOCATIONAL/TRADE SCHOOL GRADUATE)
- 05   SOME COLLEGE, BUT NO DEGREE

06   ASSOCIATE DEGREE (1-2 YEAR OCCUPATIONAL, TECHNICAL OR ACADEMIC PROGRAM)
07   FOUR YEAR COLLEGE GRADUATE/BACHELOR'S DEGREE
08   ADVANCED DEGREE (INCLUDING MASTER'S, PROFESSIONAL DEGREE, OR DOCTORATE)

98   DK
99   REFUSED

L4
Source: OMAS

<AREISC> <YOU_NAME> of Hispanic or Latino origin?

01   YES
02   NO

98   DK
99   REFUSED

L5
Source: OMAS

Which one or more of the following would <YOU_NAME> say is <YOUR_NAME> race? <AREISC> <YOU_NAME> White, Black or African American, Asian, Native American, American Indian, or Alaskan Native, Native Hawaiian or Pacific Islander, or some other race I have not mentioned?

01   WHITE
02   BLACK OR AFRICAN AMERICAN
03   ASIAN
04   NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE
05   NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

97   OTHER
98   DK
99   REFUSED

L8
Source: OMAS

Now please think about <YOUR_NAME> family, whether they live in your household or not. Including **<YOURSELF_NAM>**, how many family members are supported by the family´s total income?

ENTER RESPONSE

98   DK (GO TO L10)
99   REFUSED GO TO L10)

L9
Source: OMAS

This next question is about <YOUR_NAME> _$Recall (RECALL="family's", CONDITION="L8>1") total income last year, 2016. When I mention the category that describes <YOUR_NAME> _$Recall (RECALL="family's", CONDITION="L8>1") **total 2016 annual income** before taxes and other deductions, please stop me. By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

(IF NECESSARY: All of the information you provide will be kept strictly confidential and only reported in summary form. Total income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.)

            01   <L9_OP1>
            02   <L9_OP2>
            03   <L9_OP3>
            04   <L9_OP4>
            05   <L9_OP5>
            06   <L9_OP6>
            07   <L9_OP7>

            97   DID NOT HAVE INCOME
            98   DK
            99   REFUSED

L9_CAT
Source: OMAS

(ASK IF: L9=98,99, ELSE GO TO L10)

_$recall(RECALL="I just want to reassure you that your responses will be kept strictly confidential. The survey asks about income since this information helps researchers understand how income groups differ in health insurance coverage and in problems getting health care.", CONDITION="L9 = 99")_$recall(RECALL="I heard you say you don´t know.

I want to assure you that your best guess is fine.", CONDITION="L9 = 98")Was <YOUR_NAME> family's total 2016 annual income before taxes and other deductions more or less than $<FL_L9_CAT>?

            01   MORE
            02   EXACTLY NUMBER FILLED
            03   LESS

98   DK
99   REFUSED

L10
Source: OMAS

_$recall(RECALL="**Not including this phone number**, does <YOUR_NAME> household have any **other landline** telephone numbers primarily for non-business use? Do not include cell phones or numbers that are only used by a computer or fax machine.",CONDITION= "CELL_RESP=01")

_$recall(RECALL="**Not including this phone number**, <DO_DOES> <YOU_NAME> have any **other active cell** phone numbers primarily for non-business use? Do not include **landline** phone numbers. ",CONDITION="CELL_RESP=02")

01   YES
02   NO (GO TO SK_ENDL)

98   DK (GO TO SK_ENDL)
99   REFUSED (GO TO SK_ENDL)

L10A
Source: OMAS

_$recall(RECALL="**Not including this phone number**, how many **other** landline telephone numbers are there in <YOUR_NAME> house that are primarily for non-business use? Do not include cell phones or numbers that are only used by a computer or fax machine.",CONDITION= "cell_resp =01")

_$recall(RECALL="**Not including this phone number**, how many **other active** cell phone numbers <DO_DOES> <YOU_NAME> have that are primarily for non-business use? Do not include landline phone numbers. ",CONDITION= "cell_resp =02")

_$recall(RECALL="(IF NECESSARY: Cable, VOIP (voice over) or satellite telephone numbers are considered landline.)",CONDITION="cell_resp=02")

(IF R SAYS 0, SAY: I want to be sure I recorded your response correctly. REREAD THE QUESTION AND IF THEY STILL SAY 0, GO BACK AND CHANGE ANSWER TO Q153a)

IF NECESSARY: By landline we mean any phone in your house that is not a cell phone.)

01-10   (Code actual number)
11   MORE THAN 10

98   DK
99   REFUSED

U3

Source: OMAS

        <DODOES> <YOU_NAME> personally use a cell phone?",condition="CELL_RESP=01")

        _$recall(recall="Excluding cell phones, does <YOUR_NAME> household have a landline telephone number primarily for non-business use? Do not include phones or numbers that are only used by a computer or fax machine.",condition="CELL_RESP=02")

        _$recall(recall="(IF NECESSARY: Cable, VOIP (voice over) or satellite telephone numbers are considered landline.)",condition="CELL_RESP=02")

        01   YES
        02   NO

        98   DK
        99   REFUSED

Q155

Source: OMAS

        (ASK: IF CELL_RESP=01, ELSE GO TO Q155C)

        Now I have a few questions about your household. **Excluding cell phones**, at any time, during the past 12 months, had <YOUR_NAME> household been without telephone service for 24 hours or more?

        01   YES (GO TO SK_ENDL)
        02   NO (GO TO SK_ENDL)

        98   DK (GO TO SK_ENDL)
        99   REFUSED (GO TO SK_ENDL)

Q155C

Source: OMAS

        Now I have a few questions about your household. **Excluding landline phones**, at any time, during the past 12 months, <HAVE_HAS> <YOU_NAME> been without telephone service for 24 hours or more?

        01   YES
        02   NO

        98   DK
        99   REFUSED

TRACFONE1
Source: OMAS

(ASK IF: CELL_RESP=02, ELSE GO TO SK_ENDL)

Did we reach you on a cell phone that is prepaid or pay as you go?

01   YES
02   NO (GO TO SK_ENDL)

98   DK (GO TO SK_ENDL)
99   REFUSED (GO TO SK_ENDL)

SECTION M: CHILD SAMPLE

M1
Source: OMAS

_$Recall (RECALL="Thank you for answering these questions about your own access to care.", CONDITION="PROXY_FLAG=0")

_$Recall (RECALL="<SCR_NAME>", CONDITION="I91A=01") The next questions focus on the health insurance coverage and health care of one child in your home.

01   CONTINUE

FL_M3
Source: OMAS

(ASK IF S12=01) Earlier <YOU_NAME> said there was one child in <YOUR_NAME> family. What is that child's first name, nickname, or initials?

(ASK IF S12=02-97) We would now like to identify the child in <YOUR_NAME> family, age 18 or younger, who had the most recent birthday. What is that child's first name, nickname, or initials?

(IF NECESSARY:
- I'm going to use this information to help make the questions I ask you more friendly and conversational, and it won't be reported with any of the data or results.)

M3
Source: OMAS

(ENTER 99-REFUSED IF RESPONDENT REFUSES CHILD´S NAME)

(INTERVIEWER HELP SCREEN: IF NECESSSARY: I'm going to use this information to help make the questions I ask you more friendly and conversational, and it won't be reported with any of the data or results.)

(INTERVIEWER HELP SCREEN: INTERVIEWER NOTE: IF THE RESPONDENT SAYS THAT TWINS, TRIPLETS, QUADRUPLETS ETC, HAD THE MOST RECENT BIRTHDAY, SAY "Consider their order of birth, and tell me about the child who was born last.")

01   WILL GIVE NAME (GO TO CH_NAME)
66   TERMINATE INTERVIEW (GO TO REFUSAL)
98   DK (GO TO CH_NAME)
99   REFUSED (GO TO CH_NAME)

REFUSAL

Source: OMAS

Your responses are very important. The funders need <HOUSEHOLD_1> household's input to improve access to health care in <STATE>.

   01 CONTINUE (GO BACK TO M3)
   99 REFUSED (GO TO INT20)

M4

Source: OMAS

   What is <CH_NAME>'s gender?

   01 MALE
   02 FEMALE

   99 REFUSED

M5

Source: OMAS

Please tell me how old <CH_NAME> was on <FL_HISHER> last birthday.

(INTERVIEWER: CODE AGE IN YEARS BETWEEN 00 AND 18.)

   00 LESS THAN ONE YEAR
   01–18 CODE AGE IN YEARS

   97 CHILD IS OLDER THAN 18 (GO TO SK_STARTCL)
   98 DK
   99 REFUSED

M6
Source: OMAS

What is <YOUR_NAME> relationship to <CH_NAME>?

    (INTERVIEWER:
- CODE STEP AND GREAT GRANDPARENTS AS 03 GRANDPARENT.
- CODE STEP SIBLINGS AS 05 BROTHER/SISTER.

    01   PERSON IS <CH_NAME>'s MOTHER
    02   PERSON IS <CH_NAME>'s FATHER
    03   PERSON IS <CH_NAME>'s GRANDPARENT
    04   PERSON IS <CH_NAME>'s AUNT/UNCLE
    05   PERSON IS <CH_NAME>'s BROTHER/SISTER
    06   PERSON IS <CH_NAME>'s OTHER RELATIVE
    07   PERSON IS <CH_NAME>'s LEGAL GUARDIAN
    08   PERSON IS <CH_NAME>'s FOSTER PARENT
    09   PERSON IS <CH_NAME>'s OTHER NON-RELATIVE
    10   PERSON IS <CH_NAME>'s STEP-MOTHER
    11   PERSON IS <CH_NAME>'s STEP-FATHER

    98   DK
    99   REFUSED

M7
Source: OMAS

(ASK IF: (CELL_RESP=01) OR (NOT NUM_ADULTS=01 AND NOT NUM_ADULTS=WR), ELSE GO TO M12)

I would now like to speak to the **adult in this household** who **best knows** about <CH_NAME>'s health insurance coverage and health care. Is that you, or a different person?

(IF NECESSARY: We are also interested in experiences of children who do not have health insurance.)

(INTERVIEWER NOTE: IF RESPONDENT SAYS NOBODY IN THE HOUSEHOLD IS WELL INFORMED, ASK WHO IN THE HOUSEHOLD IS MOST KNOWLEDGEABLE.)

    01   DIFFERENT PERSON
    02   PERSON ON PHONE IS THE ONE WHO IS MOST KNOWLEDGEABLE ABOUT THE CHILD'S INSURANCE COVERAGE (GO TO M12)

    98   DK (GO TO INT23)
    99   REFUSED (GO TO INT23)

M8
Source: OMAS

What is that person's first name?

(BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP)

(IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would be fine.)

      RECORD RESPONSE   (TEXT RANGE=25 CHARACTERS)

      98   DK (GO TO PAR3)
      99   REFUSED (GO TO PAR3)

M9
Source: OMAS

      Is <M8:O> available?

      01   YES
      02   NO (GO TO INT23)

      66   CHILD PROXY NOT IN HH (GO TO PAR3)
      98   DK (GO TO INT23)
      99   REFUSED (GO TO INT23)

M10
Source: OMAS

Thank you for your time and participation. The rest of the questions we have are about <CH_NAME>. May I speak to <I91B:O> now please?

      01   YES (FL_M11)
      02   NO (GO TO INT23)

      98   DK (GO TO INT23)
      99   REFUSED (GO TO INT23)

M11
Source: OMAS

Hello, my name is _____(INTERVIEWER: SAY FIRST AND LAST NAME). We are conducting a survey on health insurance coverage and problems getting health care. The survey is sponsored by

nonprofit health organizations in Kansas and Missouri. This call may be monitored or recorded for quality assurance. <FL_M11>

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. We are not selling anything.)

      01   CONTINUE

      99   REFUSED (GO TO INT20)

CH_INFORM

Before we begin, the interview will last approximately 8 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential.

      01   CONTINUE

PAR3
Source: OMAS

(ASK IF M8 = 98, 99 or M9 = 66, ELSE GO TO M12)

Would you be able to answer just 1 to 3 of the most important questions before we end? These next few questions ask about some general information related to <CH_NAME>´s health insurance coverage.

(IF RESPONDENT HESITATES: There are just a few key questions that would help the funders to the survey improve access to health care for children in <STATE>.)

      01   CONTINUE
      99   REFUSED TO CONTINUE (GO TO INT20)

M12
Source: OMAS

These next few questions ask about some general information related to <CH_NAME>'s health insurance coverage. Last week was <CH_NAME> covered by health insurance or some other type of health care plan?

      01   YES (GO TO SK_ENDM)
      02   NO

      98   DK
      99   REFUSED

M13
Source: OMAS 2017

Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as Government and military programs such as Medicare, Medicaid, _$recall(recall= "KanCare", condition="STATE=KS")_$recall(recall= "Missouri HealthNet, Missouri Children's Health Insurance Program", condition="STATE=MO"),. Keeping this in mind, last week was <CH_NAME> covered by health insurance or some other type of health care plan?

(DEFINITIONS:
IF KS: KanCare: Kansas health coverage for low-income children through Medicaid or the Children's Health Insurance Program.
IF MO: Missouri HealthNet: Missouri Medicaid's health coverage for low-income children.
Medicare: Federal government health coverage for those 65 and older or with certain disabilities)

    01   YES (GO TO SK_ENDM)
    02   NO (GO TO SK_ENDM, GO TO O2)

    98   DK (GO TO SK_ENDM)
    99   REFUSED (GO TO SK_ENDM)

SECTION N: CHILD'S INSURANCE STATUS

N2
Source: OMAS

(ASK IF: M7=02, ELSE GO TO N2A)

Last week, was <CH_NAME>'s health insurance coverage the same as <YOUR_NAME> health insurance coverage?

01	YES (GO TO N6)
02	NO (GO TO N2a)
98	DK (GO TO N2a)
99	REFUSED (GO TO N2a)

N2a

Last week, was <CH_NAME> covered by a health insurance through a parent or guardian's current or former employer or union?

01	YES (GO TO N6)
02	NO (GO TO N3)
98	DK (GO TO N3)
99	REFUSED (GO TO N3)

N3
Source: OMAS

Is <CH_NAME> covered by _$recall(recall= "KanCare, Kansas Medicaid, or Children's Health Insurance Program", condition="STATE=KS")_$recall(recall= "Missouri HealthNet, Missouri Medicaid, or Missouri Children's Health Insurance Program", condition="STATE=MO")?

01	YES (GO TO N6)
02	NO
98	DK
99	REFUSED

N4
Source: OMAS

Is <CH_NAME> covered by a plan through healthcare.gov, that is, the Health Insurance Exchange related to Federal health care reform?

(INTERVIEWER NOTE: HEALTHCARE.GOV SHOULD BE READ AS HEALTH CARE DOT GUV)

      01   YES (GO TO N6)
      02   NO

      98   DK
      99   REFUSED

N5
Source: OMAS

Does <CH_NAME> have any other health care coverage that I have not mentioned?

      01   YES
      02   NO

      98   DK
      99   REFUSED

N6
Source: OMAS

Was there any time <FL_BIRTH> that <CH_NAME> did not have health insurance?

      01   YES
      02   NO (GO TO SK_ENDN, THEN GO TO P1)

      98   DK
      99   REFUSED

N7
Source: OMAS

Did <CH_NAME> have any major medical costs while <FL_HESHE> was uninsured in the last 12 months?

      01   YES (GO TO SK_ENDN, THEN GO TO P1)
      02   NO (GO TO SK_ENDN, THEN GO TO P1)

      98   DK (GO TO SK_ENDN, THEN GO TO P1)
      99   REFUSED (GO TO SK_ENDN, THEN GO TO P1)

SECTION O: CHILD'S INSURANCE STATUS

O2
Source: OMAS

(ASK IF: M13=02, ELSE GO TO SK_ENDO)

At any time **in the last 12 months** was <CH_NAME> covered by any type of health insurance plan?

01	YES
02	NO
98	DK
99	REFUSED

O3
Source: OMAS

Did <CH_NAME> have any major medical costs while <FL_HESHE> was uninsured in the last 12 months?

01	YES
02	NO
98	DK
99	REFUSED

O4

In the past 12 months, has <YOUR_NAME> family looked for health insurance coverage for <CH_NAME>?

01	YES
02	NO
98	DK
99	REFUSED

O5

What are the reasons <CH_NAME> does not have health insurance coverage now?

        01   MOVED RECENTLY
        02   DENIED/NOT ELIGIBLE FOR HEALTHCARE.GOV/INSURANCE EXCHANGE
        03   DENIED/NOT ELIGIBLE FOR MEDICAID
        04   CAN'T FIND COVERAGE THAT IS AFFORDABLE
        05   PROBLEMS GETTING PAPERWORK/DOCUMENTS NEEDED
        06   OTHER. ENTER VERBATIM

        98   DK
        99   REFUSED

SECTION P: CHILD'S USE AND UNMET NEED

P1
Source: NHIS

During the past 12 months, did <YOU_NAME> have any trouble finding a general doctor or provider who would see <CH_NAME>?

        01   YES
        02   NO

        98   DK
        99   REFUSED

P2
Source: OMAS

Other than the emergency room or urgent care, is there a place that <CH_NAME> usually goes when <FL_HESHE> is sick or you need advice about <FL_HISHER> health?

        01   YES
        02   NO

        98   DK
        99   REFUSED

P3
Source: NHIS

During the past 12 months, did <CH_NAME> receive a well-child checkup, that is a general checkup when <FL_HESHE> was not sick or injured?

        01   YES
        02   NO (GO TO P5)

        98   DK
        99   REFUSED

P4
Source: OMAS

How long has it been since CHILD last saw a doctor or other health care professional about his/her health?

01   1-5 MONTHS
02   6-11 MONTHS
03   12 OR MORE MONTHS

98   DK
99   REFUSED

P5
Source: OMAS

(ASK IF: M5>=1, ELSE GO TO P6)

About how long has it been since <CH_NAME> last saw a dentist or dental hygienists (HY-JEN-IST)?

(IF NECESSARY: Your best guess is fine.)

01   Within the last 12 months or
02   More than 12 months ago?
03   NEVER WENT TO A DENTIST
04   CHILD DOES NOT HAVE TEETH

98   DK
99   REFUSED

P5_Num
Source: OMAS

(ASK IF P5=01, ELSE GO TO P6)

During the past 12 months, how many dental visits did <CH_NAME> have?

01   ENTER NUMBER

98   DK
99   REFUSED

P6
Source: OMAS

During the past 12 months, was there a time when <CH_NAME> needed dental care but could not get it?
01   YES
02   NO

98   DK
99   REFUSED

P7

Does <CH_NAME> have any insurance plan that pays for dental care?

      01   YES
      02   NO

      98   DK
      99   REFUSED

P8
Source: OMAS

(ASK IF: M5>4, ELSE GO TO P8_a)

About how long has it been, if ever, since <CH_NAME> last had <FL_HISHER> eyes examined by any doctor or eye care provider? Was it…

(IF RESPONDENT SAYS "EXACTLY ONE YEAR AGO" CODE AS 01.)

      01   Within the last 12 months,
      02   1 to 2 years ago, or
      03   more than 2 years ago?
      04   NEVER HAD EYES EXAMINED
      05   RESPONDENT VOLUNTEERED CHILD IS BLIND

      98   DK
      99   REFUSED

P8_a
Source: OMAS

During the past 12 months was there a time when <CH_NAME> needed vision or eye care but could not get it?

      01   YES
      02   NO

      98   DK
      99   REFUSED

P9
Source: OMAS

Does <CH_NAME> currently need or use medicine prescribed by a doctor or other health care professional?

        01   YES
        02   NO (GO TO P11)

        98   DK (GO TO P11)
        99   REFUSED (GO TO P11)

P10
Source: OMAS

Is this because of an emotional or behavioral health problem expected to last 6 months or more?

        01   YES
        02   NO

        98   DK
        99   REFUSED

P11

During the past 12 months, was there a time when <CH_NAME> needed a prescription filled but could not get it?

        01   YES
        02   NO

        98   DK
        99   REFUSED

P12

Does CHILD have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

        01   YES
        02   NO (GO TO P14)

        98   DK
        99   REFUSED

P13

During the past 12 months, was there a time when <CH_NAME> needed treatment or counseling and could not get it?

       01   YES
       02   NO

       98   DK
       99   REFUSED

P14

During the past 12 months, did <CH_NAME> see a specialist other than a mental health professional? Include any times this child saw a specialist while <FL_HESHE> was a patient in the hospital overnight or in the emergency room.

       01   YES
       02   NO (GO TO P14_F)

       98   DK (GO TO P14_F)
       99   REFUSED (GO TO P14_F)

P14_a

How many times altogether, did <CH_NAME> see a specialist in the past 12 months? Your best guess is fine.

       NUMBER OF TIMES_____

       98   DK (GO TO P15)
       99   REFUSED (GO TO P15)

P14_b

Did <CH_NAME> ever see a specialist while a patient in the hospital overnight or in the emergency room?

       01   YES
       02   NO (GO TO P14_F)

       98   DK (GO TO P14_F)
       99   REFUSED (GO TO P14_F)

P14_c

At that time, did a doctor say that <CH_NAME> needed to see a specialist after he/she was discharged from the hospital?

      01   YES
      02   NO (GO TO P14_F)

      98   DK (GO TO P14_F)
      99   REFUSED (GO TO P14_F)

P14_d

Did the hospital help you find a specialist to see this child?

      01   YES
      02   NO

      98   DK
      99   REFUSED

P14_e

After <CH_NAME> was discharged, would you say that <FL_HESHE> received all, some, or none of the care needed from specialists?

      01   ALL
      02   SOME (GO TO P15)
      03   NONE (GO TO P15)

      98   DK
      99   REFUSED

P14_F

During the past 12 months, was there _$Recall(RECALL="any other time", CONDITION="(P14_E=01)")_$Recall(RECALL="a time", CONDITION="(NOT P14_E=01)") when <CH_NAME> needed care from a specialist and could not get it?

      01   YES
      02   NO (GO TO P16_ER)

      98   DK (GO TO P16_ER)
      99   REFUSED (GO TO P16_ER)

P15
(ASK IF: P14B=01, ELSE GO TO P16)

What were the reasons <CH_NAME> was unable to get all the care needed from specialists? For each of the following reasons, please tell me yes or no.

P15_a

You could not get a referral for <CH_NAME>.

> 01   YES
> 02   NO
>
> 98   DK
> 99   REFUSED

P15_b

You could not find a specialist for <CH_NAME>.

> 01   YES
> 02   NO
>
> 98   DK
> 99   REFUSED

P15_c

The specialist was too far away.

> 01   YES
> 02   NO
>
> 98   DK
> 99   REFUSED

P15_d

The specialist would not accept this child's insurance.

> 01   YES
> 02   NO
>
> 98   DK
> 99   REFUSED

P15_e

Insurance would not cover the specialty care <CH_NAME> needed.

       01   YES
       02   NO

       98   DK
       99   REFUSED

P15_f

The cost was too high.

       01   YES
       02   NO

       98   DK
       99   REFUSED

P15_g

The wait time to see the specialist was too long.

       01   YES
       02   NO

       98   DK
       99   REFUSED

P16_ER
Source: MEPS

The next few questions are about emergency room use. Has <CH_NAME> been a patient in a hospital emergency department **in the past 3 months**?

       01   YES
       02   NO (GO TO SK_ENDP, THEN GO TO PREP_CHILD)

       98   DK (GO TO SK_ENDP, THEN GO TO PREP_CHILD)
       99   REFUSED (GO TO SK_ENDP, THEN GO TO PREP_CHILD)

P16

Thinking about <CH_NAME>'s most recent visit to the emergency department, was this visit for any of the following reasons. Just say yes or no.

    01 CONTINUE

P16_a

Injury or accident?

    01   YES (GO TO P17_A)
    02   NO

    98   DK
    99   REFUSED

P16_b

High fever or rash?

    01   YES (GO TO P17_A)
    02   NO

    98   DK
    99   REFUSED

P16_c

Tooth pain or other dental problem?

    01   YES (GO TO P17_A)
    02   NO

    98   DK
    99   REFUSED

P16_d

Emotional or behavioral health problem or crisis?

    01   YES (GO TO P17_A)
    02   NO

    98   DK
    99   REFUSED

P16_e

Asthma or trouble breathing?

        01   YES (GO TO P17_A)
        02   NO

        98   DK
        99   REFUSED

P17_a

Thinking about the same emergency room visit, did <CHILD'S NAME> go to the emergency room either at night or on the weekend?

        01   YES
        02   NO

        98   DK
        99   REFUSED

P17_b.
Source: NHIS

Did this emergency room visit result in a hospital admission?

        01   YES
        02   NO

        98   DK
        99   REFUSED

P17_c

Was someone in your family able to get advice from <CH_NAME> usual place of care first, before <CH_NAME> went to the emergency room?

        01   YES
        02   NO
        03   DID NOT TRY TO REACH CHILD'S PLACE OF CARE

        98   DK
        99   REFUSED

SECTION Q: CHILD'S DEMOGRAPHICS

PREP_CHILD

The next few questions are just for general classification purposes.

01   CONTINUE

Q1
Source: OMAS

Is <CH_NAME> of Hispanic or Latino origin?

01   YES
02   NO

98   DK
99   REFUSED

Q2
Source: OMAS

Which one or more of the following would you say is <CH_NAME>'s race? Is <FL_HESHE> White, Black or African-American, Asian, Native American, Alaskan Native, Native Hawaiian, Pacific Islander, or some other race I have not mentioned?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of <STATE>.)

(CODE ALL THAT APPLY)

01   WHITE
02   BLACK OR AFRICAN AMERICAN
03   ASIAN
04   NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE
05   NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

97   OTHER
98   DK
99   REFUSED

Q3
Source: OMAS

You may have mentioned this already, but are either of <CH_NAME>'s parents employed?

        01   YES
        02   NO

        98   DK
        99   REFUSED

Q4
Source: OMAS 2017

(ASK IF Q3 = 01)

How many of <CH_NAME>'s parents are employed?

        01   1
        02   2
        03   3
        04   4 or more

        98   DK
        99   REF

CLOSING

R1
Source: OMAS

This concludes our interview. We want to reassure you that your responses will be kept strictly
confidential.

Thank you so very much!

(IF NECESSARY: To speak with someone about the study please call Survey Manager Tamara
Terry at 1-800-334-8571 ext 66560 or if you have questions about your rights as a study
participant, you can call RTI Office of Human Protection should be: 1-866-214-2043.)

01   CONTINUE

INCENT

(ASK IF: (CALLTYPE=02) OR (CELL_RESP=02), ELSE GO TO SK_ENDCL)

To thank you for your participation, we would like to send you an electronic gift card for $10.
What is your email address?

(INTERVIEWER:
- o   YOU ARE REQUIRED TO READ BACK THE EMAIL ADDRESS CHARACTER BY CHARACTER
- o   IF R ASKS, THE ELECTRONIC GIFT CARD SHOULD BE DELIVERED WITHIN 1 BUSINESS DAY
- o   IF R DOESN'T HAVE AN EMAIL ADDRESS, ENTER 96 NO EMAIL ADDRESS
- o   IF R ASKS FOR A CHECK, ENTER 97 PREFERS CHECK)
- o   IF NECESSARY: The types of gift cards that are being offered include: Amazon e-code,
     Walmart gift card, or check.)

RECORD RESPONSE   (TEXT RANGE = 40 CHARACTERS) (GO TO THANKS)

96   NO EMAIL ADDRESS (GO TO ADDRESS)
97   PREFERS CHECK (GO TO ADDRESS)
98   DK (GO TO ADDRESS)
99   REFUSED (GO TO ADDRESS)

ADDRESS

We can send you a check to thank you for your participation. In order to mail your check, I need
to collect your full name and mailing address. This information will not be connected with your
answers in the survey.

(INTERVIEWER: IF R ASKS, IT CAN TAKE UP TO 4 WEEKS TO RECEIVE THE CHECK.)

01   CONTINUE
02   DECLINES CHECK (GO TO THANKS)

    NAME   RECORD NAME (TEXT RANGE = 40 CHARACTERS)
    ADDR1   RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS)
    ADDR2   RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS)
    CITY   RECORD CITY (TEXT RANGE = 30 CHARACTERS)
    STATE   RECORD STATE (TEXT RANGE = 2 CHARACTERS)
    ZIP   RECORD ZIP CODE (RANGE = 5 DIGITS)

THANKS

I would like to thank you again for your participation. Have a nice (day/evening).

01 CONTINUE

LANG

INTERVIEWER: LANGUAGE INTERVIEW CONDUCTED IN:

01   ENGLISH
02   SPANISH