Kansas and Missouri Consumer Health Access Survey

Adult and Child CATI Instrument Specifications

FINAL

Prepared by:
RTI International
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FRONT END SCREENING

ANSPPROMPT

(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:
ENTER: 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.

BUSINESS_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 LANGUAGE BARRIER (GO TO LANGBARRIER)
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?

(ININTERVIEWER 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)
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?
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...)*

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

**S7**
Source: OMAS

What is <YOUR_NAME> gender?

*(INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY.)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>MALE</td>
</tr>
<tr>
<td>02</td>
<td>FEMALE</td>
</tr>
<tr>
<td>97</td>
<td>OTHER</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
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
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/MISSOURI].
  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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO SK_ENDS)</td>
</tr>
<tr>
<td>98</td>
<td>DK</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**LANGHOME**
Source: American Community Survey

What is this language?

Select appropriate response

<table>
<thead>
<tr>
<th>Option</th>
<th>Language</th>
</tr>
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<tbody>
<tr>
<td>01</td>
<td>English</td>
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<td>02</td>
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<td>German</td>
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<td>08</td>
<td>French</td>
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<td>09</td>
<td>Creole French</td>
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<tr>
<td>10</td>
<td>Tagalog</td>
</tr>
<tr>
<td>11</td>
<td>Arabic</td>
</tr>
<tr>
<td>12</td>
<td>Korean</td>
</tr>
<tr>
<td>13</td>
<td>Serbo-Croatian</td>
</tr>
<tr>
<td>14</td>
<td>Russian</td>
</tr>
<tr>
<td>15</td>
<td>Pennsylvania Dutch</td>
</tr>
<tr>
<td>16</td>
<td>OTHER ____________</td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes (GO TO SK_ENDA, then to NEWB1)</td>
</tr>
<tr>
<td>02</td>
<td>No (GO TO SK_ENDA, then to NEWB1)</td>
</tr>
<tr>
<td>98</td>
<td>DK (GO TO SK_ENDA, then to NEWB1)</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED (GO TO SK_ENDA, then to NEWB1)</td>
</tr>
</tbody>
</table>

A3

Are you covered by TRICARE, CHAMP-VA or military health insurance?

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes (SET INSURED=1) (GO TO SK_ENDA, then to NEWB1)</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>98</td>
<td>DK</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Option</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES (SET INSURED=1) (GO TO A5)</td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO A5)</td>
</tr>
<tr>
<td>98</td>
<td>DK (GO TO A5)</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED (GO TO A5)</td>
</tr>
</tbody>
</table>

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_NODES> 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_NODES> 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 MISSOURI 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

Are you 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
SECTION B: CURRENTLY INSURED ADULT

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

NEWB1

How long have you been covered by your current health insurance plan? Would you say less than 12 months or 12 months or more?

(IF NECESSARY: Your best guess is fine.
- 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 you 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 REFUSED (GO TO NEWB1a)

NEWB1a

Have you 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 TO B2)
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
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?
<table>
<thead>
<tr>
<th>CHOL</th>
<th>Source: Ohio Group VIII</th>
<th>Has a doctor or other health care provider ever told you that &lt;YOU_NAME&gt; had high cholesterol, or high blood cholesterol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES (SET CONDNUM=[1+(CONDNUM)])</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO DIAB)</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>DK (GO TO DIAB)</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED (GO TO DIAB)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHOL_RX</th>
<th>Source: OMAS</th>
<th>&lt;DODOESC&gt; &lt;YOU_NAME&gt; now take any medicine prescribed by a doctor for &lt;YOUR_NAME&gt; high cholesterol?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>DK</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHOL_COST</th>
<th>During the past 12 months, was there any time &lt;YOU_NAME&gt; needed medical care, including prescription medicine, for &lt;YOUR_NAME&gt; high cholesterol but didn’t get it because of the cost?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO</td>
</tr>
<tr>
<td>98</td>
<td>DK</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIAB</th>
<th>Source: Ohio Group VIII</th>
<th>Diabetes? (Has a doctor or other health care provider ever told you that &lt;YOU_NAME&gt; had diabetes?)</th>
</tr>
</thead>
</table>
(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 <YOUR_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

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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 <YOUR_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))+ (V01(BEHAV=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
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

<DODESC> <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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO G8)</td>
</tr>
<tr>
<td>03</td>
<td>MORE THAN ONE PLACE (GO TO G1b)</td>
</tr>
<tr>
<td>98</td>
<td>DK (GO TO G8)</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED (GO TO G8)</td>
</tr>
</tbody>
</table>

G1a

Is this place an emergency room or urgent care?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES (GO TO G2)</td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO G3)</td>
</tr>
<tr>
<td>98</td>
<td>DK (GO TO G2)</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED (GO TO G2)</td>
</tr>
</tbody>
</table>

G1b

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO G3)</td>
</tr>
<tr>
<td>98</td>
<td>DK</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

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?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO G8)</td>
</tr>
</tbody>
</table>
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?

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<td>REFUSED</td>
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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)

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<td>RECORD HOURS (IF APPLICABLE)</td>
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<td>RECORD MINUTES</td>
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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>?

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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?

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<td>01</td>
<td>YES</td>
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</table>
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 since getting your current coverage?

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. <DODDOES> <YOU\_NAME> have any insurance that pays for dental care?

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<td>REFUSED</td>
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**H2a**

Source: MEPS

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

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<td>01</td>
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<td>02</td>
<td>NO (GO TO H3)</td>
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<tr>
<td>98</td>
<td>DK (GO TO H3)</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED (GO TO H3)</td>
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**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?

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<td>REFUSED</td>
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**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?

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<td>NO (GO TO H5)</td>
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<td>98</td>
<td>DK (GO TO H5)</td>
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<tr>
<td>99</td>
<td>REFUSED (GO TO H5)</td>
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</table>
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
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
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
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_NAME> 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

<DO_DOESC> <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
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)
This next question is about <YOUR_NAME>’s total income last year, 2016. When I mention the category that describes <YOUR_NAME>’s 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

Was <YOUR_NAME> family’s total 2016 annual income before taxes and other deductions more or less than $<FL_L9_CAT>?
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

<DO DOES> <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?

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<td>DK (GO TO SK_ENDL)</td>
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<td>99</td>
<td>REFUSED (GO TO SK_ENDL)</td>
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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 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.)

(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
What is <YOUR_NAME> relationship to <CH_NAME>?

(INTERVIEWER:
   o CODE STEP AND GREAT GRANDPARENTS AS 03 GRANDPARENT.
   o 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
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, KanCare, Missouri HealthNet, Missouri Children's Health Insurance Program. 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 "$recall(recall= "KanCare, Kansas Medicaid, or Children's Health Insurance Program", condition="STATE=KS")" or "$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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES (GO TO N6)</td>
</tr>
<tr>
<td>02</td>
<td>NO</td>
</tr>
<tr>
<td>98</td>
<td>DK</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
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</tbody>
</table>

N5
Source: OMAS

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

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO</td>
</tr>
<tr>
<td>98</td>
<td>DK</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
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</tbody>
</table>

N6
Source: OMAS

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

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>01</td>
<td>YES</td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO SK_ENDN, THEN GO TO P1)</td>
</tr>
<tr>
<td>98</td>
<td>DK</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

N7
Source: OMAS

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>YES (GO TO SK_ENDN, THEN GO TO P1)</td>
</tr>
<tr>
<td>02</td>
<td>NO (GO TO SK_ENDN, THEN GO TO P1)</td>
</tr>
<tr>
<td>98</td>
<td>DK (GO TO SK_ENDN, THEN GO TO P1)</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED (GO TO SK_ENDN, THEN GO TO P1)</td>
</tr>
</tbody>
</table>
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
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)
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?

(INTEVIEWER:
  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 PREFERENCES 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)

| RECORD NAME (TEXT RANGE = 40 CHARACTERS) |
| RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS) |
| RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS) |
| RECORD CITY (TEXT RANGE = 30 CHARACTERS) |
| RECORD STATE (TEXT RANGE = 2 CHARACTERS) |
| 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