

## **2015 National Health Care Coverage Survey (NHCCS)**

Sponsored by the National Center for Health Statistics,  
Centers for Disease Control and Prevention  
Conducted by the United States Census Bureau

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The following public burden estimate statement must be available as a CATI screen:

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**Section 1: Locate Eligible 2015 NHIS Sample Adult Respondent**

Variable Name	INTRO_A
Question Text	<p>Hello, my name is _____. I'm calling on behalf of the CDC's National Center for Health Statistics.</p> <p><b>IF ALIAS_SA ne &lt;blank&gt;, display the following statement:</b>  May I please speak to [a person whose initials are] (<b>fill ALIAS_SA</b>)?</p> <p><b>IF (SEX_SA ne &lt;blank&gt; AND AGE_SA ne &lt;blank&gt;), display the following statement:</b>  May I please speak to the (<b>fill SEX_SA</b>) adult who is about (<b>fill AGE_SA</b>) years old?</p> <p><b>IF SEX_SA ne &lt;blank&gt;, display the following statement:</b>  How many [if SEX_SA = 1, fill 'males'; if SEX_SA = 2, fill 'females'] live in your household?  <b>IF ONLY ONE PERSON OF THE SAMPLE ADULT GENDER, SAY:</b>  May I please speak to [if SEX_SA = 1, fill 'him'; if SEX_SA = 2, fill 'her']?</p> <p><b>IF AGE_SA ne &lt;blank&gt;, display the following statement:</b>  Does someone live in your household who is about (<b>fill AGE_SA</b>) years old?  <b>IF YES, SAY:</b> Is there anyone else of that age in your household?  <b>IF ONLY ONE PERSON OF APPROXIMATE SAMPLE ADULT AGE, SAY:</b> May I please speak to the person who is about (<b>fill AGE_SA</b>) years old?</p>
Pre-loaded Data	<p>The following data need to be pre-loaded for the Sample Adult:</p> <p>ALIAS_SA  AGE_SA  SEX_SA</p>
Response Options	<p>1 I am that person  2 Yes, let me get him or her  3 Let me go get an adult  4 No, that person has moved or has a new phone number  5 No, that person has died  6 AM/VM indicates business  7 HUDI (hang up during introduction)  8 Respondent wants a copy of the advance letter mailed  9 Respondent says they will call toll-free line after reviewing the survey website or advance letter  10 Respondent says to call back at a later time  11 Respondent indicates this is a business line  12 Person on the phone says Sample Adult is incapable  13 Left Voice Message  99 Don't know  97 Refused</p>
Skip Pattern(s)	<1> go to [PHONE]

	<p>&lt;2&gt; go to [INTRO_A]          &lt;3&gt; go to [INTRO_A]          &lt;4&gt; go to [LOC_A]          &lt;5&gt; go to [DECEASED]          &lt;6&gt; go to [EXIT]          &lt;7&gt; go to [EXIT]          &lt;8&gt; go to [M1_NAME]          &lt;9&gt; go to [EXIT]          &lt;10&gt; go to [CALBK]          &lt;11&gt; go to [LOC_C]          &lt;12&gt; go to [DIFF_Q]          &lt;13&gt; go to [EXIT]          &lt;97, BLANK&gt; go to [UNKNOWN]          &lt;99&gt; go to [UNKNOWN]</p>
Help Text	
Special Instructions	<p>The question text is dependent on the sample adult information that is available (ALIAS_SA, SEX_SA, AGE_SA).</p> <p>If SEX_SA = 1, display 'male'. If SEX_SA = 2, display 'female'. (English)</p> <p>The following statements should be italicized:  <i>"IF ONLY ONE PERSON OF THE SAMPLE ADULT GENDER, SAY:," " IF YES, SAY:,"</i>  <i>and "IF ONLY ONE PERSON OF APPROXIMATE SAMPLE ADULT AGE, SAY:"</i></p> <p>If INTRO_A=8, set REMAIL_REQ_DATE=MMDDYYYY</p> <p>If Don't Know is selected, output 99.          If Refused is selected, output 97.</p>

Variable Name	INTRO_B
Question Text	<p>Hello, my name is _____. I'm calling on behalf of the CDC's National Center for Health Statistics. We spoke with someone at this phone number previously who asked us to call back at this time.</p> <p>IF ALIAS_SA ne &lt;blank&gt;, display the following statement: Is [a person whose initials are] (fill ALIAS_SA) available?</p> <p>IF (SEX_SA ne &lt;blank&gt; AND AGE_SA ne &lt;blank&gt;), display the following statement: Is the (fill SEX_SA) adult who is about (fill AGE_SA) years old available?</p> <p>IF AGE_SA ne &lt;blank&gt;, display the following statement: Is an adult who is about (fill AGE_SA) years old available?</p> <p>IF SEX_SA ne &lt;blank&gt;, display the following statement: Is a (fill SEX_SA) adult available?</p> <p>IF NO INFORMATION IS KNOWN: Is the person I previously spoke to available?</p>
Pre-loaded Data	<p>The following data need to be pre-loaded for the Sample Adult:</p> <p>ALIAS_SA AGE_SA SEX_SA</p>
Response Options	<p>1 I am that person 2 Yes, let me get him or her 3 Let me go get an adult 4 No, that person has moved or has a new phone number 5 No, that person has died 6 AM/VM indicates business 7 HUDI (hang up during introduction) 8 Respondent wants a copy of the advance letter mailed 9 Respondent says they will call toll-free line after reviewing the survey website or advance letter 10 Respondent says to call back at a later time 11 Respondent indicates this is a business line 12 Person on the phone says Sample Adult is incapable 13 Left Voice Message 99 Don't know 97 Refused</p>
Skip Pattern(s)	<p>&lt;1&gt; go to [PHONE] &lt;2&gt; go to [INTRO_A] &lt;3&gt; go to [INTRO_A] &lt;4&gt; go to [LOC_A] &lt;5&gt; go to [DECEASED] &lt;6&gt; go to [EXIT] &lt;7&gt; go to [EXIT] &lt;8&gt; go to [M1_NAME]</p>

	<p>&lt;9&gt; go to [EXIT]          &lt;10&gt; go to [CALBK]          &lt;11&gt; go to [LOC_C]          &lt;12&gt; go to [DIFF_Q]          &lt;13&gt; go to [EXIT]          &lt;97, BLANK&gt; go to [UNKNOWN]          &lt;99&gt; go to [UNKNOWN]</p>
Help Text	
Special Instructions	<p>The question text is dependent on the sample adult information that is available (ALIAS_SA, SEX_SA, AGE_SA).</p> <p>If SEX_SA = 1, display 'male'. If SEX_SA = 2, display 'female'. (English)</p> <p>If INTRO_B=8, set REMAIL_REQ_DATE=MMDDYYYY</p>

Variable Name	ANSWER_C
Question Text	<p>Hello, this is the call center for the CDC's National Center for Health Statistics. My name is _____. How may I assist you?</p> <p><i>AFTER RESPONDENT INDICATES HE OR SHE IS CALLING ABOUT THIS SURVEY, SAY:</i></p> <p>Thank you for your interest in the survey and for taking the time to call us to participate. Let me first collect some basic information from you.</p> <p><i>IF A TITLE IS PROVIDED, INCLUDE IT IN THE FIRST NAME ANSWER BOX. IF A SUFFIX IS PROVIDED, INCLUDE IT IN THE LAST NAME ANSWER BOX.</i></p> <p>What is your first name?  _____ <i>ENTER NAME</i></p> <p>What is your middle name or initial?  _____ <i>ENTER MIDDLE NAME OR INITIAL</i></p> <p>What is your last name?  _____ <i>ENTER LAST NAME</i></p>
Pre-loaded Data	
Response Options	<p>Text Boxes (50 characters each):</p> <p>FNAME_C  _____ <i>ENTER NAME</i></p> <p>MNAME_C  _____ <i>ENTER MIDDLE NAME OR INITIAL</i></p> <p>LNAME_C  _____ <i>ENTER LAST NAME</i></p> <p>Radio Buttons:  99 Don't know  97 Refused</p>
Skip Pattern(s)	
Help Text	
Special Instructions	<p><i>"ENTER NAME," "ENTER MIDDLE NAME OR INITIAL," "ENTER LAST NAME," "REFUSED," and "DON'T KNOW" should all be italicized.</i></p> <p>The following instructions should also be italicized:  <i>"AFTER RESPONDENT INDICATES HE OR SHE IS CALLING ABOUT THIS SURVEY, SAY:" AND "IF A TITLE IS PROVIDED, INCLUDE IT IN THE FIRST NAME ANSWER BOX. IF A SUFFIX IS PROVIDED,INCLUDE IT IN THE LAST NAME ANSWER BOX."</i></p> <p>Allow for 50 characters in each text box.</p>



Variable Name	DOB_C
Question Text	What is your date of birth? ___ ENTER MONTH ___ ENTER DAY ___ ENTER YEAR
Pre-loaded Data	
Response Options	Drop downs: MONTH_C (valid values: 1-12) DAY_C (valid values: 1-31) YEAR_C (valid values: 1997-1903)  Radio Buttons: 99 Don't know 97 Refused
Skip Pattern(s)	Go to AGE_YR
Help Text	
Special Instructions	<i>'ENTER DAY,' 'ENTER MONTH,' and 'ENTER YEAR'</i> should be italicized If MONTH_C ne blank or DAY_C ne blank or YEAR_C ne blank, clear the Don't Know and Refused radio buttons. If Don't Know or Refused radio buttons are selected, clear MONTH_C, DAY_C and YEAR_C. If Don't Know is selected, output 99 to MONTH_C and DAY_C. Output 9999 to YEAR_C. If Refused is selected, output 97 to MONTH_C and DAY_C. Output 9997 to YEAR_C.

Variable Name	AGE_YR
Question Text	What is your AGE?
Pre-loaded Data	
Response Options	Drop downs: Age (18-125)  Radio Buttons: 99 Don't know 97 Refused
Skip Pattern(s)	Go to SEX_C
Help Text	
Special Instructions	

Variable Name	SEX_C
Question Text	Are you male or female?
Pre-loaded Data	
Response Options	1 Male 2 Female 9 Don't know 7 Refused
Skip Pattern(s)	Go to ROSTER_C
Help Text	
Special Instructions	



	SEX_1 - SEX_24
Response Options	<p>1 Phone respondent demographics match the Sample Adult (at least 2 of 3 variables match)</p> <p>2 Phone respondent demographics match someone else on the Household Roster (same criteria but for someone else on roster)</p> <p>3 Phone respondent demographics do NOT match the Sample Adult or anyone else on the Household Roster</p>
Skip Pattern(s)	<p>&lt;1&gt; go to [INTRO_IC]</p> <p>&lt;2&gt; go to [INTRO_C]</p> <p>&lt;3&gt; go to [IN_EXIT]</p>
Help Text	<p><u>NAME:</u></p> <p>The first name and last name must be the same to be considered a match.</p> <p>If the phone respondent's name is similar to the Sample Adult's name (a slight difference in the name), probe for the reason of the change. If one of the names is an alias or initials, then the name can be considered a match. If the difference is due to a marriage or divorce, then the name can be considered a match.</p> <p><u>DATE of BIRTH OR AGE</u></p> <p>Either the date of birth <b>OR</b> age must be the same to be considered a match.</p> <p>When comparing <b>date of birth</b>, at least 2 of the 3 date components (month, day, year) must be the same to be considered a match. That is</p> <ul style="list-style-type: none"> <li>• Month and day,</li> <li>• Month and year, or</li> <li>• Day and year</li> </ul> <p><b>Age</b> must be the same to be considered a match.</p> <p><u>GENDER</u></p> <p><b>Gender</b> must be the same to be considered a match.</p>
Special Instructions	<p>The sample adult information from the input file should be displayed on the first line of the table. It should be BOLD in ALL CAPS.</p> <p>* IF SEX_SA=1, display "Male"; IF SEX_SA=2, display "Female"  IF SEX_1-SEX_24=1, display "Male"; IF SEX_1-SEX_24=2, display "Female"</p> <p>If ROSTER_C = 1, then set match_flag = 1 (match)  If ROSTER_C = 2 or 3, then set match_flag = 2 (non-match)</p> <p>'COMPARE RESPONDENT INFORMATION TO HOUSEHOLD ROSTER' should be italicized.</p>

Variable Name	INTRO_C
Question Text	<p><b>IF ALIAS_SA ne &lt;blank&gt;, display the following statement:</b> We're looking for (fill ALIAS_SA). Is that person available?</p> <p><b>IF (SEX_SA ne &lt;blank&gt; AND AGE_SA ne &lt;blank&gt;.), display the following statement:</b> We're looking for the (fill SEX_SA) who is about (fill AGE_SA). Is (fill HE/SHE) available?</p> <p><b>IF SEX_SA ne &lt;blank&gt; AND (SEX_C ne SEX_SA), display the following statement:</b> We are looking for the (fill SEX_SA) adult who lives in your household? Is (fill HE/SHE) available?</p> <p><b>IF SEX_SA ne &lt;blank&gt; AND (SEX_C = SEX_SA), display the following statement:</b> We are looking for the other (fill SEX_SA) adult who lives in your household? Is (fill HE/SHE) available?</p> <p><b>IF AGE_SA ne &lt;blank&gt;, display the following statement:</b> We're looking for the adult who is about (fill AGE_SA) years old. Is that person available?</p>
Pre-loaded Data	The following data need to be pre-loaded for the Sample Adult: ALIAS_SA SEX_SA AGE_SA
Response Options	<p>1 I am that person</p> <p>2 Yes, let me get him or her</p> <p>3 Let me go get an adult</p> <p>4 No, that person has moved or has a new phone number</p> <p>5 No, that person has died</p> <p>6 AM/VM indicates business</p> <p>7 HUDI (hang up during introduction)</p> <p>8 Respondent wants a copy of the advance letter mailed</p> <p>9 Respondent says they will call toll-free line after reviewing the survey website or advance letter</p> <p>10 Respondent says to call back at a later time</p> <p>11 Respondent indicates this is a business line</p> <p>12 Person on the phone says Sample Adult is incapable</p> <p>99 Don't know</p> <p>97 Refused</p>
Skip Pattern(s)	<p>&lt;1&gt; go to [PHONE]</p> <p>&lt;2&gt;go to [INTRO_A]</p> <p>&lt;3&gt;go to [INTRO_A]</p> <p>&lt;4&gt; go to [LOC_A]</p> <p>&lt;5&gt; go to [DECEASED]</p> <p>&lt;6&gt; go to [EXIT]</p> <p>&lt;7&gt; go to[EXIT]</p> <p>&lt;8&gt; go to [M1_NAME]</p>

	<p>&lt;9&gt; go to [EXIT]          &lt;10&gt; go to [CALBK]          &lt;11&gt; go to [LOC_C]          &lt;12&gt; go to [DIFF_Q]          &lt;97, BLANK&gt; go to [UNKNOWN]          &lt;99&gt; go to [UNKNOWN]</p>
Help Text	
Special Instructions	<p>The question text is dependent on the sample adult information that is available (ALIAS_SA, SEX_SA, AGE_SA).</p> <p>If SEX_SA = 1, display 'male'. If SEX_SA = 2, display 'female'.          If SEX_SA = 1, display 'he'. If SEX_SA = 2, display 'she'.</p> <p>If INTRO_C=8, set REMAIL_REQ_DATE=MMDDYYYY</p>

Variable Name	PHONE
Question Text	Are you speaking on a landline or cell phone?
Pre-loaded Data	
Response Options	1 Landline 2 Cell phone 9 Don't know 7 Refused
Skip Pattern(s)	<1> and ALIAS_SA ne <blank>, go to VSANAME <1> and ALIAS_SA = <blank>, go to NAME_V If <2,7,9, BLANK> go to [DRIVE]
Help Text	
Special Instructions	

Variable Name	DRIVE
Question Text	Are you currently driving a car or other motorized vehicle?  <b><i>EVEN IF THE RESPONDENT IS USING A HANDS-FREE DEVICE WHILE DRIVING, YOU MUST END THE CALL</i></b>
Pre-loaded Data	
Response Options	1 No 2 Yes 3 Prefers different number 4 Wrong time zone
Skip Pattern(s)	<1> and ALIAS_SA ne <blank> go to [VSANAME] <1> and ALIAS_SA = <blank> go to [NAME_V] If <2, 3, 4> go to [CALBK]
Help Text	
Special Instructions	

Variable Name	CALBK
Question Text	I will call you back at another time. What day and time is convenient for you?
Pre-loaded Data	
Response Options	1 Agrees to call back - RECORD THE CALL BACK DATE, TIME, AND PHONE NUMBER IN WebCATI 2 Refuses call back 3 Asks if web survey is available
Skip Pattern(s)	<1> go to CB_EXIT <2, 3> go to WEB_OPTION
Help Text	
Special Instructions	

Variable Name	SALZ_BUS
Question Text	We are interviewing only private residences. Thank you very much.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<b>Exit interview.</b>
Help Text	
Special Instructions	

Variable Name	M1_NAME
Question Text	<p><b>TO SEND A LETTER TO THE PERSON ANSWERING THE PHONE SAY:</b></p> <p>In order to send you a letter, I will need to collect your name and mailing address. The letter will contain a toll-free number that you may call to complete the interview at your convenience.</p> <p><b>READ IF NECESSARY:</b> If you feel uncomfortable giving me your name, I can send the letter to "Resident".</p>
Pre-loaded Data	
Response Options	<p>M1_NAME      Name: _____</p> <p>M1_Street1    Street1: _____</p> <p>M1_Street2    Street2: _____</p> <p>M1_City        City: _____</p> <p>M1_State       State: _____</p> <p>M1_Zip         Zip: _____</p> <p>1 Terminate the interview  9 Don't know  7 Refused</p>
Skip Pattern(s)	Go to [EXIT]
Help Text	
Special Instructions	

Variable Name	LOC_A
Question Text	Do you know what their new telephone number is?
Pre-loaded Data	
Response Options	1 Respondent can provide a number 2 No telephone 9 Don't know 7 Refused
Skip Pattern(s)	If 1, go to LOC_AA If (2-9 or BLANK) and ALIAS_SA = <blank>, go to LOC_F If (2-9 or BLANK) and ALIAS_SA ne <blank>, go to EXIT
Help Text	
Special Instructions	

Variable Name	LOC_AA
Question Text	<p><b>ENTER NUMBER</b>  ____ - ____ - ____ [FORMAT: XXX-XXX-XXXX]</p> <p><b>Is that a landline or cell phone number?</b></p> <p><b>What is the time zone? SELECT TIME ZONE</b></p>
Pre-loaded Data	
Response Options	<p>Text box:  ____ - ____ - ____</p> <p>Radio Buttons (LOC_AA_DR):  88 None  99 Don't know  97 Refused</p> <p>Radio Buttons (LOC_B):  1 Landline  2 Cell  9 Don't know  7 Refused</p> <p>Drop Down (LOC_AA_TZ):  1 Atlantic (AST/ADT)  2 Eastern (EST/EDT)  3 Central (CST/CDT)  4 Mountain (MST/MDT)  5 Pacific (PST/PDT)  6 Yukon (YST/YDT)  7 Hawaii (HST/HDT)</p>
Skip Pattern(s)	Go to LOC_C
Help Text	
Special Instructions	

Variable Name	LOC_C
Question Text	Does this person have any other number where they might be reached?
Pre-loaded Data	
Response Options	1 Yes 2 No 9 Don't know 7 Refused
Skip Pattern(s)	<1> go to [LOC_D]; <2-9, BLANK> & ALIAS_SA=<BLANK>, go to [LOC_F] <2-9, BLANK> & ALIAS_SA ne <BLANK>, go to [EXIT]
Help Text	
Special Instructions	

Variable Name	LOC_D
Question Text	<p><b>ENTER NUMBER</b>  ____ - ____ - ____ [FORMAT: XXX-XXX-XXXX]</p> <p><b>Is that a landline or cell phone number?</b></p> <p><b>What is the time zone? SELECT TIME ZONE</b></p>
Pre-loaded Data	
Response Options	<p>Text box:  ____ - ____ - ____</p> <p>Radio Buttons (LOC_D_DR):  88 None  99 Don't know  97 Refused</p> <p>Radio Buttons (LOC_E):  1 Landline  2 Cell  9 Don't know  7 Refused</p> <p>Drop Down (LOC_D_TZ):  1 Atlantic (AST/ADT)  2 Eastern (EST/EDT)  3 Central (CST/CDT)  4 Mountain (MST/MDT)  5 Pacific (PST/PDT)  6 Yukon (YST/YDT)  7 Hawaii (HST/HDT)</p>
Skip Pattern(s)	<p>If ALIAS_SA=BLANK, go to [LOC_F]  If ALIAS_SA ne BLANK, go to [LOC_EXIT]</p>
Help Text	
Special Instructions	

Variable Name	LOC_F
Question Text	What is their name? <b><i>ENTER VERBATIM RESPONSE</i></b>
Pre-loaded Data	
Response Options	Text box: [50 characters]  Radio Buttons(LOC_F_DR):  99 Don't know 97 Refused
Skip Pattern(s)	Go to LOC_EXIT
Help Text	
Special Instructions	

Variable Name	UNKNOWN
Question Text	Do you know anyone who would be able to tell us how to get in contact with this person?
Pre-loaded Data	
Response Options	1 Yes 2 No 9 Don't know 7 Refused
Skip Pattern(s)	<1> go to [INFNAM]; <2-9, BLANK> go to [EXIT]
Help Text	
Special Instructions	

Variable Name	INFNAM
Question Text	What is their name? _____ <b>ENTER VERBATIM RESPONSE</b>
Pre-loaded Data	
Response Options	Text Box:  _____ <b>ENTER VERBATIM RESPONSE</b>  Radio Buttons(INFNAM_DR): 99 Don't know 97 Refused
Skip Pattern(s)	Go to INFNUM
Help Text	
Special Instructions	

Variable Name	INFNUM
Question Text	<p>What is [INFNAM/that person's] telephone number?</p> <p>___ - ___ - ____ <i>ENTER NUMBER [FORMAT: XXX-XXX-XXXX]</i></p> <p><b>What is the time zone? <i>SELECT TIME ZONE</i></b></p>
Pre-loaded Data	INFNAM
Response Options	<p>Text box:          ___ - ___ - ____</p> <p>Radio Buttons(INFNUM_DR):          88 None          99 Don't know          97 Refused</p> <p>Drop Down (INFNUM_TZ):          1 Atlantic (AST/ADT)          2 Eastern (EST/EDT)          3 Central (CST/CDT)          4 Mountain (MST/MDT)          5 Pacific (PST/PDT)          6 Yukon (YST/YDT)          7 Hawaii (HST/HDT)</p>
Skip Pattern(s)	Go to [LOC_EXIT]
Help Text	
Special Instructions	If INFNAM=response, fill response. If INFNAM=Don't know, Refused, Blank, fill "that person's"

Variable Name	DIFF_Q
Question Text	[(ALIAS_SA)/(HE/SHE)] has been selected to participate in a health survey. What difficulty does [(ALIAS_SA)/(HE/SHE)] have that prevents [HIM/HER] from speaking on the phone?
Pre-loaded Data	ALIAS_SA
Response Options	1 Hearing difficulty 2 Speech difficulty 3 Cognitive barrier 4 Physical barrier 9 Don't know 7 Refused
Skip Pattern(s)	Go to EXIT
Help Text	
Special Instructions	Fill 1&2: If ALIAS_SA ne <blank>, fill ALIAS_SA If ALIAS_SA=<blank>, use SEX_SA: If SEX_SA=1, fill 'he'; If SEX_SA=2, fill 'she'  Fill 3: If SEX_SA=1, fill 'him'; If SEX_SA=2, fill 'her'

Variable Name	WEB_OPTION
Question Text	Unfortunately, we do not have a web option available for this survey. May we call you back at another time that is more convenient for you?
Pre-loaded Data	
Response Options	1 Yes 2 No 9 Don't know 7 Refused
Skip Pattern(s)	<1, 9> go to CALBK <2, 7> go to EXIT
Help Text	
Special Instructions	

Variable Name	EXIT
Question Text	Thank you for your time. Have a nice day.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Exit interview
Help Text	
Special Instructions	

Variable Name	CB_EXIT
Question Text	Thank you for your time. We look forward to speaking with you soon.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Exit interview
Help Text	
Special Instructions	

Variable Name	IN_EXIT
Question Text	Those are all the questions I have. You are not eligible for this survey. I'd like to thank you on behalf of the CDC's National Center for Health Statistics for the time and effort you've spent answering these questions.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Exit interview - <b>Return to Dashboard; lock the case.</b>
Help Text	
Special Instructions	<p>MATCH_FLAG should be =2; Exit interview - <b>Return to Dashboard lock the case (IS_SUBMITTED=1)</b></p> <p><b>When the case is unlocked, clear the following message from the dashboard:</b>  <b>"Not all persons are selected to participate in this survey. Thank you on behalf of the CDC's National Center for Health Statistics for the time and effort you've spent answering these questions."</b></p> <p>When case is re-entered from dashboard, the interview should continue from the INTRO screen</p>

Variable Name	LOC_EXIT
Question Text	Thank you for providing this contact information. We will try to contact [HIM/HER]. Thanks for your time and have a nice day.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Exit interview
Help Text	
Special Instructions	<b>When the case is re-entered from the dashboard, the interview should continue at the INTRO screen.</b>

Variable Name	DECEASED
Question Text	I'm sorry to hear that. I do not need to continue. Thank you, and please accept my condolences. Goodbye.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Exit interview
Help Text	
Special Instructions	Exit interview - <b>lock the case from the respondent and interviewer.</b>

**Section 2: Confirm Identity of Eligible Respondent**

Variable Name	VSANAME
Question Text	<p><b>SELECT OR ENTER A RESPONSE AND CLICK 'NEXT' TO PROCEED.</b></p> <p>We want to make sure our records are correct. Is your name <b>[PRE-LOADED FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME]</b>?</p> <p><b>First Name:      NAME_FNA_SA</b>  <b>Middle Name:    NAME_MNA_SA</b>  <b>Last Name:       NAME_LNA_SA</b></p>
Pre-loaded Data	<p>NAME_FNA_SA  NAME_MNA_SA  NAME_LNA_SA</p>
Response Options	<p>1 Yes  2 Not exactly, make correction [ALLOW EDITS TO PRELOADED FIELDS]  3 No</p>
Skip Pattern(s)	<p>&lt;1&gt; increment SPV_CNTR by 1 &amp; go to [DOB_V]  &lt;2&gt; increment SPV_CNTR by 1 &amp; go to [VSANAME2]  &lt;3&gt; go to [NAME_V]</p>
Help Text	
Special Instructions	<p>Allow alpha characters and the following special characters: period (.), apostrophe ('), quote (") and dash (-).</p> <p>50 characters max</p> <p>If FNAME_V= 1 or 2, then increment SPV_CNTR by 1.</p> <p>&lt;1&gt;, output NAME_FNA_SA, NAME_MNA_SA, and NAME_LNA_SA.</p>

Variable Name	VSANAME2
Question Text	<p><b>[DISPLAY PRELOADS AND ALLOW EDITING IN EACH FIELD]</b></p> <p><b>VSA_FNAME</b>    What is your correct first name?    [Preload NAME_FNA_SA]</p> <p><b>VSA_MNAME</b>    What is your correct middle name or initial?    [Preload NAME_MNA_SA]</p> <p><b>VSA_LNAME</b>    What is your correct last name?    [Preload NAME_LNA_SA]</p>
Pre-loaded Data	NAME_FNA_SA NAME_MNA_SA NAME_LNA_SA
Response Options	50 Characters for VSA_FNAME, VSA_MNAME, VSA_LNAME)
Skip Pattern(s)	Go to DOB_V
Help Text	
Special Instructions	

Variable Name	NAME_V
Question Text	<p>What is your first name?  _____ <b>ENTER NAME</b></p> <p>What is your middle name or initial?  _____ <b>ENTER MIDDLE NAME OR INITIAL</b></p> <p>What is your last name?  _____ <b>ENTER LAST NAME</b></p>
Pre-loaded Data	
Response Options	<p>FNAME_V  _____ <b>ENTER NAME</b></p> <p>MNAME_V  _____ <b>ENTER MIDDLE NAME OR INITIAL</b></p> <p>LNAME_V  _____ <b>ENTER LAST NAME</b></p>
Skip Pattern(s)	Go to DOB_V
Help Text	<p>Help text box with FNAME_V: Include title with first name if desired.</p> <p>Help text box with LNAME_V: Include suffix with last name if desired.</p>
Special Instructions	

Variable Name	DOB_V
Question Text	<p>What is your date of birth?</p> <p>If month, day, and year left blank, say: It is critical that we get an answer to this question. This information is used to verify that we have reached the correct sample person for this survey.</p>
Pre-loaded Data	<p>DOBM DOBD DOBY</p>
Response Options	<p>Drop-down boxes :</p> <p>MONTH_V : _____ [DROP DOWN; VALID RANGE: 1-12]</p> <p>DAY_V: _____ [DROP DOWN; VALID RANGE: 1-31]</p> <p>YEAR_V: _____ [DROP DOWN; VALID RANGE: 1900-2000]</p> <p>Radio Buttons(DOB_V_DR):</p> <p>99 Don't know 97 Refused</p>
Skip Pattern(s)	<p>If DOB_CNTR= 2 or 3, increment SPV_CNTR by 1 &amp; go to [SEX_V]</p> <p>If DOB_CNTR = 1 or 0, go to [AGE_V]</p> <p>If DOB_V=&lt;7, 9, BLANK&gt; go to [AGE_V]</p>
Help Text	
Special Instructions	<p>Add range check to each field.</p> <p>Verification check on DOB_V variables should be done using a counter variable.</p> <p>Initialize DOB_CNTR = 0  If Month_V= DOBM, then increment DOB_CNTR by 1  If Day_V= DOBD, then increment DOB_CNTR by 1  If Year_V= DOBY, then increment DOB_CNTR by 1</p> <p>DOBM, DOBD, &amp; DOBY are from input file for comparison.</p> <p>If DOB_CNTR= 2 or 3, increment SPV_CNTR by 1</p> <p>If Don't know or Refused radio button is selected, blank drop downs. If drop down selected, blank Don't know or Refused.</p> <p>If Don't know is selected, output 99 to MONTH_V and DAY_V. Output 9999 to YEAR_V.  If Refused is selected, output 97 to MONTH_V and DAY_V. Output 9997 to YEAR_V.</p>

Variable Name	AGE_V
Question Text	What is your age?
Pre-loaded Data	AGE
Response Options	<p>Drop-down box :</p> <p>_____ [DROP DOWN; VALID RANGE: 018-125]</p> <p>Radio Buttons(AGE_V_DR):</p> <p>999 Don't know</p> <p>997 Refused</p>
Skip Pattern(s)	<p>If AGE_V = AGE, increment SPV_CNTR by 1 &amp; go to SEX_V</p> <p>If AGE_V ne AGE, go to SEX_V</p> <p>&lt;999, 997, BLANK&gt; go to SEX_V</p>
Help Text	
Special Instructions	<p>Add range check</p> <p>If AGE_V = AGE, increment SPV_CNTR by 1</p>

Variable Name	SEX_V
Question Text	Are you male or female?
Pre-loaded Data	SEX
Response Options	1 Male 2 Female 9 Don't know 7 Refused
Skip Pattern(s)	If SEX_V= SEX , increment SPV_CNTR by 1  If SPV_CNTR ge 2, set match_flag =1 (match) go to INTRO_IC  If SPV_CNTR lt 2, set match_flag=2 (non-match) go to NOMATCH_EXIT
Help Text	
Special Instructions	If SEX_V= SEX , increment SPV_CNTR by 1  If SPV_CNTR≥2, set match_flag =1 (match). Unlock the second tab on the main menu.  If SPV_CNTR<2, set match_flag=2 (non-match).

Variable Name	NOMATCH_EXIT
Question Text	Not all persons are selected to participate in this survey. Thank you on behalf of the CDC's National Center for Health Statistics for the time and effort you've spent answering these questions.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Exit interview
Help Text	
Special Instructions	<p>Exit interview - <b>Return to Dashboard</b></p> <p><b>Lock the case (IS_SUBMITTED=1)</b></p> <p><b>When the case is unlocked, clear the following message from the dashboard:</b></p> <p><b>"Not all persons are selected to participate in this survey. Thank you on behalf of the CDC's National Center for Health Statistics for the time and effort you've spent answering these questions."</b></p> <p>When case is re-entered from dashboard, the interview should continue from the INTRO screen</p> <p>MATCH_FLAG should be =2</p>

### **Section 3: Informed Consent**

Variable Name	INTRO_IC
Question Text	A few weeks ago you participated in the National Health Interview Survey. We greatly appreciate the time you spent answering those questions! You may recall that during that interview we mentioned that we might re-contact you in the future. We're calling you today because we're conducting a follow-up survey to help the CDC learn more about people's health insurance.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Go to CONSENT
Help Text	
Special Instructions	

Variable Name	CONSENT
Question Text	<p>Your participation in this research is voluntary. You may choose not to answer any question you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. On average, the survey will take about 20 minutes to complete. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical research. I can describe these laws if you wish.</p> <p>In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.</p> <p><b>READ IF NECESSARY:</b> The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?</p> <p><b>IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:</b> The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, only those NCHS employees, our specially designated agents including the US Census Bureau, and our full research partners who must use your personal information for a specific reason can see your answers. Everyone else who uses this data can do so only after all information that could identify you and your family is removed. By law, every employee of the National Center for Health Statistics, the US Census Bureau, and their agents and contractors who work on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to \$250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.</p>
Pre-loaded Data	
Response Options	<p>1 Accept, continue to survey</p> <p>2 Decline, exit survey</p>
Skip Pattern(s)	<p>&lt;1&gt; go to FDMED12M</p> <p>&lt;2&gt; go to EXIT</p>
Help Text	
Special Instructions	

#### **Section 4: Family Access to Health Care & Utilization**

Variable Name	FDMED12M
Question Text	The following questions are about the use of health care. Do not include dental care.  DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?
Pre-loaded Data	
Response Options	1 Yes 2 No 7 Refused 9 Don't know
Skip Pattern(s)	<1> [If one person family, store the person number in PDMED12M, goto FNMED12M; else, goto PDMED12M] <2,D,R> goto FNMED12M
Help Text	Includes all types of financial limitations that delayed a person in getting medical care. [b]Delayed[b] assumes that medical care has been or will eventually be received. [b]Medical Care[b] means medical care from a trained medical professional.
Special Instructions	fill1: For a 1 person family fill "have you delayed .. " For multi-person families, fill "has medical care been delayed... "

Variable Name	PDMED12M
Question Text	*Ask or verify. Enter applicable line number(s), separate with commas.  For which family member was medical care delayed? (Anyone else?)
Pre-loaded Data	Family roster The following information is needed for each person (up to 24 people, in addition to the Sample Adult) in the household: NAME_FNA_SA NAME_MNA_SA NAME_LNA_SA DOBM_SA DOBD_SA DOBY_SA AGE_SA SEX_SA ALIAS_1 - ALIAS_24 DOBM_1 - DOBM_24 DOBD_1 - DOBD_24 DOBY_1 - DOBY_24 AGE_1 - DOBY_24 SEX_1 - SEX_24
Response Options	
Skip Pattern(s)	Go to FNMED12M
Help Text	
Special Instructions	If single-person family and FDMED12M=1, pre-fill with name/number of respondent and skip to next question.

Variable Name	FNMED12M
Question Text	DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?
Pre-loaded Data	
Response Options	1 Yes 2 No 7 Refused 9 Don't know
Skip Pattern(s)	<1> [If one person family, store the person number in PNMED12M, goto FHOSPYR; else, goto PNMED12M] <2,D,R> goto FHOSPYR
Help Text	Include all types of financial limitations that prevented a person(s) from getting medical care. [b]Medical Care[b] means medical care from a trained medical professional.
Special Instructions	fill 1: for a 1 person family fill "you" For a multi-person family fill "someone in the family" fill 2: for a 1 person family fill "you" For a multi-person family fill "the family"

Variable Name	PNMED12M
Question Text	*Ask or verify. Enter applicable line number(s), separate with commas.  Who didn't get needed care? (Anyone else?)
Pre-loaded Data	Family roster: The following information is needed for each person (up to 24 people, in addition to the Sample Adult) in the household: NAME_FNA_SA NAME_MNA_SA NAME_LNA_SA DOBM_SA DOBD_SA DOBY_SA AGE_SA SEX_SA ALIAS_1 - ALIAS_24 DOBM_1 - DOBM_24 DOBD_1 - DOBD_24 DOBY_1 - DOBY_24 AGE_1 - DOBY_24 SEX_1 - SEX_24
Response Options	
Skip Pattern(s)	Go to FHOSPYR
Help Text	
Special Instructions	If single-person family and FNMED12M=1, pre-fill with name/number of respondent and skip to next question.

Variable Name	FHOSPYR
Question Text	[fill1: Have you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.
Pre-loaded Data	
Response Options	1 Yes 2 No 7 Refused 9 Don't know
Skip Pattern(s)	<1> [If one person family, store the person number in PHOSPYR goto HOSPNO; else, goto PHOSPYR] <2,D,R> goto FHCHM2W
Help Text	INCLUDE as a patient in a hospital only persons who were admitted and stayed overnight or longer. EXCLUDE persons who visit emergency rooms or outpatient clinics, unless that person was admitted and stayed overnight.
Special Instructions	fill1: for a 1 person family fill "Have you" For a multi-person family fill "Including all infants born in a hospital, has anyone in the family"

Variable Name	<b>PHOSPYPYR</b>
Question Text	*Ask or verify. Enter applicable line number(s), separate with commas. Who was in a hospital overnight? (Anyone else?)
Pre-loaded Data	Family roster
Response Options	
Skip Pattern(s)	Go to HOSPNO
Help Text	
Special Instructions	Display roster of all non-deleted family members. Store this family level value to the person level.

Variable Name	<b>HOSPNO</b>
Question Text	How many different times did [fill: you/Alias] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-10> goto HPNITE <11-365> goto ERR_HOSPNO <D,R> goto HPNITE
Help Text	This question refers to hospital stays, not the total number of nights spent in the hospital. For example, if a person is admitted as a patient in the hospital and stays for 5 nights, this would count as 1 hospital stay.
Special Instructions	fill: for a 1 person family fill "you" For a multi-person family fill "Alias"

Variable Name	HPNITE
Question Text	Altogether how many nights [fill 1: were you/was Alias] in the hospital DURING THE PAST 12 MONTHS?
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-50,D,R> goto next person selected in [PHOSPYR], once exhausted goto [FHCM2W] <51-365> goto ERR1_HPNI [if HOSPNO le HPNITE goto the next person selected in PHOSPYR] else go to ERR2_HPNI once exhausted move to FHCM2W
Help Text	If the respondent answers in terms of days, repeat the question so that it is understood we are interested only in the number of nights. For example, a first answer of, "I was in for 7 days", could mean 6, 7, or 8 nights. Always follow up such answers by repeating the question, emphasizing the word "nights".
Special Instructions	fill 1: for a 1 person family fill "were you" for a multi-person family fill "was Alias"  Ask HOSPNO and HPNITE together for each person selected in PHOSPYR Set flag if instrument goes to ERR2_HPNI.

Variable Name	FHCHM2W
Question Text	<p>These next questions are about health care received DURING THE LAST 2 WEEKS.</p> <p>Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists (AHF-thal-MOL-oh-jists), and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.</p> <p>Do not include dental care. Do not include care while an overnight patient in a hospital.</p> <p>DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?</p>
Pre-loaded Data	
Response Options	<p>1 Yes</p> <p>2 No</p> <p>9 Refused</p> <p>7 Don't know</p>
Skip Pattern(s)	<p>&lt;1&gt; [If one person family, store the person number in PHCHM2W goto PHCHMN2W; Else, goto PHCHM2W]</p> <p>&lt;2,D,R&gt; [goto FHCPH2W]</p>
Help Text	This question refers to health care received in the person's home by a trained medical professional.
Special Instructions	fill: for a 1 person family fill "you" For a multi-person family fill "anyone in the family"

Variable Name	<b>PHCHM2W</b>
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas. Who received care at home? (Anyone else?)
Pre-loaded Data	Family roster
Response Options	
Skip Pattern(s)	go to PHCHMN2W
Help Text	
Special Instructions	Display roster of all non-deleted family members. Store this family level value to the person level.

Variable Name	<b>PHCHMN2W</b>
Question Text	How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS? * Enter '50' for 50 or more visits.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-14> [goto FHCPH2W] <15-50> [goto ERR_PHCPHMN2W] <D,R> [goto FHCPH2W]
Help Text	
Special Instructions	fill: for a 1 person family fill "you" For a multi-person family fill "Alias"  Roster through for every person marked in PHCHM2W

Variable Name	<b>FHCPH2W</b>
Question Text	DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional? Do not include phone calls to make appointments, for billing questions or for prescription refills.
Pre-loaded Data	
Response Options	1 Yes 2 No 9 Refused 7 Don't know
Skip Pattern(s)	<1> [If one person family, store the person number in PHCPH2W goto PHCPHN2W; Else, goto PHCPH2W] <2,D,R> [goto FHCDV2W]
Help Text	
Special Instructions	fill: for a 1 person family fill "you" For a multi-person family fill "anyone in the family"

Variable Name	<b>PHCPH2W</b>
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas. Who was the phone call about? (Anyone else?)
Pre-loaded Data	Family roster
Response Options	
Skip Pattern(s)	go to PHCPHN2W
Help Text	
Special Instructions	

Variable Name	<b>PHCPHN2W</b>
Question Text	DURING THE LAST 2 WEEKS, how many telephone calls [fill1: did you make?] [fill2: were made about [fill: Alias]? * Enter '50' for 50 or more phone calls.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-14> [goto FHCDV2W] <15-50> [goto ERR_PHCPHN2W] <D,R> [goto FHCDV2W]
Help Text	
Special Instructions	fill1: For a 1 person family fill "did you make?" fill2: For a multi-person family fill "were made about '[fill: Alias]'"  Roster through for all persons marked in PHCPH2W

Variable Name	<b>FHCDV2W</b>
Question Text	DURING THE LAST 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? [fill2: Do not include times during an overnight hospital stay.]
Pre-loaded Data	
Response Options	1 Yes 2 No 9 Refused 7 Don't know
Skip Pattern(s)	<1> [If one person family, store the person number in PHCDV2W goto PHCDVN2W; Else, goto PHCDV2W] <2,D,R> [goto F10DVYR]
Help Text	
Special Instructions	fill1: For a 1 person family fill "you" For a multi-family fill "anyone in the family" fill2: if FHOSPYR=1 then fill "Do not include times during an overnight hospital stay."  Store this family level value to the person level.

Variable Name	<b>PHCDV2W</b>
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas. Who received care? (Anyone else?)
Pre-loaded Data	Family roster
Response Options	
Skip Pattern(s)	goto PHCDVN2W
Help Text	
Special Instructions	

Variable Name	<b>PHCDVN2W</b>
Question Text	How many times did [fill: you/ Alias] visit a doctor or other health care professional DURING THE LAST 2 WEEKS? * Enter '50' for 50 or more visits.
Pre-loaded Data	
Response Options	<1-14> [goto F10DVYR] <15-50> [goto ERR_PHCDVN2W] <D,R> [goto F10DVYR]
Skip Pattern(s)	
Help Text	
Special Instructions	fill: for a 1 person family fill "you" For a multi-person family fill "Alias"  Roster through for all persons marked in PHCDV2W

Variable Name	<b>F10DVYR</b>
Question Text	DURING THE PAST 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.
Pre-loaded Data	
Response Options	1 Yes 2 No 9 Refused 7 Don't know
Skip Pattern(s)	<1> [If one person family, store the person number in P10DVYR goto FHICOV; Else, goto P10DVYR] <2,D,R> [goto FHICOV] next section
Help Text	
Special Instructions	fill: For a 1 person family fill "you" For a multi-person family fill "any member of the family"

Variable Name	<b>P10DVYR</b>
Question Text	* Ask or verify. Enter applicable line number(s), separate with commas. Who received care 10 or more times? (Anyone else?)
Pre-loaded Data	Family roster
Response Options	
Skip Pattern(s)	goto FHICOV
Help Text	
Special Instructions	

## Section 5: Family Health Insurance

Variable Name	FHICOV
Question Text	<p>The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.</p> <p>[fill: Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?</p>
Pre-loaded Data	
Response Options	<p>1 Yes 2 No 7 Refused 9 Don't know</p>
Skip Pattern(s)	<p>&lt;1,R,D&gt; [go to HIKIND] &lt;2&gt; [if AGE ge 65, go to MCAREPRB; else, go to MCAIDPRB]</p>
Help Text	
Special Instructions	<p>Fill 1: If single person family, fill "Are you"; else fill "Is anyone in the family".</p> <p>If FR enters 2, mark HIKIND = 11 for all persons in family</p>

Variable Name	HIKIND
Question Text	<p>What kind of health insurance or health care coverage [fill 1: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.</p> <p>*enter all that apply, separate with commas.</p>
Pre-loaded Data	
Response Options	<ol style="list-style-type: none"> <li>1. Private health insurance</li> <li>2. Medicare</li> <li>3. Medi-gap</li> <li>4. Medicaid</li> <li>5. CHIP (SCHIP/Children's Health Insurance Program)</li> <li>6. Military health care (TRICARE/VA/CHAMP-VA)</li> <li>7. Indian Health Service</li> <li>8. State-sponsored health plan</li> <li>9. Other government program</li> <li>10. Single service plan (e.g. dental, vision, prescription)</li> <li>11. No coverage of any type</li> </ol>
Skip Pattern(s)	<p>&lt;D,R&gt; [goto HCSPFYR]</p> <p>&lt;1-10&gt; [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else if HIKIND ne 10 goto SINCOV; else go to HICHANGE if GROUP=1 or MCPART if GROUP = 2]</p> <p>&lt;11&gt; [if HIKIND = 1-10, goto ERR_HIKIND; else if AGE ge 65 goto MCAREPRB, else goto MCAIDPRB]</p>
Help Text	
Special Instructions	

Variable Name	MCAREPRB
Question Text	Medicare is a program administered by the federal government that provides insurance to people who are 65 years of age or over. Medicare includes hospital Insurance (Part A) and medical Insurance (Part B). [fill 1: Are you/Is ALIAS] covered by Medicare?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1,2,D,R> [if HIKIND ne 10 goto SINCOV; else goto HICHANGE if GROUP=1 or MCPART if GROUP = 2]
Help Text	
Special Instructions	Fill 1: If subject = respondent fill: [Are you]; else fill: [Is ALIAS].

Variable Name	MCAIDPRB
Question Text	* Refer to flashcard F14 for state Medicaid names. There is a program called Medicaid that pays for health care for persons in need. In this State it is also called [fill 2: State name]. [fill 1: Are you/Is ALIAS] covered by Medicaid?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1,2,D,R> [if HIKIND ne 10 goto SINCOV; else goto HICHANGE if GROUP=1 or MCPART if GROUP = 2]
Help Text	
Special Instructions	Fill 1: If subject = respondent fill: [Are you]; else fill: [Is ALIAS]. Fill 2: State Name

Variable Name	SINCOV
Question Text	[fill 1: Do you/Does ALIAS] have a separate insurance plan that pays for only one type of service such as dental, vision, or prescriptions?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1,2,D,R> [goto HICHANGE if GROUP=1 or MCPART if GROUP = 2]
Help Text	
Special Instructions	Fill 1: If subject = respondent fill: [Do you]; else fill: [Does ALIAS].

Variable Name	HICHANGE
Question Text	I have recorded [fill 1:you are/ALIAS is] [fill 2: covered by/not covered by health insurance.] [fill 3:^HIKIND] Is this correct?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1, D, R> goto next person; <2> goto ERR_HICHANGE
Help Text	
Special Instructions	Hard edit: ERR_HICHANGE *Press enter to go back to HIKIND and update coverage.

Variable Name	MCPART
Question Text	Earlier I recorded that [fill 1: you are/ALIAS is] covered by Medicare. What type of Medicare coverage [fill 2: do you/ALIAS] have, Part A - Hospital only, Part B - Medical only, or Both Part A and Part B? * Enter the coverage type.
Pre-loaded Data	
Response Options	1. Part A - Hospital Only 2. Part B - Medical Only 3. Both Part A & Part B Refused Don't know
Skip Pattern(s)	<1-3> [goto MCCHOICE if GROUP=1; if GROUP = 2 and MCPART = 1 goto MCPARTD, else if GROUP = 2 and MCPART = 2,3 goto MCCHOICE]  <R,D> [goto MCCHOICE]
Help Text	
Special Instructions	Fill 1: If subject=respondent, fill:[you are]; else fill, [ALIAS is] Fill 2: If subject=respondent, fill:[your]; else fill:[ALIAS's]

Variable Name	MCCHOICE
Question Text	Medicare Advantage is the new name for Medicare Plus Choice plans. [fill 1: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1,2,R,D> goto MCHMO
Help Text	[b]Medicare Plus Choice[b] is also known as Medicare+Choice, M Plus C, and Medicare Part C. [b]Medicare Plus Choice[b] expands the Medicare Health Plan options to include a broader range of plans in addition to the original fee-for-service Medicare and Health Maintenance Organizations (HMO's). New Medicare Health plans include: Preferred provider Organizations (PPO's), Health Maintenance Organizations with a Point of Service Option, Point of Service plans, Private Fee-For-Service (PFFS) plans (not the same as Medigap), and Medical Savings Accounts (MSA).
Special Instructions	Fill 1: If subject= respondent, fill: [Are you]; else fill:[Is ALIAS]

Variable Name	MCHMO
Question Text	[fill 1:Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.)
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1> [goto MCANAME] <2,D,R> if MCCHOICE=1 [goto MCANAME]; else if MCCHOICE in(2,D,R) [goto MCREf if GROUP=1 or MCPARTD if GROUP=2]
Help Text	[b]Medicare Managed Care[b] is a way of receiving your Medicare benefits. These types of plans involve specific groups of doctors, hospitals, and other health care providers who have agreed to provide care to Medicare beneficiaries in exchange for a fixed payment from Medicare every month. In these plans, a person must receive all of their care from the Medicare managed care plan, except for emergencies. [b]Health Maintenance Organization (HMO) [b] is a health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis. There are three basic types of HMOs: 1) Group/Staff HMO delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO. 2) An Individual Practice Association (IPA) makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices. 3) Network HMO contracts with two or more group practices to provide health services. Other managed care arrangements that may be available through Medicare include: HMO's with Point of Service Options (POS), Provider sponsored Organizations (PSO's), and Preferred Provider Organizations (PPO's).
Special Instructions	Fill 1: If subject=respondent, fill:[ Are you]; else fill, [Is ALIAS]

Variable Name	MCANAME
Question Text	What is the name of [fill 1: your/ALIAS's] Medicare Advantage or Medicare HMO plan? * Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	Allow 80 characters, Allow D, R
Skip Pattern(s)	<allow 80,R,D> goto MCPREM if GROUP=1 or MCPARTD if GROUP=2]
Help Text	Verify that the name given is the EXACT name of the Health Plan. Verify that you have spelled it correctly.
Special Instructions	Fill 1: If subject = respondent, fill: [your]; else fill:[ ALIAS's]

Variable Name	MCPREM
Question Text	Besides [fill 1: your/ALIAS's] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1,2,R,D> goto MCREF
Help Text	
Special Instructions	Fill 1: If subject = respondent, fill: [your]; else fill:[ ALIAS's] Fill 2: If subject = respondent, fill: [are you]; else fill: [is ALIAS] Fill 3: if subject = respondent, fill: [your]; else if subject is not the respondent and is male, fill: [his]; else fill: [her]

Variable Name	MCREF
Question Text	Under [fill 1: your/ALIAS's] Medicare plan, if [fill 2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill 3: do you/does he/does she] need approval or a referral? Do not include emergency care.
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1,2,R,D> goto MCPARTD
Help Text	Most managed care plans require approval or a referral from one of the doctors participating in the plan before the person can see a specialist who participates in the plan or a doctor not participating in the plan.
Special Instructions	Fill 1: If subject= respondent, fill: [your]; else, fill:[ALIAS's] Fill 2: If subject= respondent, fill: [you need]; else if subject's SEX= male, fill: [he needs]; else if subject's SEX= female, fill: [she needs] Fill 3: If subject= respondent, fill: [do you]; else if subject's SEX= male, fill: [does he]; else if subject's SEX= female, fill: [does she]

Variable Name	MCPARTD
Question Text	[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't Know
Skip Pattern(s)	If more persons with Medicare, go to MCPART. If no more persons with Medicare, go to next appropriate question.
Help Text	
Special Instructions	Fill 1: If subject = respondent, fill: [Are you]; else fill:[Is ALIAS]

Variable Name	MACHMD
Question Text	Refer to flashcard F14 for state Medicaid name The next questions are about Medicaid coverage. In this State it is also called [fill 1: State Name]. [fill 2: You are/ALIAS is] listed as having Medicaid coverage. Can [fill 3: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill 4: you/he/she] choose from a list of doctors or is a doctor assigned?
Pre-loaded Data	
Response Options	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Skip Pattern(s)	<1,R,D> [goto MXCHNG if GROUP=1 or if GROUP=2 and If HIKIND=10 goto SSTYPE2; else If HIKIND=1 or 3, goto FHICCI6 If any person with HIKIND=1 or 3, but not in NEXTPNM*_B, goto HIVER1; else goto FHICCI8 If any family member with HIKIND=5; goto STNAME1, if any member with HIKIND=8 goto STNAME2, if any member with HIKIND=9 goto STNAME3 else if any member with only HIKIND=10 or only HIKIND=11, goto HILAST;] <2> [goto MACHMD1] <3> [goto MACHMD2]
Help Text	
Special Instructions	Fill 1: fill State Name Fill 2: If subject= respondent, fill: [You are]; else fill: [ALIAS is] Fill 3: If subject= respondent, fill: [you]; else fill: [ALIAS] Fill 4: If subject= respondent, fill: [you]; else if subject's SEX= male, fill: [he]; else, if subject's SEX = female, fill: [she]

Variable Name	MACHMD1
Question Text	* Ask or verify. What is the name of the health plan that provided the list? *Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	<allow 80 characters>
Skip Pattern(s)	Go to MANAM if GROUP=1 or if GROUP=2 and If HIKIND=10 goto SSTYPE2; else If HIKIND=1 or 3, goto FHICCI6 If any persons with HIKIND=1 or or 3, but not in NEXTPNM_B, goto HIVER1; else goto FHICCI8 If any family member with HIKIND=5; goto STNAME1, else if HIKIND=8 goto STNAME2; else if HIKIND=9 goto STNAME3; else if HIKIND=6 goto MILSPC; else if any member HIKIND=11, goto HILAST; else if HIKIND=7 goto HINOTYR; else goto HILAST]
Help Text	
Special Instructions	

Variable Name	MACHMD2
Question Text	* Ask or verify. What is the name of the health plan that assigned the doctor? *Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Go to MANAM if GROUP=1 or if GROUP=2 and If HIKIND=10 goto SSTYPE2; else If HIKIND=1 or 3, goto FHICCI6 If any person with HIKIND=1 or 3, but not in NEXTPNM*_B, goto HIVER1; else goto FHICCI8 If any family member with HIKIND=5; goto STNAME, else if any member with HIKIND=10,11, goto HILAST; else if HIKIND=1-9 goto HINOTYR, else goto HILAST]
Help Text	
Special Instructions	

Variable Name	MXCHNG
Question Text	Was [fill: your/ALIAS's] Medicaid obtained through Healthcare.gov or the [fill2: Health Insurance Marketplace/state specific name fill]?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't know Refused
Skip Pattern(s)	<1, 2, R, D> go to MEDPREM
Help Text	
Special Instructions	

Variable Name	MEDPREM
Question Text	A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] Medicaid plan?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1> goto MDPRINC <2,R,D> loop through all persons in the family with Medicaid, when roster is finished goto next appropriate group of questions.  If HIKIND=10 goto SSTYPE2; else goto if HIKIND = 1 or HIKIND = 3, goto FHICCI6. If any persons with HIKIND=1 or or 3, but not in NEXTPNM_B, goto HIVER1; else goto FHICCI8; If any family member with HIKIND=5; goto STNAME1, else if HIKIND=8 goto STNAME2; else if HIKIND=9 goto STNAME3; else if HIKIND=6 goto MILSPC; else if any member HIKIND=11, goto HILAST; else if HIKIND=7 goto HINOTYR; else goto HILAST
Help Text	
Special Instructions	

Variable Name	MDPRINC
Question Text	Is the premium paid for this Medicaid plan based on income?
Pre-loaded Data	Family roster
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	Loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions.  If HIKIND=10 goto SSTYPE2; else goto if HIKIND = 1 or HIKIND = 3, goto FHICCI6. If any persons with HIKIND=1 or or 3, but not in NEXTPNM_B, goto HIVER1; else goto FHICCI8; If any family member with HIKIND=5; goto STNAME1, else if HIKIND=8 goto STNAME2; else if HIKIND=9 goto STNAME3; else if HIKIND=6 goto MILSPC; else if any member HIKIND=11, goto HILAST; else if HIKIND=7 goto HINOTYR; else goto HILAST
Help Text	
Special Instructions	

Variable Name	SSTYPE2
Question Text	* Enter all that apply, separate with commas. You mentioned that [fill 1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill 2: your/ALIAS's] single service plan or plans pay for?
Pre-loaded Data	
Response Options	<ol style="list-style-type: none"> <li>1. Accidents</li> <li>2. AIDS care</li> <li>3. Cancer treatment</li> <li>4. Catastrophic care</li> <li>5. Dental care</li> <li>6. Disability insurance (cash payments when unable to work for health reasons)</li> <li>7. Hospice care</li> <li>8. Hospitalization only</li> <li>9. Long-term care (nursing home care)</li> <li>10. Prescriptions</li> <li>11. Vision care</li> <li>12. Other (specify)</li> </ol> Refused Don't know
Skip Pattern(s)	1-11, D, R roster through for all people with single service plans, then goto FHICCI6 12 goto SSOTHER
Help Text	
Special Instructions	

Variable Name	SSOTHER
Question Text	* Other type of single-service plan
Pre-loaded Data	
Response Options	Allow 80 characters
Skip Pattern(s)	If other persons with single service plan, goto SSTYPE2 until roster is exhausted. Else goto FHICCI6.
Help Text	
Special Instructions	

Variable Name	FHICCI6
Question Text	The next questions are about private health insurance plans [fill 2: including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program. [Fill 1: We have the following persons listed as being covered by such plans: * Read names. (Display roster of persons covered by private health insurance plans.)]
Pre-loaded Data	
Response Options	1. Enter 1 to Continue
Skip Pattern(s)	Go to HIPNAM1
Help Text	
Special Instructions	

Variable Name	HIPNAM1
Question Text	<p>It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?</p> <p>Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.</p> <p>* Read if necessary: Do you have your health plan card or something with the plan name on it?</p>
Pre-loaded Data	
Response Options	Allow 80 characters
Skip Pattern(s)	goto HIPNAM1B
Help Text	
Special Instructions	

Variable Name	HIPNAM1B
Question Text	* Ask or verify. Enter all that apply, separate with commas. Which family members are covered by this plan? * Indicate each family member covered by this plan.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto MORPLAN <D,R>[if HIPNAM1= D, R, goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR Else, goto MORPLAN
Help Text	
Special Instructions	

Variable Name	MORPLAN
Question Text	* Ask if necessary Are there any more private health insurance plans?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1> [goto HIPNAM2] <2,D,R> [(If all persons listed in HIPNAM1B goto FHICCI8); else (If some or no persons listed in HIPNAM1B, but not all persons with HIKIND=1,3 listed in HIPNAM1B, goto HIVER1)]
Help Text	
Special Instructions	

Variable Name	HIPNAM2
Question Text	What is the name of the next plan? *Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	Allow 80 characters
Skip Pattern(s)	Go to HIPNAM2B
Help Text	
Special Instructions	

Variable Name	HIPNAM2B
Question Text	* Ask or verify. Enter all that apply, separate with commas. Which family members are covered by that plan? * Indicate each family member covered by this plan.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto MORPLAN2 <D,R> [if HIPNAM2 eq D or R and persons listed in HIPNAM1B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B, goto HIVER1; else if HIPNAM2 eq D or R and persons listed in HIPNAM1B, and all persons with HIKIND eq 1 or 3 listed in HIPNAM1B, goto FHICCI8; else if HIPNAM2 eq D or R and persons not listed in HIPNAM1B, goto HIVER1; else if health plan name recorded in HIPNAM2, goto MORPLAN2] else goto MORPLAN2
Help Text	
Special Instructions	

Variable Name	MORPLAN2
Question Text	* Ask if necessary Are there any more private health insurance plans?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1> [goto HIPNAM3] <2,D,R> [if some or no persons listed in HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM2B or HIPNAM1B, goto HIVER1; else goto FHICCI8]
Help Text	
Special Instructions	

Variable Name	HIPNAM3
Question Text	What is the name of the next plan? *Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	Allow 80 characters
Skip Pattern(s)	Go to HIPNAM3B
Help Text	
Special Instructions	

Variable Name	HIPNAM3B
Question Text	* Ask or verify. Enter all that apply, separate with commas. Which family members are covered by that plan? * Indicate each family member covered by this plan.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' goto MORPLAN3 <D,R> [if HIPNAM3 eq D or R and persons listed in HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B, goto HIVER1; else if HIPNAM3 eq D or R and persons listed in HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B, goto FHICCI8; else if HIPNAM3 eq D or R and persons not listed in HIPNAM1B and HIPNAM2B, goto HIVER1; else if health plan name recorded in HIPNAM3, goto MORPLAN3] else goto MORPLAN3
Help Text	
Special Instructions	

Variable Name	MORPLAN3
Question Text	* Ask if necessary Are there any more private health insurance plans?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1> [goto HIPNAM4] <2,D,R> [if some or no persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else goto FHICCI8]
Help Text	
Special Instructions	

Variable Name	HIPNAM4
Question Text	What is the name of the next plan? *Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	Allow 80 characters
Skip Pattern(s)	Go to or HIPNAM4B
Help Text	
Special Instructions	

Variable Name	HIPNAM4B
Question Text	* Ask or verify. Enter all that apply, separate with commas. Which family members are covered by that plan? * Indicate each family member covered by this plan.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-25> if line number has FX='1' and le TOTPCNT and HHSTAT ne 'D' but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B or HIPNAM4B goto HIVER1 else goto FHICCI8 <D,R> [if persons listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 listed in HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else if persons not listed in HIPNAM1B and HIPNAM2B and HIPNAM3B, goto HIVER1; else goto FHICCI8] else goto FHICCI8
Help Text	
Special Instructions	

Variable Name	HIVER1
Question Text	[fill 1] listed as having private insurance but [fill 2] not mentioned as being covered by any of the plans we just discussed. [fill 3] covered by private insurance?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1> [goto HIVER2] <2> [goto ERR_HIVER1] <R> goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR <D> if another person meets criteria goto HIVER1 else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR
Help Text	
Special Instructions	

Variable Name	HIVER2
Question Text	* Enter all that apply, separate with commas. Is [fill 1] health insurance plan the same as one of those already mentioned?
Pre-loaded Data	
Response Options	Authors: fill names of plans, if not empty, for precodes 1-4 as follows: 1. [HIPNAM1 or 'Plan 1'] 2. [HIPNAM2 or 'Plan 2'] (if available) 3. [HIPNAM3 or 'Plan 3'] (if available) 4. [HIPNAM4 or 'Plan 4'] (if available) 5. Some other plan not already mentioned Refused Don't know
Skip Pattern(s)	<1-4> [Update any inputs into the appropriate list (HIPNAM1B, HIPNAM2B, HIPNAM3B, HIPNAM4B), if another person meets criteria, goto HIVER1, else goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR] <5> [If 4 plan names were given, ignore this 5th plan and if another person meets criteria, goto HIVER1, else goto FHICCI8 or FHI200 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR] If less than 4 plan names, goto MORPLAN or MORPLAN2 or MORPLAN3, as appropriate, to add more private health insurance plans] <R> goto FHICCI8 or STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR <D> if another person meets criteria goto HIVER1
Help Text	
Special Instructions	

Variable Name	FHICCI8
Question Text	<p>Fill 1: If this is the first plan in the roster (i.e. from HIPNAM1), then fill: [Now I am going to ask some questions about the [fill 2] you just told me about [fill 3].]; Else fill: [Next I would like to ask you about [fill 5].]</p> <p>Fill 2: If only one plan mentioned, fill: [plan], else fill: [plans]</p> <p>Fill 3: If more than one plan mentioned, fill: [, starting with [fill 4]]; else no fill</p> <p>Fill 4: Fill name of plan mentioned in HIPNAM1 or if HIPNAM1= D, R, fill: [Plan 1]</p> <p>Fill 5: Fill name of next plan from roster. (HIPNAM2, HIPNAM3, HIPNAM4) if HIPNAM2=D,R, fill [Plan 2] or if HIPNAM3=D,R, fill [Plan 3] or If HIPNAM4=D,R fill [Plan 4]</p>
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1> [goto FHI200]
Help Text	
Special Instructions	

Variable Name	FHI200
Question Text	<p>Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?</p> <p>* Enter line number of family member (from list below) in whose name this plan is held.</p> <p>* Enter 0 if the policyholder is not on the family roster."</p>
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<p>If &lt;00&gt; goto PRPOLH if GROUP=1 or PLNWRK if GROUP=2</p> <p>if &lt;1-25&gt; goto PRCOOH if GROUP=1 or PLNWRK if GROUP=2</p> <p>if &lt;D,R&gt; goto PLNWRK</p>
Help Text	
Special Instructions	

Variable Name	PRPOLH
Question Text	How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]? *Read if Necessary... [fill3:You are/ALIAS is} the policyholder's...
Pre-loaded Data	
Response Options	1. Child (including stepchildren) 2. Spouse 3. Former spouse 4. Some other relationship Refused Don't know
Skip Pattern(s)	<1-4,R,D> [goto PLNWRK] NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.
Help Text	
Special Instructions	

Variable Name	PRCOOH
Question Text	Does this plan cover anyone who does not live here?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> [goto PLNWRK]
Help Text	
Special Instructions	

Variable Name	PLNWRK
Question Text	Which one of these categories best describes how this plan was obtained?
Pre-loaded Data	
Response Options	1. Through employer 2. Through union 3. Through workplace, but don't know if employer or union 4. Through workplace, self-employed or professional association 5. Purchased directly 6. Through Healthcare.gov or the Affordable Care Act, also known as Obamacare 7. Through a state/local government or community program 8. Other (specify) Don't Know Refused
Skip Pattern(s)	<1-4, 6> goto PLNPAY < 5,7,R,D> goto PLNEXCHG <8 > goto PLNWKSP
Help Text	
Special Instructions	

Variable Name	PLNWKSP
Question Text	*Read if necessary. How was this plan obtained?
Pre-loaded Data	
Response Options	Allow 80 characters
Skip Pattern(s)	Goto PLNEXCHG
Help Text	
Special Instructions	

Variable Name	PLNEXCHG
Question Text	Was the plan obtained through the Healthcare.gov or the [fill 1: Health Insurance Marketplace/state specific name fill]?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> goto PLNPAY
Help Text	
Special Instructions	

Variable Name	PLNPAY
Question Text	* Enter all that apply, separate with commas. Who pays for this health insurance plan? * If government program is reported, probe for Medicare or Medicaid or CHIP before entering code 7. If government is the employer, enter code 2.
Pre-loaded Data	
Response Options	1. Self or Family (living in the household) 2. Employer or Union 3. Someone outside the household 4. Medicare 5. Medicaid 6. CHIP (SCHIP/Children's Health Insurance Program) 7. State or local government or community program Refused Don't know
Skip Pattern(s)	<1-7,R,D> if includes '1' [goto PLNPRE if GROUP=1] else [goto PLNMGD if GROUP=1 or goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR if GROUP=2]
Help Text	
Special Instructions	Loop through up to 4 plans per family group

Variable Name	PLNPRE
Question Text	Is the premium paid for this plan based on income?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> [goto HICOSTN]
Help Text	
Special Instructions	

Variable Name	HICOSTN
Question Text	How much [fill 1: do you/does your family] currently spend for health insurance premiums for [fill 2: fill plan name/fill name of Plan 1]? Please include payroll deductions for premiums. *Enter dollar amount for premium payments.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-99995> [goto HICOSTT] <R> [store "R" in HICOSTT and goto PLNMGD] <D> [store "D" in HICOSTT and goto PLNMGD]
Help Text	
Special Instructions	

Variable Name	HICOSTT
Question Text	* Enter time period for premium payments.
Pre-loaded Data	
Response Options	1. Once a week 2. Once every 2 weeks 3. Once a month 4. Twice a month 5. Every two months 6. Quarterly (every 3 months) 7. Once a year 8. Twice a year Refused Don't know
Skip Pattern(s)	<1-8,R,D> [goto PLNMGD]
Help Text	
Special Instructions	

Variable Name	PLNMGD
Question Text	Is [fill 1: fill plan name/fill name of Plan 1] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service or is it some other kind of plan?
Pre-loaded Data	
Response Options	<ol style="list-style-type: none"> <li>1. HMO/IPA</li> <li>2. PPO</li> <li>3. POS</li> <li>4. Fee-for-service</li> <li>5. Other</li> </ol> Refused Don't know
Skip Pattern(s)	<1-5,D,R> [goto HDHP]
Help Text	
Special Instructions	

Variable Name	HDHP
Question Text	<p>[If only one person covered by this plan:]  Is the annual deductible for medical care for this plan less than \$1,300 or \$1,300 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of network care, do not include those deductible amounts here.</p> <p>[If two or more persons in the family are covered by this plan:]  Is the family annual deductible for medical care for this plan less than \$2,600 or \$2,600 or more? If there is a separate deductible for prescription drugs, hospitalization, or out of network care, do not include those deductible amounts here.</p>
Pre-loaded Data	
Response Options	1. Less than [fill 1: \$1,300/\$2,600] 2. [fill 1: \$1,300/\$2,600] or more Refused Don't know
Skip Pattern(s)	<1,R,D> [goto MGCHMD] <2> [goto HSAHRA]
Help Text	
Special Instructions	

Variable Name	HSAHRA
Question Text	With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> [goto MGCHMD]
Help Text	
Special Instructions	

Variable Name	MGCHMD
Question Text	Under this plan, can [fill 1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?
Pre-loaded Data	
Response Options	1. Any doctor 2. Select from group/list Refused Don't know
Skip Pattern(s)	<1> [goto MGPRMD] <2> [goto MGPYMD] <D,R> [goto PCPREQ]
Help Text	
Special Instructions	

Variable Name	MGPRMD
Question Text	[fill 1:Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	goto PCPREQ
Help Text	
Special Instructions	

Variable Name	MGPYMD
Question Text	If [fill 1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill 2:^HIPNAM1/ ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any part of the cost?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	goto PCPREQ
Help Text	
Special Instructions	

Variable Name	PCPREQ
Question Text	Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor who approves all [fill2: your/their] care?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> [goto PRRXCOV]
Help Text	
Special Instructions	

Variable Name	PRRXCOV
Question Text	Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for medicines prescribed by a doctor? * Read if necessary: Does this plan have a drug benefit?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't Know
Skip Pattern(s)	goto PRDNCOV
Help Text	
Special Instructions	

Variable Name	PRDNCOV
Question Text	Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for dental care?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't Know
Skip Pattern(s)	Loop through from FHICCI8 for any other private plans. When roster is exhausted, if any PLNWRK in ('1','2','3','4') goto FCOVCONF else goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR
Help Text	
Special Instructions	

Variable Name	FCOVCONF
Question Text	If [fill 1: you/your family] had to buy a health plan on [fill 2: your/its] own with no help from [fill 3: your/an] employer, how confident are you that [fill 1: you/your family] would be able to obtain affordable coverage Would you say... *Read categories below.
Pre-loaded Data	
Response Options	1. Very confident 2. Somewhat confident 3. Not too confident 4. Not confident at all Don't know Refused
Skip Pattern(s)	<1-4,R,D> goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR
Help Text	
Special Instructions	

Variable Name	STNAME1
Question Text	Earlier I recorded that [fill 1: you are/ALIAS is] covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of the plan? * Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	
Skip Pattern(s)	goto CHXCHNG if GROUP=1 or STNAME2 if GROUP=2
Help Text	
Special Instructions	

Variable Name	CHXCHNG
Question Text	Was [fill 1: your/ALIAS's] CHIP plan obtained through the [fill 2: Health Insurance Marketplace/ fill state specific fill]?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> [goto STRFPRM1]
Help Text	
Special Instructions	

Variable Name	STRFPRM1
Question Text	A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1> [goto CHPRINC] <2,R,D> [goto STDOC1]
Help Text	
Special Instructions	

Variable Name	CHPRINC
Question Text	Is the premium paid for [fill 1: ^STNAME1/this CHIP plan] based on income?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> goto STDOC1
Help Text	
Special Instructions	

Variable Name	STDOC1
Question Text	Under the [fill 1:^STNAME1/CHIP PLAN] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3: you/he/she] choose from a list of doctors or is the doctor assigned?
Pre-loaded Data	
Response Options	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Skip Pattern(s)	<1, 2, D, R> goto next person in roster, else [goto STNAME2]
Help Text	
Special Instructions	

Variable Name	STNAME2
Question Text	Earlier I recorded that [fill 1: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan? * Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	
Skip Pattern(s)	goto OPXCHNG
Help Text	
Special Instructions	

Variable Name	OPXCHNG
Question Text	Was [fill 1: your/ALIAS's] state sponsored health plan obtained through Healthcare.gov or the [fill 2: Health Insurance Marketplace/ fill state specific name]?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> goto STRFPRM2
Help Text	
Special Instructions	

Variable Name	STRFPRM2
Question Text	A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] state sponsored health plan?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1> goto SSPRINC if GROUP=1 or STNAME3 if GROUP=2 <2,R,D> goto STDOC2 if GROUP=1 or STNAME3 if GROUP=2
Help Text	
Special Instructions	

Variable Name	SSPRINC
Question Text	Is the premium paid for [fill 1: ^STNAME2/this state sponsored plan] based on income?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> goto STDOC2
Help Text	
Special Instructions	

Variable Name	STDOC2
Question Text	Under the [fill 1:^STNAME2/state sponsored plan] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3: you/he/she] choose from a list of doctors or is the doctor assigned?
Pre-loaded Data	
Response Options	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Skip Pattern(s)	<1, 2, D, R> [goto STNAME3]
Help Text	
Special Instructions	

Variable Name	STNAME3
Question Text	Earlier I recorded that [fill 1: you are/ALIAS is] covered by another government program. What is the name of the plan? * Read if necessary: Do you have a health plan card or something with the plan name on it?
Pre-loaded Data	
Response Options	
Skip Pattern(s)	goto OGXCHNG
Help Text	
Special Instructions	

Variable Name	OGXCHNG
Question Text	Was [fill1: your/ALIAS's] other government program obtained through Healthcare.gov or the [fill2]?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> goto STRFPRM3
Help Text	
Special Instructions	

Variable Name	STRFPRM3
Question Text	A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] other government program?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1> goto OGPRINC if GROUP=1 or MILSPC if GROUP=2 <2,R,D> goto STDOC3 if GROUP=1 or MILSPC if GROUP=2
Help Text	
Special Instructions	

Variable Name	OGPRINC
Question Text	Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,R,D> goto STDOC3
Help Text	
Special Instructions	

Variable Name	STDOC3
Question Text	Under the [fill 1:^STNAME3/other government plan] can [fill 2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill 3:you/he/she] choose from a list of doctors or is the doctor assigned?
Pre-loaded Data	
Response Options	1. Any doctor 2. Select from list 3. Doctor is assigned Refused Don't know
Skip Pattern(s)	<1,2,D,R> [goto STNAME3] * see flowchart
Help Text	
Special Instructions	

Variable Name	MILSPC
Question Text	* Enter all that apply, separate with commas. Earlier I recorded that [fill 1] covered by military health care. What types of military health care [fill 2:] covered by?
Pre-loaded Data	
Response Options	1. TRICARE 2. VA 3. CHAMP-VA 4. Other military coverage (specify) Don't know Refused
Skip Pattern(s)	<1> [goto MILMAN if GROUP=1 or HILAST if GROUP=2] <4> [goto MILSPCOT] <2,3,D,R> [loop through for all persons in roster, when exhausted, goto HILAST.]
Help Text	
Special Instructions	

Variable Name	MILSPCOT
Question Text	* Other military coverage
Pre-loaded Data	
Response Options	
Skip Pattern(s)	if MILSPC eq 1, goto MILMAN if GROUP=1 or HILAST if GROUP=2; else, goto HILAST
Help Text	
Special Instructions	

Variable Name	MILMAN
Question Text	Is [fill 1: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?
Pre-loaded Data	
Response Options	1. TRICARE Prime 2. TRICARE Extra 3. TRICARE Standard 4. TRICARE for Life 5. TRICARE other (specify) Refused Don't know
Skip Pattern(s)	<1-4,D,R> [goto HILAST] <5> [goto MILMANOT]
Help Text	
Special Instructions	

Variable Name	MILMANOT
Question Text	* Other type of TRICARE coverage
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Loop through from MILSPC for all persons with this coverage. When exhausted, goto HILAST.
Help Text	
Special Instructions	

Variable Name	HILAST
Question Text	Not including Single Service Plans, about how long has it been since [fill 1: you/ALIAS] last had health care coverage?
Pre-loaded Data	
Response Options	<ul style="list-style-type: none"> <li>1. 6 months or less</li> <li>2. More than 6 months, but not more than 1 year ago</li> <li>3. More than 1 year, but not more than 3 years ago</li> <li>4. More than 3 years</li> <li>5. Never</li> <li>Refused</li> <li>Don't know</li> </ul>
Skip Pattern(s)	[goto HISTOP]
Help Text	
Special Instructions	

Variable Name	HISTOP
Question Text	[Fill 1: [Which of these are reasons [fill 2:you/ALIAS] stopped being covered?/Which of these are reasons [fill 3: you do/ALIAS does] not have health insurance?] * Enter up to 5 reasons, separate with commas.
Pre-loaded Data	
Response Options	1. Person in family with health insurance lost job or changed employers 2. Got divorced or separated/death of spouse or parent 3. Became ineligible because of age/left school 4. Employer does not offer coverage/or not eligible for coverage 5. Cost is too high 6. Insurance company refused coverage 7. Medicaid/Medical plan stopped after pregnancy 8. Lost Medicaid/Medical plan because of new job or increase in income 9. Other reason for losing Medicaid 10. Other (specify) Refused Don't know
Skip Pattern(s)	<1-9,D,R> [goto FHIKDB if GROUP=1 or HCSPFYR if GROUP=2] <10> [goto HISTOPOT]
Help Text	
Special Instructions	

Variable Name	HISTOPOT
Question Text	* Other reason for not having coverage
Pre-loaded Data	
Response Options	
Skip Pattern(s)	Goto FHIKDB if GROUP=1 or HCSPFYR if GROUP=2
Help Text	
Special Instructions	

Variable Name	HINOTYR
Question Text	In the PAST 12 MONTHS, was there any time when [fill 1: you/ALIAS] did NOT have ANY health insurance or coverage?
Pre-loaded Data	
Response Options	1. Yes 2. No Don't Know Refused
Skip Pattern(s)	<1> [goto HINOTMYR] <2,D,R> [goto FHICHNG if GROUP=1 or HCSPFYR if GROUP=2]
Help Text	
Special Instructions	

Variable Name	HINOTMYR
Question Text	In the PAST 12 MONTHS, about how many months [fill 1: were you/was ALIAS] without coverage? * If less than 1 month, enter '1'.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	<1-12,D,R> When roster is exhausted, goto FHIKDB if GROUP=1 or HCSPFYR if GROUP=2
Help Text	
Special Instructions	

Variable Name	FHICHNG
Question Text	Did [fill1: you/ALIAS] have [fill2: type of health insurance coverage] for the past 12 months?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,R,D> [goto HCSPFYR] <2> [goto FHIKDB]
Help Text	
Special Instructions	

Variable Name	FHIKDB
Question Text	<p>If person is currently uninsured:  {Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}</p> <p>If person had a period without coverage in the past year:  {I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}</p> <p>If person had a change in coverage type in the past year:  {What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}</p> <p>*Enter all that apply, separate with commas.</p>
Pre-loaded Data	
Response Options	<ol style="list-style-type: none"> <li>1. Private health insurance</li> <li>2. Medicare</li> <li>3. Medi-Gap</li> <li>4. Medicaid</li> <li>5. CHIP (SCHIP/Children's Health Insurance Program)</li> <li>6. Military health care (TRICARE/VA/CHAMP-VA)</li> <li>7. Indian Health Service</li> <li>8. State-sponsored health plan</li> <li>9. Other government program</li> <li>10. Single service plan (e.g., dental, vision, prescriptions)</li> <li>11. No coverage of any type</li> </ol> <p>Refused  Don't know</p>
Skip Pattern(s)	<1> [goto PWRKB] <2-11,R,D> [goto HCSPFYR]
Help Text	
Special Instructions	

Variable Name	PWRKB
Question Text	Which one of these categories best describes how [fill1: your/ALIAS's] private health insurance was obtained?
Pre-loaded Data	
Response Options	<ol style="list-style-type: none"> <li>1. Through employer</li> <li>2. Through union</li> <li>3. Through workplace, but don't know if employer or union</li> <li>4. Through workplace, self-employed or professional association</li> <li>5. Purchased directly</li> <li>6. Through a state/local government or community program</li> <li>7. Other, specify</li> </ol> <p>Refused</p> <p>Don't know</p>
Skip Pattern(s)	<1-6,R,D> [goto HCSPFYR] <7> [goto PWRKBSP]
Help Text	
Special Instructions	

Variable Name	PWRKBSP
Question Text	*Enter how private health insurance was obtained.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	[goto HCSPFYR]
Help Text	
Special Instructions	

Variable Name	HCSPFYR
Question Text	The next question is about money that [fill 1:you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill 2: you/your family] spend for medical care and dental care?
Pre-loaded Data	
Response Options	0. Zero 1. Less than \$500 2. \$500-\$1,999 3. \$2,000-\$2,999 4. \$3,000-\$4,999 5. \$5,000 or more Refused Don't know
Skip Pattern(s)	goto MEDBILL
Help Text	
Special Instructions	

Variable Name	MEDBILL
Question Text	In the past 12 months did [fill1: you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,7,9> [goto MEDBPAY]
Help Text	
Special Instructions	

Variable Name	MEDBPAY
Question Text	[fill 1: Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP]
Help Text	
Special Instructions	

Variable Name	MEDBNOP
Question Text	[fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1,2,7,9> [goto FSA if GROUP=1 or WFQ077 if GROUP=2]
Help Text	
Special Instructions	

Variable Name	FSA
Question Text	[fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	goto WFQ077
Help Text	
Special Instructions	

## **Section 6: Employment Status**

Variable Name	WFQ077
Question Text	The next few questions are about employment.  DURING THE PAST 12 MONTHS, has there been a change in your employment status?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	Go to WFQ078
Help Text	
Special Instructions	

Variable Name	WFQ078
Question Text	Which of the following best describes what you were doing LAST WEEK? Were you...
Pre-loaded Data	
Response Options	<p>1 Employed (select this option if you held a job but were on vacation or any type of short-term, temporary leave)</p> <p>2 Unemployed</p> <p>3 Retired (from any job; you will be able to indicate whether you are working during your retirement)</p> <p>4 On extended leave (e.g. medical, family, or maternity leave, etc.)</p> <p>9 Refused</p> <p>7 Don't know</p>
Skip Pattern(s)	<p>&lt;1,4&gt; go to [WFQ080]</p> <p>&lt;2&gt; go to [WFQ081]</p> <p>&lt;3&gt; go to [WFQ079]</p> <p>else go to [WFQ082]</p>
Help Text	
Special Instructions	

Variable Name	WFQ079
Question Text	Are you working for pay more than 1 hour per week during your retirement?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	<1> go to [WFQ080] else go to [WFQ082]
Help Text	
Special Instructions	

Variable Name	WFQ080
Question Text	Approximately how many hours do you usually work per week?
Pre-loaded Data	
Response Options	Write in or drop down
Skip Pattern(s)	go to [WFQ082]
Help Text	
Special Instructions	

Variable Name	WFQ081
Question Text	Are you currently looking for work?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	Go to PHONDEV
Help Text	
Special Instructions	

Variable Name	WFQ082
Question Text	DURING THE PAST 12 MONTHS, have you had a period of unemployment?
Pre-loaded Data	
Response Options	1. Yes 2. No Refused Don't know
Skip Pattern(s)	Go to PHONDEV
Help Text	
Special Instructions	

## **Section 7: Device and Closing**

Variable Name	PHONDEV
Question Text	Thank you. We're almost finished.  Did you complete this survey on a landline or cell phone?
Pre-loaded Data	
Response Options	1 Landline 2 Cell phone 3 Other Refused Don't know
Skip Pattern(s)	Go to CLOSING
Help Text	
Special Instructions	

Variable Name	CLOSING
Question Text	Those are all the questions I have. I would like to thank you on behalf of the CDC's National Center for Health Statistics for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [NUMBER]. If you have questions about your rights as a survey participant, you may call the chairperson of the NCHS Research Ethics Review Board at 1-800-223-8118 and say you are calling about protocol XXXX-XX. Thank you again.
Pre-loaded Data	
Response Options	
Skip Pattern(s)	
Help Text	
Special Instructions	

## **Callback & Answering Machine Scripts**

### **NO CONTACT YET:**

Hello. I'm calling on behalf of the CDC's National Center for Health Statistics. We are conducting a survey on the health care system and insurance. If you would like to participate right away, please call our toll-free number, at [NUMBER]. Thank you.

### **RE-CONTACT WITH ELIGIBLE SA (NO APPOINTMENT):**

Hello. I am calling on behalf of the CDC's National Center for Health Statistics regarding a survey about the health care system and insurance. When we spoke previously about this important study, you requested that we call you back. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at [NUMBER]. Thank you.

### **SCHEDULED INTERVIEW APPOINTMENTS:**

Hello. I am calling on behalf of the CDC's National Center for Health Statistics regarding a survey about the health care system and insurance. When we spoke previously about this important study, you requested that we call you back at this time. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call anytime at [NUMBER]. Thank you.