2019 Ohio Medicaid Assessment Survey

Adult and Child CATI Instrument Specifications

Draft

Last updated 09-17-2019
(Version 27)

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91	Logan	South Central
97	Madison	South Central
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117	Morrow	SouthEast
127	Perry	SouthEast
129	Pickaway	South Central
131	Pike	South Central
141	Ross	South Central
145	Scioto	South Central
159	Union	South Central
5	Ashland	NorthEast Central
19	Carroll	NorthEast Central
75	Holmes	NorthEast Central
133	Portage	NorthEast
139	Richland	NorthEast Central
151	Stark	NorthEast Central
153	Summit	NorthEast
157	Tuscarawas	NorthEast Central
169	Wayne	NorthEast
7	Ashtabula	NorthEast
35	Cuyahoga	NorthEast
43	Erie	NorthEast Central
55	Geauga	NorthEast
77	Huron	NorthEast Central
85	Lake	NorthEast
93	Lorain	NorthEast
103	Medina	NorthEast
29	Columbiana	NorthEast
99	Mahoning	NorthEast
155	Trumbull	NorthEast
3	Allen	NorthWest
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51	Fulton	NorthWest
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95	Lucas	North Central
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9	Athens	SouthEast
13	Belmont	SouthEast
31	Coshocton	SouthEast
53	Gallia	South Central
59	Guernsey	SouthEast
67	Harrison	SouthEast
79	Jackson	South Central
81	Jefferson	SouthEast
87	Lawrence	South Central
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135	Preble	SouthWest
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NOTES

- PROGRAMMER – We need a help screen available at all times that provides the following text:

If you have questions or concerns about the study or if you feel that you have been harmed as a result of this study, you may call The Ohio State University 1-800-678-6437.

- The following are variables that will be loaded into the CATI from the sample file:

  - CALL TYPE. 1 = Landline, 2 = Cellphone

  - INCENTIVE. 1 = Yes, 2 = No

FRONT END SCREENING

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

        PLEASE LEAVE THE FOLLOWING MESSAGE ON THE ANSWERING MACHINE.

        Hello, I'm calling on behalf of the State of Ohio and The Ohio State University regarding an important research study about health care issues affecting state residents. Please call us at 1-877-256-8029 at your convenience. Your participation will help the State of Ohio make better health care policy decisions for residents, such as yourself. My name is ____ (First name) and we look forward to speaking with you. Thank you.

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

INT04
        (DISPLAY IF: DISP = PRIVACY MANAGER)

        IF THE MESSAGE ASKS TO IDENTIFY WHO OR WHAT COMPANY IS CALLING:
        "We are calling on behalf of the State of Ohio."

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

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

CALL_IN

Thank you for calling. My name is [Interviewer Name] from RTI International. We called your household on behalf of the State of Ohio. We are conducting a survey on health insurance coverage and access to health care. Your number has been selected at random to be included in the study.

I have that you are calling from [Respondent Phone Number] – is this the best number to call you on if we get disconnected and I need to call you back?

        1   CONTINUE
        2   NEW NUMBER

INTRODUCTION AND SCREENER QUESTIONS FOR MAIN SAMPLE

(PROGRAMMER: EACH SECTION NEEDS A TIMER. PLEASE START TIMER FOR SECTION A. TO BE STORED FOR COMPLETE AND SCREENED INTERVIEWS)

(SECTIONTIME_SECS_TIMESTART = ADMIN VARIABLE WITH SECTION S START TIME)

LEAD_IN1

Hello, I'm calling on behalf of the State of Ohio and The Ohio State University regarding an important study about health care issues affecting state residents. My name is [_____] and I am part of the research team. This is not a scam or a sales call. [IF CALL TYPE=2: You will receive $10 for participating.]

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

01   CONTINUE (GO TO CF1A)
04   BUSINESS NUMBER (GO TO BUSINESS_NUM)
05   WOULD LIKE TO BE CALLED ON A NEW NUMBER (GO TO TEL06)

BUSINESS_NUM

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

01   YES (GO TO CF1A)
02   NO

CF1A

Your telephone number was chosen randomly and all information will be kept strictly confidential and only reported in group form. This call may be monitored or recorded for quality assurance. (FILL: IF CALLTYPE=02 The person selected to participate will receive a $10 electronic gift card for completing the survey.)

(IF NECESSARY: We are also interested in experiences of persons who do not have health insurance. The State of Ohio needs your household's input to help make health care policy decisions. This survey should take 22 minutes to complete. I work for RTI, a survey research company contracted by The Ohio State University on behalf of the State of Ohio. If you have questions, concerns, or complaints about the study, you may call The Ohio State University at 1-800-678-6437.)

01   ADULT ON PHONE (GO TO STARTTIME_S)
02   ADULT AVAILABLE (GO BACK TO LEAD_IN1)
03   CHILD SPEAKING (GO TO ADULT)
05   LANGUAGE BARRIER (GO TO LANGBARRIER)
06   REFUSED (GO TO WHO_REF)

ADULT

May I speak with an adult?

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

99   REFUSED (GO TO WHO_REF)

CELL_RESP

Is this a <CALLTYPE> phone?

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

01   LANDLINE PHONE
02   CELL PHONE (GO TO PS2)
08   SCHEDULE A CALLBACK (GO TO INT06)
09   OTHER CODES (GO TO ALTB)

PS
(ASK IF: CELL_RESP=01)

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

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

(INTERVIEWER NOTE: A non-residence would be a dormitory, hospital room, nursing home,
assisted living facility, group home or barracks)

01   YES (GO TO NUM_ADULTS)
02   NO, NON-RESIDENCE (GO TO PS2)

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

PS2
(ASK IF PS=02)

Have I reached you at college housing, such as a dormitory, fraternity or sorority house, campus sponsored housing or college family housing, or international student or visiting faculty housing?

01   YES (GO TO CELL1)
02   NO, NON-RESIDENCE (GO TO INT05)

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

CELL1
        (ASK IF: IF CELL_RESP=02 OR PS2=01)

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

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

CELL2

        When would be a better time to call you?

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

        01   SET CALL BACK (GO TO INT06)

CELL_PICK

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

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

CELL_CONFIRM

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

        01   YES, ADULT COMES TO PHONE (GO TO CELL_INTRO)

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

NUM_ADULTS

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

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

ENTER NUMBER OF ADULTS

98   DK
99   REFUSED

NUM_ADULTSREF
        (ASK IF NUM_ADULTS = 98,99)

For the purposes of this survey, we will need to know the number of adults, aged 19 years or older, who are members of your household. I just want to reassure you that your responses will be kept strictly confidential. How many members of your household, including yourself, are 19 years of age or older?

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

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

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

S10C
        (ASK IF NUM_ADULTS=0, ELSE GO TO S1)

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

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

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

S1 The person in your household I need to interview is the adult aged 19 or older currently living in your household with the most recent birthday. Is that you or someone else?

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

(IF NECESSARY:
- Household refers to all the people who are living in this house, apartment, or mobile home where I have reached you. Members of a household do not have to be related; this includes roommates.

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

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

01	SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY (GO TO PRESCR_NAME)
02	NOT SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY (GO TO PRESCR_NAME)
03	INDIVIDUAL ON PHONE DOES NOT KNOW HOUSEHOLD MEMBERS BIRTHDAYS
96	THERE ARE NO ADULTS 19 OR OVER IN HOUSEHOLD (GO TO INT09)
98	DK (GO TO INT11)
99	REFUSED (GO TO INT11)

S1a

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

01	PERSON COMING TO THE PHONE (GO BACK TO S1)
02	NO ONE AVAILABLE WHO KNOWS HHM BIRTHDAYS (GO TO INT06)

CELL_INTRO

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

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

You are the person I need to interview.

01 CONTINUE

SCR_NAME

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

Could I have <PRESCR_NAME> first name or initials?

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

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

RECORD NAME OR INITIALS   (TEXT RANGE=25 CHARACTERS)

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

May I speak to <PRESCR_NAME> now?

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

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

01   YES (GO TO S5)
02   NO (GO TO INT06)
03   SELECTED R IS PHYSICALLY OR MENTALLY IMPAIRED AND CANNOT DO INTERVIEW

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

SS2b

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

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

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

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

PROXY_NAME

Could I have (FILL: IF SS2b=01 your / IF SS2b=02 his or her) first name or initials?

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

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

RECORD NAME OR INITIALS   (TEXT RANGE=25 CHARACTERS)

S4a

(ASK IF: SS2b=02, ELSE GO TO S5)

May I speak to (FILL: PROXY_NAME) please?

01   YES
02   NO (GO TO INT06)

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

S5

(ASK IF S4A=01 OR SPEAK1=01)

Hello, my name is *** and I am calling on behalf of the State of Ohio and The Ohio State University regarding an important study about health care issues affecting state residents. This call may be monitored or recorded for quality assurance.

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

01   AVAILABLE
02   NOT ABLE TO PARTICIPATE AT THIS TIME (GO TO INT06)

INFORM

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

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

Before we begin, The Ohio State University would like me to tell you that the interview will last approximately 22 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential. May we begin?

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

01   YES
02   NO (GO TO INT06)

99   REF (GO TO WHO_REF)

S2c

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

What is your relationship to <SCR_NAME>?

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

01	YOU ARE (SCR_NAME)'S WIFE / FEMALE PARTNER
02	YOU ARE (SCR_NAME)'S HUSBAND / MALE PARTNER
03	YOU ARE (SCR_NAME)'S MOTHER
04	YOU ARE (SCR_NAME)'S FATHER
05	YOU ARE (SCR_NAME)'S DAUGHTER
06	YOU ARE (SCR_NAME)'S SON
07	YOU ARE (SCR_NAME)'S GRANDMOTHER
08	YOU ARE (SCR_NAME)'S GRANDFATHER
09	YOU ARE (SCR_NAME)'S AUNT
10	YOU ARE (SCR_NAME)'S UNCLE
11	YOU ARE (SCR_NAME)'S SISTER
12	YOU ARE (SCR_NAME)'S BROTHER
13	YOU ARE (SCR_NAME)'S OTHER FEMALE RELATIVE
14	YOU ARE (SCR_NAME)'S OTHER MALE RELATIVE
15	YOU ARE (SCR_NAME)'S FEMALE LEGAL GUARDIAN
16	YOU ARE (SCR_NAME)'S MALE LEGAL GUARDIAN
17	YOU ARE (SCR_NAME)'S FOSTER MOTHER
18	YOU ARE (SCR_NAME)'S FOSTER FATHER
19	YOU ARE (SCR_NAME)'S OTHER FEMALE NON-RELATIVE

20   YOU ARE (SCR_NAME)'S OTHER MALE NON-RELATIVE

96   NOT ANSWERING THE QUESTION / NOT ENOUGH INFO
98   DK
99   REFUSED

S15

What is <YOUR_NAME> gender?

(INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY.)

01   MALE
02   FEMALE
97   OTHER (SPECIFY)

99   REFUSED

S8

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

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

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

98   DK (GO TO INT18)
99   REFUSED (GO TO INT18)

S9

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

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

(INTERVIEWER NOTE:
- FIND THE COUNTY RESPONDENTS NAME IN THE LIST AND CODE ACCORDINGLY.

- IF RESPONDENT SAYS MORE THAN ONE COUNTY NAME, CODE ONLY THE ONE RESPONDENT LIVES IN MOST OF THE TIME IS MOST SURE OF.

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

001	ADAMS	061	HAMILTON	121	NOBLE
003	ALLEN	063	HANCOCK	123	OTTAWA
005	ASHLAND	065	HARDIN	125	PAULDING
007	ASHTABULA	067	HARRISON	127	PERRY
009	ATHENS	069	HENRY	129	PICKAWAY
011	AUGLAIZE	071	HIGHLAND	131	PIKE
013	BELMONT	073	HOCKING	133	PORTAGE
015	BROWN	075	HOLMES	135	PREBLE
017	BUTLER	077	HURON	137	PUTNAM
019	CARROLL	079	JACKSON	139	RICHLAND
021	CHAMPAIGN	081	JEFFERSON	141	ROSS
023	CLARK	083	KNOX	143	SANDUSKY
025	CLERMONT	085	LAKE	145	SCIOTO
027	CLINTON	087	LAWRENCE	147	SENECA
029	COLUMBIANA	089	LICKING	149	SHELBY
031	COSHOCTON	091	LOGAN	151	STARK
033	CRAWFORD	093	LORAIN	153	SUMMIT
035	CUYAHOGA	095	LUCAS	155	TRUMBULL
037	DARKE	097	MADISON	157	TUSCARAWAS
039	DEFIANCE	099	MAHONING	159	UNION
041	DELAWARE	101	MARION	161	VAN WERT
043	ERIE	103	MEDINA	163	VINTON
045	FAIRFIELD	105	MEIGS	165	WARREN
047	FAYETTE	107	MERCER	167	WASHINGTON
049	FRANKLIN	109	MIAMI	169	WAYNE
051	FULTON	111	MONROE	171	WILLIAMS
053	GALLIA	113	MONTGOMERY	173	WOOD
055	GEAUGA	115	MORGAN	175	WYANDOT
057	GREENE	117	MORROW		
059	GUERNSEY	119	MUSKINGUM		

998	DK
999	REFUSED

S9a

(ASK IF: S9=998 OR 999, ELSE GO TO S9B)

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

(INTERVIEWER: PROBE FOR SPELLING NEEDED.)

RECORD RESPONSE   (TEXT RANGE=70 CHARACTERS)

S9b

What is <YOUR_NAME> ZIP code?

RECORD 5 DIGIT ZIP CODE   (RANGE 43000-45999)

DK   99998
RE   99999

S11

(ASK IF: NUM_ADULTS NOT EQUAL 1, ELSE GO TO S12)

(PROGRAMMER: S11 MAY BE UPDATED THROUGHOUT THE SCREENER. STORE ORIGINAL VALUE IN ZS11)

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

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

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

(IF RESPONDENT GIVES A NUMBER GREATER THAN 20, CODE RESPONSE AS 20.)

ENTER NUMBER (01 - 20)

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

S11b

(ASK IF: S11> NUM_ADULTS AND NUM_ADULTS > 00, ELSE GO TO S12)

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

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

---

01   CHANGE NUMBER OF ADULTS IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE NUM_ADULTS

02   CHANGE NUMBER OF ADULTS IN FAMILY, ENTER NEW NUMBER AND RECODE S11

03   NO CHANGES (GO TO S12)

99   REFUSED (GO TO S12)

S12

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

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

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

ENTER NUMBER OF CHILDREN

98   DK (GO TO S14)

99   REFUSED (GO TO S14)

S13b

(IF S12=01)
Is the child living in your household a family member?

(ASK IF S12>01)

How many of the <S12> living in your household are family members?

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

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

ENTER NUMBER OF CHILDREN

98   DK (GO TO S13A)

99   REFUSED (GO TO S13A)

NOCHILD_CK

     (ASK IF: S13B>S12, ELSE GO TO S13A)

     Let me see if I have this right, there are <S12> total in the household, and <S13B> in the household who are family members. Which of these is correct?

     1   CHANGE NUMBER OF CHILDREN IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE S12 (GO TO S12)
     2   CHANGE NUMBER OF CHILDREN IN FAMILY, ENTER NEW NUMBER AND RECODE S13 (GO TO S13B)

     98   DK
     99   REFUSED

S13a

     <AREYOU_ISNAM> a parent of any of the < S12> living in your household, including children temporarily away from the home?

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

     01   YES
     02   NO

     98   DK
     99   REFUSED

S14

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

     (IF NECESSARY:
        o   These questions are just to help ensure that this study's results represent everyone in the state of Ohio.

        o   Your best guess is fine.)

     RECORD AGE   (RANGE 019-125)

     998   DK (GO TO S14A)
     999   REFUSED (GO TO S14A)

S14a   (ASK IF: S14=998,999, ELSE GO TO S14FILL)

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

(IF NECESSARY:

- o   These questions are just to help ensure that this study's results represent everyone in the State of Ohio.

- o   Your best guess is fine.)

01   19-24 years old
02   25-34 years old
03   35-44 years old
04   45-54 years old
05   55-64 years old
06   65 - 74 years old
07   75 years old or older

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

(SECTIONTIME_SECS_TIMEEND = ADMIN VARIABLE WITH SECTION S END TIME)
(SECTIONTIME_SECS_TIMETOTAL = ADMIN VARIABLE WITH SECTION S TOTAL TIME)
(SECTIONTIME_SECS_COMPLETION = ADMIN VARIABLE NOTING IF SECTION S COMPLETED)

SECTION A: CURRENT INSURANCE STATUS

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION A)
(SECTIONTIME_SECA_TIMESTART = ADMIN VARIABLE WITH SECTION A START TIME)

PREA1

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

01   CONTINUE

A1

 <AREYOU_ISNAM> covered by health insurance or some other type of health care plan?

01   YES (GO TO END OF SECTION A)
02   NO

98   DK
99   REFUSED

A1a

Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE or Champ-VA.

Keeping this in mind, <AREYOU_IS_L> covered by health insurance or some other type of health care plan?

01   YES, INSURED
02   NO, NOT INSURED (GO TO C1)

98   DK (GO TO C1)
99   REFUSED (GO TO C1)

(SECTIONTIME_SECA_TIMEEND = ADMIN VARIABLE WITH SECTION A END TIME.)
(SECTIONTIME_SECA_TIMETOTAL = ADMIN VARIABLE WITH SECTION A TOTAL TIME.)
(SECTIONTIME_SECA_COMPLETION = ADMIN VARIABLE NOTING IF SECTION A COMPLETED)

SECTION B: CURRENTLY INSURED ADULT

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION B.)
(SECTIONTIME_SECB_TIMESTART = ADMIN VARIABLE WITH SECTION B START TIME)

Employer-based Coverage

B4A

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

(IF NECESSARY:
- Either through (FILL: IF INT1=03 SCR_NAME's/ ELSE your) own or someone else's employment.

- Include retiree coverage and COBRA.

- Do not include Medicare or Medicaid coverage.

- Military status is considered employment.)

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

01   YES
02   NO (GO TO B4B)

98   DK (GO TO B4B)
99   REFUSED (GO TO B4B)

B4Aa

(DP SKIPCHECK NOTE: B4aa1=02 WILL APPEAR HERE AS 01 AND B4aa1=03 WILL APPEAR AS 02)
(POST-PROCESSING NOTE)

Is that insurance through <YOUR_NAME> work or <AREYOU_IS_L> receiving insurance as a dependent through someone else's work?

(IF NECESSARY:
- A spouse is a dependent.

- This includes current or past work.

- The health insurance can come through a **past employer**, but the coverage **must** be **current.**)

01   <YOUROWN_NAMC> WORK (GO TO B4AB)

---

02   SOMEONE ELSE'S WORK (GO TO B4AB)
03   BOTH THROUGH <YOUROWN_NAMC> WORK AND SOMEONE ELSE'S WORK

98   DK (GO TO B4B)
99   REFUSED (GO TO B4B)

B4Aa1

Just to confirm, you said that <YOUR_NAME> insurance is through <YOUROWN_NAME> work and someone else's work?

01   YES, INSURANCE BOTH THROUGH <OWN_NAME_C> and SOMEONE ELSE'S WORK
02   NO, INSURANCE THROUGH <OWN_NAME_C> WORK ONLY (RECODE B4Aa=01)
03   NO, INSURANCE THROUGH SOMEONE ELSE'S WORK (RECODE B4Aa=02)

98   DK (GO TO B4B)
99   REFUSED (GO TO B4B)

B4Ab

(IF B4AA =01 OR 03 FILL: Is that through <YOUR_NAME> current work or past work?)

(IF B4AA = 02 FILL: <AREYOU_ISNAM> covered through that person's current work or past work?)

01   CURRENT WORK
02   PAST WORK

98   DK
99   REFUSED

Medicare Coverage

B4B

<AREYOU_ISNAM> _$recall(recall= "**also**", condition="B4A=01 or B4Aa=01")covered by **Medicare**, the **Federal** government-funded health insurance plan for people 65 years and older or with certain disabilities?

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

01   YES
02   NO

98   DK
99   REFUSED

Medicaid Coverage

B4C

> _$recall(recall="<AREYOU_ISNAM> **also** covered by **Medicaid**, the **State** of Ohio government health care program?", condition= "(b4a=01 OR b4b=01)")
> _$recall(recall="<AREYOU_ISNAM> covered by **Medicaid**, the **State** of Ohio government health care program? ", condition="not(b4a=01 OR b4b=01)")

> (IF NECESSARY:

> - o   Medicaid uses managed care organizations like CareSource, Buckeye, Molina, Paramount, and United Healthcare.
>
> - o   Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.
>
> - o   Medicaid also includes Ohio Works First Cash Assistance, and Medicaid for the Aged, Blind and Disabled, commonly referred to as ABD.
>
> - o   Medicaid waiver programs include Passport, Assisted Living, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, MyCare Ohio, and SELF.
>
> - o   SELF refers to the Self-Empowered Life Funding waiver.)

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

> 01   YES (GO TO B4B_CON1)
> 02   NO
>
> 98   DK
> 99   REFUSED

B4CFILLA - Calculated fill for B4C_CK based on S9

> (FILL:
> - IF S9= Butler, Clermont, Clinton, Delaware, Franklin, Hamilton, Madison, Pickaway, Union, Warren: the MyCare Ohio program that includes **Aetna Better Health Care** and Molina Healthcare
>
> - IF S9=Fulton, Lucas, Ottawa, Wood: the MyCare Ohio program that includes **Aetna Better Health Care** and Buckeye Community Health Plan

- IF S9=Cuyahoga, Geauga, Lake, Lorain, Medina: the MyCare Ohio program that includes CareSource, **United HealthCare Community Plan**, and Buckeye Community Health Plan

- IF S9=Clark, Greene, Montgomery: the MyCare Ohio program that includes Buckeye Community Health Plan and Molina HealthCare

- IF S9= Columbiana, Mahoning, Portage, Stark, Summit, Trumbull, Wayne: the MyCare Ohio program that includes CareSource and **United HealthCare Community Plan**

B4C_CK

_$recall(recall="<AREYOU_ISNAM> covered by Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, **United Healthcare Community Plan**, or Buckeye Community Health Plan?", condition="not(B4B=01)")

_$recall(recall="<AREYOU_ISNAM> also covered by MBI WD,<b4cfilla> Medicare Premium Assistance Programs, QMB, SLMB, Healthy Families or Healthy Start? ",condition= "B4B = 01")
_$recall(recall="(IF NECESSARY: Code any references to United Healthcare plans other than **United Healthcare Community Plan** or Paramount plans other than Advantage as 02=No)",condition="not(B4B=01)")

(IF NECESSARY, AS A REMINDER):

- Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.

- Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD.

- Medicaid waiver programs include Passport, Assisted Living, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, and SELF.

- SELF refers to the Self-Empowered Life Funding waiver.

- QMB refers to Qualified Medicare Beneficiary and is a program that assists with Medicare premiums and cost sharing.

- SLMB refers to Specified Low-Income Medicare Beneficiary and is a program that assists with Medicare premiums.

- MBI WD refers to Medicaid Buy In for Working Disabled.)

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

01   YES
02   NO

98   DK
99   REFUSED

B4C_CK_payer
(ASK IF B4C_CK = 01)

Who provides this health insurance plan? Is it <YOURHISHER> employer or union, a state or local government program, <YOU_NAME> or <YOURHISHER> family, or someone else?

01   EMPLOYER OR UNION
02   STATE OR LOCAL GOVERNMENT PROGRAM
03   <YOU_NAME_C> OR FAMILY
04   SOMEONE ELSE

98   DK
99   REFUSED

B4B_CON1
(ASK IF (B4B = 01 AND ((S14>=19 AND S14<65) OR (S14A>=01 AND S14A <06))) OR (B4B=02 AND ((S14>=65 AND S14<=125) OR (S14A=06))) OR (B4C_CK=98, 99) OR (B4B=98, 99)), ELSE GO TO B4B_R.

Just to verify, <AREYOU_IS_L> covered by the state **Medicaid** program, or <AREYOU_ISNAM> covered through the national **Medicare** program, or by both **Medicaid** and **Medicare**?

(IF NECESSARY:
    o   Medicare is different from Medicaid. Medicare is a **Federal** health insurance for people 65 years or older and people with disabilities and is run by the Social Security Administration.

    o   Medicaid is a **State of Ohio** program that pays for medical insurance for certain individuals and families with low incomes and resources.)

01   MEDICAID ONLY
02   MEDICARE ONLY
03   BOTH MEDICAID AND MEDICARE
04   NEITHER

98   DK
99   REFUSED

B4B_CON2
(ASK IF: B4B_CON1 = 01 AND (S14 >=65 OR S14A = 06)) OR (B4B_CON1=02 AND ((S14>18 AND S14 <65) OR S14A<06)), ELSE GO TO B4B_R

And <you_name> <werewas> years old. Is that correct?

      01   YES (GO TO B4B_R)
      02   NO

      98 DK (GO TO B4B_R)
      99 REFUSED (GO TO B4B_R)

B4BCAGE
(ASK IF: B4B_CON2=02, ELSE GO TO B4B_R)
How old were <you_name> on your last birthday?

(IF NECESSARY: These questions are just to help ensure that this study´s results represent everyone in the State of Ohio. Your best guess is fine.)

      ENTER AGE IN YEARS

      998   DK
      999   REFUSED

B4B_R
IF ((B4B_CON1= 02,03) THEN B4B_R=01), IF((B4B_CON1 = 01,04) THEN B4B_R=02), IF ((B4B_CON1= 98) THEN B4B_R=98), IF ((B4B_CON1=99) THEN B4B_R= 99), ELSE B4B_R= B4B

      01   YES
      02   NO

      98   DK
      99   REFUSED

B4C_R
IF ((B4B_CON1=01 OR 03) THEN B4C_R=01); ELSE IF ((B4B_CON1=02 OR 04) THEN B4C_R=02); ELSE IF B4B_CON1=98 THEN B4C_R=98; ELSE IF B4B_CON1=99 THEN B4C_R =99; ELSE IF B4C=1 THEN B4C_R=1; ELSE IF ((B4C_CK=1 AND B4C_CK_payer=02) THEN B4C_R=1); ELSE IF (B4C_CK=01 AND B4C_CK_payer NE 02) THEN B4C_R=02; ELSE B4C_R=B4C_CK)

      01   YES
      02   NO

      98   DK

99   REFUSED

B4Ca

(ASK: IF B4C_R=01), ELSE GO TO B4E

Which Medicaid plan <AREYOU_IS_L> covered by?

(IF NECESSARY: Is it Healthy Families, Healthy Start, Medicaid for the Aged, Blind and Disabled, Individual Options, IO, Level One Waiver, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, Buckeye Community Health Plan, MyCare Ohio, or something else?)

(INTERVIEWER:
CODE ANY REFERENCE TO NOT HAVING MEDICAID AS 17. ALSO CODE ANY REFERENCES TO UNITED HEALTHCARE PLANS OTHER THAN UNITED HEALTHCARE COMMUNITY PLAN OR PARAMOUNT PLANS OTHER THAN ADVANTAGE AS 17.)

01   HEALTHY FAMILIES
02   HEALTHY START
03   MEDICAID FOR THE AGED, BLIND AND DISABLED, MBI WD, BCCP, HOME CHOICE/MONEY FOLLOWS THE PERSON (MFP), SPECIALIZED RECOVERY SERVICES (SRS)
04   PASSPORT OR ASSISTED LIVING WAIVER,
05   OHIO HOME CARE WAIVER
06   INDIVIDUAL OPTIONS, IO, LEVEL ONE, TRANSITIONS, OR SELF WAIVER
07   MYCARE OHIO
08   MEDICARE PREMIUM ASSISTANCE PROGRAM (MPAP), QMB, SLMB, "HELP WITH MEDICARE"
09   AETNA BETTER HEALTH CARE, AETNA
11   BUCKEYE COMMUNITY HEALTH PLAN, BUCKEYE
12   CARESOURCE
13   MOLINA HEALTHCARE
14   PARAMOUNT ADVANTAGE, PARAMOUNT
15   UNITED HEALTH CARE COMMUNITY PLAN, UNITED
17   EMPLOYEE/PERSONAL/NON-MEDICAID

97   OTHER
98   DK
99   REFUSED

B4C2

How long <HAVE_HAS> <YOU_NAME> been covered by <FL_B4CA>? Would you say…

(IF NECESSARY: Your best guess is fine.)

01 Less than 3 months
02 3 months to 1 year,

---

03 1 to 2 years, or
04 more than 2 years?

98 DK
99 REFUSED

Private Coverage

B4E

<AREYOU_ISNAM> _$Recall (RECALL="also", CONDITION="B4A=01 OR
B4AA=01 OR B4C=01 OR (B4C_CK=01 AND B4C_CK_payer=3)") covered by
health insurance purchased directly, that is, a plan not related to current or
past employment?

01   YES
02   NO

98   DK
99   REFUSED

B4G

<DODOESC> <YOU_NAME> have any **other** health care coverage that I have not mentioned?

(INTERVIEWER NOTE: If "Exchange" is mentioned, then code as Yes.)
(PROBE IF RESPONDENT MENTIONS A PROGRAM YOU ALREADY ASKED ABOUT: That sounds like
a plan I asked you about before. <DODOESC> <YOU_NAME> have any **other** health care
coverage that I did **not** mention earlier? GO BACK AND CHANGE ANSWERS AS NECESSARY.)

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:
  o   FILL: IF B4A=01 HEALTH PLAN THROUGH EMPLOYER
  o   FILL: IF B4B_R=01 MEDICARE (65+ & DISABILITIES)
  o   FILL: IF B4C_R=01 MEDICAID (GOVERNMENT ASSISTANCE PROGRAM)
  o   FILL: IF B4E=01 DIRECT PURCHASE INSURANCE PLAN

01   YES
02   NO (GO TO B4CHK)

98   DK (GO TO B4CHK)
99   REFUSED (GO TO B4CHK)

B4H

Who provides this health insurance plan? Is it <YOURHISHER> employer or union, a state or local government program is it <YOU_NAME> or <YOURHISHER> family, or someone else?

01   EMPLOYER OR UNION
02   STATE OR LOCAL GOVERNMENT PROGRAM
03   <YOU_NAME_C> OR FAMILY
04   SOMEONE ELSE

98   DK
99   REFUSED

B4CHK

(ASK IF: (B4A=01 + B4B_R=01 + B4C_R=01 + B4E=01 + B4G=01 > 1) AND (B4B_CON1=MISSING)), ELSE GO TO B18)

To confirm, you said <YOU_NAME> <AREIS> covered by:
(FILL:
   o   FILL: IF B4A=01 a health insurance plan through a current or former employer or union
   o   FILL: IF B4B_R=01 Medicare
   o   FILL: IF B4C_R=01 Medicaid
   o   FILL: IF B4E=01 health insurance purchased directly
   o   FILL: IF B4G=01 some other health coverage)

Is that correct?

01   YES (GO TO B10)
02   NO

98   DK
99   REFUSED

Insurance Covered Health Services

B18

(GO TO B19 IF: (B4A=02) AND (B4B_R=02) AND (B4C_R=01) AND (B4E=02) AND (B4G=02))

How long <HAVE_HAS> <YOU_NAME> been covered by <YOURHISHER> current primary health insurance plan? Would you say…

(IF NECESSARY:
   o   Your best guess is fine.

o   The primary plan is the plan that pays the medical bills first or pays most of the medical bills. How long <HAVE_HAS> <YOU_NAME> been covered by that plan?)

01   Less than 3 months,
02   3 months to 1 year,
03   1 to 2 years, or (GO TO START OF SECTION D)
04   more than 2 years?
 (GO TO START OF SECTION D)

98   DK
99   REFUSED

Previous Coverage

B19

(ASK IF: (B18=01, 02) OR (B4C2=01, 02))

Before <YOU_NAME> became covered with <YOURHISHER> current primary health insurance plan, <WEREWAS> <YOU_NAME> covered by another plan within the past 12 months?

01   YES
02   NO

98   DK
99   REFUSED

B20

(ASK IF: (B19=01 AND B4C_R = 02,98,99))

Just prior to <YOUR_NAME> current health insurance coverage <WEREWAS> <YOU_NAME> covered by **Medicaid**, the State of Ohio government health care program?

(IF NECESSARY, READ: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD. Medicaid waiver programs include Passport, Assisted Living, Choices or Home Choices, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)

01   YES
02   NO (GO TO B21)

98   DK (GO TO B21)
99   REFUSED (GO TO B21)

B21

ASK IF (B20=2,98,99 AND B19=1) OR (B4C_R=1 AND B19=1)

Just prior to <YOUR_NAME> current health insurance coverage, <WEREWAS> <YOU_NAME> covered by a health insurance plan obtained through an employer or union?

(IF NECESSARY:
   o   Either through <YOUR_NAME> own or someone else's employment.

   o   Include retiree coverage and COBRA.

   o   Do not include Medicare or Medicaid coverage.)

01   YES
02   NO (GO TO B22)

98   DK (GO TO B22)
99   REFUSED (GO TO B22)

B22

ASK IF (B21=2,98,99)

Just prior to <YOUR_NAME> current health insurance coverage, <WEREWAS> <YOU_NAME> covered by any other insurance that <YOU_NAME> or <YOURHISHER> family paid for completely?

01   YES (GO TO B27)
02   NO

98   DK
99   REFUSED

B24

(ASK IF: B19=01 AND (B22=02,98,99), ELSE GO TO B27)

Just prior to <YOUR_NAME current health insurance coverage, <WEREWAS> <YOU_NAME> covered by any health insurance plan?

01   YES
02   NO (START OF SECTION D)

98   DK
99   REFUSED

Coverage Past 12 Months

B27

    (ASK IF: (B18 = 01, 02, 98, 99) OR (B4C2 = 01, 02, 98, 99))
    During the past 12 months, how long <werewas> <you_name> without health insurance
    coverage? Would you say…

    (IF NECESSARY: Your best guess is fine.)

    01   0 to 2 months
    02   3 to 6 months, or
    03   7 to 12 months

    (SECTIONTIME_SECB_TIMEEND = ADMIN VARIABLE WITH SECTION B END TIME.)
    (SECTIONTIME_SECB_TIMETOTAL = ADMIN VARIABLE WITH SECTION B TOTAL TIME.)
    (SECTIONTIME_SECB_COMPLETION = ADMIN VARIABLE NOTING IF SECTION B COMPLETED.)

SECTION C: CURRENTLY UNINSURED ADULT

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION C.)
(SECTIONTIME_SECC_TIMESTART = ADMIN VARIABLE WITH SECTION C START TIME)

(ASK IF: (A1a = 02, 98, 99)
C1_new

    When <WEREWAS> <you_name> last covered by any type of health insurance plan? Was it…

    01   Less than 3 months ago,
    02   3 months to less than 1 year ago,
    03   1 to 3 years ago, or (GO TO PRED30)
    04   More than 3 years ago? (GO TO PRED30)*
    05   NEVER HAD COVERAGE (GO TO PRED30)

    98 DK (GO TO PRED30)
    99 REFUSED (GO TO PRED30)

C3
The last time <YOU_NAME> had health insurance <werewas> <YOUHESHE> covered by Medicaid, the
    State of Ohio government health care program?

    (IF NECESSARY, READ: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First
    Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD. Medicaid waiver

---

programs include Passport, Assisted Living, Choices or Home Choice, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, MyCare Ohio, and Transitions.)

    01   YES (GO TO PRED30)
    02   NO

    98   DK
    99   REFUSED

C4

    The last time <YOU_NAME> had health insurance, <WEREWAS> <you_name> covered by a plan obtained through a current or former employer or union?

    (IF NECESSARY:
        o   Either through <YOUR_NAME> own or someone else's employment.

        o   Include retiree coverage and COBRA.

        o   Do not include Medicare or Medicaid coverage.)

    01   YES
    02   NO

    98   DK
    99   REFUSED

    (SECTIONTIME_SECC_TIMEEND = ADMIN VARIABLE WITH SECTION C END TIME.
      SECTIONTIME_SECC_TIMETOTAL = ADMIN VARIABLE WITH SECTION C TOTAL TIME
      SECTIONTIME_SECC_COMPLETION = ADMIN VARIABLE NOTING IF SECTION C COMPLETED)

SECTION D: ADULT HEALTH STATUS & CARE GIVING

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION D.)
(SECTIONTIME_SECD_TIMESTART = ADMIN VARIABLE WITH SECTION D START TIME)

General Health

IF PROXY_FLAG=1, GOTO CDC_1

PRED30

    Now I would like to ask about your health.

    01   CONTINUE

D30

    In general, would you say your health is excellent, very good, good, fair, or poor?

    01   EXCELLENT
    02   VERY GOOD
    03   GOOD
    04   FAIR
    05   POOR

    98   DK
    99   REFUSED

D30I

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

    (INTERVIEWER:
        ○   IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

        ○   IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "So no days at all?" AND ENTER 0 IF THE ANSWER IS YES.)

    ENTER NUMBER OF DAYS (RANGE 0-31)

    98DK

99 REFUSED

CDC_transition: With this next set of questions, we want to ask about any physical, mental, or emotional conditions that cause serious difficulties with daily activities.

CDC_1: <AREYOU_ISNAME> deaf, or <DO_DOES><YOU_NAME> have serious difficulty hearing?

INTERVIEWER NOTE: "Serious difficulty" is whatever you define or perceive it to be.

       01   YES
       02   NO
       98   DK
       99   REFUSED

CDC_ 2: <AREYOU_ISNAME> blind, or <DO_DOES> <YOU_NAME> have serious difficulty seeing, even when wearing glasses?

INTERVIEWER NOTE: "Serious difficulty" is whatever you define or perceive it to be.

       01   YES
       02   NO*cdc
       98   DK
       99   REFUSED

CDC_ 3: <DODOESC> <YOU_NAME> have serious difficulty walking or climbing stairs?

INTERVIEWER NOTE: "Serious difficulty" is whatever you define or perceive it to be.

       01   YES
       02   NO
       98   DK
       99   REFUSED

CDC_ 4: <DODOESC> <YOU_NAME> have difficulty dressing or bathing?

INTERVIEWER NOTE: "Difficulty" is whatever you define or perceive it to be.

       01   YES
       02   NO
       98   DK
       99   REFUSED

CDC_ 5: Because of a physical, mental or emotional condition, <DO_DOES> <YOU_NAME> have serious difficulty concentrating, remembering or making decisions?

INTERVIEWER NOTE: "Serious difficulty" is whatever you define or perceive it to be.

01   YES
02   NO
98   DK
99   REFUSED

CDC_ 6: Because of a physical, mental or emotional condition, <DO_DOES> <YOU_NAME> have difficulty doing errands alone, such as visiting a doctor's office or shopping?

INTERVIEWER NOTE: "Difficulty" is whatever you define or perceive it to be.

01   YES
02   NO
98   DK
99   REFUSED

ADULT_DD

        <DODOESC> <YOU_NAME> have a developmental disability?

        (IF NECESSARY: Developmental disabilities are a group of conditions due to impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person´s lifetime.)

        01   YES
        02   NO
        98   DK
        99   REFUSED

Thinking about any injuries you may have experienced….
D33
        (ASK IF: ((S14>54) AND (S14<126)) OR (S14A=05,06) OR (ADULT_DD=01), ELSE GO TO D41)

        Within the past 12 months, have you been injured due to a fall?

        01   YES
        02   NO (GO TO D41)

        98   DK (GO TO D41)
        99   REFUSED (GO TO D41)

D33b

Did this injury due to a fall result in a visit to a doctor, nurse, other health professional, a clinic, or hospital?

01   YES
02   NO

98   DK
99   REFUSED

Chronic Conditions

D41

The next questions are about medical conditions you may have.

Has a doctor, nurse or other health professional ever told you that you had any of the following? For each, tell me Yes or No.

High blood pressure or hypertension?

(INTERVIEWER NOTE: IF RESPONDENT SAYS 'BORDERLINE', "PRE-HYPERTENSION" OR "HIGH NORMAL" THEN CODE AS '02')

01   YES
02   NO

98   DK
99   REFUSED

Heart Disease

D41A

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED) (Has a doctor, nurse or other health professional ever told you that you had any of the following?)

A heart attack, also called a myocardial infarction?

(MYOCARDIAL: mahy-uh-kahr-dee-uh-l)
(INFARCTION: in-fahrk-shuh n)

01   YES
02   NO

98   DK
99   REFUSED

D41b

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED) (Has a doctor, nurse or other health professional ever told you that you had any of the following?)

Coronary heart disease, also known as coronary **artery** disease, congestive heart **disease** or angina (an-jy-nuh)?

(ARTERY: ARE-TUR-EE)
(CONGESTIVE: KUN-JES- TIV)
(CORONARY: KAWR-E-NEREE)

01   YES
02   NO

98   DK
99   REFUSED

D41c

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED) (Has a doctor, nurse or other health professional ever told you that you had any of the following?)

A stroke?

01   YES
02   NO

98   DK
99   REFUSED

D41d

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)

Congestive heart **failure**?

(Has a doctor, nurse or other health professional ever told you that you had any of the following?)

01   YES
02   NO

98   DK
99   REFUSED

High Cholesterol

D42

    (INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)
    High cholesterol?

    (Has a doctor, nurse, or other health professional ever told you that you had any of the following?)

    01   YES
    02   NO

    98   DK
    99   REFUSED

Diabetes

D43

    (INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)

    Diabetes or sugar diabetes?

    (Has a doctor, nurse or other health professional ever told you that you had any of the following?)

    01   YES
    02   NO (GO TO D44)
    03   (VOLUNTEERED) BORDERLINE

    98   DK (GO TO D44)
    99   REFUSED (GO TO D44)

D43b

    (ASK: IF S15≠01, ELSE GO TO D43c)

    Was your **diabetes** only during a time associated with a pregnancy?

    01   YES ONLY WHEN PREGNANT
    02   NO

    98   DK
    99   REFUSED

D43c

(ASK: IF D43 = 01, ELSE GO TO D44)

Are you now taking insulin?

01   YES
02   NO
98   DK
99   REFUSED

D43d

(ASK: IF D43 = 01, ELSE GO TO D44)
Are you now taking diabetic pills to lower your blood sugar? (IF NECESSARY: These are sometimes called oral agents or oral hypoglycemic agents.)

01   YES
02   NO
98   DK
99   REFUSED

Asthma

D44

Have you ever been told by a doctor or any health professional that you had asthma?

01   YES
02   NO

98   DK
99   REFUSED

Arthritis

D48

//ASK IF S14 > 44 OR S14A > 03//

Have you ever been told by a doctor or any other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

01   YES
02   NO

98   DK

99   REFUSED

Pregnancy Status

E65   (ASK: IF S15=02 AND (S14 <45 OR (S14A = 01, 02, 03))), ELSE GO TO D30A_VALUE

During the past 12 months were you pregnant at any time?

01   YES
02   NO (GO TO D30A_VALUE)

98   DK (GO TO D30A_VALUE)
99   REFUSED (GO TO D30A_VALUE)

E65a

Are you currently pregnant?

01   YES
02   NO

98   DK
99   REFUSED

Weight and Height

D30a_VALUE

//IF E65a=01: Just before your current pregnancy, about how much did you weigh without shoes?//

About how much do you weigh without shoes?

(INTERVIEWER: ROUND FRACTIONS UP-ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS HE/SHE SPECIFICALLY SAYS KILOGRAMS.) ENTER WEIGHT   (RANGE 1-700)

998   DK
999   REFUSED

D30a_UNIT

(About how much do you weigh without shoes?)

(INTERVIEWER: -ROUND FRACTIONS UP-ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS HE/SHE SPECIFICALLY SAYS KILOGRAMS.) ENTER WEIGHT   (RANGE 1-700)

        (ENTER UNITS)

    01   POUNDS
    02   KILOGRAMS

    98   DK
    99   REFUSED

D30b

About how tall are you without shoes?

(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.

IF R GIVES HEIGHT IN HALF-INCH INCREMENT, ROUND UP TO NEAREST WHOLE NUMBER.)

    01   ANSWERED IN FEET/INCHES (GO TO D30B_F)
    02   CENTIMETERS (GO TO D30B_C)

    98   DK (GO TO IS_UCLA1)
    99   REFUSED (GO TOIS_UCLA1)

D30B_F

(About how tall are you without shoes?)(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.)

(1-8 FEET)

D30B_I

(About how tall are you without shoes?)(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.)

(00-12 INCHES)

LONELINESS/ISOLATION QUESTIONS

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way. You do not have to answer any questions that make you uncomfortable.

IS_UCLA1
First, how often do you feel that you lack companionship?

01 Hardly ever
02 Some of the time
03 Often
98 DK
99 REFUSED

IS_UCLA2
How often do you feel left out?

01 Hardly ever
02 Some of the time
03 Often
98 DK
99 REFUSED

IS_UCLA3
How often do you feel isolated from others?

01 Hardly ever
02 Some of the time
03 Often
98 DK
99 REFUSED

Substance Use

These next few questions are about your experiences with tobacco, alcohol and other substances.

D45

(ASK IF: PROXY_FLAG NE 1, ELSE GO TO END OF SECTION D)

Have you smoked at least 100 cigarettes in your entire life?

(IF NECESSARY: 5 packs contain 100 cigarettes. This does not include smoking pipes, cigars, and electronic cigarettes or e-cigarettes.)

01   YES
02   NO (GO TO D45d)

98   DK
99   REFUSED

D45a

Do you smoke cigarettes every day, some days, or not at all?

01   EVERY DAY
02   SOME DAYS
03   NOT AT ALL (GO TO D45D)

98   DK
99   REFUSED

D45d
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
01   EVERY DAY
02   SOME DAYS
03   NOT AT ALL

98   DK
99   REFUSED

D45e.   Have you ever used an electronic cigarette or vaping product even one time?
01   YES
02   NO

98   DK
99   REFUSED

//IF D45E=01//
D45F   Do you now use e-cigarettes or vaping products every day, some days, rarely, or not at all?

01   EVERY DAY
02   SOME DAYS
03   RARELY
04   NOT AT ALL

98   DK
99   REFUSED

D46
During the past 30 days, on how many days did you have at least one drink of an alcoholic beverage such as beer, wine, a malt beverage or liquor?

(INTERVIEWER:
- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "So no days at all?" AND ENTER 0 AS THE ANSWER IF YES.)

RECORD NUMBER OF DRINKING DAYS   (RANGE 0 – 30)

98   DK
99   REFUSED

D46A
(ASK IF D46>0)

During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have <d46fill> or more drinks on an occasion?

(INTERVIEWER:
- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "So no days at all?" AND ENTER 0 AS THE ANSWER IF YES.)

RECORD NUMBER OF DRINKING DAYS   (RANGE 0 – 30)

98   DK
99   REFUSED

D46B. During the past 30 days, on how many days did you use marijuana or cannabis?

(INTERVIEWER:
- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

o   IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "So no days at all?" AND
ENTER 0 AS THE ANSWER IF YES.)

RECORD NUMBER OF DAYS   (RANGE 0 – 30)

98   DK
99   REFUSED

D46C_1

Have you ever, even once, used any prescription **pain** reliever in any way a doctor did not
direct you to use them?

(IF NECESSARY: This includes using it without a prescription of your own, using it in greater
amounts, more often, or longer than you were told to take it or using it in any other way a
doctor did not direct you to use it.)

01 YES
02 NO

98 DK
99 REFUSED

**(SECTIONTIME_SECD_TIMEEND = ADMIN VARIABLE WITH SECTION D END TIME.
SECTIONTIME_SECD_TIMETOTAL = ADMIN VARIABLE WITH SECTION D TOTAL TIME
SECTIONTIME_SECD_COMPLETION = ADMIN VARIABLE NOTING IF SECTION D COMPLETED)**

SECTION E: UTILIZATION OF ADULT HEALTH CARE SERVICES

(PROGRAMMER: TURN OF PRIOR TIMERS. PLEASE START TIMER FOR SECTION E.)
(SECTIONTIME_SECE_TIMESTART = ADMIN VARIABLE WITH SECTION E START TIME)

Visits to Medical Doctor and Health Professional

I would now like to ask about <YOUR_NAME> use of health care services.

E59

Not including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since <YOU_NAME> last saw a doctor or other health care professional about <YOURHISHER> own health? Was it…

(IF NECESSARY:
- o   Your best guess is fine. How long ago was <YOUR_NAME> last visit to a doctor or health professional?

- o   This would include a routine checkup, physical or for any reason.)

01   Within the last 12 months or
02   More than 12 months ago?
03   NEVER WENT TO A DOCTOR

98   DK
99   REFUSED

E59_1
(ASK: IF (E59==03), ELSE GO TO E59A)

I want to make sure I have this right, <YOU_NAME> <HAVE_HAS> **never** visited a doctor or any other health care professional in their offices for a routine check-up, physical, or for any reason?

01   NEVER BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL IN THEIR OFFICES
02   BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL BUT NOT IN AN OFFICE
03   INCORRECT RESPONSE (GO BACK TO E59)

98   DK
99   REFUSED

E59A
(ASK IF E59=01, 98, 99)

About how long has it been since <YOU_NAME> last visited a doctor for a **routine check-up**? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. Was it…

(IF NECESSARY: Your best guess is fine.
IF NECESSARY: Do NOT include overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls.)

01   Within the last 12 months or
02   More than 12 months ago?
03   NEVER WENT TO A DOCTOR FOR A ROUTINE CHECK-UP

98   DK
99   REFUSED

Emergency Room Visits

E62

During the past 12 months, how many times <WEREWAS> <YOU_NAME> a patient in a hospital **emergency** room?

(IF NECESSARY: Include **emergency** room visits where <YOU_NAME> <WEREWAS> admitted to the hospital.

(IF NECESSARY: Your best guess is fine.)

00   NONE
01-20   (CODE ACTUAL VALUE)
21   MORE THAN 20

98   DK
99   REFUSED

(SECTIONTIME_SECE_TIMEEND = ADMIN VARIABLE WITH SECTION E END TIME.
 SECTIONTIME_SECE_TIMETOTAL = ADMIN VARIABLE WITH SECTION E TOTAL TIME
 SECTIONTIME_SECE_COMPLETION = ADMIN VARIABLE NOTING IF SECTION E COMPLETED)

SECTION F: SOURCES OF CARE AND DETERMINANTS

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION F)
(SECTIONTIME_SECF_TIMESTART = ADMIN VARIABLE WITH SECTION F START TIME)

F67

> Is there one place that <YOU_NAME> usually <gogoes> to when <YOUARE_NAME> sick or
> <YOUHESHE> <NEEDNEEDS> advice about <YOURHISHER> health?
>
> (IF NECESSARY: THIS CAN INCLUDE AN ER. We are interested in whether <YOUHESHE> have one
> place <YOUHESHE> usually go to seek medical care, not whether <YOUHESHE> have been there
> recently.)
>
> 01   YES (GO TO F67_2)
> 02   NO
> 03   YES, VOLUNTEERED THAT THERE IS MORE THAN ONE PLACE (GO TO F67_2)
>
> 98   DK
> 99   REFUSED

F67_1
> (ASK IF: F67=02, ELSE GO TO F67_2)
>
> Just to be sure, is it that there is **no place** at all that <YOU_NAME> **usually** <gogoes> to when
> <youheshe> <areis> sick or <youheshe> <needneeds> advice about <YOURHISHER> health, **or** is
> it that <YOU_NAME> <GOGOES> to more than one place?
>
> 01   NO PLACE AT ALL (GO TO F68)
> 02   MORE THAN ONE PLACE
>
> 98   DK (GO TO F68)
> 99   REFUSED (GO TO F68)

F67_2
> (ASK IF (F67 = 01, 03 OR F67_1=02), ELSE GO TO F68)
>
> Is this place where <YOU_NAME> **usually** <GOGOES> for care…
> INTERVIEWER NOTE: IF RESPONDENT SAYS THEY GO TO MORE THAN ONE PLACE SAY "Think about the
> place you go most often."
> 01   A doctor's office or health center?
> 02   A hospital emergency room?
> 03   An urgent care center?
> 04   A clinic in a pharmacy or grocery store? (//IF NECESSARY: sometimes called a "minute
> clinic" or "little clinic")

05   or some other place

98.   DK
99.   REFUSED

F67A1

A personal doctor or nurse is a health professional who knows <YOU_NAME> well and is familiar with <YOURHISHER> health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician´s assistant.<DODOESC> <YOU_NAME> have one or more persons <youheshe> <think_s> of as <YOURHISHER> personal doctor or nurse?

(INTERVIEWER: IF R IS NOT CLEAR WHETHER THEY SEE ONE PERSON OR MORE THAN ONE PERSON ASK: Do you have one person or more than one person <youheshe><think_s> of as <YOUR_NAME> personal doctor or nurse?)

01   YES, ONE PERSON OR MORE THAN ONE PERSON
02   NO (GO TO F68_INTRO)

98   DK (GO TO F68_INTRO)
99   REFUSED (GO TO F68_INTRO)

Unmet Needs of Adult

F68_intro

My next questions are about the care <YOU_NAME> have received. For each question, please say yes or no.

During the past 12 months, was there a time when <YOU_NAME> needed any of the following, but could **not** get it at that time:

F68

Dental care?

01   YES
02   NO
03   RESPONDENT INDICATES HE/SHE DID NOT NEED IT

98   DK
99   REFUSED

F68B_3

Mental or emotional health care or counseling services?

01 YES
02 NO
03 RESPONDENT INDICATES HE/SHE DID NOT NEED IT

98 DK
99 REFUSED

F68B_4

Alcohol or other drug treatment, not counting cigarettes?

01 YES
02 NO
03 RESPONDENT INDICATES HE/SHE DID NOT NEED IT

98 DK
99 REFUSED

F68C_new

Any other health care, such as a medical exam, or medical supplies?

01 YES
02 NO
03 RESPONDENT INDICATES HE/SHE DID NOT NEED IT
98 DK
99 REFUSED

F69_new

Compared with three years ago, is getting the medical care <YOU_NAME> <NEEDNEEDS> becoming easier, harder, or has it stayed the same?

01 EASIER
02 HARDER
03 STAYED THE SAME
04 RESPONDENT INDICATES HE/SHE DID NOT NEED IT
98 DK
99 REFUSED

We just talked about the types of health care <YOU_NAME> may have needed. Next, we'll ask about delaying or avoiding care.

avoid_care

> **During the past 12 months,** did <YOU_NAME> delay or avoid getting care that <YOU_NAME> felt <YOU_NAME> needed?
>
> > (IF NECESSARY:
> > - o   Include delays because of health plan approval.
> > - o   "Care" means any health care, including prescription drugs.)
>
> > 01   YES
> > 02   NO
> >
> > 98   DK
> > 99   REFUSED

//ASK IF AVOID_CARE==01//

//RANDOMIZED why_avoid_a THROUGH why_avoid_d//

> Why did you delay or avoid getting care? For each statement I read, please tell me yes or no.

why_avoid_a.
        <YOU_NAME_C> thought it would cost too much?

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

why_avoid_b.
        <YOU_NAME_C> did not have transportation?

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

why_avoid_c.
        The provider was not available when <YOU_NAME> needed to go?

> > 01   YES
> > 02   NO
> >
> > 98   DK

99　　　REFUSED

why_avoid_d.
　　　<YOU_NAME_C> could not find a provider?

　　　　　　01　　　YES
　　　　　　02　　　NO

　　　　　　98　　　DK
　　　　　　99　　　REFUSED

Financial Stress & Medical Bills

These next questions are about <YOUR_NAME> financial situation.

F70

During the past 12 months, were there times when <YOU_NAME> had problems paying or <YOU_NAME> <WEREWAS> unable to pay for medical bills for <Rhimherslf> or anyone else in the family or household?

01   YES
02   NO

98   DK
99   REFUSED

Intro_12mo

In the past 12 months, has it gotten easier, harder, or stayed the same to…

Debt_12mo. (IF NECESSARY: In the past 12 months, has it gotten easier, harder, or stayed the same to…) Pay off any debt that <YOU> had?

Rent_12mo. (IF NECESSARY: In the past 12 months, has it gotten easier, harder, or stayed the same to…) Pay <YOUR> rent or mortgage?

01 Easier
02 Harder
03 Stayed the same
04 RESPONDENT SAID THEY DID NOT HAVE THIS

98 DK
99 REFUSED

The next questions ask about cost of housing

F3. Considering where you currently live, do you ...
            01 Own or pay a mortgage on your home
            02 Pay rent
            03 Stay with friends or family without paying rent
            04 Live in a shelter or some other temporary housing
            05 Or are you currently homeless

              98 DK
              99 REFUSED

//IF F3==01 or 02 AND Rent_12mo NE 04, Ask F3a.//
F3a. Approximately how much do you pay in total for your **monthly** rent or mortgage? (IF NECESSARY: for your primary residence)

       01 _____

       98 DK
       99 REFUSED

Now, considering your food situation:

FOOD_WORRY:
At **any** time in the past 12 months, have <YOUHESHEC> **worried** whether <YOURHISHER> food would run out before <YOUHESHE> got money to buy more?

      01 YES
      02 NO
      98 DK
      99 REFUSED

FOOD_OUT:
 At **any** time in the past 12 months, have <YOUHESHE> you run out of food before <YOUHESHE> got money to buy more?

      01 YES
      02 NO
      98 DK
      99 REFUSED

 (SECTIONTIME_SECF_TIMEEND = ADMIN VARIABLE WITH SECTION F END TIME.
 SECTIONTIME_SECF_TIMETOTAL = ADMIN VARIABLE WITH SECTION F TOTAL TIME
 SECTIONTIME_SECF_COMPLETION = ADMIN VARIABLE NOTING IF SECTION F COMPLETED)

SECTION G: EMPLOYMENT

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION G.)
(SECTIONTIME_SECG_TIMESTART = ADMIN VARIABLE WITH SECTION G START TIME)

PREG71

> The next question is about <YOUR_NAME> current employment status.
>
> 01   CONTINUE

G71

> (SKIP IF (B4AA=01,03) AND (B4AB=01) AND AUTOCODE G71 = 01)
>
> **Last week** did <YOU_NAME> have a job either full- or part-time?
>
> (IF NECESSARY:
>   o   Include any job from which <YOU_NAME> <werewas> temporarily absent.
>
>   o   The sponsors want to know whether it is difficult for people without jobs or for people in certain kinds of jobs to get or maintain health insurance coverage.)
>
> 01   YES
> 02   NO
>
> 98   DK (GO TO SK_ENDG)
> 99   REFUSED (GO TO SK_ENDG)

ASK IF G71 LE 02. ELSE GO TO SK_ENDG.
G71Ret

Are you retired?

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

//IF G71=01 AND G71Ret LE 02, GO TO PREG71A////IF G71=02 AND G71Ret=01, GO TO H76//
//IF G71=02 AND G71Ret=02, GO TO G76//

ASK IF PROXY_FLAG=1 AND G71=01, ELSE GO TO SK_ENDG
PREG71A

> These next questions are about your current employment status.

G71A

Thinking about just last week, how many hours did you work?

(INTERVIEWER NOTE: IF RESPONDENT SAYS THEY WERE SICK OR ON VACATION LAST WEEK, ASK "HOW MANY HOURS DO YOU WORK IN A TYPICAL WEEK?")

//ENTER NUMBER 0-99// (>99 code as 99)
        998   DK
        999   REF

//if G71A= 998 or 999//
G71B

        Did you work…?
        101   1-19 hours
        102   20-34 hours
        103   35 or more hours
        998   DK
        999   REF

G71F   //if G71=01//
        How long have you had your current job?

        (IF NECESSARY:
                • Your best guess is fine.
                • (if respondent says they have more than one job: "please answer for the job you
                  work the most")

        Default to categorical
        01   Less than 3 months
        02   3 months to 6 months
        03   More than 6 months to 1 year
        04   More than 1 year?
        98   DK
        99   REF

IF G71F = 03 OR 04, ASK G71C. ELSE GO TO G74.
G71C

Thinking about the last six months, how many hours did you usually work per week?
 (IF NECESSARY: Your best guess is fine)

        //ENTER Number 0-99// (>99 code as 99)
        998   DK
        999   REF

//ASK IF G71F = 03 OR 04 AND G71A = 998 or 999. ELSE GO TO G74.//

G71D

Did you work…?
101   1-19 hours
102   20-34 hours
103   35 or more hours
998   DK
999   REF

//ASK ALL//
G71A_NEW

<AREIS> <YOUHESHE> self-employed?

(INTERVIEWER:
  o   CODE WORKS FOR HIM/HER SELF, OWNS THEIR OWN BUSINESS, BABYSITTER AS 01.)

  o   IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB
      WHERE (HE/SHE) WORKS THE MOST HOURS.)

01   YES, SELF-EMPLOYED
02   NO

98   DK
99   REFUSED

G72

((ASK: if G71 = 01 AND NOT (B4AA=01,03) OR (NOT B4AB=01), ELSE GO TO G72A))

Next I'm going to ask you a few questions about employment and health insurance. Does
<YOUR_NAME> employer or union offer health insurance to **any** of its employees?

(INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER
TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

01   YES
02   NO (GO TOSK_ENDG)

98   DK (GO TOSK_ENDG)
99   REFUSED (GOTOSK_ENDG)

G72A
(ASK: IF (G72=01)

                                    • ~~CODE "FULL TIME EMPLOYEES" AND "EMPLOYEES" AS 01~~
                                      ~~EMPLOYEES ONLY.~~

ESI_CHLD: To the best of your knowledge, does <YOUR_NAME> employer or union offer coverage to the children of employees?

    01   YES
    02   NO

    98   DK
    99   REFUSED

ESI_SPS: To the best of your knowledge, does <YOUR_NAME> employer or union offer coverage to the spouses of employees?

    01   YES
    02   NO

    98   DK
    99   REFUSED

G72B

(ASK: IF (G72=01 AND G71A_NEW =2)

(IF B4Aa=01 OR 03 AND B4Ab=01 THEN AUTOCODE G72b=01 AND GO TO SK_ENDG.)

You may have already told me this, but <AREIS> <YOU_NAME> **currently** eligible to participate in <YOURHISHER> employer or union health plan?

(INTERVIEWER:
- IF RESPONDENT STATES THAT THEY ARE IN A WAITING PERIOD, THEY ARE NOT CURRENTLY ELIGIBLE.

- IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

01   YES
02   NO

98   DK
99   REFUSED

G72c

(ASK: IF (G72B=01 AND (NOT (B4AA=01,03 AND B4AB=01))

Please tell me whether each of the following was a reason <YOU_NAME> <AREIS> **not** participating in <YOURHISHER> employer or union health insurance plan.

G72c_1 Costs too much
G72c_2 Have other insurance
G72c_3 I/HE/SHE DO/DOES not need it

01	YES
02	NO

98	DK
99	REFUSED

//ASK IF G71==02//
NOT WORKING

[ASK IF G71=02, ELSE GO TO H76]
G76
In the last month <HAVE_HAS> <YOU_NAME> looked for work?

01	YES
02	NO
98	DK
99	REFUSED

//ASK IF G71=02 AND G71Ret=02.//
G77
Earlier you said that <YOU_NAME> <AREIS> not currently employed. People are unemployed for various reasons. I am going to read several reasons why <YOU_NAME> may be unemployed. For each, please tell me yes or no.

CATI: RANDOMIZE ITEMS.

G77A
<YOU_NAME_C> could not find work.

01	YES
02	NO
98	DK
99	REFUSED

G77B
<YOU_NAME_C> <AREIS> caring for a family member.

01	YES
02	NO
98	DK
99	REFUSED

G77C

<YOU_NAME_C> <HAVE_HAS> at least one physical or mental health limitation.

      01   YES
      02   NO
      98   DK
      99   REFUSED

G77E

<YOU_NAME_C> <AREIS> in a job training program or school.

      01   YES
      02   NO
      98   DK
      99   REFUSED

//ASK ONLY IF ENROLLED IN MEDICAID (B4C_R == 01)//
G77H

<YOU_NAME_C> <AREIS> worried <YOUHESHE> will lose Medicaid coverage.

      01   YES
      02   NO
      98   DK
      99   REFUSED

[ASK G78 THRU G78C IF G77A=01, ELSE GO TO H76]
G78

You said that <YOU_NAME> could not find any work. I am going to read several reasons why <YOU_NAME> may be unable to find work. For each, please tell me yes or no.

CATI: RANDOMIZE ITEMS

G78A

<YOU_NAME_C> <NEEDNEEDS> other schooling, training, or some other license or credential

      01   YES
      02   NO
      98   DK
      99   REFUSED

G78B

<YOU_NAME_C> <DODOES> not have transportation.

      01   YES
      02   NO
      98   DK
      99   REFUSED

G78C
<YOU_NAME_C> would <NEEDNEEDS> an employer background check.
   01 YES
   02 NO
   98 DK
   99 REFUSED

   (SECTIONTIME_SECFGTIMEEND = ADMIN VARIABLE WITH SECTION G END TIME.
    SECTIONTIME_SECG_TIMETOTAL = ADMIN VARIABLE WITH SECTION G TOTAL TIME
    SECTIONTIME_SECG_COMPLETION = ADMIN VARIABLE NOTING IF SECTION G COMPLETED)

SECTION H: ADULT DEMOGRAPHICS AND FAMILY INCOME

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION H.)
(SECTIONTIME_SECH_TIMESTART = ADMIN VARIABLE WITH SECTION H START TIME)

H76

The next few questions are for general classification purposes:
<AREYOU_ISNAM> currently...

01   married
02   not married, but living together with a partner
03   widowed (GO TO H77)
04   divorced or annulled (GO TO H77)
05   separated, or
06   never been married? (GO TO H77)

98   DK (GO TO H77)
99   REFUSED (GO TO H77)

H76A

Is <YOUR_NAME> spouse or partner currently employed?

01   YES
02   NO

98   DK
99   REFUSED

H77
READ ANSWER OPTIONS ONLY IF ABSOLUTELY NECESSARY

What is the highest level of school (FILL: IF INT1=03 SCR_NAME has/ELSE you have) completed
or the highest degree received?

(IF RESPONSE IS:
   o   "HIGH SCHOOL", ASK "Does this mean "some high school" or "high school graduate".

   o   IF RESPONSE IS "COLLEGE", ASK "Does this mean "some college" or "four year college
       graduate".

   o   IF RESPONSE IS DEGREE, ASK "What type of degree?")

01   LESS THAN FIRST GRADE
02   FIRST THROUGH 8TH GRADE
03   SOME HIGH SCHOOL, BUT NO DIPLOMA

04	HIGH SCHOOL GRADUATE OR EQUIVALENT (GED/VOCATIONAL/TRADE SCHOOL GRADUATE)
05	SOME COLLEGE, BUT NO DEGREE
06	ASSOCIATE DEGREE (1-2 YEAR OCCUPATIONAL, TECHNICAL OR ACADEMIC PROGRAM)
07	FOUR YEAR COLLEGE GRADUATE/BACHELOR'S DEGREE
08	ADVANCED DEGREE (INCLUDING MASTER'S, PROFESSIONAL DEGREE, OR DOCTORATE)
98	DK
99	REFUSED

H78

<HAVEHASC> <YOU_NAME> ever served in the United States Armed Forces?

(IF NECESSARY: This includes the Army, Navy, Marines, Air Force, Coast Guard, Nursing Corps, National Guard, or Military Reserves, (FILL: IF S15=02 or Women's Forces Branch).

01	YES
02	NO
98	DK
99	REFUSED

//If H78=01//
H79. Within the past 12 months, did <YOU_NAME> receive any health services from a Veterans' Administration clinic, hospital, or outpatient center?

01	YES
02	NO
98	DK
99	REFUSED

S16

<AREYOU_ISNAM> of Hispanic or Latino origin?

01	YES
02	NO
98	DK
99	REFUSED

S17

CODE ALL THAT APPLY

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

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

01   WHITE
02   BLACK OR AFRICAN AMERICAN
03   ASIAN
04   NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE
05   NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
06   HISPANIC, LATINO, SPANISH
97   OTHER

98   DK
99   REFUSED

S17B

(ASK IF: (MNB(S17,01)+MNB(S17,02)+MNB(S17,03)+MNB(S17,04)+MNB(S17,05))>1), ELSE GO TO S18)

Which of these groups, that is:uL_$Recall (RECALL="LI<RACE_LBL:1>/LI", CONDITION="NBR(S17)==1 or NBR(S17)==2 or NBR(S17)==3 or NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_$Recall (RECALL="LI<RACE_LBL:2>/LI", CONDITION="NBR(S17)==2 or NBR(S17)==3 or NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_$Recall (RECALL="LI<RACE_LBL:3>/LI", CONDITION="NBR(S17)==3 or NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_$Recall (RECALL="LI<RACE_LBL:4>/LI", CONDITION="NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_$Recall (RECALL="LI<RACE_LBL:5>/LI", CONDITION="NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_$Recall (RECALL="LI<RACE_LBL:6>/LI", CONDITION="NBR(S17)==6 or NBR(S17)==7")_$Recall (RECALL="LI<RACE_LBL:7>/LI", CONDITION="NBR(S17)==7")/uLwould you say best represents <YOUR_NAME> race?

(INTERVIEWER: DO NOT EASILY ACCEPT "HISPANIC", DK, OR REFUSED, REPEAT QUESTION IF NECESSARY.)

(PROGRAMMER: PLEASE LIMIT RESPONSE CHOICES TO THOSE SELECTED IN S17)

01   WHITE
02   BLACK OR AFRICAN AMERICAN
03   ASIAN
04   NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE

05	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
06	HISPANIC, LATINO, SPANISH
97	OTHER
98	DK
99	REFUSED

S18

(ASK: IF NBR(S17)==1 AND S17=06, ELSE GO TO Q153A)

Do you consider <YOURSELF_NAM> to be White Hispanic, Black Hispanic, Asian Hispanic, Native American Hispanic, Pacific Islander Hispanic, or some other race and Hispanic?

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

(INTERVIEWER: DO NOT EASILY ACCEPT "HISPANIC", DK, OR REFUSED, REPEAT QUESTION IF NECESSARY.)

01	WHITE HISPANIC
02	BLACK OR AFRICAN AMERICAN HISPANIC
03	ASIAN HISPANIC
04	NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE HISPANIC
05	NATIVE HAWAIIAN OR PACIFIC ISLANDER HISPANIC
97	OTHER RACE HISPANIC
98	DK
99	REFUSED TO DISCRIMINATE

Q153A

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

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

(IF NEEDED: We are collecting this information for statistical purposes only. We will not ask for any additional telephone numbers.)

01	YES
02	NO (GO TO U3)
98	DK (GO TO U3)

99 REFUSED (GO TO U3)

Q153

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

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

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

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

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

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

98 DK
99 REFUSED

U3

_$recall(recall="<dodoesC> <YOU_NAME> personally use a cell phone?",condition="CELL_RESP=01")

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

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

01 YES
02 NO

98 DK
99 REFUSED

Family Income

H84_NEW
(ASK IF: SUMS11S113B=98,99), ELSE GO TO H84_A1))

How many family members, including yourself, live in your household?

INTERVIEWER NOTE: By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

ENTER NUMBER OF FAMILY MEMBERS

98   DK (SK_ENDH)
99   REFUSED (SK_ENDH)

H84_A1_INTRO
The next few questions ask about <YOU_NAME> income so that the survey sponsors can find out how income relates to health insurance coverage and problems receiving medical care.

H84_A1
(AUTOCODE: IF SUMS11S113B=1, THEN AUTOCODE H84_A1=01 AND SKIP TO NEXT QUESTION)
Earlier you said there were <sum of # of adults and children in family in household> family members, including yourself, living in your household. How many of these family members are supported by the family's total income?

(IF NECESSARY: Total income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.)

ENTER NUMBER

98 DK
99 REFUSED

H84_A1_extra

Are there any other family members who do not live in your home who are also supported by the family's total income?

(IF RESPONDENT ASKS WHETHER THEY SHOULD INCLUDE SOMEONE WHO DOES NOT LIVE WITH THEM, SAY "Only count other family members who you would include on your taxes as dependents."

01 YES
02 NO

98 DK
99 REFUSED

H84_A1_number
(ASK IF H84_A1_extra=01)

How many other family members are also supported by the family's total income?

(IF RESPONDENT ASKS WHETHER THEY SHOULD INCLUDE SOMEONE WHO DOES NOT LIVE WITH THEM, SAY "Only count other family members who you would include on your taxes as dependents."

(ENTER NUMBER)

98   DK
99   REFUSED

H84_A2

What is your best estimate of _$Recall (RECALL="<YOUR_NAME>", CONDITION="H84_A1==01")_$Recall (RECALL="<YOUR_NAME> and <YOUR_NAME> **family members"**, CONDITION="H84_A1>1") gross income **last month** before taxes and other deductions?

(IF NECESSARY: All of the information you provide will be kept strictly confidential and only reported in summary form.)

(IF NECESSARY: This includes family members living inside and outside the household support by you.)

RECORD INCOME   (RANGE 1-9,999,996)

9999997   DID NOT HAVE INCOME (GO TO H84_A3)
        9999998   DK

9999999   REFUSED

H84_A2CATS
        (ASK IF: H84_A1=98, 99 AND H84_A2=9999998,9999999, ELSE GO TO H84_A3)

        _$recall(RECALL="I just want to reassure you that your responses will be kept strictly confidential.
        The survey asks about income since this information helps researchers understand how income
        groups differ in health insurance coverage and in problems getting health
        care.",CONDITION="H84_A2=9999999")

        _$recall(RECALL="I heard you say you don´t know. I want to assure you that your best guess is
        fine.",CONDITION="H84_A2=9999998")

        Was   _$Recall   (RECALL="<YOUR_NAME>",   CONDITION="H84_A1==01")_$Recall
        (RECALL="<YOUR_NAME> and <YOUR_NAME> family members'", CONDITION="H84_A1>1")
        gross income last month before taxes and other deductions more or less than <F_H84_A2CAT>?

        01   BELOW (GO TO H84_A2L)
        02   EXACTLY NUMBER FILLED (GO TO H84_A3)
        03   ABOVE (GO TO H84_A2H)

        98   DK (GO TO H84_A3)
        99   REFUSED (GO TO F_H84_A3cats)

H84_A2L
        (ASK IF: H84_A2CATS=03, ELSE GO TO H84_A2H)

        Which category best represents _$Recall (RECALL="<YOUR_NAME>",
        CONDITION="H84_A1==01")_$Recall (RECALL="<YOUR_NAME> and <YOUR_NAME> family
        members'", CONDITION="H84_A1>1") gross income before taxes and other deductions last
        month?

        (IF H84_A1=1 DISPLAY CATEGORIES 01-05)
        (IF H84_A1=2 DISPLAY CATEGORIES 06-10)
        (IF H84_A1=3 DISPLAY CATEGORIES 11-15)
        (IF H84_A1=4 DISPLAY CATEGORIES 16-20)
        (IF H84_A1=5 DISPLAY CATEGORIES 21-25)
        (IF H84_A1=6 DISPLAY CATEGORIES 26-30)
        (IF H84_A1=7 DISPLAY CATEGORIES 31-35)
        (IF H84_A1=8 DISPLAY CATEGORIES 36-40)
        (IF H84_A1=9 DISPLAY CATEGORIES 41-45)
        (IF H84_A1=10 DISPLAY CATEGORIES 46-50)
        (IF H84_A1=11 DISPLAY CATEGORIES 51-55)
        (IF H84_A1=12 DISPLAY CATEGORIES 56-60)
        (IF H84_A1=13 DISPLAY CATEGORIES 61-65)
        (IF H84_A1=14 DISPLAY CATEGORIES 66-70)

(IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

01		$400	or less	
02	Over	$400	to	$600
03	Over	$600	to	$900
04	Over	$900	to	$1,000
05		$1,000	to	$1,300
06		$600	or less	
07	Over	$600	to	$900
08	Over	$900	to	$1,200
09	Over	$1,200	to	$1,300
10		$1,300	to	$1,800
11		$700	or less	
12	Over	$700	to	$1,100
13	Over	$1,100	to	$1,500
14	Over	$1,500	to	$1,600
15		$1,600	to	$2,300
16		$900	or less	
17	Over	$900	to	$1,300
18	Over	$1,300	to	$1,800
19	Over	$1,800	to	$2,000
20		$2,000	to	$2,700
21		$1,000	or less	
22	Over	$1,000	to	$1,500
23	Over	$1,500	to	$2,100
24	Over	$2,100	to	$2,300
25		$2,300	to	$3,200
26		$1,200	or less	
27	Over	$1,200	to	$1,800
28	Over	$1,800	to	$2,400
29	Over	$2,400	to	$2,700
30		$2,700	to	$3,700
31		$1,300	or less	
32	Over	$1,300	to	$2,000
33	Over	$2,000	to	$2,700
34	Over	$2,700	to	$3,000
35		$3,000	to	$4,100
36		$1,500	or less	
37	Over	$1,500	to	$2,200
38	Over	$2,200	to	$3,000
39	Over	$3,000	to	$3,300
40		$3,300	to	$4,600
41		$1,600	or less	
42	Over	$1,600	to	$2,400

43	Over	$2,400	to	$3,300
44	Over	$3,300	to	$3,700
45		$3,700	to	$5,100
46		$1,800	or less	
47	Over	$1,800	to	$2,700
48	Over	$2,700	to	$3,600
49	Over	$3,600	to	$4,000
50		$4,000	to	$5,500
51		$1,900	or less	
52	Over	$1,900	to	$2,900
53	Over	$2,900	to	$3,900
54	Over	$3,900	to	$4,400
55		$4,400	to	$6,000
56		$2,100	or less	
57	Over	$2,100	to	$3,100
58	Over	$3,100	to	$4,200
59	Over	$4,200	to	$4,700
60		$4,700	to	$6,500
61		$2,200	or less	
62	Over	$2,200	to	$3,300
63	Over	$3,300	to	$4,500
64	Over	$4,500	to	$5,000
65		$5,000	to	$6,900
66		$2,400	or less	
67	Over	$2,400	to	$3,500
68	Over	$3,500	to	$4,800
69	Over	$4,800	to	$5,400
70		$5,400	to	$7,400
71		$2,500	or less	
72	Over	$2,500	to	$3,800
73	Over	$3,800	to	$5,100
74	Over	$5,100	to	$5,700
75		$5,700	to	$7,900

98   DK
99   REFUSED

(ALL FROM H84_A2L GO TO H84_A3)

H84_A2H
        Which category best represents _$Recall (RECALL="<YOUR_NAME>",
        CONDITION="H84_A1==01")_$Recall   (RECALL="<YOUR_NAME>   and

<YOUR_NAME> family members'", CONDITION="H84_A1>1") gross income before taxes and other deductions last month?

(IF H84_A1=1 DISPLAY CATEGORIES 01-05)
(IF H84_A1=2 DISPLAY CATEGORIES 06-10)
(IF H84_A1=3 DISPLAY CATEGORIES 11-15)
(IF H84_A1=4 DISPLAY CATEGORIES 16-20)
(IF H84_A1=5 DISPLAY CATEGORIES 21-25)
(IF H84_A1=6 DISPLAY CATEGORIES 26-30)
(IF H84_A1=7 DISPLAY CATEGORIES 31-35)
(IF H84_A1=8 DISPLAY CATEGORIES 36-40)
(IF H84_A1=9 DISPLAY CATEGORIES 41-45)
(IF H84_A1=10 DISPLAY CATEGORIES 46-50)
(IF H84_A1=11 DISPLAY CATEGORIES 51-55)
(IF H84_A1=12 DISPLAY CATEGORIES 56-60)
(IF H84_A1=13 DISPLAY CATEGORIES 61-65)
(IF H84_A1=14 DISPLAY CATEGORIES 66-70)
(IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

01		$1,300	to	$1,500
02	Over	$1,500	to	$2,000
03	Over	$2,000	to	$2,900
04	Over	$2,900	to	$3,900
05		$3,900	or more	
06		$1,800	to	$2,000
07	Over	$2,000	to	$2,700
08	Over	$2,700	to	$3,900
09	Over	$3,900	to	$5,200
10		$5,200	or more	
11		$2,300	to	$2,600
12	Over	$2,600	to	$3,400
13	Over	$3,400	to	$4,900
14	Over	$4,900	to	$6,600
15		$6,600	or more	
16		$2,700	to	$3,100
17	Over	$3,100	to	$4,100
18	Over	$4,100	to	$6,000
19	Over	$6,000	to	$8,000
20		$8,000	or more	
21		$3,200	to	$3,600
22	Over	$3,600	to	$4,800
23	Over	$4,800	to	$7,000
24	Over	$7,000	to	$9,300
25		$9,300	or more	

26		$3,700	to	$4,200
27	Over	$4,200	to	$5,500
28	Over	$5,500	to	$8,000
29	Over	$8,000	to	$10,700
30		$10,700	or more	
31		$4,100	to	$4,700
32	Over	$4,700	to	$6,200
33	Over	$6,200	to	$9,000
34	Over	$9,000	to	$12,000
35		$12,000	or more	
36		$4,600	to	$5,200
37	Over	$5,200	to	$6,900
38	Over	$6,900	to	$10,000
39	Over	$10,000	to	$13,400
40		$13,400	or more	
41		$5,100	to	$5,700
42	Over	$5,700	to	$7,600
43	Over	$7,600	to	$11,000
44	Over	$11,000	to	$14,700
45		$14,700	or more	
46		$5,500	to	$6,300
47	Over	$6,300	to	$8,300
48	Over	$8,300	to	$12,000
49	Over	$12,000	to	$16,000
50		$16,000	or more	
51		$6,000	to	$6,800
52	Over	$6,800	to	$9,000
53	Over	$9,000	to	$13,000
54	Over	$13,000	to	$17,400
55		$17,400	or more	
56		$6,500	to	$7,300
57	Over	$7,300	to	$9,700
58	Over	$9,700	to	$14,000
59	Over	$14,000	to	$18,800
60		$18,800	or more	
61		$6,900	to	$7,900
62	Over	$7,900	to	$10,400
63	Over	$10,400	to	$15,100
64	Over	$15,100	to	$20,100
65		$20,100	or more	
66		$7,400	to	$8,400
67	Over	$8,400	to	$11,100
68	Over	$11,100	to	$16,100
69	Over	$16,100	to	$21,500

70		$21,500	or more	
71		$7,900	to	$8,900
72	Over	$8,900	to	$11,800
73	Over	$11,800	to	$17,100
74	Over	$17,100	to	$22,800
75		$22,800	or more	

98   DK
99   REFUSED

H84_A3

What is your best estimate of $Recall (RECALL="<YOUR_NAME>", CONDITION="H84_A1==01")_$Recall (RECALL="<YOUR_NAME> and <YOUR_NAME> family members", CONDITION="H84_A1>1") **total 2018 annual income** before taxes and other deductions?

(IF NECESSARY: All of the information you provide will be kept strictly confidential and only reported in summary form.)

(IF NECESSARY: This includes family members living inside and outside the household support by you.)

RECORD INCOME   (RANGE 1-9,999,996)

9999997   DID NOT HAVE INCOME
9999998   DK
9999999   REFUSED

H84_A3CATS
(Ask IF (H84_A3=9999998,9999999) AND ((NOT H84_A2=9999999) AND (NOT H84_A2CATS=99)), ELSE SKIP TO SK_ENDH)

(FILL: IF H84_A3=9999998 I just want to reassure you that your responses will be kept strictly confidential. The survey asks about income since this information helps researchers understand how income groups differ in health insurance coverage and in problems getting health care.)

(FILL IF H84_A3=9999999 I heard you say you don't know. I want to assure you that your best guess is fine.)

Was (IF INT1=03 SCR_NAME's/ ELSE your) family members' total 2018 annual income before taxes and other deductions more or less than..?

(FILL:	IF H84_A1=	1	$16,000	)
(FILL:	IF H84_A1=	2	$22,000	)
(FILL:	IF H84_A1=	3	$27,000	)
(FILL:	IF H84_A1=	4	$33,000	)
(FILL:	IF H84_A1=	5	$39,000	)
(FILL:	IF H84_A1=	6	$44,000	)
(FILL:	IF H84_A1=	7	$50,000	)
(FILL:	IF H84_A1=	8	$55,000	)
(FILL:	IF H84_A1=	9	$61,000	)
(FILL:	IF H84_A1=	10	$67,000	)
(FILL:	IF H84_A1=	11	$72,000	)
(FILL:	IF H84_A1=	12	$78,000	)
(FILL:	IF H84_A1=	13	$83,000	)
(FILL:	IF H84_A1=	14	$89,000	)
(FILL:	IF H84_A1>=	15	$95,000	)

01   BELOW
02   EXACTLY NUMBER FILLED
03   ABOVE

98   DK
99   REFUSED

(ALL FROM H84_A3L GO TO Q155)

H84_A3L

Which category best represents (IF INT1=03 SCR_NAME's/ ELSE your) family members' total 2018 annual income before taxes and other deductions?

(IF H84_A1=1 DISPLAY CATEGORIES 01-05)
(IF H84_A1=2 DISPLAY CATEGORIES 06-10)
(IF H84_A1=3 DISPLAY CATEGORIES 11-15)
(IF H84_A1=4 DISPLAY CATEGORIES 16-20)
(IF H84_A1=5 DISPLAY CATEGORIES 21-25)
(IF H84_A1=6 DISPLAY CATEGORIES 26-30)
(IF H84_A1=7 DISPLAY CATEGORIES 31-35)
(IF H84_A1=8 DISPLAY CATEGORIES 36-40)
(IF H84_A1=9 DISPLAY CATEGORIES 41-45)
(IF H84_A1=10 DISPLAY CATEGORIES 46-50)
(IF H84_A1=11 DISPLAY CATEGORIES 51-55)
(IF H84_A1=12 DISPLAY CATEGORIES 56-60)
(IF H84_A1=13 DISPLAY CATEGORIES 61-65)
(IF H84_A1=14 DISPLAY CATEGORIES 66-70)

(IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

01		$5	thousand or less		
02	Over	$5	thousand to	$8	thousand
03	Over	$8	thousand to	$11	thousand
04	Over	$11	thousand to	$12	thousand
05		$12	thousand to	$16	
06		$7	thousand or less		
07	Over	$7	thousand to	$10	thousand
08	Over	$10	thousand to	$14	thousand
09	Over	$14	thousand to	$16	thousand
10		$16	thousand to	$22	
11		$9	thousand or less		
12	Over	$9	thousand to	$13	thousand
13	Over	$13	thousand to	$18	thousand
14	Over	$18	thousand to	$20	thousand
15		$20	thousand to	$27	
16		$10	thousand or less		
17	Over	$10	thousand to	$16	thousand
18	Over	$16	thousand to	$21	thousand
19	Over	$21	thousand to	$24	thousand
20		$24	thousand to	$33	
21		$12	thousand or less		
22	Over	$12	thousand to	$18	thousand
23	Over	$18	thousand to	$25	thousand
24	Over	$25	thousand to	$28	thousand
25		$28	thousand to	$39	
26		$14	thousand or less		
27	Over	$14	thousand to	$21	thousand
28	Over	$21	thousand to	$29	thousand
29	Over	$29	thousand to	$32	thousand
30		$32	thousand to	$44	
31		$16	thousand or less		
32	Over	$16	thousand to	$24	thousand
33	Over	$24	thousand to	$32	thousand
34	Over	$32	thousand to	$36	thousand
35		$36	thousand to	$50	
36		$18	thousand or less		
37	Over	$18	thousand to	$26	thousand
38	Over	$26	thousand to	$36	thousand
39	Over	$36	thousand to	$40	thousand
40		$40	thousand to	$55	
41		$19	thousand or less		
42	Over	$19	thousand to	$29	thousand

43	Over	$29	thousand to	$40	thousand
44	Over	$40	thousand to	$44	thousand
45		$44	thousand to	$61	
46		$21	thousand or less		
47	Over	$21	thousand to	$32	thousand
48	Over	$32	thousand to	$44	thousand
49	Over	$44	thousand to	$48	thousand
50		$48	thousand to	$67	
51		$23	thousand or less		
52	Over	$23	thousand to	$34	thousand
53	Over	$34	thousand to	$47	thousand
54	Over	$47	thousand to	$52	thousand
55		$52	thousand to	$72	
56		$25	thousand or less		
57	Over	$25	thousand to	$37	thousand
58	Over	$37	thousand to	$51	thousand
59	Over	$51	thousand to	$56	thousand
60		$56	thousand to	$78	
61		$27	thousand or less		
62	Over	$27	thousand to	$40	thousand
63	Over	$40	thousand to	$54	thousand
64	Over	$54	thousand to	$60	thousand
65		$60	thousand to	$83	
66		$28	thousand or less		
67	Over	$28	thousand to	$43	thousand
68	Over	$43	thousand to	$58	thousand
69	Over	$58	thousand to	$64	thousand
70		$64	thousand to	$89	
71		$30	thousand or less		
72	Over	$30	thousand to	$45	thousand
73	Over	$45	thousand to	$62	thousand
74	Over	$62	thousand to	$69	thousand
75		$69	thousand to	$95	

98   DK
99   REFUSED

H84_A3H

Which category best represents (IF INT1=03 SCR_NAME's/ ELSE your) family members' total 2018 annual income before taxes and other deductions?

(IF H84_A1=1 DISPLAY CATEGORIES 01-05)

(IF H84_A1=2 DISPLAY CATEGORIES 06-10)
(IF H84_A1=3 DISPLAY CATEGORIES 11-15)
(IF H84_A1=4 DISPLAY CATEGORIES 16-20)
(IF H84_A1=5 DISPLAY CATEGORIES 21-25)
(IF H84_A1=6 DISPLAY CATEGORIES 26-30)
(IF H84_A1=7 DISPLAY CATEGORIES 31-35)
(IF H84_A1=8 DISPLAY CATEGORIES 36-40)
(IF H84_A1=9 DISPLAY CATEGORIES 41-45)
(IF H84_A1=10 DISPLAY CATEGORIES 46-50)
(IF H84_A1=11 DISPLAY CATEGORIES 51-55)
(IF H84_A1=12 DISPLAY CATEGORIES 56-60)
(IF H84_A1=13 DISPLAY CATEGORIES 61-65)
(IF H84_A1=14 DISPLAY CATEGORIES 66-70)
(IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

01		$16	thousand to	$18	thousand
02	Over	$18	thousand to	$24	thousand
03	Over	$24	thousand to	$35	thousand
04	Over	$35	thousand to	$47	thousand
05		$47	thousand or more		
06		$22	thousand to	$25	thousand
07	Over	$25	thousand to	$32	thousand
08	Over	$32	thousand to	$47	thousand
09	Over	$47	thousand to	$63	thousand
10		$63	thousand or more		
11		$27	thousand to	$31	thousand
12	Over	$31	thousand to	$41	thousand
13	Over	$41	thousand to	$59	thousand
14	Over	$59	thousand to	$79	thousand
15		$79	thousand or more		
16		$33	thousand to	$37	thousand
17	Over	$37	thousand to	$49	thousand
18	Over	$49	thousand to	$72	thousand
19	Over	$72	thousand to	$95	thousand
20		$95	thousand or more		
21		$39	thousand to	$44	thousand
22	Over	$44	thousand to	$57	thousand
23	Over	$57	thousand to	$84	thousand
24	Over	$84	thousand to	$112	thousand
25		$112	thousand or more		
26		$44	thousand to	$50	thousand
27	Over	$50	thousand to	$66	thousand
28	Over	$66	thousand to	$96	thousand
29	Over	$96	thousand to	$128	thousand

30		$128	thousand or more			
31		$50	thousand to	$56	thousand	
32	Over	$56	thousand to	$74	thousand	
33	Over	$74	thousand to	$108	thousand	
34	Over	$108	thousand to	$144	thousand	
35		$144	thousand or more			
36		$55	thousand to	$63	thousand	
37	Over	$63	thousand to	$83	thousand	
38	Over	$83	thousand to	$120	thousand	
39	Over	$120	thousand to	$160	thousand	
40		$160	thousand or more			
41		$61	thousand to	$69	thousand	
42	Over	$69	thousand to	$91	thousand	
43	Over	$91	thousand to	$132	thousand	
44	Over	$132	thousand to	$177	thousand	
45		$177	thousand or more			
46		$67	thousand to	$75	thousand	
47	Over	$75	thousand to	$99	thousand	
48	Over	$99	thousand to	$145	thousand	
49	Over	$145	thousand to	$193	thousand	
50		$193	thousand or more			
51		$72	thousand to	$82	thousand	
52	Over	$82	thousand to	$108	thousand	
53	Over	$108	thousand to	$157	thousand	
54	Over	$157	thousand to	$209	thousand	
55		$209	thousand or more			
56		$78	thousand to	$88	thousand	
57	Over	$88	thousand to	$116	thousand	
58	Over	$116	thousand to	$169	thousand	
59	Over	$169	thousand to	$225	thousand	
60		$225	thousand or more			
61		$83	thousand to	$94	thousand	
62	Over	$94	thousand to	$124	thousand	
63	Over	$124	thousand to	$181	thousand	
64	Over	$181	thousand to	$242	thousand	
65		$242	thousand or more			
66		$89	thousand to	$101	thousand	
67	Over	$101	thousand to	$133	thousand	
68	Over	$133	thousand to	$193	thousand	
69	Over	$193	thousand to	$258	thousand	
70		$258	thousand or more			
71		$95	thousand to	$107	thousand	
72	Over	$107	thousand to	$141	thousand	
73	Over	$141	thousand to	$206	thousand	

| 74 | Over | $206 | thousand to | $274 | thousand |
| 75 | | $274 | thousand or more | | |

98   DK
99   REFUSED

(POST-PROCESSING NOTE: WHEN CATEGORIZING RS BY INCOME % OF FPL, BE SURE TO INCLUDE CODING FOR PERCENTAGES THAT FALL BETWEEN WHOLE NUMBERS, AND ALWAYS ROUND UP. FOR EXAMPLE, 44.1% SHOULD BE CODED AS 45%.)

SECTION Q: HOUSEHOLD QUESTIONS
(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION Q.)
(SECTIONTIME_SECQ_TIMESTART = ADMIN VARIABLE WITH SECTION Q START TIME)

Q155

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

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

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

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

Q155C

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

01   YES
02   NO

98   DK
99   REFUSED

(SECTIONTIME_SECQ_TIMEEND = ADMIN VARIABLE WITH SECTION Q END TIME.
 SECTIONTIME_SECQ_TIMETOTAL = ADMIN VARIABLE WITH SECTION Q TOTAL TIME
 SECTIONTIME_SECQ_COMPLETION = ADMIN VARIABLE NOTING IF SECTION Q COMPLETED)

//SKIP IF S14>64 OR S14A>6//
//ASK R1 – R* at this point if i90A = 0//
//ELSE ASK R1-R* after child section prior to closing with encouragement to complete language//
R1. **//Programmer: Turn off prior timers. Please start timer for Section R. //**
// Ask R1 if PROXY_FLAG=0, else skip to SK_ENDR//
The next questions are about different types of violence in relationships with an intimate partner.
By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone
you were dating, or romantically or sexually intimate with would also be considered an intimate
partner. This is a sensitive topic. You can skip any questions you don't want to answer.

Shall we continue?
>   01   YES
>   02   NO [SKIP TO CLOSING]
>   98   DK [SKIP TO CLOSING]
>   99   REFUSED [SKIP TO CLOSING]

R2new_threat **//ask if R1=01//**
Has an intimate partner ever **threatened** you with physical violence? This includes threatening to hit,
slap, push, kick or physically hurt you in any way.
>   01   YES
>   02   NO
>   98   DK
>   99   REFUSED [GO TO R2A]

R2new_used Has an intimate partner **EVER used** physical violence against you? This includes hitting,
slapping, pushing, kicking, or hurting you in any way.
>   01   YES
>   02   NO
>   98   DK
>   99   REFUSED [GO TO R2A]

R3new **//ask if R2new_threat=1 OR R2new_used=1//; ELSE GO TO R2A**
When was the last time an intimate partner threatened or used physical violence against you?
>   00 NEVER {programmer: r3newday = 0}   [GO TO R2A]
>   01 _____ DAYS {1-90} {programmer: r3newday = R3new 01 }
>   02 _____ WEEKS {1-51} {programmer: r3newday = R3new02 * 7}
>   03 _____ MONTHS {1-35} {programmer: r3newday = R3new03 * 30}
>   04 _____ YEARS {1-125)} {programmer: r3newday = R3new04 * 365}
>   98 DK   [GO TO R2A]
>   99 REFUSED   [GO TO R2A]

//ask if R3new =01//
R3new01 [INTERVIEWER ENTER DAYS]
//NUMERIC RANGE// {1-90}
//ask if R3new =02//
R3new02 [INTERVIEWER ENTER WEEKS]
//NUMERIC RANGE// {1-51}

//ask if R3new =03//
R3new 03 [INTERVIEWER ENTER MONTHS]
//NUMERIC RANGE// {1-35}
//ask if R3new =04//
R3new 04 [INTERVIEWER ENTER YEARS]
//NUMERIC RANGE// {1-125}

R4new_b **//ask if R3new is ≤1 year/52 weeks/12 months/365 days//**
Thinking about the last time an intimate partner threatened or used physical violence against you, did it result in you having any face-to-face contact with police or law enforcement?

  01   YES
  02   NO
  98   DK
  99   REFUSED

R2A
We realize that this topic may bring up past experiences that some people may wish to talk about.
If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential hotline you can call. Would you like that number?

The number is 1-800-799-SAFE, which is 7233. So the number is 1–800–799–7233. Or visit thehotline.org.

Would you like me to repeat the number?

**(SECTIONTIME_SECQ_TIMEEND = ADMIN VARIABLE WITH SECTION R END TIME.
SECTIONTIME_SECQ_TIMETOTAL = ADMIN VARIABLE WITH SECTION R TOTAL TIME
SECTIONTIME_SECQ_COMPLETION = ADMIN VARIABLE NOTING IF SECTION R COMPLETED)**

CHILD QUESTIONNAIRE

SECTION I: SCREENING QUESTIONS FOR ELIGIBLE CHILD

(PROGRAMMER: TURN OF PRIOR TIMERS. PLEASE START TIMER FOR SECTION I.)
(SECTIONTIME_SECS_TIMESTART = ADMIN VARIABLE WITH SECTION S START TIME)

PREPI90

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

> _$Recall (RECALL="<SCR_NAME>", CONDITION="I91A=01") The next questions focus on the
> health insurance coverage and health status of one child in your home. You will receive [IF CALL
> TYPE = 02, DISPLAY "an additional"] $5 for participating in this portion of the survey.

> 01   CONTINUE

FL_PI90
> **(ASK IF S13b=01)** Earlier you said there was one child in <YOUR_NAME> family. What is that
> child's first name, nickname, or initials?

> **(ASK IF S13b=02-97)** We would now like to identify the child in <YOUR_NAME> family, **age 18 or
> younger**, who had the most recent birthday. What is that child's first name, nickname, or
> initials?

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

PI90   <FL_PI90>

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

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

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

> 01   WILL GIVE NAME (GO TO CH_NAME)
> 66   TERMINATE INTERVIEW (GO TO REFUSAL)

	77	DON'T KNOW CHILDREN'S BIRTHDAYS/WHICH CHILD WAS BORN LAST

77   DON'T KNOW CHILDREN'S BIRTHDAYS/WHICH CHILD WAS BORN LAST
98   DK (CH_NAME)
99   REFUSED TO GIVE NAME (CH_NAME)

PI90S //ASK IF PI90 = 77//

That's fine. The next questions will focus on the health insurance coverage and health status of the **youngest** child in your home.

01   CONTINUE (GO TO FL_PI90B)
99   REFUSED (GO TO INT20)

FL_PI90B

     (ASK IF PI90S=01) What is the first name, nickname, or initials of the youngest child in your home?

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

PI90A   <FL_PI90A>

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

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

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

01   WILL GIVE NAME (GO TO CH_NAME)
66   TERMINATE INTERVIEW (GO TO REFUSAL)

98   DK (CH_NAME)
99   REFUSED TO GIVE NAME (CH_NAME)

REFUSAL

     Your responses are very important. The sponsors need <HOUSEHOLD_1> household's input to make health care policy decisions that may be helpful to the State of Ohio.

     (IF NECESSARY: You may call the State of Ohio at 1-800-678-6437, or RTI at 1-855-322-2826 if you have questions or concerns about the survey.)

(IF NECESSARY: You will receive an additional $5 for participating in this portion of the survey.)

01   CONTINUE (GO BACK TO PI90A)
99   REFUSED (GO TO INT20)

CH_NAME

Creates fill for child's name

0   the child
1   <PI90:0>

P148

What is <CH_NAME>'s gender?

01   MALE
02   FEMALE
03   OTHER (verbatim)

99   REFUSED

I90A

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

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

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

97   CHILD IS 19 OR OLDER" (GO TO SK_STARTCL)
98   DK
99   REFUSED

I90B

What is <YOUR_NAME> relationship to <CH_NAME>?

(INTERVIEWER:
    o   CODE STEP AND GREAT GRANDPARENTS AS 03 GRANDPARENT.
    o   CODE STEP SIBLINGS AS 05 BROTHER/SISTER.
    o   CODE PARENT THAT DOESN'T IDENTIFY AS MOTHER OR FATHER AS 12)

---

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

98   DK
99   REFUSED

I91A

(ASK IF: (CELL_RESP=01) OR (NOT NUM_ADULTS=01 AND NOT NUM_ADULTS=WR), ELSE GO TO I95)

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

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

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

01   DIFFERENT PERSON
02   PERSON ON PHONE IS THE ONE WHO IS MOST KNOWLEDGEABLE ABOUT THE CHILD'S
        INSURANCE COVERAGE (GO TO I95)

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

I91B

What is that person's first name?

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

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

RECORD RESPONSE   (TEXT RANGE=25 CHARACTERS)

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

I91C

Is <I91B:O> available?

01   YES
02   NO (GO TO INT23)

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

I91D

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

01   YES (FL_I92)
02   NO (GO TO INT23)

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

I92

Hello, my name is _____(INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of the State of Ohio and The Ohio State University. We are conducting a survey on health and health care issues. This call may be monitored or recorded for quality assurance. <FL_I92>

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

01   CONTINUE

99   REFUSED (GO TO INT20)

CH_INFORM

Before we begin, The Ohio State University would like me to tell you that the interview will last approximately 8 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential.

01   CONTINUE

PAR3

(ASK IF i91b = 98, 99 or i91c = 66, ELSE GO TO I95)

Would you be able to answer just 2 of the most important questions before we end? These next few questions ask about some general information related to <CH_NAME>´s health insurance coverage.

(IF RESPONDENT HESITATES: There are just a few key questions that would help the State of Ohio assess how many children have health care coverage and how it affects their lives. Your responses to just these few questions are very important to the state.)

01   CONTINUE (GO TO I95)

99   REFUSED TO CONTINUE (GO TO INT20)

I95

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

01   YES (GO TO SK_ENDI)
02   NO

98   DK
99   REFUSED

I95A

Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as Government and military programs such as Medicare, Medicaid, Healthy Start, Healthy Families, TRICARE or CHAMP-VA. Keeping this in mind, last week was < CH_NAME> covered by health insurance or some other type of health care plan?

(**DEFINITIONS**:
Healthy Families: OH Medicaid´s health coverage for low-income children & parents.
Medicaid: State government health coverage for low-income persons.

Medicare: Federal government health coverage for those 65 and older or with certain disabilities)

01   YES
02   NO (GO TO SK_ENDI)

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

(IF INTERVIEW TERMINATES ANYTIME AFTER i95a AND BEFORE J100c or K96_new)

SECTION J: CHILD'S INSURANCE COVERAGE

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION J.)
(SECTIONTIME_SECJ_TIMESTART = ADMIN VARIABLE WITH SECTION J START TIME)

Employer-based Coverage

J96

     (ASK IF: ((A1 = 01 OR A1A=01) AND (I95=01 OR I95A=01), ELSE GO TO PREJ100A)

     Last week, was <CH_NAME>'s health insurance coverage the same as <FL_J96> health insurance coverage <FL_J96A>?

     01   YES
     02   NO (GO TO PREJ100a)

     98   DK (GO TO PREJ100a)
     99   REFUSED (GO TO PREJ100a)

J96A

     So, the health insurance coverage that <CH_NAME> has is _$Recall (RECALL="through a current or former employer or union,", CONDITION="B4A=01") _$Recall (RECALL="Medicare,", CONDITION="B4B_R=01") _$Recall (RECALL="Medicaid,", CONDITION="B4C_R=01") _$Recall (RECALL="purchased directly,", CONDITION="B4E=01") _$Recall (RECALL="other health care coverage,", CONDITION="B4G=01") and it has the same benefits and covers the same services as _$Recall (RECALL="you", CONDITION="I91A=02 OR CELL_RESP=02 OR NUM_ADULTS=01")_$Recall (RECALL="<SCR_NAME>", CONDITION="I91A=01"), and <CH_NAME> does not have any other health insurance coverage. Is this correct?

     01   YES
     02   NO

     98   DK
     99   REFUSED

PREJ100A
     (ASK IF: J96=2, 98, 99 OR J96A=02,98,99 OR ((I95=01 OR I95A=01) AND J96=WR), ELSE GO TO J113)

     I would like to now ask you some more specific questions about < CH_NAME>'s health insurance coverage.

     01 CONTINUE

J100A

Is < CH_NAME> covered by a health insurance plan through someone's current or former employer or union?

(IF NECESSARY: Include COBRA)
(IF NECESSARY: Do not include Medicare or Medicaid coverage.)

01   YES, COVERED BY A HEALTH INSURANCE PLAN THROUGH CURRENT/FORMER EMPLOYER
        OR UNION
02   NO, NOT COVERED

98   DK
99   REFUSED

Medicaid Coverage

J100C

Is <CH_NAME> covered by **Medicaid**, the **State** of Ohio government health care program?

(IF NECESSARY: Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.)

(IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED': "Is <CH_NAME> enrolled in the program now?' Or "(Does FILL: CH_NAME) get health care from one of these plans?")

01   YES (GO TO J100CA)
02   NO (GO TO J100C_CK)

98   DK (GO TO J100C_CK)
99   REFUSED (GO TO J100C_CK)
97   HELP SCREEN (GO TO J100CHELP)

J100CHELP

Healthy Families: OH Medicaid health coverage for low-income children & parents.
Healthy Start: The Medicaid program to provide free and low cost health coverage to pregnant women and children.
Medicaid: Ohio government health coverage for low-income persons.
Medicaid Waiver Programs: provide community services to those who would otherwise be institutionalized, such as in a nursing home.

01   ENTER TO RETURN TO QUESTION (GO TO J100C)

J100C_CK

>(ASK IF: (NOT I95A=02,98,99) AND (NOT J96A=01) AND (J100C=02,98,99), ELSE GO TO J100CA)

>Is <CH_NAME> covered by Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, or Buckeye Community Health Plan?

>(IF NECESSARY:

>- o Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.

>- o Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD.

>- o Medicaid waiver programs include, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, and SELF.

>- o SELF refers to the Self-Empowered Life Funding waiver.)

>(INTERVIEWER: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED':
>- o "Is < CH_NAME> enrolled in the program now?'

>- o OR "Does < CH_NAME> get health care from one of these plans?")

>01 YES
>02 NO (GO TO J100b)

>98 DK (GO TO J100b)
>99 REFUSED (GO TO J100b)

J100C_CK_pay

>(ASK IF J100C_CK=01)

>Who provides this health insurance plan? Is it an employer or union, a state or local government or community program, or is it <YOU_NAME> or <YOUR_NAME> family, or someone else?

>01 EMPLOYER OR UNION
>02 STATE, LOCAL, OR COMMUNITY PROGRAM
>03 <YOU_NAME_C> OR FAMILY
>04 SOMEONE ELSE

>98 DK
>99 REFUSED

J100CA
>
> (ASK IF: (J100C=1 or **(**J100C_CK=01 AND J100C_CK_payer=02) OR (J96A=01 AND B4CA=03,04,05,06,07,08,09), ELSE GO TO J100B)
>
> Which Medicaid plan is < CH_NAME> covered by?

> (IF NECESSARY: Is it Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, Buckeye Community Health Plan, Medicaid for the Aged, Blind and Disabled, or something else?)

> 01   HEALTHY FAMILIES
> 02   HEALTHY START, MAGI CHILDREN
> 03   MEDICAID FOR THE AGED, BLIND AND DISABLED, HOME CHOICE/MONEY FOLLOWS THE PERSON (MFP)
> 04   OHIO HOME CARE WAIVER
> 05   INDIVIDUAL OPTIONS, IO, LEVEL ONE, TRANSITIONS, OR SELF WAIVER
> 06   BUCKEYE COMMUNITY HEALTH PLAN, BUCKEYE
> 07   CARESOURCE
> 08   MOLINA HEALTHCARE
> 09   PARAMOUNT ADVANTAGE, PARAMOUNT
> 10   UNITED HEALTH CARE COMMUNITY PLAN, UNITED
>
> 11   HOME CHOICE, MONEY FOLLOWS THE PERSON (MFP)
> 12   ADOPTION OR FOSTER CARE MEDICAL ASSISTANCE
> 13   EMPLOYEE/PERSONAL/NON-MEDICAID
>
> 97   OTHER
> 98   DK
> 99   REFUSED

Coverage

J100B
>
> (ASK IF J96a NE 01, ELSE GO TO J113)
>
> Is <CH_NAME> _$recall(recall="also", condition="(J100A=01 or J100C=01 or (J100C_CK=01 AND J100C_CK_payer=01))") covered by **Medicare**, the **Federal** government-funded health insurance plan for people 65 years and older or persons with certain disabilities?
>
> (INTERVIEWER HELP SCREEN - Medicare: Federal government health coverage for those 65 and older or with certain disabilities.)
>
> (IF RESPONDENT IS UNSURE ABOUT THE MEANING OF `COVERED: "Is <CH_NAME> enrolled in the program now?" OR "Does <CH_NAME> get health care from one of these plans?")
>
> 01   YES
> 02   NO (GO TO J100B_R)

98   DK (GO TO J100B_R)
99   REFUSED (GO TO J100B_R)

J100BCON

Just to confirm, you said that < CH_NAME> is covered by Medicare, the Federal government-funded insurance plan for people 65 years and older or persons with certain disabilities. Is that correct?

01   CORRECT, CHILD IS COVERED BY MEDICARE
02   INCORRECT, CHILD IS NOT COVERED BY MEDICARE

98   DK
99   REFUSED

J100B_R
((PROGRAMMER - THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES))((CALCULATE J100B_R=J100B. IF J100BCON≠BLANK J100B_R≠J100BCON))

01   YES
02   NO

J100C_R
((PROGRAMMER – THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES))
(CALCULATED J100C = 01 OR (J100C = 02 AND J100C_CK = 01 AND J100C_CK_PAY = 02))

01   YES
02   NO

J100E

Is < CH_NAME> covered by health insurance purchased directly, that is a plan not related to someone's current or past employment?

01   YES
02   NO

98   DK
99   REFUSED

<u>Other State-sponsored or Public Health Insurance</u>

J100F

Is < CH_NAME> covered by the Bureau for Children with Medical Handicaps (BCMH) or any **other** state-sponsored or public health insurance program that I have **not** mentioned?

(IF NECESSARY: BCMH stands for: Bureau for Children with Medical Handicaps. The purpose of the program is to promote the early identification of children with medically handicapping conditions. The mission of the program is to assure that children with special health care needs and their families obtain care that is family centered, comprehensive, culturally sensitive, and community based.)

(PROBE IF RESPONDENT MENTIONS A PROGRAM YOU ALREADY ASKED ABOUT: That sounds like a plan I asked you about before. <DODOESC> <YOU_NAME> have any **other** health care coverage that I did **not** mention earlier?)

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:)UL_$Recall (RECALL="LI<FL_J100A>/LI",

CONDITION="FL_J100A=1")_$Recall (RECALL="LI<FL_J100B>/LI", CONDITION="FL_J100B=1")_$Recall (RECALL="LI<FL_J100C>/LI", CONDITION="FL_J100C=1")_$Recall (RECALL="LI<FL_J100E>/LI", CONDITION="FL_J100E=1")/UL(INTERVIEWER: IF R MENTIONS OTHER INSURANCE, GO BACK TO QUESTIONS ABOVE AND INPUT NEW INFORMATION)

01   YES
02   NO (GO TO J100I1)

98   DK (GO TO J100I1)
99   REFUSED (GO TO J100I1)

NJ100F1

What is the name of that program?

(INTERVIEWER NOTE: IF RESPONDENT SAYS CARE SOURCE, HEALTHY START, HEALTHY FAMILIES, JOB & FAMILY SERVICES, CODE J100f AS 02 MEDICAID.)

01   BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS (BCMH)
02   MEDICAID (INCLUDES CARE SOURCE, HEALTHY START, & HEALTHY FAMILY, JOB & FAMILY SERVICES)

98   DK
99   REFUSED

Other Health Insurance

J100G

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

(INTERVIEWER NOTE: If "Exchange" is mentioned, then code as Yes.)

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:)
(FILL: IF J100A=01 HEALTH PLAN THROUGH EMPLOYER
(FILL: IF J100B_R=01 MEDICARE (65+ & DISABILITIES)
(FILL: IF J100C_R=01 MEDICAID (GOVERNMENT ASSISTANCE PROGRAM)
 (FILL: IF J100E=01 DIRECT PURCHASE INSURANCE PLAN)
(FILL: IF J100F=01 STATE-SPONSORED)

01   YES
02   NO (GO TO J100CHK)

98   DK (GO TO J100CHK)
99   REFUSED (GO TO J100CHK)

J100H

Who provides this health insurance plan? Is it an employer or union, a state or local government or community program, or is it <YOU_NAME> or <YOUR_NAME> family, or someone else?

01   EMPLOYER OR UNION
02   STATE, LOCAL, OR COMMUNITY PROGRAM
03   <YOU_NAME_C> OR FAMILY
04   SOMEONE ELSE

98   DK
99   REFUSED

J100CHK
(ASK IF: V01 (SUM ([FL_J100CHKA-FL_J100CHKG3])>1), ELSE GO TO J113
To confirm, you said (FILL: CH_NAME) is covered by:

(FILL: IF J100A= 01 a health insurance plan through an employer or union,
         IF J100B_R=01 Medicare,
         IF J100C_R= 01 a Medicaid program,
         IF J100E=01 a private health insurance plan purchased directly,
         IF J100F=01 (J100f), which is a public health insurance program,
         IF J100G=01 Other health care coverage.)

Is that correct?

01   YES (GO TO J113)

---

02   NO

98   DK
99   REFUSED

AFTER A SECOND TIME, PLEASE DO NOT REPEAT THE SERIES A 3RD TIME. CONTINUE ON TO NEXT QUESTION.

J113

How long has <CH_NAME> been covered by <FL_HISHER> current primary health insurance plan? Is it…

(IF NECESSARY: Your best guess is fine.)

01 Less than 3 months
02 3 months to 1 year
CATI: DISPLAY IF I90A > 1
03 1-2 years
CATI: DISPLAY IF I90A > 2
04 more than 2 years?

98 DK
99 REFUSED

Previous Coverage

J116b
(ASK IF: (J113=01, 02), ELSE GO TO END OF SECTION J)

Just prior to <CH_NAME>'s current health insurance coverage, <FL_WASWERE> <FL_HESHE> covered by any health insurance plan?

01   YES
02   NO (GO TO SK_ENDJ)

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

J117
(ASK IF: (J116b = 01) AND ((J100C_CK=02,98,99) OR (J96A=01 AND B4C_R=02,98,99)), ELSE GO TO J117B)

Just prior to (FILL: CH_NAME)'s current health insurance coverage <FL_WASWERE> (FILL: IF P148=01 he / IF P148=02 she) covered **Medicaid**, the State of Ohio government health care program?

(IF NECESSARY: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance and Medicaid for the Aged, Blind and Disabled. Medicaid waiver programs include, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)

01   YES (GO TO SK_ENDJ)
02   NO (GO TO J117B)

98   DK (GO TO J117B)
99   REFUSED (GO TO J117B)
95   HELP SCREEN

J117HELP

+--+
| HELP SCREEN |
| **Disability Assistance**: insurance or cash benefits against loss because of an accident or illness. |
| **Healthy Families**: OH Medicaid's health coverage for low-income children & parents |
| **Healthy Start**: Medicaid expansion program to provide free and low cost health coverage to pregnant women and children |
| **Medicaid**: State of Ohio health coverage for low-income persons. |
| **Medicaid Wavier Programs**: provide community services to those who would otherwise be institutionalized, such as in a nursing home. |
+--+

J117B
    (ASK IF: (J117 = 02, 98, 99) OR (J100C=01) OR (J96A=01 AND B4C_R=01), ELSE GO TO SK_ENDJ)

    Just prior to <CH_NAME>'s current health insurance coverage, was <FL_HESHE> covered by a health insurance plan obtained through someone's employment or union?

    01   YES
    02   NO

    98   DK
    99   REFUSED

**(SECTIONTIME_SECJ_TIMEEND = ADMIN VARIABLE WITH SECTION J END TIME.
  SECTIONTIME_SECJ_TIMETOTAL = ADMIN VARIABLE WITH SECTION J TOTAL TIME
  SECTIONTIME_SECJ_COMPLETION = ADMIN VARIABLE NOTING IF SECTION J COMPLETED)**

SECTION K: CHILD CURRENTLY UNINSURED

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION K.)
(SECTIONTIME_SECK_TIMESTART = ADMIN VARIABLE WITH SECTION K START TIME)

Previous Coverage

PREK96

>(ASK IF: (I95a=02,98,99), ELSE GO TO L125)
>
>Next I would like to ask more specific questions about <CH_NAME>'s prior
>insurance coverage.
>
>**(ASK K96_new, THEN IF PROTOCOL IS MET WITHOUT THE RECORD BECOMING A COMPLETE,**
>   **CODE AS COMPLETE)**

K96_new

When was <CH_NAME> last covered by any type of health insurance plan? Was it….

>01   Never
>02   Less than 3 months ago,
>CATI: DISPLAY IF I90A > 1
>03   3 months to less than 1 year ago,
>CATI: DISPLAY IF I90A > 2
>04   1 to 2 years ago
>05   More than 2 years ago?
>98   DK
>99   REFUSED

K99

>(ASK IF: K96_new=02,03)
>
>The last time <CH_NAME> had insurance, <FL_WASWERE> <FL_HESHE> covered by Medicaid,
>the State of Ohio government health care program?
>
>(IF NECESSARY: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash
>Assistance and Medicaid for the Aged, Blind and Disabled. Medicaid waiver programs include,
>Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.) (**Disability
>Assistance**: insurance or cash benefits against loss because of an accident or illness. **Healthy
>Families:** OH Medicaid´s health coverage for low-income children & parents. **Healthy Start**:
>Medicaid expansion program to provide free and low-cost health coverage to pregnant women
>and children. **Medicaid:** State of Ohio health coverage for low-income persons. **Medicaid
>Wavier Programs:** provide community services to those who would otherwise be
>institutionalized, such as in a nursing home.)

---

01   YES
02   NO

98   DK
99   REFUSED

K100

(ASK IF: (K99=02, 98, 99), ELSE GO TO END OF SECTION K)

The last time <CH_NAME> had health insurance, <FL_WASWERE> <FL_HESHE> covered by a health insurance plan obtained through someone's employment or union?

01   YES
02   NO

98   DK
99   REFUSED

(IF INTERVIEW TERMINATES AFTER THIS POINT AND PROTOCOL IS MET WITHOUT BECOMING A COMPLETE, CODE AS COMPLETE)

(SECTIONTIME_SECK_TIMEEND = ADMIN VARIABLE WITH SECTION K END TIME.
 SECTIONTIME_SECK_TIMETOTAL = ADMIN VARIABLE WITH SECTION K TOTAL TIME
 SECTIONTIME_SECK_COMPLETION = ADMIN VARIABLE NOTING IF SECTION K COMPLETED)

SECTION L: HEALTH STATUS OF CHILD

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION L.)
(SECTIONTIME_SECL_TIMESTART = ADMIN VARIABLE WITH SECTION L START TIME)

General Health

L125

Now I would like to ask about <CH_NAME>'s health. In general, how would you describe <CH_NAME>'s health? Would you say <FL_HISHER> health is excellent, very good, good, fair, or poor?

01   EXCELLENT
02   VERY GOOD
03   GOOD
04   FAIR
05   POOR

98   DK
99   REFUSED

SKIP IF I90A <1.

The next questions ask about screen time for things other than schoolwork. Screen time is the time that <CH_NAME> spends with cell phones, tablets, television, computers, video games, and other electronic devices.
DEVICE_USE:

On an average weekday, about how much screen time does <CH_NAME> usually have? Would you say...

01 None [SKIP TO SUGAR_1]
02 Less than 1 hour
03 1 to 2 hours
04 3 to 4 hours
05 5 to 6 hours
06 7 or more hours
98 DK
99 REFUSED

Sugary Beverage Intake

SUGAR_1

(ASK IF: (1 < i90a < 12), ELSE GO TO SUGAR_2)

Considering the food your child ate yesterday, including meals and snacks, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did <CH_NAME> drink? Was it…

(IF NECESSARY:

- o "Only include 100% fruit juice."
- o Part of a glass counts as 1 glass.
- o ASK RESPONDENT TO ESTIMATE THE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN, OR CARTON.)

(INTERVIEWER: CODE "NONE" OR "DOES NOT DRINK FRUIT JUICE" as 00)

00   Zero
01   One
02   Two, or
03   Three or more?

98   DK
99   REFUSED

SUGAR_2

(ASK IF: (1<i90a<6), ELSE GO TO PL125A1)

Yesterday, how many glasses or cans of soda or pop, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks, did <CH_NAME> drink? Do not count diet drinks. Was it….

(IF NECESSARY: This also includes any drinks with added sugar, such as Sunny Delight, Iced Tea Drinks, Tampico, Hawaiian Punch, Cranberry Cocktail, HI-C, Snapple, Sugar Cane Juice, Gatorade, Sweetened Water Drinks, and Energy Drinks)

(INTERVIEWER: CODE "NONE" OR "DOES NOT DRINK SODA" as 01)

01   Zero
02   One
03   Two, or
04   Three or more?

98   DK
99   REFUSED

PL125A1

(ASK: (IF i90A>=6), ELSE GO TO PRE_L126A)

Height and Weight

How tall is <CH_NAME> now?

01   ANSWERED IN FEET/INCHES (GO TO L125AP_F)
02   ANSWERED IN CENTIMETERS (GO TO L125AC)

98   DK (GO TO PL125a2)
99   REFUSED (GO TO PL125a2)

L125AP_F

(How tall is <CH_NAME> now?)
        (1-8 FEET)

L125AP_I

(How tall is <CH_NAME> now?)
        (00-12 INCHES)

L125AP
(ASK IF: (L125AP_F*100)+L125AP_I)

Feet/Inches in fii format

L125AC (ASK IF PL125A1=01)

Centimeters
RECORD NUMBER   (RANGE=91-254 NUMERIC CHARACTERS)

PL125A2

How much does <CH_NAME> weigh now?

(IF NECESSARY: Your best guess is fine.)

(INTERVIEWER: ACCEPT DK/REF WITHOUT PROBING.)

01   ANSWERED IN POUNDS (GO TO L125A2P)
02   ANSWERED IN KILOGRAMS (GO TO L125A2K)

98   DK (GO TO Pre_L126A)
        99   REFUSED (GO TO Pre_L126A)

L125A2P
        (Pounds)

        RECORD RESPONSE   (RANGE=25-500 NUMERIC CHARACTERS)

L125A2K
        (ASK IF: (PL125A2=01), ELSE GO TO L125LBS)
        (Kilograms)

        RECORD RESPONSE   (RANGE=18-227 NUMERIC CHARACTERS)

Developmental Disability

Pre_L126A

        The next questions are about any kind of health problems, concerns, or conditions that may
        affect <CH_NAME>'s behavior, learning, growth, or physical development.

L126H_2

        Does <CH_NAME> currently have a developmental disability?

        (IF NECESSARY: **Developmental disabilities** are a group of conditions due to an impairment in
        physical, learning, language, or behavior areas. These conditions begin by age 21, may impact
        day-to-day functioning, and usually last throughout a person's lifetime.)

        01   YES
        02   NO

        98   DK
        99   REFUSED

        Skip in

//L126H_2=01//
AUTISM
Has a doctor or other health care provider **EVER** told you that <CH_NAME> has Autism or Autism
Spectrum Disorder? Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder.

01 YES
02 NO

98 DK
99 REFUSED

Need/Use of Health Care Services

SKIP IF I90A < 1.

L126A_NEW

Because of a physical, mental, or emotional condition lasting 6 months or more, does <CH_NAME> currently need or use medicine **prescribed by a doctor or other health care professional**, other than vitamins?

01 YES
02 NO

98 DK
99 REFUSED

SKIP IF I90A < 1.

L126J_NEW

Because of a physical, mental, emotional condition lasting 6 months or more, does <CH_NAME's> need or get **special therapy**, such as physical, occupational or speech therapy?

01   YES
02   NO

98   DK
99   REFUSED

SKIP IF I90A < 1.

L126M_NEW

Because of a physical, mental, emotional condition lasting 6 months or more, does <CH_NAME> have any kind of emotional, developmental or behavioral problem for which <FL_HESHE> <FL_L126M: needs or gets/need or get> **treatment or counseling**?

01 YES
02 NO (GO TO PRE_LAS12)

SKIP IF I90A < 1.

LAS12
Compared to other <I90A>-year-old children, would you say <FL_HESHE> <FL_LAS12:
experiences/experience> any difficulty speaking, communicating, or being understood?

>(USE THIS VERSION IF I90A=98, 99 OR MISSING)
>Compared to other children <FL_HISHER> age, would you say <FL_HESHE> experiences any
>difficulty **speaking**, communicating, or being understood?

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

LAS1a
Has a doctor or other health professional ever told you that <CH_NAME> has asthma?

>01   YES
>02   NO (SKIP TO LAS5)
>
>98   DK (SKIP TO LAS5)
>99   REFUSED (SKIP TO LAS5)

LAS5
Does <CH_NAME> currently have diabetes or sugar diabetes?

[IF NECESSARY, Diabetes is a disease in which the body does not properly make or use insulin.]

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

ACES:
The next questions are about events that may have happened during <CH_NAME>'s life. These things
can happen in any family, but some people may feel uncomfortable with these questions. You may **skip
any questions you do not want to answer**. Please remember this information will not be shared with
anyone and you will not be identified.

To the best of your knowledge, has <CH_NAME> EVER experienced any of the following?

ACE_3. Parent or guardian divorced or separated.
      01   YES
      02   NO

      98   DK
      99   REFUSED

ACE_4. Parent or guardian died.
      01   YES
      02   NO

      98   DK
      99   REFUSED

ACE_5. Parent or guardian served time in jail after <CH_NAME> was born.
      01   YES
      02   NO

      98   DK
      99   REFUSED

ACE_6. Saw or heard parents or adults slap, hit, kick, punch one another in the home.
      01   YES
      02   NO

      98   DK
      99   REFUSED

ACE_7. Was a victim of violence or witnessed violence in <FL_HISHER> neighborhood.
      01   YES
      02   NO

      98   DK
      99   REFUSED

ACE_8. Lived with anyone who was mentally ill, suicidal, or severely depressed.
      01   YES
      02   NO

      98   DK
      99   REFUSED

ACE_9. Lived with anyone who had a problem with alcohol or drugs.
      01   YES
      02   NO

      98   DK

99   REFUSED

ACE_10. Treated or judged unfairly because of <FL_HISHER> race or ethnic group.
01   YES
02   NO

98   DK
99   REFUSED

Child Functional Impairment for Children and Adolescence

//ASK IF I90A>5 to I90A<12 //

LAS12a. Now, thinking about your child's mental health, which includes stress, depression, and problems with emotions, for how many days, **during the past 30 days,** did a mental health condition or emotional problem keep <CH_NAME> <YOU_NAME> from participating in school, social relationships with friends, or other usual activities?

○   IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

○   IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "So no days at all?" AND ENTER 0 IF THE ANSWER IS YES.)

ENTER NUMBER OF DAYS (RANGE 0-30)
98   DK
99   REFUSED

//ASK IF I90A>11//

LAS12b. Now, thinking about your child's mental health, which includes stress, depression, and problems with emotions or **substance use**, for how many days, **during the past 30 days** did a mental health condition or emotional problem keep <CH_NAME> <YOU_NAME> from participating in school, social relationships with friends, or other usual activities?

○   IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

○   IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "So no days at all?" AND ENTER 0 IF THE ANSWER IS YES.)

ENTER NUMBER OF DAYS (RANGE 0-30)
98   DK
99   REFUSED

SECTION M: UTILIZATION AND QUALITY OF CHILD HEALTH CARE SERVICES

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION M.)
(SECTIONTIME_SECM_TIMESTART = ADMIN VARIABLE WITH SECTION M START TIME)

PREM131

> I am now going to ask some questions about <CH_NAME>'s use of health care services.
>
> 01   CONTINUE

<u>Visits to Medical Doctor and Health Professional</u>

M131

> **Not** including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since <CH_NAME> last saw a doctor or other health care professional about <FL_HISHER> health? Was it…
>
> (IF NECESSARY:
> - o   Include either care for sickness or injury, or a general checkup.
> - o   Do include visits to urgent care.
> - o   Your best guess is fine. About how long ago was < CH_NAME>'s last visit to a doctor or health professional?)
>
> 01   Within the last 12 months or
> 02   More than 12 months ago?
> 03   NEVER WENT TO A DOCTOR
>
> 98   DK
> 99   REFUSED

M131A
> (ASK IF: (M131=03), ELSE GO TO FL_M130)
>
> I want to make sure I have this right, <CH_NAME> has **never** visited a doctor or any other health care professional in their offices for a routine check-up, physical, or for any reason?
>
> (INTERVIEWER NOTE: IF R SAYS WRONG (03), CATI WILL TAKE YOU BACK TO M131 TO CORRECT DATA.)
>
> 01   RIGHT / CORRECT – NEVER BEEN TO A DOCTOR/ HEALTH CARE PROFESSIONAL. (GO TO FL_M132_1)
> 02   RIGHT / CORRECT – HAVE BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL, BUT NOT IN THEIR OFFICE. (GO TO FL_M132_1)
> 03   WRONG – HAVE VISITED A DOCTOR (GO TO M131)

---

98   DK
        99   REFUSED

Well-baby Checkup

FL_M130
        (ASK IF M131=01,98,99)

(USE THIS VERSION IF I90A=00)
        Since <FL_HISHER> birth did <CH_NAME> receive a well-baby checkup, that is a general checkup
        when <FL_HESHE> <FL_WASWERE> not sick or injured?

        (USE THIS VERSION IF I90A>=01)
        During the past 12 months did <CH_NAME> receive a well-child checkup, that is a general
        checkup when <FL_HESHE> <FL_WASWERE> **not** sick or injured?

M130

        01   YES
        02   NO

        98   DK
        99   REFUSED

M130_number
        (ASK IF M130=01 and i90a<=2))

        During the past 12 months, how many well-child check-ups did <CH_NAME> have?

        ENTER NUMBER
        98 DK
        99 REFUSED

Hospital Stays

FL_M132_1

        FILL FOR M132
        01   **Since birth**
        02   **During the past 12 months**

FL_M132_2
        FILL FOR M132
        01   has <CH_NAME> been
        02   was <CH_NAME>

Emergency Room Visits

M134

<FL_M132_1>, how many times <FL_M132_2> a patient in a hospital emergency room? (RANGE 00-21)

(IF NECESSARY: Include emergency room visits where <FL_HESHE> <FL_WASWERE> admitted to the hospital?)

(IF NECESSARY: Your best guess is fine.)

00	NONE
01-20	(CODE ACTUAL VALUE)
21	MORE THAN 20
98	DK
99	REFUSED

Dental Care

M135
(ASK IF I90A > =1)
About how long has it been since <CH_NAME> last visited a dentist? Was it…

(IF NECESSARY: Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists (HY-JEN-IST).)

(IF NECESSARY: Your best guess is fine.)

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

(SECTIONTIME_SECM_TIMEEND = ADMIN VARIABLE WITH SECTION M END TIME.
 SECTIONTIME_SECM_TIMETOTAL = ADMIN VARIABLE WITH SECTION M TOTAL TIME
 SECTIONTIME_SECM_COMPLETION = ADMIN VARIABLE NOTING IF SECTION M COMPLETED)

SECTION N: ACCESS TO CARE FOR CHILD

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION N.)
(SECTIONTIME_SECN_TIMESTART = ADMIN VARIABLE WITH SECTION N START TIME)

N136

The next questions are about access to health care for <CH_NAME>. <FL_ISARE> there a place that <CH_NAME> **usually** goes when <FL_HESHE> is sick or needs advice about <FL_HISHER> health?

01	YES (GO TO N136a)
02	NO
03	YES, VOLUNTEERED THAT THERE IS MORE THAN ONE PLACE (GO TO N136A)
98	DK (GO TO END OF SECTION N)
99	REFUSED (GO TO END OF SECTION N)

N136CHECK

Just to be sure, is it that there is **no place** at all that <CH_NAME> usually <FL_GOESGO> to when sick or needing advice about health, **or** is it that <FL_HESHE> goes to more than **one** place?

01	NO PLACE AT ALL (GO TO END OF SECTION N)
02	MORE THAN ONE PLACE (GO TO N136a)
98	DK (GO TO END OF SECTION N)
99	REFUSED (GO TO END OF SECTION N)

N136A
(ASK IF: (N136=01, 03 OR N136CHECK=02), ELSE GO TO END OF SECTION N)

Is this place where <CH_NAME> **usually** goes for care

1	A doctor's office or health center?
2	A hospital emergency room?
3	An urgent care center?
4	A clinic in a pharmacy or grocery store?
	(//IF NECESSARY: sometimes called a "minute clinic" or "little clinic")
5	Or some other place?
98	DK
99	REFUSED

N137B

(ASK IF: (N136=01, 03 OR N136CHECK=02), ELSE GO TO END OF SECTION N)

A personal doctor or nurse is a health professional who knows your child well and is familiar with your child´s health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician´s assistant.

Do you have one or more persons you think of as <CH_NAME>'s personal doctor or nurse?

(INTERVIEWER NOTE: IF RESPONDENT SEES A DOCTOR AND NURSE IN THE SAME VISIT, CODE AS 01)

01   YES, ONE PERSON OR MORE THAN ONE PERSON
02   NO (GO TO END OF SECTION N)

98   DK (GO TO END OF SECTION N)
99   REFUSED (GO TO END OF SECTION N)

Care Coordination

J108
(ASK IF: ((N137B=01) AND L126a_new=01 or L126j_new=01 or L126m_new=01 or LAS10=01 or
LAS11=01 or LAS12=01), ELSE GO TO END OF SECTION N)
During the past 12 months, was there any time <YOU_NAME> needed professional help coordinating care or coordinating referrals among different health care providers and services that <CH_NAME> uses?

01   YES
02   NO (GO TO END OF SECTION N)

98   DK (GO TO END OF SECTION N)
99   REFUSED (GO TO END OF SECTION N)

J108b
(ASK IF: J108=01)

<FL_BIRTHC>, how often did you get as much help as you wanted with arranging or coordinating care for <CH_NAME>? Would you say always, usually, sometimes, rarely or never?

01   ALWAYS
02   USUALLY
03   SOMETIMES

04   RARELY
05   NEVER

98   DK
99   REFUSED

(SECTIONTIME_SECN_TIMEEND = ADMIN VARIABLE WITH SECTION N END TIME.
SECTIONTIME_SECN_TIMETOTAL = ADMIN VARIABLE WITH SECTION N TOTAL TIME
SECTIONTIME_SECN_COMPLETION = ADMIN VARIABLE NOTING IF SECTION N COMPLETED)

SECTION O: UNMET HEALTH NEEDS

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION O.)
(SECTIONTIME_SECO_TIMESTART = ADMIN VARIABLE WITH SECTION O START TIME)

Dental Care

O139

> _$Recall (RECALL="**Has there been**", CONDITION="I90A=00")_$Recall (RECALL="**During the past 12 months**, was there", CONDITION="I90A>00") a time when <CH_NAME> needed dental care but could **not** get it at that time?
>
> 01   YES
> 02   NO
>
> 98   DK
> 99   REFUSED

//ASK ONLY IF I90A > 11//
O139_MH

> **During the past 12 months**, was there a time when <CH_NAME> needed mental health care or counseling services but could **not** get it at that time?
>
> 01 YES
> 02 NO
>
> 98 DK
> 99 REFUSED

O144_new
(ASK IF: (I90a > 02); else go to avoid_care_child)

Compared with three years ago, is getting the medical care <CH_NAME> needs becoming easier, harder, or has it stayed the same?

(IF NECESSARY: In general, do the guardians of <CH_NAME> find getting medical care for
<FL_HIMHER> is easier, harder, or about the same compared to three years ago?)

> 01   EASIER
> 02   HARDER
> 03   STAYED THE SAME
> 04   RESPONDENT INDICATES HE/SHE DID NOT NEED IT
> 98   DK

---

99   REFUSED

We just talked about the types of health care <child_name> may have needed. Next, we'll ask about delaying or avoiding care.

avoid_care_child

During the past 12 months, did <YOU_NAME> delay or avoid getting care that <YOU_NAME> felt <CH_NAME> needed because of the cost?

(IF NECESSARY:
o   Include delays because of health plan approval.
o   "Care" means any health care, including prescription drugs.)

01   YES
02   NO
98   DK
99   REFUSED

(SECTIONTIME_SECO_TIMEEND = ADMIN VARIABLE WITH SECTION O END TIME.
  SECTIONTIME_SECO_TIMETOTAL = ADMIN VARIABLE WITH SECTION O TOTAL TIME
  SECTIONTIME_SECO_COMPLETION = ADMIN VARIABLE NOTING IF SECTION O COMPLETED)

SECTION P: CHILD'S DEMOGRAPHICS
PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION P.
(SECTIONTIME_SECP_TIMESTART = ADMIN VARIABLE WITH SECTION P START TIME)

PREP149

The next few questions are just for general classification purposes.

P149

Is <CH_NAME> of Hispanic or Latino/a origin?

01   YES
02   NO

98   DK
99   REFUSED

P150

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

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

(CODE ALL THAT APPLY)

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

06   HISPANIC, LATINO, SPANISH
97   OTHER

98   DK
99   REFUSED

P150A
(ASK IF: ((MNB (P150,01)+MNB(P150,02)+MNB(P150,03)+MNB(P150,04)+MNB(P150,05))>1), ELSE GO TO P151)

Which of these groups, that is: uL_$Recall (RECALL="LI<CH_LBL:1>/LI",
CONDITION="NBR(P150)==1 or NBR(P150)==2 or NBR(P150)==3 or NBR(P150)==4 or
NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")_$Recall (RECALL="LI<CH_LBL:2>/LI",
CONDITION="NBR(P150)==2 or NBR(P150)==3 or NBR(P150)==4 or NBR(P150)==5 or
NBR(P150)==6 or NBR(P150)==7")_$Recall (RECALL="LI<CH_LBL:3>/LI",
CONDITION="NBR(P150)==3 or NBR(P150)==4 or NBR(P150)==5 or NBR(P150)==6 or
NBR(P150)==7")_$Recall (RECALL="LI<CH_LBL:4>/LI", CONDITION="NBR(P150)==4 or
NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")_$Recall (RECALL="LI<CH_LBL:5>/LI",
CONDITION="NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")_$Recall
(RECALL="LI<CH_LBL:6>/LI", CONDITION="NBR(P150)==6 or NBR(P150)==7")_$Recall
(RECALL="LI<CH_LBL:7>/LI", CONDITION="NBR(P150)==7")/uLwould you say best represents
<CH_NAME>'s race?

(LIMIT RESPONSE CHOICES TO THOSE SELECTED IN P150)

01   WHITE
02   BLACK OR AFRICAN AMERICAN
03   ASIAN
04   NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKA NATIVE
05   NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
06   HISPANIC, LATINO, SPANISH

97   <P150:O>
98   DK
99   REFUSED

P150B
         (ASK IF: (NBR (P150)=1 AND (P150A), ELSE GO TO P151)

         Do you consider <CH_NAME> to be White Hispanic, Black Hispanic, Asian Hispanic, Native
         American Hispanic, Pacific Islander Hispanic, or some other race and Hispanic?

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

         (INTERVIEWER: DO NOT EASILY ACCEPT "HISPANIC", DK, OR REFUSED, REPEAT QUESTION IF
         NECESSARY.)

         (INTERVIEWER: FOR MULTIRACIAL DO NOT INCLUDE COMBINATIONS THAT LIST HISPANIC OR
         LATINO. IF R SAYS WHITE AND HISPANIC, CODE AS WHITE. DO USE THIS CODE FOR EXAMPLES
         LIKE BLACK AND WHITE, ASIAN AND WHITE.)

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

06   OTHER RACE HISPANIC

98   DK
99   REFUSES TO DISCRIMINATE

P151

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

01   YES
02   NO

98   DK
99   REFUSED

(SECTIONTIME_SECP_TIMEEND = ADMIN VARIABLE WITH SECTION P END TIME.
SECTIONTIME_SECP_TIMETOTAL = ADMIN VARIABLE WITH SECTION P TOTAL TIME
SECTIONTIME_SECP_COMPLETION = ADMIN VARIABLE NOTING IF SECTION P COMPLETED)

CLOSING

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION CL.)
(SECTIONTIME_SECCL_TIMESTART = ADMIN VARIABLE WITH SECTION CL START TIME)

Q160

01   CONTINUE

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

      To thank you for your participation, we would like to send you an electronic gift card for //IF CELL PHONE ADULT ONLY "$10"; IF CHILD AND LANDLINE ADULT "$5"; IF CHILD AND CELL PHONE ADULT "$15"//. What is your email address?

      (INTERVIEWER:
        o   YOU ARE REQUIRED TO READ BACK THE EMAIL ADDRESS CHARACTER BY CHARACTER
        o   IF R ASKS, THE ELECTRONIC GIFT CARD SHOULD BE DELIVERED WITHIN 1 BUSINESS DAY
        o   IF R DOESN'T HAVE AN EMAIL ADDRESS, ENTER 96 NO EMAIL ADDRESS
        o   IF R ASKS FOR A CHECK, ENTER 97 PREFERS CHECK)
        o   IF NECESSARY: The types of gift cards that are being offered include: Amazon, Barnes and Noble, CVS/Pharmacy, Domino's Pizza, Overstock.com, Panera, QVC, Staples, Target and Walmart.)

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

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

ADDRESS

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

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

01   CONTINUE
02   DECLINES CHECK (GO TO THANKS)

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

EMAILTHANKS

Thank you for providing us with your e-mail address. You will receive an e-mail shortly that will inform you of the approximate delivery time of your electronic gift card. We appreciate your willingness to participate in our survey. You may need to check your junk mail folder for an email titled "Thank you for participating in the Ohio Health Survey."

THANKS

I would like to thank you again for your participation. We want to reassure you that your responses will be kept strictly confidential. Is it ok if we contact you with follow-up questions?

(IF NECESSARY, If you would like to speak to someone about the survey please call the State of Ohio at (614) 466-3543 or if you have questions about your rights as a study participant, you can call RTI at 1-855-322-2826)

01 YES
02 NO

(SECTIONTIME_SECCL_TIMEEND = ADMIN VARIABLE WITH SECTION CL END TIME.
SECTIONTIME_SECCL_TIMETOTAL = ADMIN VARIABLE WITH SECTION CL TOTAL TIME
SECTIONTIME_SECCL_COMPLETION = ADMIN VARIABLE NOTING IF SECTION CL COMPLETED)

(PROGRAMMER: INTERVIEW FINISH TIME. USE 24 HOUR CLOCK)

(PROGRAMMER: CLOSE ALL TIMERS)

LANG   INTERVIEWER: LANGUAGE INTERVIEW CONDUCTED IN:

    01   ENGLISH
    02   SPANISH