

SLAITS Health Pilot Test Questionnaire
MOST CURRENT FINAL VERSION -- Monday, June 02, 1997 (11:30AM)

INTRO_1

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide study on general health issues such as immunization, health insurance, and use of health care services. Your telephone number has been selected at random for the study.

CONTINUE WITH INTERVIEW	1	
HUDI - During 1st/2nd sentence	2	[HUDI: Hung Up During Intro]
HUDI - After end 2nd sentence	3	
HUDI - After end 3rd sentence	4	
HUDI - After end last sentence	5	

S1.

Am I speaking to someone who lives in this household who is over 17 years old? (VERIFY AGE IF NECESSARY THROUGH INTERVIEWER INSTRUCTIONS.)

I AM THAT PERSON	1	[GO TO S_TOTAL]
THIS IS A BUSINESS	2	We are interviewing only in private residences. Thank you very much [TERMINATE INTERVIEW]
NEW PERSON COMES TO PHONE	3	REPEAT INTRO_1 HERE, VERIFY PERSON'S AGE AND GO TO S_TOTAL
REFUSED	7	[GO TO REFUSAL CONVERSION]
DOES NOT LIVE IN HOUSEHOLD	8	[CALLBACK]
NO PERSON AT HOME WHO IS AT LEAST 17	9	

S2_B.

Does anyone live in your household who is over 17 years old?

YES	1	[When would be a good time for me to call back and talk to that person? [SCHEDULE APPOINTMENT]
NO	2	[GO TO S_TOTAL]

S_TOTAL

How many people live in this household? Please include anyone who normally lives here even if they aren't living here now, like someone who is away traveling, at school, or in a hospital.

NUMBER IN HOUSEHOLD _____

IF NUMBER > 1 THEN ASK S_ADULTS, OTHERWISE SKIP TO S_NUMB.

S_ADULTS

Of these [FILL NUMBER] people, how many are age 18 or older?

NUMBER OF ADULTS _____

IF S_ADULTS = S_TOTAL SKIP TO S_NUMB. OTHERWISE ASK S_KIDS2.

S_KIDS2

So that means there {FILL [is/are] (DIFFERENCE OF S_TOTAL - S_ADULTS)}{FILL child/children} under 18 years. Correct?

- YES 1 [GO TO S_3-17KIDS]
- NO 2 [RETURN TO S_TOTAL, RECONCILE]
- DON'T KNOW 6
- REFUSED..... 7

S_3-17KIDS

How many are between the ages of 3 and 17?

NUMBER OF KIDS 3 TO 17 YEARS _____

S_NUMB

Our first questions are about the immunization of young children. How many children between the ages of 12 months and 3 years old are living or staying in your household?

NO CHILDREN BETWEEN 12 MOS - 3 YEARS 00
 IF ONE OR MORE, ENTER # OF CHILDREN 01-09 _____

IF S_TOTAL = S_ADULTS AND S_NUMB = 00; GO TO S3_LTR.

IF S_ADULTS + S_3-17KIDS + S_NUMB = S_TOTAL THEN GO TO S_BABY1. OTHERWISE SKIP TO S_BABY2.

S_BABY1

So that means there are no children less than 12 months. Correct?

- YES 1 [GO TO S3_LTR]
- NO 2 [RETURN TO S_TOTAL, RECONCILE]
- DON'T KNOW 6
- REFUSED..... 7

S_BABY2

So that leaves [FILL DIFFKIDS] [FILL child/children] less than 12 months. Correct?

- YES 1 [GO TO S3_LTR]
- NO 2 [RETURN TO S_TOTAL, RECONCILE]
- DON'T KNOW 6
- REFUSED..... 7

H_LTR

A letter describing this study may have been sent to your home recently. Do you remember seeing the letter?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

IF HOUSEHOLD IS NIS-ELIGIBLE GO TO INFO_A, ELSE GO TO INFO_B.

INFO_A

As the letter stated, participation is voluntary, and it's all right to skip any questions you don't want to answer. This survey is authorized by the Public Health Service Act. The information you provide will be used for research purposes only and will be held in strict confidence. The questions I have will take only a few minutes.

SKIP TO S3_EVAL.

INFO_B

As the letter stated, participation is voluntary, and it's all right to skip any questions you don't want to answer. This survey is authorized by Section 306 of the Public Health Service Act. The information you provide will be used for research purposes only and will be held in strict confidence in accordance with Section 308(d) of the Public Health Service Act [42 U.S.Code 242m(d)]. This survey will take an average of 15 minutes. To improve the quality of the survey, my supervisor may record and listen as I ask the questions.

S3_EVAL

I READ THESE STATEMENTS TO THE RESPONDENT.

- YES 1

IF HOUSEHOLD IS NIS-ELIGIBLE, GO TO S3.1KID IN THE SCREENER AND CONTINUE UP TO D14B IN THE NIS INTERVIEW AND THEN READ TRANS. IF HOUSEHOLD IS NIS-INELIGIBLE, SKIP TO SECTION I.

TRANS

These are all the questions we have about immunizations. Our next questions are regarding health insurance and the use of health care services. This portion of the interview is authorized by Section 306 of the Public Health Service Act. The information you provide will be used for research purposes only and will be held in strict confidence in accordance with Section 308(d) of the Public Health Service Act [42 U.S.Code 242m(d)]. The remaining part of the interview will take an average of 15 minutes. First, please tell me the first names or initials of the persons living or staying here.

Section I -- Household composition

IF NIS-ELIGIBLE HOUSEHOLD GO TO H01, ELSE GO TO H01A.

H01. (FROM NIS INTERVIEW)

You already told me about [FILL NAMES FROM S3.5]. Let's continue with the name of the person or one of the persons who owns or rents this home. [REFNAME] ALLOW FOR 30 NAMES

H01A. (NO NIS INTERVIEW DONE)

First, please tell me the first names or initials of the persons living or staying here. Start with the name of the person or one of the persons who owns or rents this home. [REFNAME] ALLOW FOR 30 NAMES

PROMPT: Who else is living or staying here? Who else?

INTERVIEWER NOTE: IF RESPONDENT INDICATES THAT NO HOUSEHOLD MEMBER IS AN OWNER OR RENTER, START WITH THE OLDEST HOUSEHOLD MEMBER.

LIST ALL FIRST NAME(S)/INITIALS _____, _____, _____, _____, _____

WHEN FINISHED LISTING NAMES, PROMPT TO DETERMINE THE RESPONDENT:

What is your first name? **SELECT NAME FROM LIST AND USE ALT-R TO MARK THE RESPONDENT. CONFIRM THE LIST OF HOUSEHOLD MEMBERS**

UPON LEAVING ROSTER, A CHECK WILL BE MADE WITH S_TOTAL. WHEN S_TOTAL IS NOT EQUAL TO THE TOTAL PERSONS ON THE ROSTER, INTERVIEWER WILL BE PRESENTED WITH A WARNING BOX ON THE SCREEN.

HDEMO

Before we talk about health care and health insurance, I have a few questions about your household. **QUESTIONS H10 THROUGH H322A ARE ASKED, FOLLOWING ANY IMBEDDED SKIP PATTERNS, FOR EACH PERSON IN TURN.**

H10.

{FILL Are you/Is NAME} male or female?

MALE 1
FEMALE 2
DON'T KNOW 6
REFUSED 7

IF ONE PERSON HOUSEHOLD, SKIP TO H30.

IF H10 = 6 or 7, THEN USE "THEY" AS A FILL FOR SUBSEQUENT QUESTIONS.

H20. (NOT ASKED OF REFERENT PERSON/PERSON ON LINE #1)

What is {FILL your/NAME's} relationship to {FILL REFNAME}?

- SPOUSE (HUSBAND/WIFE) 2
- UNMARRIED PARTNER 3
- CHILD (SON/DAUGHTER) 4
- CHILD OF PARTNER 5
- GRANDCHILD 6
- PARENT (MOTHER/FATHER) 7
- BROTHER/SISTER 8
- GRANDPARENT
- (GRANDMOTHER/FATHER) 9
- AUNT/UNCLE 10
- NIECE/NEPHEW 11
- OTHER RELATIVE 12
- HOUSEMATE/ROOMMATE 13
- ROOMER/BOARDER 14
- OTHER NONRELATIVE 15
- LEGAL GUARDIAN 16
- WARD 17
- DON'T KNOW 96
- REFUSED 97

H30.

What is {FILL your/NAME's} date of birth?

ENTERED AS MM / DD / YYYY

IF REFUSED OR DON'T KNOW, ASK H230. ELSE, SKIP TO LOOP 1

H230.

What is {FILL your/NAME's} age in years?

AGE IN YEARS _____

IF REFUSED OR DON'T KNOW, ASK H232. ELSE, SKIP TO LOOP 1

IF THE IDENTIFIED RESPONDENT [MARKED WITH ALT-R] IS LESS THAN 18 YEARS OLD, THE INTERVIEWER WILL BE PRESENTED WITH A WARNING BOX ON THE SCREEN.

H232.

{FILL Are you/Is {NAME}} under 18 years of age?

- YES 1
- NO 2

IF H232=2 SKIP TO H100, ELSE SKIP TO LOOP1

NOTE:

IF H232=1 FHS.005 - FHS.060 IN SECTION III WILL BE ASKED

IF H232=2 FHS.005 - FHS.060 IN SECTION III WILL BE SKIPPED

LOOP 1

FOR ANY PERSON WHERE AGE < 18, ASK H237. OTHERWISE, SKIP TO H100.

H237.

Is [FILL NAME's] biological, adoptive, step or foster parent in the household?

- YES 1
- NO 2 [SKIP TO H100]
- DON'T KNOW 6 [SKIP TO H100]
- REFUSED 7 [SKIP TO H100]

H240.

Which household members are {FILL's} parents?
[ENTER PERSON #S] [] [] [] [] []

H245. (CYCLE THROUGH H245 FOR EACH PERSON LISTED IN H240.)

Is [FILL NAME OF PERSON LISTED IN PARENT2] [FILL NAME's] biological, adoptive, step or foster parent?

- BIOLOGICAL PARENT 1
- ADOPTIVE PARENT 2
- STEP PARENT 3
- FOSTER PARENT 4
- DON'T KNOW 6
- REFUSED 7

H100.

{FILL Are you/Is NAME} of Spanish or Hispanic descent or national origin, such as Mexican, Puerto Rican, or Cuban?

- YES 1
- NO 2 [SKIP TO RACE]
- DON'T KNOW 6 [SKIP TO RACE]
- REFUSED 7 [SKIP TO RACE]

H260.

Which of these groups represent {FILL your/NAME's} national origin or ancestry? (READ AS PROBE WHEN NEEDED) MARK ALL THAT APPLY

- Puerto Rican 1
- Cuban 2
- Cuban American 3
- Other Caribbean 4
- Mexican/Mexicano 5
- Mexican American 6
- Chicano 7
- Hispanic 8
- Other Latin American 9
- Other Spanish or Hispanic 10
- DON'T KNOW 96
- REFUSED 97

RACE.

What race {FILL do you/does NAME} consider {FILL yourself/himself/herself} to be? (READ AS PROBE WHEN NEEDED) MARK ALL THAT APPLY

White	1
Black	2
Indian (American)	3
Eskimo	4
Aleut	5
Chinese	6
Filipino	7
Hawaiian	8
Korean	9
Vietnamese	10
Japanese	11
Asian Indian	12
Samoaan	13
Guamanian	14
Other Asian, Pacific Islander	15
Other	16
DON'T KNOW	96
REFUSED	97

IF MORE THAN ONE ANSWER, ASK MLTRAC. OTHERWISE SKIP TO H300 CHECK.

MLTRAC.

Which of these groups, that is (READ)...

{FILL RACE1}

{FILL RACE2}

{FILL RACE3}

{FILL RACE4}

{FILL RACE5}

{FILL RACE6}... would you say best represents {FILL your/NAME's} race?

H300 CHECK: IF AGE ≤ 4, SKIP TO H323. IF AGE >4 AND < 14, SKIP TO H310.

IF REFNAME IS MARRIED (H300='1') AND [NAME] IS THE SPOUSE (H20='2'), THEN SKIP TO H310. ELSE GO TO H300.

H300.

{FILL Are you/Is NAME} now married, widowed, divorced, separated, or never married?

MARRIED	1
WIDOWED	2
DIVORCED	3
SEPARATED	4
NEVER MARRIED	5
DON'T KNOW	6
REFUSED	7

H310.

What is the highest grade or year of regular school {FILL you have/NAME has} ever completed?

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17+
---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	-----

NEVER ATTENDED/
KINDERGARTEN
(41)

ELEMENTARY
(51)

HIGH SCHOOL
(61)

COLLEGE
(71)

GRADUATE
(81)

DON'T KNOW 96
 REFUSED 97

IF AGE ≤ 16 SKIP TO H323.

IF GRADE OR YEARS OF SCHOOL ≤ 10 AND AGE > 16, THEN ASK H322. OTHERWISE SKIP TO H322A.

H322

Have you received a GED?

YES 1 [SKIP TO H323]
 NO 2 [SKIP TO H323]
 DON'T KNOW 6
 REFUSED 7

FILL H322A WITH "02" IF H322 IS "1." FILL H322A WITH "00" IF H322 IS "2."

H322A.

What is the highest degree that {FILL you have/NAME has} received? (READ TO PROBE)

No degree 00
 High school diploma 01
 GED 02
 Associate degree: occupational, technical, or vocational program 03
 Associate degree: academic program 04
 Bachelor's degree (example: BA, AB, BS, BBA) 05
 Master's degree (example: MA, MS, Meng, MED, MBA) 06
 Professional school degree (example: MD, DDS, DVM, JD) 07
 Doctoral degree (example: PhD, EDD) 08
 DON'T KNOW 96
 REFUSED 97

H323.

**IF MORE THAN ONE HOUSEHOLD MEMBER, TRANSITION TO NEXT HOUSEHOLD MEMBER:
 "Now I would like to ask you about {FILL}." GO BACK TO H10 FOR NEXT HOUSEHOLD MEMBER.**

**WHEN ROSTER/ HOUSEHOLD DEMOGRAPHIC IS COMPLETE: IF THERE IS ONLY ONE
 HOUSEHOLD MEMBER, SKIP TO SECTION II;**

**IF THERE ARE TWO HOUSEHOLD MEMBERS THAT ARE MARRIED TO EACH OTHER, SKIP TO
 SECTION II;**

OTHERWISE, GO TO MULT.01.

MULT.01

Are all the household members you listed members of [FILL your/REFNAME's] family?

- YES 1 **[ASSIGN ALL MEMBERS TO FAMILY 1. SKIP TO SECTION II]**
- NO 2 **[GO TO MULT.02]**
- DON'T KNOW 6 **[GO TO MULT.02]**
- REFUSED 7 **[GO TO SECTION II]**

MULT.02

As I read the names of the people you already gave me, please tell if they are a member of your family.

REFNAME MUST BE CONSIDERED FAMILY 1
NAMES FROM ROSTER FAMILY #

- NAME 1 #
- NAME 2 #
- NAME 3 #
- NAME 4 #
- NAME 5 #
- NAME 6 #

IF ONLY ONE PERSON IS NOT A MEMBER OF THE FAMILY, HE/SHE BECOMES FAMILY 2. SKIP TO MULT_INST.

CONTINUE LOOP UNTIL ALL HOUSEHOLD MEMBERS HAVE BEEN ASSIGNED A FAMILY NUMBER.

MULT_INST

The rest of the questions in this survey will pertain only to members of your family. For the purposes of this study, when we are asking about your family, we mean {FILL NAMES OF FAMILY}. Once we are finished I will ask to speak with a member of the other {FILL family/families} in your household.

Section II -- Health care access and utilization

AAUINT

These next questions are about the use of health care. Do not include dental care.

AAU.020

Is there a place that {FILL you/NAME} usually {FILL go/goes} to when {FILL you/he/she} {FILL are/is} sick or {FILL need/needs} advice about {FILL your/his/her} health?

- YES, THERE IS ONE PLACE 1 [GO TO AAU.030A]
- NO, THERE IS NO PLACE 2 [GO TO CHECK A]
- THERE IS MORE THAN ONE PLACE 3 [GO TO AAU.030B]
- DON'T KNOW 6 [GO TO CHECK A]
- REFUSED 7 [GO TO CHECK A]

AAU.030A

What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

- CLINIC OR HEALTH CENTER 1 [GO TO AAU.035]
- DOCTOR'S OFFICE OR HMO 2 [GO TO AAU.035]
- HOSPITAL EMERGENCY ROOM 3 [GO TO AAU.035]
- HOSPITAL OUTPATIENT DEPARTMENT 4 [GO TO AAU.035]
- SOME OTHER PLACE 5 [GO TO AAU.035]
- DON'T KNOW 6 [GO TO CHECK A]
- REFUSED 7 [GO TO CHECK A]

AAU.030B

What kind of place {FILL do you/does NAME} go to most often - a clinic, doctor's office, emergency room, or some other place?

- CLINIC OR HEALTH CENTER 1
- DOCTOR'S OFFICE OR HMO 2
- HOSPITAL EMERGENCY ROOM 3
- HOSPITAL OUTPATIENT DEPARTMENT 4
- SOME OTHER PLACE 5
- DON'T KNOW 6 [GO TO CHECK A]
- REFUSED 7 [GO TO CHECK A]

AAU.035

Is the {FILL NAME FROM AAU.030A OR AAU.030B} the place {FILL you/he/she} usually {FILL go/goes} when {FILL you/he/she} {FILL need/needs} routine or preventive care, such as a physical examination or check up?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

CHECK A:

GO BACK TO AAU.020 FOR NEXT PERSON. IF FINISHED, GO TO NEW.205.

NEW.205

During the past 12 months, that is since {FILL 12-MONTH DATE} a year ago, {FILL were you/were either of you/was anyone in the family} a patient in a hospital emergency room?

- YES 1
- NO 2 [GO TO FAU.050]
- DON'T KNOW 6 [GO TO FAU.050]
- REFUSED 7 [GO TO FAU.050]

NEW.210

Who was an emergency room patient? Anyone else?
[ENTER PERSON #S] [] [] [] [] [] []

NEW.215

How many times {FILL were you/was NAME} a patient in an emergency room? This includes emergency room visits that resulted in a hospital admission.

- 1 1
- 2-3 2
- 4-9 3
- 10-12 4
- 13 OR MORE 5
- DON'T KNOW 6
- REFUSED 7

FAU.050

During the past 12 months, {FILL were you/were either of you/was anyone in the family} a patient in a hospital overnight? Do not include an overnight stay in the emergency room.

- YES 1
- NO 2 [GO TO NEW.220]
- DON'T KNOW 6 [GO TO NEW.220]
- REFUSED 7 [GO TO NEW.220]

FAU.060

Who was in a hospital overnight? Anyone else?
[ENTER PERSON #S] [] [] [] [] [] []

FAU.070

During the past 12 months, how many different times did {FILL you/NAME} stay in any hospital overnight or longer?

___ TIMES

- DON'T KNOW 996
- REFUSED 997

NEW.220

During the past 12 months, [FILL have you/have either of you/has anyone in the family] received care at home from a nurse or other health care professional?

- YES 1
- NO 2 [GO TO CHECK 1]
- DON'T KNOW 6 [GO TO CHECK 1]
- REFUSED 7 [GO TO CHECK 1]

NEW.225

Who received care at home? Anyone else?
[ENTER PERSON #S] [] [] [] [] [] []

CHECK 1:

IF NEW.205 = "1" OR FAU.050 = "1" OR NEW220 = "1" FOR A HOUSEHOLD MEMBER, AND AAU.280 HAS NOT BEEN ASKED YET, THEN ASK AAU.280. OTHERWISE ASK AAU.280A.

AAU.280

During the past 12 months, how many times {FILL have you/has NAME} seen a doctor or other health care professional about {FILL your/his/her} own health at a doctor's office, a clinic, or some other place? {FOR CHILDREN UNDER 18 READ: During the past 12 months, how many times has someone seen a doctor or other health care professional about (FILL CHILD'S NAME'S) health at a doctor's office, a clinic, or some other place?} Do not include times {FILL you/NAME} {FILL were/was} hospitalized overnight, visits to hospital emergency rooms, or home visits.

- NONE 01 [GO TO AAU.305]
- 1 02 [GO TO AAU.290]
- 2-3 03 [GO TO AAU.290]
- 4-9 04 [GO TO AAU.290]
- 10-12 05 [GO TO AAU.290]
- 13 OR MORE 06 [GO TO AAU.290]
- DON'T KNOW 96 [GO TO AAU.290]
- REFUSED 97 [GO TO AAU.290]

AAU.280A

During the past 12 months, how many times {FILL have you/has NAME} seen a doctor or other health care professional about {FILL your/his/her} own health at a doctor's office, a clinic, or some other place? {FOR CHILDREN UNDER 18 READ: During the past 12 months, how many times has someone seen a doctor or other health care professional about (FILL CHILD'S NAME'S) health at a doctor's office, a clinic, or some other place?}

- NONE 01 [GO TO AAU.305]
- 1 02
- 2-3 03
- 4-9 04
- 10-12 05
- 13 OR MORE 06
- DON'T KNOW 96
- REFUSED 97

AAU.290

During the past 12 months {FILL have you/has NAME} had surgery or other surgical procedures either as an inpatient or outpatient? This includes both major surgery and minor procedures such as setting bones or removing growths.

- YES 1
- NO 2 [GO TO AAU.305]
- DON'T KNOW 6 [GO TO AAU.305]
- REFUSED 7 [GO TO AAU.305]

AAU.300

During the past 12 months, how many different times {FILL have you/has NAME} had surgery or other surgical procedures either as an inpatient or an outpatient?

__ TIMES

AAU.305

About how long has it been since {FILL you/NAME} last saw or talked to a medical doctor or assistant about {FILL your/his/her} own health? Include doctors seen while a patient in a hospital. {FOR CHILDREN UNDER 18 READ: About how long has it been since someone last saw or talked to a medical doctor or assistant about (FILL CHILD'S NAME'S) health?}

- LESS THAN 3 MONTHS AGO 01
- AT LEAST 3 MONTHS, BUT LESS THAN 6 MONTHS AGO 02
- AT LEAST 6 MONTHS, BUT LESS THAN 1 YEAR AGO 03
- AT LEAST 1 YEAR, BUT LESS THAN 2 YEARS AGO 04
- AT LEAST 2 YEARS, BUT LESS THAN 5 YEARS AGO 05
- 5 YEARS OR MORE 06
- NEVER 07
- DON'T KNOW 96
- REFUSED 97

CHECK 2

GO BACK TO AAU.280 OR AAU.280A FOR NEXT PERSON. IF FINISHED GO TO AAU.100.

AAU.100

Sometimes people are not able to afford medical care. During the past 12 months, was there any time when {FILL you/either of you/anyone in your family} needed medical care but didn't get it because {FILL you/you/they} couldn't afford it?

- YES 1
- NO 2 [SKIP TO AAU.110]
- DON'T KNOW 6 [SKIP TO AAU.110]
- REFUSED 7 [SKIP TO AAU.110]

AAU.100A

Who couldn't afford it? Anyone else?

[ENTER PERSON #S] [] [] [] [] [] [] [] []

AAU.110

How about prescription medicines? (READ TO PROBE) During the past 12 months, was there any time when {FILL you/either of you/anyone in your family} needed prescription medicines but didn't get them because {FILL you/they} couldn't afford them?

- YES 1
- NO 2 [SKIP TO AAU.120]
- DON'T KNOW 6 [SKIP TO AAU.120]
- REFUSED 7 [SKIP TO AAU.120]

AAU.110A

Who couldn't afford it? Anyone else?
[ENTER PERSON #S] [][][][][][][][][][]

AAU.120

How about mental health care or counseling? (READ TO PROBE) During the past 12 months, was there any time when {FILL you/either of you/anyone in your family} needed mental health care or counseling but didn't get it because {FILL you/they} couldn't afford it?

- YES 1
- NO 2 [SKIP TO AAU.130]
- DON'T KNOW 6 [SKIP TO AAU.130]
- REFUSED 7 [SKIP TO AAU.130]

AAU.120A

Who couldn't afford it? Anyone else?
[ENTER PERSON #S] [][][][][][][][][][]

AAU.130

How about dental care, including check-ups? (READ TO PROBE) During the past 12 months, was there any time when {FILL you/either of you/anyone in your family} needed dental care, including check-ups, but didn't get it because {FILL you/they} couldn't afford it?

- YES 1
- NO 2 [SKIP TO AAU.135]
- DON'T KNOW 6 [SKIP TO AAU.135]
- REFUSED 7 [SKIP TO AAU.135]

AAU.130A

Who couldn't afford it? Anyone else?
[ENTER PERSON #S] [][][][][][][][][][]

AAU.135

About how long has it been since {FILL you/NAME} last saw or talked to a dentist? {FILL FOR CHILDREN UNDER 18 READ: About how long has it been since someone last saw or talked to a dentist about (FILL CHILD'S NAME)?} Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- LESS THAN 12 MONTHS AGO 1
- AT LEAST 1 YEAR, BUT LESS THAN 2 YEARS AGO 2
- AT LEAST 2 YEARS, BUT LESS THAN 5 YEARS AGO 3
- 5 YRS. OR MORE 4
- NEVER 5
- DON'T KNOW 6
- REFUSED 7

Section III - Health Status and Limitation of Activity

FHSINT

I am now going to ask about the impact of physical, mental, or emotional health problems that are expected to last for a long time. Please do not consider difficulties due to short-term health problems from which {FILL you/you or other family members} expect to fully recover.

SECT3CHK

IF ANY FAMILY MEMBER IS < 5 YEARS OLD, GO TO FHS.005. ELSE IF ANY FAMILY MEMBER IS > 4 AND < 18 YEARS OLD, GO TO FHS.050. ELSE IF ALL FAMILY MEMBERS ARE 18 OR OLDER, GO TO FHS.070

FHS.005

{FILL Is/Are} {FILL NAME(S) OF CHILD/CHILDREN UNDER 5} limited in the kind or amount of play activities {FILL he/she/they} can do because of a physical, mental or emotional problem?

- YES 1 **[FHS.010 IF MORE THAN ONE CHILD. ELSE GO TO FHS.020]**
- NO 2 **[FHS.050]**
- DON'T KNOW 6 **[FHS.050]**
- REFUSED 7 **[FHS.050]**

FHS.010

Who is this? Anyone else?
[ENTER PERSON #S][] [] [] [] [] []

FHS.020

Is {FILL NAME} able to take part at all in the usual kinds of play activities done by most children [FILL NAME's] age? **[REPEAT FOR EACH CHILD NAMED IN FHS.010 THEN GO TO FHS.050]**

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

FHS.050

Do any of the children under 18 in this family, that is [FILL NAMES OF ALL CHILDREN UNDER 18], receive Special Educational or Early Intervention Services?

- YES 1 **[FHS.060 IF MORE THAN ONE CHILD. ELSE GO TO FHS.INT]**
- NO 2 **[FHS.INT]**
- DON'T KNOW 6 **[FHS.INT]**
- REFUSED 7 **[FHS.INT]**

FHS.060

Who is this? Anyone else?
[ENTER PERSON #S][] [] [] [] [] []

FHS.INT (IF MORE THAN ONE PERSON IN HOUSEHOLD, READ)

Please think about all members of your family.

FHS.070

Because of a physical, mental, or emotional problem, {FILL do you/do either of you/does anyone in the family} need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home?

- YES 1
- NO 2 [GO TO FHS.150]
- DON'T KNOW 6 [GO TO FHS.150]
- REFUSED 7 [GO TO FHS.150]

FHS.080

Who is this? Anyone else?

[ENTER PERSON #S][] [] [] [] [] []

FHS.150

Because of a physical, mental, or emotional problem, {FILL do you/do either of you/does anyone in the family} need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- YES 1
- NO 2 [GO TO FHS.170]
- DON'T KNOW 6 [GO TO FHS.170]
- REFUSED 7 [GO TO FHS.170]

FHS.160

Who is this? Anyone else?

[ENTER PERSON #S][] [] [] [] [] []

FHS.170

Does a physical, mental, or emotional problem now keep {FILL you/either of you/any of these family members, (FILL NAMES OF FAMILY MEMBERS AGES 18 AND OLDER)}, from working at a job or business?

- YES 1
- NO 2 [GO TO FHS.190] ² *changed from original CATI script*
- DON'T KNOW 6 [GO TO FHS.250]
- REFUSED 7 [GO TO FHS.250]

FHS.180

Who is this? Anyone else?

[ENTER PERSON #S][][][][][][][][]

CHECK ITEM 3:

IF AT LEAST ONE FAMILY MEMBER 18 AND OLDER IS LISTED IN FHS.180 AND THERE ARE OTHER ADULTS NOT MENTIONED, GO TO FHS.190. ELSE GO TO FHS.250.

FHS.190

{FILL Are you/is NAMES} limited in the kind or amount of work {FILL you/he/she/they} can do because of a physical, mental, or emotional problem?

- YES 1
- NO 2 [GO TO FHS.250]
- DON'T KNOW 6 [GO TO FHS.250]
- REFUSED 7 [GO TO FHS.250]

FHS.200

Who is this? Anyone else?

[ENTER PERSON #S] [] [] [] [] [] []

FHS.250

{FILL Are/Is} {FILL you/NAMES OF PERSON(S) WITHOUT LIMITATION FROM FHS.080 AND FHS.160} limited in any way in any activities because of physical, mental or emotional problems?

- YES 1
- NO 2 [GO TO FHS.310]
- DON'T KNOW 6 [GO TO FHS.310]
- REFUSED 7 [GO TO FHS.310]

FHS.260

Who is this? Anyone else?

[ENTER PERSON #S][] [] [] [] [] []

FHS.310 (ASK FHS.310 AND AHS.060 FOR EACH FAMILY MEMBER SEPARATELY)

Would you say {FILL your/NAME's} health in general is excellent, very good, good, fair, or poor?

- EXCELLENT 1
- VERY GOOD 2
- GOOD 3
- FAIR 4
- POOR 5
- DON'T KNOW 6
- REFUSED 7

AHS.060

Compared with 12 months ago, would you say {FILL your/NAME's} health is better, worse, or about the same?

- BETTER 1
- WORSE 2
- ABOUT THE SAME 3
- DON'T KNOW 6
- REFUSED 7

Section IIIA -- Supplemental Varicella Items

FHS.350

During the past 12 months did {you/either of you/anyone in your family} have chicken pox?

- YES 1
- NO 2 [SKIP TO FHINT]
- DON'T KNOW 6 [SKIP TO FHINT]
- REFUSED 7 [SKIP TO FHINT]

FHS.360

Who had chicken pox? Anyone else?

[ENTER PERSON #S][] [] [] [] [] []

Section IV-- Health insurance

FHIINT

The next questions are about health insurance coverage for your family. Include health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, {FILL STATE'S MEDICAID NAME}, or Medicaid, CHAMPUS, CHAMP-VA, and the Indian Health Service.

FHL005. (ASKED FOR EACH PERSON IN THE FAMILY)

{FILL Are you /Is NAME} covered by health insurance or some other kind of health care plan?

- YES 1 [GO TO FHL030]
- NO 2
- DON'T KNOW 6
- REFUSED 7

IF ALL MEMBERS ARE FHL005=1, FIRST CYCLE THROUGH FHL030 FOR EACH PERSON WHERE FHL005=1 (YES). THEN FOLLOW SKIP PATTERNS FOR EACH INSURANCE SOURCE LISTED IN FHL030 FOR EACH PERSON. FINALLY, GO TO FHL300.

IF ALL MEMBERS ARE FHL005=2,6, OR 7, GO TO NEW.251.

WHEN SOME MEMBERS ARE FHL005=2,6,7, FIRST CYCLE THROUGH FHL030 FOR EACH PERSON WHERE FHL005=1 (YES). THEN FOLLOW SKIP PATTERNS FOR EACH INSURANCE SOURCE LISTED IN FHL030 FOR EACH PERSON WHERE FHL005 = 1. FINALLY, GO TO NEW.252.

FHL030 *skip pattern and probes changed from original CATI script*

What kind of health insurance or health care coverage {FILL do you/does NAME} have? (**READ FIRST TIME THROUGH THEN ONLY AS NECESSARY:** Private, that is insurance obtained through employment, or purchased directly, Medicare, Medicaid or {FILL STATE'S MEDICAID NAME}, Military, or some other insurance?) MARK ALL THAT APPLY

PROBE: Anything else?

- PRIVATE, 01 [CYCLE BEGINS AT NEW.226]
- MEDICARE, 02 [CYCLE BEGINS AT NEW.235]
- MEDICAID, 03 [CYCLE BEGINS AT FHL.120]
- MILITARY, 04 [CYCLE BEGINS AT NEW.245]
- STATE-SPONSORED HEALTH PLAN 05
- INDIAN HEALTH SERVICE 06
- OTHER GOVERNMENT PROGRAM 07
- SOME OTHER INSURANCE 08 [CYCLE BEGINS AT NEW.250]
- DON'T KNOW 96
- REFUSED 97

IF NUMBER OF FAMILY MEMBERS > 1, AND FHL030 IS THE SAME FOR ALL FAMILY MEMBERS, ASK NEW.227. ELSE, CYCLE THROUGH EACH FHL030 PLAN TYPE FOR EACH PERSON. THERE IS NO CYCLE FOR FHL.030 = 05, 06, 07, 96, OR 97.

NEW.227

{FILL Are both of you/Is everyone in the family } covered by the same [FILL plan/plans]?

YES	1	[CYCLE THROUGH EACH FHL030 PLAN TYPE FOR THE FAMILY. ASSIGN DETAIL TO EACH PERSON'S RECORD. THEN DO FHL300 FOR EACH PERSON]
NO	2	[CYCLE THROUGH EACH FHL030 PLAN TYPE FOR EACH PERSON]
DON'T KNOW	6	[CYCLE THROUGH EACH FHL030 PLAN TYPE FOR EACH PERSON]
REFUSED	7	[CYCLE THROUGH EACH FHL030 PLAN TYPE FOR EACH PERSON]

PRIVATE INSURANCE

NEW.226

How many private health insurance plans {FILL do you/do you/does your family/does NAME} have?

- ONE 1 [NEW.230]
- TWO OR MORE 2
- DON'T KNOW 6
- REFUSED 7

NEW.228

The next questions are about the health insurance plan that provides the most coverage, that is, the plan that covers doctor visits rather than only dental care or hospitalization, for example.

NEW.230

Was {FILL your/NAME's} private health insurance obtained through an employer or union or was it purchased directly?

- PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR UNION 1
- PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY 2
- DON'T KNOW 6
- REFUSED 7

FHI.220

Who pays for this health insurance plan? (READ AS PROBE WHEN NECESSARY)
MARK ALL THAT APPLY

- Yourself or your family, 01
- your employer or union, 02 *IF GOVERNMENT IS EMPLOYER, CHECK THIS.*
- someone outside the household, 03
- Medicare, 04
- Medicaid, or some other 05
- Government Program? 06 *PROBE FOR MEDICAID OR MEDICARE*
- DON'T KNOW 96
- REFUSED 97

FHI.240

Is {FILL your/NAME's} plan an HMO, also known as a Health Maintenance Organization, an IPA also known as an Independent Practice Association, or is it some other kind of plan?

(READ IF NECESSARY: HMO's and IPA's are plans whose members are required to use only those doctors who work for or in association with the plan. Sometimes members may choose to go to doctors not associated with the Plan, but usually at greater cost to the member. Generally, members do not have to submit claims for costs of medical care services.)

- HMO/IPA 1
- PPO 2
- OTHER 3
- DON'T KNOW 6
- REFUSED 7

NOTE: ACCEPT PPO RESPONSE IF OFFERED AND CODE 2 EVEN THOUGH NOT IN QUESTION.

CONTINUE WITH NEXT INSURANCE SOURCE FOR THIS PERSON, OR (IF NO MORE) CONTINUE WITH NEXT PERSON. WHEN FINISHED, GO TO FHI.300 IF EVERYONE IN HOUSEHOLD HAS INSURANCE COVERAGE. ELSE GO TO NEW.252.

MEDICARE

NEW.235

Is {FILL your/NAME's} health care paid for by Medicare received at an HMO, that is, a Health Maintenance Organization? (READ IF NECESSARY: With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.)

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

NEW.240

{FILL Does NAME/do you} have Medi-Gap insurance, that is private insurance that supplements Medicare?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

IF NEW.240 = 1 AND PERSON ALSO HAS PRIVATE INSURANCE, GO TO NEW.241.

CONTINUE WITH NEXT INSURANCE SOURCE FOR THIS PERSON, OR (IF NO MORE) CONTINUE WITH NEXT PERSON. WHEN FINISHED, GO TO FHL300 IF EVERYONE IN HOUSEHOLD HAS INSURANCE COVERAGE. ELSE GO TO NEW.252.

NEW.241

You said {FILL NAME has/you have} Medi-Gap insurance and private health insurance. Are they the same plan?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

CONTINUE WITH NEXT INSURANCE SOURCE FOR THIS PERSON, OR (IF NO MORE) CONTINUE WITH NEXT PERSON. WHEN FINISHED, GO TO FHL300 IF EVERYONE IN HOUSEHOLD HAS INSURANCE COVERAGE. ELSE GO TO NEW.252.

MEDICAID

FHI.120

The next questions are about {FILL your/NAME's} {FILL STATE's MEDICAID NAME}, or Medicaid coverage. Can {FILL you/NAME} go to any doctor who will accept Medicaid or must {FILL you/he/she} choose from a book or list of doctors?

- ANY DOCTOR 1
- SELECT FROM BOOK/LIST 2
- DOCTOR IS ASSIGNED 3
- DON'T KNOW 6
- REFUSED 7

FHI.140

{FILL Are you/Is NAME} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {FILL you/he/she} must go to for all of {FILL your/his/her} routine care? Do not include emergency care or care from a specialist {FILL you/he/she} {FILL were/was} referred to.

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

CONTINUE WITH NEXT INSURANCE SOURCE FOR THIS PERSON, OR (IF NO MORE) CONTINUE WITH NEXT PERSON. WHEN FINISHED, GO TO FHI.300 IF EVERYONE IN HOUSEHOLD HAS INSURANCE COVERAGE. ELSE GO TO NEW.252.

MILITARY

NEW.245

Is {FILL your/NAME's} insurance Military Health Care or CHAMPUS, TRICARE, or CHAMP-VA?

- MILITARY HEALTH CARE/VA 1
- CHAMPUS/TRICARE/CHAMP-VA 2
- DON'T KNOW 6
- REFUSED 7

CONTINUE WITH NEXT INSURANCE SOURCE FOR THIS PERSON, OR (IF NO MORE) CONTINUE WITH NEXT PERSON. WHEN FINISHED, GO TO FHI.300 IF EVERYONE IN HOUSEHOLD HAS INSURANCE COVERAGE. ELSE GO TO NEW.252.

SOME OTHER INSURANCE/OTHER GOVERNMENT PROGRAM

NEW.250

Is {FILL your/NAME's} health insurance through a state-sponsored health plan, the Indian Health Service, or some other government program?

- STATE-SPONSORED HEALTH PLAN 1
- INDIAN HEALTH SERVICE 2
- OTHER GOVERNMENT PROGRAM 3
- DON'T KNOW 6
- REFUSED 7

CONTINUE WITH NEXT INSURANCE SOURCE FOR THIS PERSON, OR (IF NO MORE) CONTINUE WITH NEXT PERSON. WHEN FINISHED, GO TO FHL300 IF EVERYONE IN HOUSEHOLD HAS INSURANCE COVERAGE. ELSE GO TO NEW.252.

NO HOUSEHOLD MEMBERS HAVE INSURANCE COVERAGE:

NEW.251

When [FILL you get/either of you/someone in your family gets] medical care, who pays for it? MARK ALL THAT APPLY.

- DON'T GET MEDICAL CARE 01
- FAMILY MEMBER, OTHER RELATIVE, OR FRIEND PAYS 02
- DON'T PAY BILLS/PAY IN KIND (I.E. WORK OFF THE DEBT) 03
- TRY TO FIND FREE CARE 04
- RESPONSE INDICATES SOME SORT OF HEALTH CARE COVERAGE 05
- I PAY/SELF PAY 06
- OTHER 07
- DON'T KNOW 96
- REFUSED 97

SKIP TO FHL.270

SOME HOUSEHOLD MEMBERS HAVE NO INSURANCE COVERAGE:

NEW.252

I have recorded health insurance for {FILL you/NAMES OF THOSE WITH COVERAGE} but not for {FILL you/NAMES OF THOSE WITHOUT COVERAGE}. Is that correct?

- YES 1 [GO TO NEW.254]
- NO 2
- DON'T KNOW 6
- REFUSED 7

NEW.253

{FILL Do you/Does (NAMES OF THOSE WITHOUT COVERAGE INDIVIDUALLY)} have coverage?

- YES 1 [GO BACK TO FHL030]
- NO 2
- DON'T KNOW 6
- REFUSED 7

NEW.254

When {FILL you get/(NAMES OF THOSE WITHOUT COVERAGE INDIVIDUALLY) gets} medical care, who pays for it? MARK ALL THAT APPLY

- DON'T GET MEDICAL CARE 01
- FAMILY MEMBER, OTHER RELATIVE, OR FRIEND PAYS 02
- DON'T PAY BILLS/PAY IN KIND (I.E. WORK OFF THE DEBT) 03
- TRY TO FIND FREE CARE 04
- RESPONSE INDICATES SOME SORT OF HEALTH CARE COVERAGE 05
- I PAY/SELF PAY 06
- OTHER 07
- DON'T KNOW 96
- REFUSED 97

FHL.270 *≠ skip pattern changed from original CATI script*

When was the last time {FILL you/NAME} had health care coverage?

- LESS THAN 6 MONTHS AGO 1
- 6 MONTHS AGO, BUT LESS THAN 1 YEAR AGO 2
- 1 YEAR AGO, BUT LESS THAN 3 YEARS AGO 3
- 3 OR MORE YEARS AGO 4 [GO TO CHECKEND]
- NEVER HAD HEALTH INSURANCE 5 [GO TO CHECKEND]
- DON'T KNOW 6 [GO TO CHECKEND]
- REFUSED 7 [GO TO CHECKEND]

FHI.280

What are the reasons {FILL you/NAME} stopped being covered by health insurance? MARK ALL THAT APPLY.

PROBE: What else?

LOST JOB OR CHANGED EMPLOYERS	01
SPOUSE/PARENT LOST JOB OR CHANGED EMPLOYERS	02
GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OF PARENT	03
BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL	04
EMPLOYER STOPPED OFFERING COVERAGE	05
CUT BACK TO PART TIME/BECAME TEMPORARY EMPLOYEE	06
BENEFITS FROM EMPLOYER/FORMER EMPLOYER RAN OUT	07
COULDN'T AFFORD TO PAY THE PREMIUMS	08
INSURANCE PLAN RAISED COST OF PREMIUMS	09
INSURANCE COMPANY REFUSED COVERAGE	10
LOST MEDICAID COVERAGE	11
CHOSE NOT TO ACCEPT INSURANCE COVERAGE	12
OTHER	13
DON'T KNOW	96
REFUSED	97

CHECKEND.

GO TO FHI.300 IF FINISHED WITH ALL UNINSURED INDIVIDUALS.

ELSE, IF ALL FAMILY MEMBERS ARE WITHOUT INSURANCE, LOOP BACK TO NEW.270 FOR NEXT UNINSURED PERSON.

ELSE, IF ONLY SOME FAMILY MEMBERS ARE WITHOUT INSURANCE, LOOP BACK TO NEW.254 FOR NEXT UNINSURED PERSON.

HOUSEHOLD MEMBERS WHO HAVE INSURANCE COVERAGE:

FHL300

In the past 12 months, was there any time that {FILL you/NAME} did not have any health insurance or coverage?

- YES 1 [GO TO FHL310]
- NO 2
- DON'T KNOW 6
- REFUSED 7

CHECK 1:

IF FINISHED WITH ALL THOSE LISTED IN FHL005, THEN GO TO FHL320. ELSE ASK FHL300 FOR NEXT PERSON.

FHL310

In how many of the past 12 months {FILL were you/was NAME} without coverage?

- 1 MONTH OR LESS 1
- 2-3 MONTHS 2
- 4-6 MONTHS 3
- MORE THAN 6 MONTHS 4
- DON'T KNOW 6
- REFUSED 7

NEW.255

Why {FILL were you/was NAME} not covered by health insurance during that period? MARK ALL THAT APPLY.

PROBE: What else?

- LOST JOB OR CHANGED EMPLOYERS 01
- SPOUSE/PARENT LOST JOB OR CHANGED EMPLOYERS 02
- GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OF PARENT 03
- BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL 04
- EMPLOYER STOPPED OFFERING COVERAGE 05
- CUT BACK TO PART TIME/BECAME TEMPORARY EMPLOYEE 06
- BENEFITS FROM EMPLOYER/FORMER EMPLOYER RAN OUT 07
- COULDN'T AFFORD TO PAY THE PREMIUMS 08
- INSURANCE PLAN RAISED COST OF PREMIUMS 09
- INSURANCE COMPANY REFUSED COVERAGE 10
- LOST MEDICAID COVERAGE 11
- CHOSE NOT TO ACCEPT INSURANCE COVERAGE 12
- OTHER 13
- DON'T KNOW 96
- REFUSED 97

CHECK 2:

IF FINISHED WITH ALL THOSE LISTED IN FHL005, THEN GO TO FHL320. ELSE GO BACK AND ASK FHL300 FOR NEXT PERSON.

FHI.320

During the past 12 months, about how much did {FILL you/both of you/your family} spend for medical care, including dental care? Do not include the cost of health insurance premiums, over-the-counter remedies, or any costs for which you expect to be reimbursed. (READ AS PROBE WHEN NEEDED)

Zero,	01	[SECTION V]
less than \$500	02	[SECTION V]
\$500 - \$1999	03	[SECTION V]
\$2,000 - \$2,999	04	[SECTION V]
\$3,000 - \$4,999	05	[SECTION V]
\$5,000 or more	06	[SECTION V]
DON'T KNOW	96	
REFUSED	97	

NEW.260

Was it more than \$2,000 or less than \$2,000?

MORE THAN \$2,000	1
LESS THAN \$2,000	2
DON'T KNOW	6
REFUSED	7

Section V-- Sociodemographic background

The next questions are about work status.

CHECK ITEM 2

ASK QUESTIONS FSD.050-FSD.131 FOR EACH FAMILY MEMBER >=18 AND FOR EACH FAMILY MEMBER < 18 AND MARRIED (FOLLOW SKIP PATTERN AFTER FSD.110). WHEN FINISHED, GO TO CHECK ITEM 4.

FSD.050

Which of the following {FILL were you/was NAME} doing last week?

PROBE: What was {FILL your/his/her} main activity last week?

- Working at a job or business, 1 [GO TO FSD.070]
- With a job or business, but not at work, 2
- Looking for work, or 3
- Not working at a job or business 4 [GO TO FSD.090]
- DON'T KNOW 6
- REFUSED 7

FSD.060

Did {FILL you/NAME} do any work at a job or business at all last week? Include unpaid work in family farm or business.

- YES 1
- NO 2 [GO TO FSD.090]
- DON'T KNOW 6 [GO TO FSD.100]
- REFUSED 7 [GO TO FSD.100]

FSD.070

How many hours did {FILL you/NAME} work last week at all jobs or businesses?

___ HOURS

IF \leq 35 HOURS, 96, or 97 THEN GO TO FSD.080, ELSE SKIP TO FSD.110.

FSD.080

{FILL Do you/does NAME} usually work 35 hours or more in total at all jobs or businesses?

- YES 1 [GO TO FSD.110]
- NO 2 [GO TO FSD.110]
- DON'T KNOW 6 [GO TO FSD.110]
- REFUSED 7 [GO TO FSD.110]

FSD.090

What is the main reason {FILL you/NAME} did not work at a job or business last week? {FILL Were you/was NAME}....

- Keeping house, 01
- Going to school, 02
- Retired, 03
- Unable to work for health reasons, 04
- Looking for work, 05
- On layoff, 06
- On vacation or, 07
- Something else? 08
- DON'T KNOW 96
- REFUSED 97

FSD.100

(IF FSD.060= 6 OR 7, READ) Did {FILL you/he/she} work for pay at any time in {FILL LAST CALENDAR YEAR}? **(ELSE DISPLAY WORDING AS SHOWN BELOW.)**

Although you stated that {FILL you/NAME} did not work at any time in the last week, did {FILL you/he/she} work for pay at any time in {FILL LAST CALENDAR YEAR}?

- YES 1
- NO 2 [RETURN TO CHECK ITEM 2]
- DON'T KNOW 6 [RETURN TO CHECK ITEM 2]
- REFUSED 7 [RETURN TO CHECK ITEM 2]

FSD.110

How many months in {FILL LAST CALENDAR YEAR} did {FILL you/NAME} have at least one job or business?

___ MONTHS

CHECK ITEM 3

IF FSD.050 = 1 OR 2, AND NEW.230 > 1, THEN GO TO FSD.130. ELSE RETURN TO CHECK ITEM 2 FOR NEXT PERSON.

FSD.130

Was health insurance offered through {FILL your/NAME's} workplace?

- YES 1
- NO 2 [RETURN TO CHECK ITEM 2]
- DON'T KNOW 6 [RETURN TO CHECK ITEM 2]
- REFUSED 7 [RETURN TO CHECK ITEM 2]

FSD.131

{FILL Were you/was NAME} eligible to receive it?

- YES 1 [RETURN TO CHECK ITEM 2]
- NO 2 [RETURN TO CHECK ITEM 2]
- DON'T KNOW 6 [RETURN TO CHECK ITEM 2]
- REFUSED 7 [RETURN TO CHECK ITEM 2]

CHECK ITEM 4

IF FSD.050 = 2 OR 3 AND FSD.060 = 2, OR FSD.050 = 4, THEN PERSON DID NOT WORK LAST WEEK (ASK AHS.030). ELSE SKIP TO AHS.040.

AHS.030

Although [you/NAME] did not work last week, did [you/he/she] have a job or business at any time in the past 12 months?

- YES 1
- NO 2 [GO TO AHS.050]
- DON'T KNOW 6
- REFUSED 7

AHS.040

During the past 12 months, that is since (FILL 12-MONTH DATE) a year ago, about how many days did {FILL you/NAME} miss work at a job or business because of illness or injury (do not include maternity leave)?

___ NO. OF DAYS (3 digits)

AHS.050

During the past 12 months, that is since (FILL 12-MONTH DATE) a year ago, about how many days did illness or injury keep {FILL you/NAME} in bed more than half of the day? Include days while an overnight patient in a hospital.

___ NO. OF DAYS (3 digits)

RETURN TO CHECK ITEM 4. IF DONE WITH ALL PERSONS GO TO SECTION VI.

Section VI -- Income and assets

FININT

The next questions are about sources of income {FILL FOR MORE THAN 1 PERSON HOUSEHOLD: for all family members} during {FILL IN LAST CALENDAR YEAR}.

FIN.100

Did {FILL you/any members of your family living here} receive retirement income from Social Security?

- YES 1
- NO 2 [GO TO FIN.110]
- DON'T KNOW 6 [GO TO FIN.110]
- REFUSED 7 [GO TO FIN.110]

FIN.105

{FILL Who/Who in the family} received this ? Anyone else?
[ENTER PERSON #S] [] [] [] [] []

FIN.110

Did {FILL you/either of you/any members of your family living here} receive income from Supplemental Security Income?

- YES 1
- NO 2 [GO TO FIN.130]
- DON'T KNOW 6 [GO TO FIN.130]
- REFUSED 7 [GO TO FIN.130]

FIN.120

{FILL Who/Who in the family} received this ? Anyone else?
[ENTER PERSON #S] [] [] [] [] []

FIN.290

Did {FILL you/NAME FROM FIN.120} receive SSI because {FILL you/he/she} {FILL have/has} a disability?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

FIN.130

Did {FILL you/either of you/any members of your family living here} receive income from Social Security Disability Insurance?

- YES 1 [GO TO FIN.140]
- NO 2 [GO TO FIN.330]
- DON'T KNOW 6 [GO TO FIN.330]
- REFUSED 7 [GO TO FIN.330]

FIN.140

{FILL Who/Who in the family} received this? Anyone else?
[ENTER PERSON #S] [] [] [] [] []

FIN.320

Did {FILL you/NAME FROM FIN.140} receive SSDI because {FILL you/he/she} {FILL have/has} a disability?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

FIN.330

{FILL Have you/Have either of you/Has anyone in the family (FILL NAMES NOT LISTED IN FIN.140)} ever applied for Social Security Disability Insurance? This includes people who applied for benefits even if the claim was denied.

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

FIN.150

Did {FILL you/either of you/any members of your family living here} receive income from Welfare, Temporary Assistance for Needy Families, or General Assistance?

- YES 1
- NO 2 [GO TO FSTAMP]
- DON'T KNOW 6 [GO TO FSTAMP]
- REFUSED 7 [GO TO FSTAMP]

FIN.160

{FILL Who/Who in the family} received this? Anyone else?
[ENTER PERSON #S] [] [] [] [] []

FINAID

Which type of payments did {FILL you/NAME FROM FIN.160} receive--Welfare, Temporary Assistance for Needy Families, or General Assistance? MARK ALL THAT APPLY

- WELFARE 1
- TANF/TEMPORARY ASSISTANCE FOR NEEDY FAMILIES 2
- GENERAL ASSISTANCE 3
- SOMETHING ELSE 4
- DON'T KNOW 6
- REFUSED 7

FIN.350

How many months in {FILL IN LAST CALENDAR YEAR} did {FILL you/NAMES IN FIN.160} receive {FILL WELFARE, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES OR GENERAL ASSISTANCE FROM WHICHAID}?

_____ NUMBER OF MONTHS

GO BACK TO WHICHAID FOR NEXT PERSON MENTIONED IN FIN.160. ELSE GO TO FSTAMP.

FSTAMP

Did {FILL you/either of you/any members of your family} receive food stamps?

- YES 1
- NO 2 [GO TO FINAST]
- DON'T KNOW 6 [GO TO FINAST]
- REFUSED 7 [GO TO FINAST]

FINMTH

How many months in {FILL IN LAST CALENDAR YEAR} did {FILL you/either of you/your family} receive food stamps?

_____ NUMBER OF MONTHS

IF A "NO" RESPONSE IS GIVEN TO FIN.110, FIN.130, FIN.330, FIN.150, AND FSTAMP, SKIP TO FIN12.

FINAST

What was the total amount {FILL you/both of you/your family} received from {FILL WHICH RECEIVED: SSDI, type of general assistance, and food stamps} in {FILL LAST CALENDAR YEAR}?

_____ ENTER WHOLE DOLLAR AMOUNT

NOTE: ASSIST RESPONDENT IN ADDING AMOUNTS FROM MORE THAN ONE PROGRAM IF RESPONDENT REQUIRES HELP.

FIN12.

Please think about your total combined family income during the past 12 months for ALL members of the family. Include {FILL IF GOVERNMENT ASSISTANCE RECEIVED: the amount you just provided me, plus} money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from business, farm, or rent, and any other money income received.

Was your total family income during the past twelve months more or less than \$20,000?

- MORE THAN \$20,000 1 [GO TO FIN16]
- \$20,000 2 [GO TO MSCINT]
- LESS THAN \$20,000 3 [GO TO FIN13]
- DON'T KNOW 6 [GO TO MSCINT]
- REFUSED 7 [GO TO MSCINT]

FIN13.

Was the total combined family income more or less than \$10,000?

- MORE THAN \$10,000 1 [GO TO FIN15]
- \$10,000 2 [GO TO MSCINT]
- LESS THAN \$10,000 3 [GO TO FIN14.A]
- DON'T KNOW 6 [GO TO MSCINT]
- REFUSED 7 [GO TO MSCINT]

FIN14.A

Was it more than \$7,500?

- YES 1 [GO TO MSCINT]
- NO 2 [GO TO MSCINT]
- DON'T KNOW 6 [GO TO MSCINT]
- REFUSED 7 [GO TO MSCINT]

FIN15.

Was it more than \$15,000?

- YES 1 [GO TO FIN15.A]
- NO 2 [GO TO FIN15.B]
- DON'T KNOW 6 [GO TO MSCINT]
- REFUSED 7 [GO TO MSCINT]

FIN15.A

Was it more than \$17,500?

- YES 1 [GO TO MSCINT]
- NO 2 [GO TO MSCINT]
- DON'T KNOW 6 [GO TO MSCINT]
- REFUSED 7 [GO TO MSCINT]

FIN15.B

Was it more than \$12,500?

- YES 1 [GO TO MSCINT]
- NO 2 [GO TO MSCINT]
- DON'T KNOW 6 [GO TO MSCINT]
- REFUSED 7 [GO TO MSCINT]

FIN16.

Was the total combined family income more or less than \$50,000?

- MORE THAN \$50,000 1 [GO TO FIN18]
- \$50,000 2 [GO TO MSCINT]
- LESS THAN \$50,000 3 [GO TO FIN17]
- DON'T KNOW 6 [GO TO MSCINT]
- REFUSED 7 [GO TO MSCINT]

FIN17.

Was the total combined family income more or less than \$30,000?

- MORE THAN \$30,000 1 [GO TO MSCINT]
- \$30,000 2 [GO TO MSCINT]
- LESS THAN \$30,000 3 [GO TO MSCINT]
- DON'T KNOW 6 [GO TO MSCINT]
- REFUSED 7 [GO TO MSCINT]

FIN18.

Was the total combined family income more or less than \$75,000?

- MORE THAN \$75,000 1
- \$75,000 2
- LESS THAN \$75,000 3
- DON'T KNOW 6
- REFUSED 7

Section VII -- Miscellaneous

MSCINT

We just have a few more questions about your household.

FINBRN

[FILL Were you/Were either of you/Was anyone in your family] born outside of the United States?

- YES 1
- NO 2 [GO TO M20]
- DON'T KNOW 6 [GO TO M20]
- REFUSED 7 [GO TO M20]

FINIMM

Who was born outside the United States? Anyone else?

[ENTER PERSON #S] [] [] [] [] []

FINWHN

When did {FILL you/NAME OF PERSON IN IMMWHO} come to live in the United States?
(READ IF NECESSARY: the last time)

_____ YEAR

- DON'T KNOW 9996
- REFUSED 9997

FINZEN

{FILL Are you/Is NAME} a U.S. Citizen?

- YES 1 [M20]
- NO 2 [M20]
- DON'T KNOW 6 [M20]
- REFUSED 7 [M20]

M20.

Do you have any other home phone numbers in addition to [FILL VAR: AREA CODE/TELEPHONE NUMBER FROM SAMPLE TELEPHONE NUMBER].

- YES 1
- NO 2 [GO TO MNOSERV]
- DON'T KNOW 6 [GO TO MNOSERV]
- REFUSED 7 [GO TO MNOSERV]

M21.

Is this second number for home use only, for business use only, or for both home and business use?

HOME ONLY 1
BUSINESS ONLY 2 [GO TO M22]
BOTH HOME AND BUSINESS 3
DON'T KNOW 6 [GO TO MNOSERV]
REFUSED 7 [GO TO MNOSERV]

M21A.

Is this second number used only for computer or fax communications?

YES 1
NO 2
DON'T KNOW 6
REFUSED 7 [GO TO MNOSERV]

M22.

Do you have a third home phone number in addition to the two you have already told me about?

YES 1
NO 2 [GO TO MNOSERV]
DON'T KNOW 6 [GO TO MNOSERV]
REFUSED 7 [GO TO MNOSERV]

M23.

Is this third number for home use only, for business use only, or for both home and business use?

HOME ONLY 1
BUSINESS ONLY 2 [GO TO MNOSERV]
BOTH HOME AND BUSINESS 3
DON'T KNOW 6 [GO TO MNOSERV]
REFUSED 7 [GO TO MNOSERV]

M23A.

Is this third number used only for computer or fax communications?

YES 1
NO 2 [GO TO MNOSERV]
DON'T KNOW 6 [GO TO MNOSERV]
REFUSED 7 [GO TO MNOSERV]

MNOSERV

During the past 12 months, has your household been without telephone service for more than 1 week?

- YES 1
- NO 2 [GO TO FINEND]
- DON'T KNOW 6 [GO TO FINEND]
- REFUSED 7 [GO TO FINEND]

HOWLONG1

For how long was your household without telephone service in the past 12 months?

IF ONE WEEK OR LESS, ENTER 0 FOR THE NUMBER.

ENTER NUMBER _____

ENTER PERIOD _____

- DAY(S) 1
- WEEK(S) 2
- MONTH(S) 3
- DON'T KNOW 6
- REFUSED 7

FINEND

Those are all the questions I have. I'd like to thank you again on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. [**TERMINATE INTERVIEW**]