2021 Ohio Medicaid Assessment Survey

Adult and Child CATI (Phone) English Instrument Specifications

FINAL FOR FIELDING (rev.)

Prepared for

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OHIO COLLEGES OF MEDICINE
GOVERNMENT RESOURCE CENTER

RTI
INTERNATIONAL

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FRONT END SCREENING FOR CATI

ANSPROMPT

Hello, I'm calling on behalf of The Ohio State University regarding an important study about health care issues affecting state residents. Please call us at 1-833-947-2577 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 (GO TO INT02)

INT04

"We are calling on behalf of The Ohio State University."

IF MESSAGE ASKS TO ENTER A PHONE NUMBER:
ENTER: 1-833-947-2577

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 Ohio State University. 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?

01   CONTINUE (GO TO CF1A)
02   NEW NUMBER

TEL05

I have that you are calling in from <PHONE_NUMBER> is this the best number to call you on if we get disconnected and need to call you back?

ENTER 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 Ohio State University regarding an important study about health care issues affecting Ohioans. My name is [_____] and I am part of the research team. You will receive $10 for participating.

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.

01   ADULT ON PHONE (GO TO CELL_RESP)
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 <FILL "landline" if CALLTYPE=1 OR "cell" IF CALLTYPE=2> phone?

(INTERVIEWER NOTE: IF R SAYS "cable, VOIP (voice over) or satellite phone" CODE AS A LANDLINE PHONE)

01 LANDLINE PHONE
02 CELL PHONE (GO TO CELL1)
08 SCHEDULE A CALLBACK (GO TO INT06 AND SCHEDULE CALLBACK)
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, barracks, or place of incarceration)

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

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

CELL1

(ASK IF IF CELL_RESP=02)

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

(ASK IF CELL1=01, ASK CELL2)

When would be a better time to call you?

    01   SET CALL BACK (GO TO INT06 AND SCHEDULE CALLBACK)

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 19 years or older?

    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 AND SCHEDULE CALLBACK)
    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 total number of adults, ages 19 years and older, who are members of your household. I 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 who had 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.)

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

(IF 96, END SURVEY AND DISPLAY THE MESSAGE OF "Thank you for your interest but this survey is only open to individuals age 19 and over.")

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 AND SCHEDULE
      CALLBACK)

CELL_INTRO

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

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?

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

RECORD NAME OR INITIALS   (TEXT RANGE=25 CHARACTERS)

SPEAK1

(IF (S1=01) OR (CELL_PICK= 01) OR (NUM_ADULTS=01) OR (CELL_CONFIRM=01) GO TO PREINFORM; OTHERWISE 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 AND SCHEDULE CALLBACK)
03   SELECTED R IS PHYSICALLY OR MENTALLY IMPAIRED AND CANNOT DO INTERVIEW (GO
      TO SS2b)

98   DK (GO TO INT06 AND SCHEDULE CALLBACK)
99   REFUSED (GO TO INT06 AND SCHEDULE CALLBACK)

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

98   DK
99   REFUSED

SK_SS2B

(VARIABLE HIDDEN FROM RESPONDENT)
(IF (NUM_ADULTS = 02), TERMINATE INTERVIEW, CODED AS NM (PHYSICALLY/MENTALLY INCAPABLE), WITH NEW INT CODE AND DISPLAY TEXT: "I'm sorry but you are currently not eligible for the study. Thank you for your time!")
(IF (NUM ADULTS = 03 TO 20), GO TO PROXY_NAME)

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 AND SCHEDULE CALLBACK)

98   DK (GO TO INT06 AND SCHEDULE CALLBACK)
99   REFUSED (GO TO INT06 AND SCHEDULE CALLBACK)

S5

(ASK IF S4A=01 OR SPEAK1=01)

Hello, my name is *** and I am calling on behalf of The Ohio State University and the State of Ohio 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 AND SCHEDULE CALLBACK)

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 about 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. This call may be recorded for quality control. If you have questions, concerns, or complaints about the study, please call Ohio State/RTI International at 1-833-947-2577.

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

01   CONTINUE
02   RESPONDENT WISHES TO RESCHEDULE INTERVIEW (GO TO INT06 AND SCHEDULE CALLBACK)

99   REFUSED (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

SPROXYREMIND

As we continue the survey, please remember to answer all remaining questions on behalf of <NAME>.

01   CONTINUE

S15

What is your gender?

(INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY.)

01	MALE
02	FEMALE
97	OTHER (SPECIFY)

98	DK
99	REFUSED

S8

How long have you lived in Ohio? Has it been less than a month, or 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 Ohio do you live?

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

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

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		
		997	RESPONDENT DOES NOT LIVE IN OHIO		
		998	DK		
		999	REFUSED		

(IF 997, END SURVEY AND DISPLAY THE MESSAGE OF "Thank you for your interest but this survey is only open to Ohio residents")

S9a

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

In what city or town do you live?

(INTERVIEWER: PROBE FOR SPELLING NEEDED.)

RECORD RESPONSE   (TEXT RANGE=70 CHARACTERS)

98   DK
99   REFUSED

S9b

What is your zip code?

RECORD 5 DIGIT ZIP CODE

99998   DK
99999   REFUSED

S11

(IF NUM_ADULTS = 1, SET S11 = 1, DO NOT DISPLAY TO RESPONDENT, AND GO TO S12)
(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, how many **adult** members of your **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.

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

ENTER NUMBER (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 **household**, but now I recorded that there were <S11> in your **family**? Which of these is correct?

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?

00   0 CHILDREN (GO TO S14)
01   1 CHILD
02   2 CHILDREN
…   (HAVE 03 TO 19 OPTIONS FOLLOWED BY "CHILDREN" LABEL)
20   20 OR MORE CHILDREN

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

S13b_1

(ASK IF S12 = 01)

Is the child living in your household a family member? **Please only count individuals 18 years of age or younger.** Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

01   YES
02   NO

98   DK
99   REFUSED

S13b

(IF S12 = 00, RECODE S13b = 00 AND DO NOT SHOW QUESTION TO RESPONDENT)
(IF S13b_1 = 01, RECODE S13b = 01 AND DO NOT SHOW QUESTION TO RESPONDENT)
(IF S13b_1 = 02, RECODE S13b = 00 AND DO NOT SHOW QUESTION TO RESPONDENT)
(IF S13b_1 = 98, RECODE S13b = 98 AND DO NOT SHOW QUESTION TO RESPONDENT)
(IF S13b_1 = 99, RECODE S13b = 99 AND DO NOT SHOW QUESTION TO RESPONDENT)
(ASK IF S12 = 02 to 20)

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

00   0 CHILDREN (GO TO S14)
01   1 CHILD
02   2 CHILDREN
…   (HAVE 03 TO 19 OPTIONS FOLLOWED BY "CHILDREN" LABEL)
20   20 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?

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

98   DK
99   REFUSED

S13a

(ASK IF S13b=01) Are you a parent of the one child living in your household, even if they are temporarily away? Parents include stepparents, foster parents, and legal guardians.

(ASK IF S13b=02 TO 20) Are you a parent of any of the <S12> children living in your household, including children temporarily away from the home? Parents include stepparents, foster parents, and legal guardians.

01	YES
02	NO
98	DK
99	REFUSED

S14

Please tell me how old you were on your last birthday.

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 last birthday would you say that you were…

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: ADULT CURRENT INSURANCE STATUS

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

A1

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

Are you 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

(ASK IF A1=02, 98, OR 99)

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, are you covered by health insurance or some other type of health care plan?

01   YES, INSURED
02   NO, NOT INSURED (GO TO C1_NEW)

98   DK (GO TO D30)
99   REFUSED (GO TO D30)

(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: ADULT CURRENTLY INSURED

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

<u>Employer-based Coverage</u>

B4A

Are you covered by a health insurance plan through a current or former employer or labor union?

>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 work or are you receiving insurance as a dependent through someone else's work? This includes current or past work.
>
>01   OWN WORK (GO TO B4AB)
>02   SOMEONE ELSE'S WORK (GO TO B4AB)
>03   BOTH THROUGH OWN WORK AND SOMEONE ELSE'S WORK
>
>98   DK (GO TO B4B)
>99   REFUSED (GO TO B4B)

B4AA1

>Just to confirm, you said that your insurance is through your own work and someone else's work?
>
>01   YES, INSURANCE BOTH THROUGH OWN WORK AND SOMEONE ELSE'S WORK
>02   NO, INSURANCE THROUGH OWN 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 current work or past work?)

(IF B4AA = 02 FILL: Are you covered through that person's current work or past work?)

01   CURRENT WORK
02   PAST WORK

98   DK
99   REFUSED

B4AC

Approximately how long have you been covered by your current health insurance plan from your or someone else's work? Would you say…

01   Less than 3 months
02   3 months to less than 1 year
03   1 to 2 years
04   more than 2 years

05   DK
06   REFUSED

Medicare Coverage

B4B

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

01   YES
02   NO

98   DK
99   REFUSED

B4B_1

(ASK IF B4B = 01)

How long have you been covered by Medicare? Would you say…

01   Less than 3 months
02   3 months to less than 1 year
03   1 to 2 years
04   more than 2 years

98   DK
99   REFUSED

Medicaid Coverage

B4C

Ohio Medicaid is the state program that pays for medical insurance for people with low incomes. Medicaid may use managed care plans like CareSource, Buckeye, Molina, Paramount, and United Healthcare to provide services.

_$recall(recall="Are you **also currently** covered by or enrolled in **Medicaid**?", condition= "(B4A=01 OR B4B=01)")
_$recall(recall="Are you currently covered by or enrolled in **Medicaid**? ", condition="not(B4A=01 OR B4B=01)")

01   YES
02   NO

98   DK
99   REFUSED

B4B_CON1:

(ASK IF [(B4B = 01 AND (S14>=19 AND S14<65)] OR [(B4B = 01 AND S14A>=01 AND S14A <06)] OR [(B4B=02 AND (S14>=65 AND S14<=125)] OR [B4B=02 AND (S14A=06, 07) OR (B4B=98, 99), ELSE GO TO B4B_R)

Just to verify, are you covered by the state **Medicaid** program for people with low incomes, or Are you covered through the federal **Medicare** program for people 65 years or older or with disabilities, or by both **Medicaid** and **Medicare**?

01   ONLY MEDICAID THE STATE PROGRAM
02   ONLY MEDICARE THE FEDERAL PROGRAM
03   BOTH MEDICAID AND MEDICARE
04   NEITHER

98   DK
99   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 B4C_R = B4C)

        01   YES
        02   NO

        98   DK
        99   REFUSED

B4CA

(ASK: IF B4C_R=01), ELSE GO TO B4I

Which Medicaid program are you covered by? Is it Healthy Families or Healthy Start, Medicaid for the Aged, Blind and Disabled, Medicaid Waiver Programs, Medicare Premium Assistance Programs such as QMB or SLMB, or are you not sure?

        01   HEALTHY FAMILIES OR HEALTHY START
        02   MEDICAID FOR THE AGED, BLIND AND DISABLED OR WAIVER PROGRAMS
        03   MEDICARE PREMIUM ASSISTANCE PROGRAM/QMB/ SLMB

        97   OTHER
        98   DK
        99   REFUSED

B4C2

(ASK IF B4CA=01,02,03, 97, 98)

How long have you been covered by Medicaid? Would you say…

        01   Less than 3 months
        02   3 months to less than 1 year
        03   1 to 2 years
        04   more than 2 years

        98   DK
        99   REFUSED

Health Insurance Exchange

B4I

Are you (recall= "**also**", condition="B4A=01, or B4B_R=01, or B4C_R=01") covered through the Ohio Health Care Exchange, also known as Obama Care, or a healthcare.gov insurance plan?

01   YES
02   NO (GO TO B4E)

98   DK (GO TO B4E)
99   REFUSED (GO TO B4E)

B4I_2

A monthly premium is a fixed amount of money people pay each month to have health care coverage. It does not include copays or other expenses such as prescription costs. Is there a monthly premium for this Ohio Health Care Exchange or healthcare.gov insurance plan?

01   YES
02   NO

98   DK
99   REFUSED

Private Coverage

B4E

Are you _$Recall (recall= "**also**", condition="B4A=01, or B4B_R=01, or B4C_R=01, or B4I=01")covered by health insurance purchased directly, that is, a plan not related to current or past employment or **not** purchased through healthcare.gov?

01   YES
02   NO

98   DK
99   REFUSED

B4G

Do you (recall= "**also**", condition="B4A=01, or B4B_R=01, or B4C_R=01, or B4I=01, or B4E=01") have any **other** health care coverage that I have not mentioned?

01   YES
02   NO

98   DK
99   REFUSED

B4CHK

(ASK IF: (B4A=01 OR B4B_R=01 OR B4C_R=01 OR B4E=01 OR B4G=01 OR B4I=01)), ELSE GO B4_Dental)

To confirm, you said you are covered by:
(FILL:
   o   FILL: IF B4A=01 a health insurance plan through a current or former employer or labor union
   o   FILL: IF B4B_R=01 Medicare
   o   FILL: IF B4C_R=01 Medicaid
   o   FILL: IF B4I =01 Healthcare Exchange
   o   FILL: IF B4E=01 Direct Purchase Insurance Plan
   o   FILL: IF B4G=01 some other health coverage)

Is that correct?

01   YES (GO TO B4_Dental)
02   NO

98   DK (GO TO B4_Dental)
99   REFUSED (GO TO B4_Dental)

B4U

(NOTE: NEW VARIABLE FOR 2021. TO BE ASKED IF RESPONDENT SAYS AT B4CHK THAT INSURANCE INFORMATION IS INCORRECT, TO AVOID HAVING TO 'LOOP' THE ENTIRE SECTION A SECOND TIME)

Okay, let us update this information. I am going to read to you a list of health insurance or health care plans. Please say "yes" if you are covered by this type of insurance, or "no" if you are not covered by this type of insurance.

B4U_1: A health insurance plan through a current or former employer or labor union?

      01   YES   02   NO   98   DK   99   REFUSED

      (IF 01 (YES), SET B4A = 01 (YES))

B4U_2: Medicare, a program for people 65 years or older or with disabilities?

      01   YES   02   NO   98   DK   99   REFUSED

      (IF 01 (YES), SET B4B_R = 01 (YES))

B4U_3: Medicaid, a program for people with low incomes?

    01   YES   02   NO   98   DK   99   REFUSED

    (IF 01 (YES), SET B4C_R = 01 (YES))

B4U_4: A plan purchased on the Ohio Healthcare Exchange or healthcare.gov?

    01   YES   02   NO   98   DK   99   REFUSED

    (IF 01 (YES), SET B4I = 01 (YES))

B4U_5: A plan you directly purchased from a health insurance company?

    01   YES   02   NO   98   DK   99   REFUSED

    (IF 01 (YES), SET B4E = 01 (YES))

B4U_6: Some other type of health plan not previously mentioned?

    01   YES   02   NO   98   DK   99   REFUSED

    (IF 01 (YES), SET B4G = 01 (YES))

Insurance Covered Health Services

B4_Dental

Do you have any insurance that covers dental bills?

01   YES
02   NO

98   DK
99   REFUSED

B18

(ASK IF: If (B4E=01) OR (B4I = 01) OR (B4G = 01))

Now I have some questions about your primary health insurance.

How long have you been covered by your current primary health insurance? Would you say…

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 (GO TO START OF SECTION D)
99	REFUSED (GO TO START OF SECTION D)

Previous Coverage

B19

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

Before you became covered with your current health insurance plans, were you 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 current health insurance coverage were you covered by **Medicaid**, the State of Ohio government health care program?

01	YES (GO TO B27)
02	NO
98	DK
99	REFUSED

B21

(ASK IF (B20=02, AND B19=01) OR (B4C_R=01 AND B19=01))

Just prior to your current health insurance coverage, were you covered by a health insurance plan obtained through an employer or labor union?

01	YES (GO TO B27)
02	NO
98	DK

99   REFUSED

B22

(ASK IF (B19 = 01 AND B21=2,98,99))

Just prior to your current health insurance coverage, were you covered by any other insurance that you or your family paid for completely?

01   YES
02   NO

98   DK
99   REFUSED

B23

(ASK IF: (B19 = 01 AND B22=2,98,99))

Just prior to your current health insurance coverage, were you covered by any **other** health care coverage that I have not mentioned?

01   YES
02   NO

98   DK
99   REFUSED

Coverage Past 12 Months

B27

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

During the past 12 months, how long were you without health insurance coverage? Would you say…

01   Less than 2 months,
02   2 to 6 months,
03   More than 6 months to 12 months, or
04   You have had health insurance for the past 12 months?

98   DK
99   REFUSED

B27A

(ASK IF: (B27 = 01, 02, 03)

There are a lot of reasons why people may have been without health insurance coverage during the past year. Was your gap in health insurance coverage due to the COVID-19 pandemic?

01   YES
02   NO

98   DK
99   REFUSED

B27B

(ASK IF: (B27=01, 02, 03))

Was your gap in health insurance coverage due to a job loss or layoff that you or a family member experienced?

01   YES
02   NO

98   DK
99   REFUSED

(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: ADULT CURRENTLY UNINSURED

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

C1_NEW

(ASK IF: (A1A = 02)

When were you 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 less than 2 years ago
04	2 to 3 years ago, or (GO TO D30)
05	More than 3 years ago? (GO TO D30)
06	NEVER HAD COVERAGE (GO TO D30)
98	DK (GO TO D30)
99	REFUSED (GO TO D30)

C2A

Did you lose your insurance because of the COVID-19 pandemic?

01	YES
02	NO
98	DK
99	REFUSED

C2B

Did you lose your insurance because of a job loss or layoff that you or a family member experienced?

01	YES
02	NO
98	DK
99	REFUSED

C3

The last time you had health insurance, were you covered by Medicaid, the State of Ohio government health care program?

01   YES (GO TO D30)
02   NO
98   DK
99   REFUSED

C4

The last time you had health insurance, were you covered by a plan obtained through a current or former employer or labor union?

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

D30

Now I would like to ask about your health.

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 0-30)

98   DK
99   REFUSED

D30_d

Thinking about your teeth and gums, would you say your dental health is excellent, very good, good, fair, or poor?

01   EXCELLENT
02   VERY GOOD
03   GOOD
04   FAIR

05   POOR

98   DK
99   REFUSED

CDC_1:

These next questions ask about any physical, mental, or emotional conditions that cause serious difficulties with daily activities. "Serious difficulty" is whatever you define or perceive it to be.

Are you deaf, or do you have serious difficulty hearing?

01   YES
02   NO

98   DK
99   REFUSED

CDC_ 2

Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

01   YES
02   NO

98   DK
99   REFUSED

CDC_ 3

Do you have serious difficulty walking or climbing stairs?

01   YES
02   NO

98   DK
99   REFUSED

CDC_ 4

Do you have difficulty dressing or bathing?

01   YES
02   NO

98   DK
99   REFUSED

CDC_ 5

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

01   YES
02   NO

98   DK
99   REFUSED

CDC_ 6

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

01   YES
02   NO

98   DK
99   REFUSED

ADULT_DD

Do you have a developmental disability?

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

Diabetes

D43

(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?)

Diabetes or sugar diabetes?

01   YES
02   NO (GO TO E65)
03   (VOLUNTEERED) BORDERLINE

98   DK (GO TO E65)
99   REFUSED (GO TO E65)

D43B

(ASK: IF D43 = 01,03 AND S15=02 AND (S14 < 45 OR (S14A = 01, 02, 03))), ELSE GO TO E65)

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

01   YES, ONLY WHEN PREGNANT
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

98   DK
99   REFUSED

E65A

(ASK IF E65 = 01)

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?

(IF E65A NE 01): 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: ENTER UNIT. ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS HE/SHE SPECIFICALLY SAYS KILOGRAMS.)

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 TO IS_UCLA1)

D30B_F

(ASK IF D30B = 01)

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

ENTER HEIGHT, FEET (RANGE 1-8)

D30B_I

(ASK IF D30B = 01)

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

ENTER HEIGHT, INCHES (RANGE 00-12)

D30B_C

(ASK IF D30B = 02)

(About how tall are you without shoes?)

ENTER HEIGHT, CENTIMETERS (RANGE 000-244)

Loneliness/Isolation

IS_UCLA1

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.

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

(INTERVIEWER: IF R SAYS "NONE", CODE AS "HARDLY EVER.")

01	Hardly ever
02	Some of the time
03	Often

98	DK
99	REFUSED

IS_UCLA2

How often do you feel left out?

(INTERVIEWER: IF R SAYS "NONE", CODE AS "HARDLY EVER.")

01	Hardly ever
02	Some of the time
03	Often

98	DK
99	REFUSED

IS_UCLA3

How often do you feel isolated from others?

(INTERVIEWER: IF R SAYS "NONE", CODE AS "HARDLY EVER.")

01	Hardly ever
02	Some of the time
03	Often

98	DK
99	REFUSED

Substance Use

D45

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

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

01	YES
02	NO

98   DK
        99   REFUSED

D45A

        (DISPLAY IF D45 = 01)

        Do you smoke cigarettes 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

D45F

        (ASK IF D45E=01)

        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:
            o   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.)

ENTER NUMBER OF DRINKING DAYS   (RANGE 0 – 30)

98   DK
99   REFUSED

D46A

(ASK IF D46 = 1 TO 30)

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:
o   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.)

ENDER 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:
o   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.)

ENTER NUMBER OF DAYS   (RANGE 0 – 30)

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: ADULT 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

E59

I would now like to ask about your use of health care services.

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

01   Within the last 12 months,
02   More than 12 months ago, or
03   Have you never seen 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 have **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, 02, 98, 99)

About how long has it been since you 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,
02   More than 12 months ago, or
03   Have you never seen a doctor for a routine check-up?

98   DK
99   REFUSED

Emergency Room Visits

E62

During the past 12 months, how many times were you a patient in a hospital **emergency** room?

ENTER NUMBER OF TIMES (RANGE 0-365)

998   DK
999   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: ADULT 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

When you are sick or need advice about your health, do you usually receive care at one place, more than one place, or no place at all?

01   ONE PLACE
02   MORE THAN ONE PLACE
03   NO PLACE AT ALL

98   DK
99   REFUSED

F67_2

(ASK IF F67 = 01, 02)

Is the place where you usually receive care or advice about your health… (Choose one)

01   A doctor's office or health center, including by phone or video call
02   A hospital emergency room
03   An urgent care center, including by phone or video call
04   A clinic in a pharmacy or grocery store
05   Some other place

98   DK
99   REFUSED

Unmet Needs of Adult

F68_1

My next questions are about different types of care you may have needed and whether or not you were able to get this needed care. For each type of care, please tell me "yes" if you needed that type of care and "no" if you did not need that type of care.

During the past 12 months, was there a time when you **needed** dental care?

01   YES, NEEDED DENTAL CARE
02   NO, DID NOT NEED DENTAL CARE

98   DK
99   REFUSED

F68_2

(ASK IF F68_1 = 01)

Were you able to **get** the dental care that you needed?

01   YES, GOT THE DENTAL CARE NEEDED
02   NO, <u>DID NOT GET</u> THE DENTAL CARE NEEDED

98   DK
99   REFUSED

F68B_2_1

During the past 12 months, was there a time when you **needed** vision care or eyeglasses?

01   YES, NEEDED VISION CARE OR EYEGLASSES
02   NO, DID NOT NEED VISION CARE OR EYEGLASSES

98   DK
99   REFUSED

F68B_2_2

(ASK IF F68B_2_1 = 01)

Were you able to **get** the vision care or eyeglasses that you needed?

01   YES, GOT THE VISION CARE OR EYEGLASSES NEEDED
02   NO, <u>DID NOT GET</u> THE VISION CARE OR EYEGLASSES NEEDED

98   DK
99   REFUSED

F68B_3_1

During the past 12 months, was there a time when you **needed** mental or emotional health care or counseling services?

01   YES, NEEDED MENTAL HEALTH CARE OR COUNSELING
02   NO, DID NOT NEED MENTAL HEALTH CARE OR COUNSELING

98   DK
99   REFUSED

F68B_3_2

(ASK IF F68B_3_1 = 01)

Were you able to **get** the mental or emotional health care or counseling services that you needed?

    01   YES, GOT THE MENTAL HEALTH CARE OR COUNSELING NEEDED
    02   NO, <u>DID NOT GET</u> THE MENTAL HEALTH CARE OR COUNSELING NEEDED

    98   DK
    99   REFUSED

F68B_4_1

    During the past 12 months, was there a time when you **needed** alcohol or other drug treatment, not counting cigarettes?

    01   YES, NEEDED ALCOHOL OR OTHER DRUG TREATMENT
    02   NO, DID NOT NEED ALCOHOL OR OTHER DRUG TREATMENT

    98   DK
    99   REFUSED

F68B_4_2

    (ASK IF F68B_4_1 = 01)

    Were you able to **get** the alcohol or other drug treatment that you needed?

    01   YES, GOT THE ALCOHOL OR OTHER DRUG TREATMENT NEEDED
    02   NO, <u>DID NOT GET</u> THE ALCOHOL OR OTHER DRUG TREATMENT NEEDED

    98   DK
    99   REFUSED

F68C_NEW_1

    During the past 12 months, was there a time when you **needed** any other health care, such as a medical exam or medical supplies?

    01   YES, NEEDED OTHER HEALTH CARE
    02   NO, DID NOT NEED OTHER HEALTH CARE

    98   DK
    99   REFUSED

F68C_NEW_2

    (ASK IF F68C_NEW_1 = 01)

Were you able to **get** the other health care that you needed?

01   YES, GOT THE OTHER HEALTH CARE NEEDED
02   NO, <u>DID NOT GET</u> THE OTHER HEALTH CARE NEEDED

98   DK
99   REFUSED

avoid_care

We just talked about the types of health care you may have needed. Next, I am going to ask about delaying or avoiding care.

During the past 12 months, did you delay or avoid getting care that you felt you needed?

01   YES
02   NO

98   DK
99   REFUSED

why_avoid

(ASK WHY_AVOID_A THROUGH E IF AVOID_CARE=01; ELSE GO TO F70)
(RANDOMIZE AND DISPLAY STEM IN PARENTHESIS ON EACH SCREEN)

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

why_avoid_a.

You thought it would cost too much?

01   YES
02   NO

98   DK
99   REFUSED

why_avoid_b

You did not have transportation to or from appointments?

01   YES
02   NO

98   DK
99   REFUSED

why_avoid_c
  The provider was not available when you needed to go?

  01   YES
  02   NO

  98   DK
  99   REFUSED

why_avoid_d
  You could not find a provider?

  01   YES
  02   NO

  98   DK
  99   REFUSED

Why_avoid_e
  You did not want to visit a provider's office because of **COVID-19**?

  01   YES
  02   NO

  98   DK
  99   REFUSED

Financial Stress & Medical Bills

F70
  These next questions are about your financial situation.

  During the past 12 months, were there times when you had problems paying or you were
  unable to pay for medical bills for yourself or anyone else in the family or household?

  01   YES
  02   NO

  98   DK
  99   REFUSED

Rent_12mo

In the past 12 months, has it gotten easier, harder, or stayed the same to pay rent or mortgage?

01   EASIER
02   HARDER
03   STAYED THE SAME
04   I DO NOT HAVE RENT OR MORTGAGE

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: ADULT EMPLOYMENT STATUS

G70

These next questions are about your current employment status.

Since March of 2020, have you lost a job?

01   YES
02   NO

98   DK
99   REFUSED

G70A

Since March of 2020, has a family member you live with lost a job? Would you say yes, no, or do you not live with a family member?

01   YES
02   NO
03   RESPONDENT DOES NOT LIVE WITH A FAMILY MEMBER

98   DK
99   REFUSED

G71

(SKIP IF (B4AA=01,03) AND (B4AB=01) AND AUTOCODE G71 = 01)

Last week did you have a job?

01   YES
02   NO (GO TO G76)

98   DK (GO TO H76)
99   REFUSED (GO TO H76)

G71A

Thinking about just last week, how many hours did you work? Your best guess is fine.

ENTER NUMBER OF HOURS WORKED (RANGE 0-168)

998   DK
999   REF

G71F

How long have you had your current job?

(IF NECESSARY Your best guess is fine.)

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 REFUSED

G71A_NEW

Are you self-employed at all? This may be in addition to your main job.

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 G76))

Next I'm going to ask you a few questions about employment and health insurance. Does your employer or labor union offer health insurance to **any** of its employees? If you are only self-employed, please tell me "this does not apply."

01 YES
02 NO (GO TO H76)
03 RESPONDENT SAID THIS DOES NOT APPLY (GO TO SK_ENDG)

98 DK (GO TO H76)
99 REFUSED (GO TO H76)

ESI_CHLD

To the best of your knowledge, does your employer or labor 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 employer or labor union offer coverage to the spouses of employees?

01 YES
02 NO

98 DK
99 REFUSED

G72B

(ASK: IF (G72=01)

(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 are you **currently** eligible to participate in your employer or labor union health plan?

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 are **not** participating in your employer or labor union health insurance plan.

G72c_1
It costs too much

01 YES
02 NO

98 DK
99 REFUSED

G72c_2
You have other insurance

01 YES
02 NO

98   DK
                    99   REFUSED

        G72c_3
                You do not need it

                    01   YES
                    02   NO

                    98   DK
                    99   REFUSED

Not Working

G76
            (ASK G76 IF G71=02, ELSE GO TO H76)

            In the last month have you looked for work?

            01   YES
            02   NO

            98   DK
            99   REFUSED

G77
            Earlier you said that you are not currently working. People are not working for various reasons. I
            am going to read several reasons why you may be not working. For each, please tell me yes or
            no.

            RANDOMIZE ITEMS EXCEPT G77RET, WHICH SHOULD ALWAYS BE ASKED FIRST, AND G77A,
            WHICH SHOULD ALWAYS BE ASKED LAST.

        G77RET
                (ASK G77RET IF S14=55-120 OR S14A = 05,06,07)

                (PROGRAMMER NOTE, WHEN G77RET IS DISPLAYED, IT SHOULD ALWAYS COMES FIRST
                IN SET)

                You are retired.

                    01   YES
                    02   NO

98   DK
                99   REFUSED

G77B

                You are caring for a family member.

                01   YES
                02   NO

                98   DK
                99   REFUSED

G77C

                You have at least one physical or mental health limitation.

                01   YES
                02   NO

                98   DK
                99   REFUSED

G77E

                You are in a job training program or school.

                01   YES
                02   NO

                98   DK
                99   REFUSED

G77A

                (NOTE G77A ALWAYS COMES LAST EVEN THOUGH ABOVE ITEMS ALWAYS
                RANDOMIZED)

                You could not find work.

                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: Are you currently...

01	Married
02	Not married, but living together with a partner
03	Widowed
04	Divorced or annulled
05	Separated, or
06	Never been married?

98	DK
99	REFUSED

H77

READ ANSWER OPTIONS ONLY IF ABSOLUTELY NECESSARY

What is the highest level of school you have completed or the highest degree received?

02	LESS THAN 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

Have you ever served in the United States Armed Forces?

01	YES
02	NO

98	DK
99	REFUSED

S16

Are you of Hispanic, Latino, or Spanish origin?

01   YES
02   NO

98   DK
99   REFUSED

S17

Which one or more of the following would you say is your race? Are you 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? Please choose all that apply.

(CODE ALL THAT APPLY)

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

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")/would you say best represents your 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

Q153A

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

01	YES
02	NO (GO TO 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 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 you have that are primarily for non-business use? Do not include landline phone numbers. ",CONDITION= "cell_resp =02")

01-10	(CODE ACTUAL NUMBER)
11	MORE THAN 10
98	DK
99	REFUSED

U3

_$recall(recall="Do you personally use a cell phone?", condition="CELL_RESP=01")

_$recall(recall="Excluding cell phones, does your 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: SUMS11S13B=98,99), ELSE GO TO H84_A1_INTRO))

Family means two or more persons living together who are related by birth, marriage, partnership, adoption or legal guardianship.   How many family members, including yourself, live in your household?

ENTER NUMBER OF FAMILY MEMBERS (RANGE 1-20)

98	DK (SK_ENDH)
99	REFUSED (SK_ENDH)

H84_A1_INTRO

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

01   CONTINUE

H84_A1

(AUTOCODE: IF SUMS11S13B=1, THEN AUTOCODE H84_A1=01 AND SKIP TO NEXT QUESTION)

Total income includes money from jobs, business, farm, pensions, investments, social security payments and other money income received before taxes or other deductions.
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?

ENTER NUMBER OF FAMILY MEMBERS (RANGE 1-20)

| 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?

01	YES
02	NO
98	DK
99	REFUSED

H84_A1_NUM

(ASK IF H84_A1_extra=01)

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

ENTER NUMBER OF FAMILY MEMBERS (RANGE 0-20)

| 98 | DK |
| 99 | REFUSED |

H84_A2

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

ENTER INCOME (RANGE 0-15,000) (GO TO H84_A3)

99997	DID NOT HAVE INCOME (GO TO H84_A3)
99998	DK
99999	REFUSED

H84_A2CATS

(ASK IF (H84_A2=99998,99999)
(IF H84_A1=98,99, USE CAT 15)

_$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=99999")

_$recall(RECALL="I heard you say you don´t know. I want to assure you that your best guess is fine.",CONDITION="H84_A2=99998")

Was _$Recall (RECALL="your", CONDITION="H84_A1=01")_$Recall (RECALL="you and your 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_1)
99   REFUSED (GO TO Q155)

Num in HH	138% Rounded
1	1,500
2	2,000
3	2,500
4	3,000
5	3,600
6	4,000
7	4,600
8	5,100
9	5,700
10	6,200
11	6,700
12	7,200
13	7,700
14	8,200
15+	8,800

H84_A2L

(ASK IF: H84_A2CATS=01)

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

(IF SUM OF H84_A1 AND H84_A1_NUM=1 DISPLAY CATEGORIES 01-05)
(IF SUM OF H84_A1 AND H84_A1_NUM=2 DISPLAY CATEGORIES 06-10)
(IF SUM OF H84_A1 AND H84_A1_NUM=3 DISPLAY CATEGORIES 11-15)
(IF SUM OF H84_A1 AND H84_A1_NUM=4 DISPLAY CATEGORIES 16-20)
(IF SUM OF H84_A1 AND H84_A1_NUM=5 DISPLAY CATEGORIES 21-25)
(IF SUM OF H84_A1 AND H84_A1_NUM=6 DISPLAY CATEGORIES 26-30)
(IF SUM OF H84_A1 AND H84_A1_NUM=7 DISPLAY CATEGORIES 31-35)

(IF SUM OF H84_A1 AND H84_A1_NUM=8 DISPLAY CATEGORIES 36-40)
(IF SUM OF H84_A1 AND H84_A1_NUM=9 DISPLAY CATEGORIES 41-45)
(IF SUM OF H84_A1 AND H84_A1_NUM=10 DISPLAY CATEGORIES 46-50)
(IF SUM OF H84_A1 AND H84_A1_NUM=11 DISPLAY CATEGORIES 51-55)
(IF SUM OF H84_A1 AND H84_A1_NUM=12 DISPLAY CATEGORIES 56-60)
(IF SUM OF H84_A1 AND H84_A1_NUM=13 DISPLAY CATEGORIES 61-65)
(IF SUM OF H84_A1 AND H84_A1_NUM=14 DISPLAY CATEGORIES 66-70)
(IF SUM OF H84_A1 AND H84_A1_NUM>=15 DISPLAY CATEGORIES 71-75)

1		$300	or less	
2	Over	$300	to	$500
3	Over	$500	to	$750
4	Over	$750	to	$1,000
5		$1,000	to	$1,500
6		$400	or less	
7	Over	$400	to	$700
8	Over	$700	to	$1,000
9	Over	$1,000	to	$1,400
10		$1,400	to	$2,000
11		$500	or less	
12	Over	$500	to	$1,000
13	Over	$1,000	to	$1,500
14	Over	$1,500	to	$1,800
15		$1,800	to	$2,500
16		$700	or less	
17	Over	$700	to	$1,200
18	Over	$1,200	to	$1,700
19	Over	$1,700	to	$2,200
20		$2,200	to	$3,000
21		$900	or less	
22	Over	$900	to	$1,500
23	Over	$1,500	to	$2,100
24	Over	$2,100	to	$2,600
25		$2,600	to	$3,600
26		$1,000	or less	
27	Over	$1,000	to	$1,600
28	Over	$1,600	to	$2,200
29	Over	$2,200	to	$3,000
30		$3,000	to	$4,000
31		$1,200	or less	
32	Over	$1,200	to	$2,000
33	Over	$2,000	to	$2,700
34	Over	$2,700	to	$3,300
35		$3,300	to	$4,600

36		$1,400	or less	
37	Over	$1,400	to	$2,200
38	Over	$2,200	to	$3,000
39	Over	$3,000	to	$3,700
40		$3,700	to	$5,100
41		$1,500	or less	
42	Over	$1,500	to	$2,400
43	Over	$2,400	to	$3,300
44	Over	$3,300	to	$4,100
45		$4,100	to	$5,700
46		$1,700	or less	
47	Over	$1,700	to	$2,700
48	Over	$2,700	to	$3,600
49	Over	$3,600	to	$4,500
50		$4,500	to	$6,200
51		$1,900	or less	
52	Over	$1,900	to	$2,900
53	Over	$2,900	to	$3,900
54	Over	$3,900	to	$4,900
55		$4,900	to	$6,700
56		$2,000	or less	
57	Over	$2,000	to	$3,100
58	Over	$3,100	to	$4,200
59	Over	$4,200	to	$5,200
60		$5,200	to	$7,200
61		$2,200	or less	
62	Over	$2,200	to	$3,400
63	Over	$3,400	to	$4,400
64	Over	$4,400	to	$5,600
65		$5,600	to	$7,700
66		$2,500	or less	
67	Over	$2,500	to	$3,700
68	Over	$3,700	to	$5,000
69	Over	$5,000	to	$6,000
70		$6,000	to	$8,200
71		$3,000	or less	
72	Over	$3,000	to	$4,000
73	Over	$4,000	to	$5,200
74	Over	$5,200	to	$6,400
75		$6,400	to	$8,800

98   DK
99   REFUSED

(ALL FROM H84_A2L GO TO H84_A3)

H84_A2H

(ASK IF: H84_A2CATS=03)

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

(IF SUM OF H84_A1 AND H84_A1_NUM=1 DISPLAY CATEGORIES 01-05)
(IF SUM OF H84_A1 AND H84_A1_NUM=2 DISPLAY CATEGORIES 06-10)
(IF SUM OF H84_A1 AND H84_A1_NUM=3 DISPLAY CATEGORIES 11-15)
(IF SUM OF H84_A1 AND H84_A1_NUM=4 DISPLAY CATEGORIES 16-20)
(IF SUM OF H84_A1 AND H84_A1_NUM=5 DISPLAY CATEGORIES 21-25)
(IF SUM OF H84_A1 AND H84_A1_NUM=6 DISPLAY CATEGORIES 26-30)
(IF SUM OF H84_A1 AND H84_A1_NUM=7 DISPLAY CATEGORIES 31-35)
(IF SUM OF H84_A1 AND H84_A1_NUM=8 DISPLAY CATEGORIES 36-40)
(IF SUM OF H84_A1 AND H84_A1_NUM=9 DISPLAY CATEGORIES 41-45)
(IF SUM OF H84_A1 AND H84_A1_NUM=10 DISPLAY CATEGORIES 46-50)
(IF SUM OF H84_A1 AND H84_A1_NUM=11 DISPLAY CATEGORIES 51-55)
(IF SUM OF H84_A1 AND H84_A1_NUM=12 DISPLAY CATEGORIES 56-60)
(IF SUM OF H84_A1 AND H84_A1_NUM=13 DISPLAY CATEGORIES 61-65)
(IF SUM OF H84_A1 AND H84_A1_NUM=14 DISPLAY CATEGORIES 66-70)
(IF SUM OF H84_A1 AND H84_A1_NUM>=15 DISPLAY CATEGORIES 71-75)

1		$1,500	to	$2,200
2	Over	$2,200	to	$2,700
3	Over	$2,700	to	$4,300
4	Over	$4,300	to	$5,200
5		$5,200	or more	
6		$2,000	to	$3,000
7	Over	$3,000	to	$3,600
8	Over	$3,600	to	$5,800
9	Over	$5,800	to	$7,000
10		$7,000	or more	
11		$2,500	to	$3,800
12	Over	$3,800	to	$4,600
13	Over	$4,600	to	$7,300
14	Over	$7,300	to	$8,500
15		$8,500	or more	
16		$3,000	to	$4,500
17	Over	$4,500	to	$5,500
18	Over	$5,500	to	$8,800
19	Over	$8,800	to	$10,000
20		$10,000	or more	

21		$3,600	to	$5,300
22	Over	$5,300	to	$6,500
23	Over	$6,500	to	$10,300
24	Over	$10,300	to	$12,000
25		$12,000	or more	
26		$4,000	to	$6,100
27	Over	$6,100	to	$7,400
28	Over	$7,400	to	$11,900
29	Over	$11,900	to	$13,000
30		$13,000	or more	
31		$4,600	to	$6,900
32	Over	$6,900	to	$8,400
33	Over	$8,400	to	$13,400
34	Over	$13,400	to	$14,500
35		$14,500	or more	
36		$5,100	to	$7,700
37	Over	$7,700	to	$8,300
38	Over	$8,300	to	$14,900
39	Over	$14,900	to	$16,000
40		$16,000	or more	
41		$5,700	to	$8,500
42	Over	$8,500	to	$10,300
43	Over	$10,300	to	$16,400
44	Over	$16,400	to	$17,400
45		$17,400	or more	
46		$6,200	to	$9,200
47	Over	$9,200	to	$11,200
48	Over	$11,200	to	$18,000
49	Over	$18,000	to	$19,000
50		$19,000	or more	
51		$6,700	to	$10,000
52	Over	$10,000	to	$12,100
53	Over	$12,100	to	$19,400
54	Over	$19,400	to	$20,500
55		$20,500	or more	
56		$7,200	to	$10,800
57	Over	$10,800	to	$13,000
58	Over	$13,000	to	$21,000
59	Over	$21,000	to	$22,000
60		$22,000	or more	
61		$7,700	to	$11,500
62	Over	$11,500	to	$14,000
63	Over	$14,000	to	$22,400

64	Over	$22,400	to	$24,000
65		$24,000	or more	
66		$8,200	to	$12,300
67	Over	$12,300	to	$15,000
68	Over	$15,000	to	$24,000
69	Over	$24,000	to	$26,000
70		$26,000	or more	
71		$8,800	to	$13,000
72	Over	$13,000	to	$16,000
73	Over	$16,000	to	$25,500
74	Over	$25,500	to	$27,000
75		$27,000	or more	

98   DK
99   REFUSED

H84_A3

What is your best estimate of $Recall (RECALL="your", CONDITION="H84_A1==01")_$Recall (RECALL="you and your **family members**'", CONDITION="H84_A1>1") **total 2020 annual income** before taxes and other deductions? This includes family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.

Please do not include any economic stimulus payments in your annual income.

ENTER INCOME (RANGE 1-999,996)

999997 DID NOT HAVE INCOME
999998 DK
999999 REFUSED

H84_A3CATS
ASK IF H84_A3=999998,999999; ELSE SKIP TO SK_ENDH
//IF H84_A1 = 98,99, USE CAT 15//

(FILL: IF H84_A3=999998 I heard you say you don't know. I want to assure you that your best guess is fine.)

(FILL IF H84_A3=999999 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.)

Was _$Recall (RECALL="your", CONDITION="H84_A1=01")_$Recall (RECALL="you and your family members'", CONDITION="H84_A1>1") total 2020 annual income before taxes and other deductions more or less than … <FILL_AMOUNT>?

Please do not include any economic stimulus payments in your annual income.

01   BELOW
02   EXACTLY NUMBER FILLED
03   ABOVE

98   DK
99   REFUSED

Num in HH	138% Rounded
1	18,000
2	24,000
3	30,000
4	36,000
5	42,000
6	49,000
7	55,000
8	61,000
9	67,000
10	73,000
11	80,000
12	85,000
13	92,000
14	98,000
15+	104,000

H84_A3L

(ASK IF: H84_A3CATS=01)

Which category best represents your family members' total 2020 annual income before taxes and other deductions?

Please do not include any economic stimulus payments in your annual income.

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

98   DK
99   REFUSED

1	$5	thousand or less

2	Over	$5	thousand to	$8	thousand
3	Over	$8	thousand to	$11	thousand
4	Over	$11	thousand to	$13	thousand
5		$12	thousand to	$18	
6		$7	thousand or less		
7	Over	$7	thousand to	$10	thousand
8	Over	$10	thousand to	$14	thousand
9	Over	$14	thousand to	$17	thousand
10		$17	thousand to	$24	
11		$9	thousand or less		
12	Over	$9	thousand to	$13	thousand
13	Over	$13	thousand to	$18	thousand
14	Over	$18	thousand to	$22	thousand
15		$22	thousand to	$30	
16		$10	thousand or less		
17	Over	$10	thousand to	$16	thousand
18	Over	$16	thousand to	$21	thousand
19	Over	$21	thousand to	$26	thousand
20		$26	thousand to	$36	
21		$12	thousand or less		
22	Over	$12	thousand to	$18	thousand
23	Over	$18	thousand to	$25	thousand
24	Over	$25	thousand to	$31	thousand
25		$31	thousand to	$42	
26		$14	thousand or less		
27	Over	$14	thousand to	$21	thousand
28	Over	$21	thousand to	$28	thousand
29	Over	$28	thousand to	$35	thousand
30		$35	thousand to	$49	
31		$16	thousand or less		
32	Over	$16	thousand to	$24	thousand
33	Over	$24	thousand to	$32	thousand
34	Over	$32	thousand to	$40	thousand
35		$40	thousand to	$55	
36		$18	thousand or less		
37	Over	$18	thousand to	$27	thousand
38	Over	$27	thousand to	$36	thousand
39	Over	$36	thousand to	$44	thousand
40		$44	thousand to	$61	
41		$19	thousand or less		
42	Over	$19	thousand to	$29	thousand
43	Over	$29	thousand to	$39	thousand
44	Over	$39	thousand to	$49	thousand

45		$49	thousand to	$67	
46		$21	thousand or less		
47	Over	$21	thousand to	$32	thousand
48	Over	$32	thousand to	$43	thousand
49	Over	$43	thousand to	$53	thousand
50		$53	thousand to	$73	
51		$23	thousand or less		
52	Over	$23	thousand to	$36	thousand
53	Over	$36	thousand to	$48	thousand
54	Over	$48	thousand to	$58	thousand
55		$58	thousand to	$80	
56		$25	thousand or less		
57	Over	$25	thousand to	$38	thousand
58	Over	$38	thousand to	$50	thousand
59	Over	$50	thousand to	$62	thousand
60		$62	thousand to	$85	
61		$27	thousand or less		
62	Over	$27	thousand to	$40	thousand
63	Over	$40	thousand to	$54	thousand
64	Over	$54	thousand to	$67	thousand
65		$67	thousand to	$92	
66		$28	thousand or less		
67	Over	$28	thousand to	$43	thousand
68	Over	$43	thousand to	$58	thousand
69	Over	$58	thousand to	$71	thousand
70		$71	thousand to	$98	
71		$30	thousand or less		
72	Over	$30	thousand to	$45	thousand
73	Over	$45	thousand to	$60	thousand
74	Over	$60	thousand to	$75	thousand
75		$75	thousand to	$104	

(ALL FROM H84_A3L GO TO Q155)

H84_A3H

(ASK IF: H84_A3CATS=03)

Which category best represents your family members' total 2020 annual income before taxes and other deductions?

Please do not include any economic stimulus payments in your annual income.

(IF H84_A1=1 DISPLAY CATEGORIES 01-05)

1		$18	thousand to	$26	thousand
2	Over	$26	thousand to	$32	thousand
3	Over	$32	thousand to	$51	thousand
4	Over	$51	thousand to	$60	thousand
5		$60	thousand or more		
6		$24	thousand to	$36	thousand
7	Over	$36	thousand to	$43	thousand
8	Over	$43	thousand to	$69	thousand
9	Over	$69	thousand to	$79	thousand
10		$79	thousand or more		
11		$30	thousand to	$45	thousand
12	Over	$45	thousand to	$54	thousand
13	Over	$54	thousand to	$87	thousand
14	Over	$87	thousand to	$98	thousand
15		$98	thousand or more		
16		$36	thousand to	$54	thousand
17	Over	$54	thousand to	$66	thousand
18	Over	$66	thousand to	$105	thousand
19	Over	$105	thousand to	$115	thousand
20		$115	thousand or more		
21		$42	thousand to	$63	thousand
22	Over	$63	thousand to	$77	thousand
23	Over	$77	thousand to	$123	thousand
24	Over	$123	thousand to	$130	thousand
25		$130	thousand or more		
26		$49	thousand to	$72	thousand
27	Over	$72	thousand to	$88	thousand
28	Over	$88	thousand to	$141	thousand
29	Over	$141	thousand to	$150	thousand
30		$150	thousand or more		
31		$55	thousand to	$82	thousand
32	Over	$82	thousand to	$99	thousand
33	Over	$99	thousand to	$159	thousand
34	Over	$159	thousand to	$170	thousand
35		$170	thousand or more		
36		$61	thousand to	$91	thousand
37	Over	$91	thousand to	$110	thousand
38	Over	$110	thousand to	$176	thousand
39	Over	$176	thousand to	$180	thousand
40		$180	thousand or more		

41		$67	thousand to	$100	thousand
42	Over	$100	thousand to	$122	thousand
43	Over	$122	thousand to	$194	thousand
44	Over	$194	thousand to	$205	thousand
45		$205	thousand or more		
46		$73	thousand to	$109	thousand
47	Over	$109	thousand to	$133	thousand
48	Over	$133	thousand to	$212	thousand
49	Over	$212	thousand to	$220	thousand
50		$220	thousand or more		
51		$80	thousand to	$119	thousand
52	Over	$119	thousand to	$144	thousand
53	Over	$144	thousand to	$230	thousand
54	Over	$230	thousand to	$240	thousand
55		$240	thousand or more		
56		$85	thousand to	$128	thousand
57	Over	$128	thousand to	$155	thousand
58	Over	$155	thousand to	$248	thousand
59	Over	$248	thousand to	$260	thousand
60		$260	thousand or more		
61		$92	thousand to	$137	thousand
62	Over	$137	thousand to	$166	thousand
63	Over	$166	thousand to	$266	thousand
64	Over	$266	thousand to	$280	thousand
65		$280	thousand or more		
66		$98	thousand to	$146	thousand
67	Over	$146	thousand to	$178	thousand
68	Over	$178	thousand to	$284	thousand
69	Over	$284	thousand to	$300	thousand
70		$300	thousand or more		
71		$104	thousand to	$155	thousand
72	Over	$155	thousand to	$189	thousand
73	Over	$189	thousand to	$302	thousand
74	Over	$302	thousand to	$315	thousand
75		$315	thousand or more		

(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: ADULT 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 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 you 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)

SECTION I: CHILD SCREENING QUESTIONS

(IF S13B=00,98,99 OR S12=00,98,99, GO TO CLOSING)

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

PREPI90

Thank you for answering these questions about your own health.

The next questions focus on the health insurance coverage and health status of one child in your home. You will receive an additional $5 for participating in this portion of the survey.

01   CONTINUE

FL_PI90

(ASK IF S13b=01) Earlier you said there is one child in your 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 family, **age 18 or younger**, who had the most recent birthday. What is that child's first name, nickname, or initials?

PI90   <FL_PI90>

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

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 PI90A)

99   REFUSED (GO TO INT20)

PI90A   <FL_PI90A>

(ASK IF PI90S=01)

What is the first name, nickname, or initials of the youngest child in your home?

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> input to make health care policy decisions that may be helpful to the State of Ohio.

(IF NECESSARY: If you have questions, concerns, or complaints about the study, please call Ohio State/RTI International at 1-877-256-8029.)

(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

(HIDDEN FROM RESPONDENT)
(CREATE FILL FOR CHILD'S NAME)

0   the child
1   <PI90:0>
2   <PI90A: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 and display the message of "I´m sorry but the child interview is targeted at children 18 years old or younger. We are not able to do the child interview with you.")
98   DK
99   REFUSED
(IF I90A = 98,99, GO TO SK_STARTCL and display the message of "I´m sorry but the child interview is targeted at children 18 years old or younger. We are not able to do the child interview with you if we do not know the age of this child.")

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 with an **adult in this household** who **knows about** <CH_NAME>'s health insurance coverage and health status. Is that you, or a different person?

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)

ENTER NAME   (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)

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 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>

We have identified <CH_NAME> as the eligible child in your family and would like to ask you some questions about <CH_NAME>'s health insurance coverage and care.

(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

I90B

What is your relationship to <CH_NAME>?

01   PERSON IS <CH_NAME>'s PARENT
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 STEPPARENT
12	RESPONDENT DESIGNATED PARENT
98	DK
99	REFUSED

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.

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 programs such as Medicare, Medicaid, Healthy Start, or Healthy Families. Keeping this in mind, last week was <CH_NAME> covered by health insurance or some other type of health care plan?

01   YES
02   NO

98   DK
99   REFUSED

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

SECTION J: CHILD INSURANCE COVERAGE

(IF I95 = 01 OR I95A = 01, ASK SECTION J; IF I95A = 02, GO TO START OF SECTION K; IF I95A = 98, 99, GO TO START OF SECTION L)

(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 J100A)

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 J100A)

98   DK (GO TO J100A)
99   REFUSED (GO TO J100A)

J96A

So, the health insurance coverage that <CH_NAME> has is _$Recall (RECALL="through a current or former employer or labor union,", CONDITION="B4A=01") _$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

J100A

(ASK IF: J96=02, 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.

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

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

98   DK
99   REFUSED

Medicaid Coverage

J100C

Ohio Medicaid is the state program that pays for medical insurance for people with low incomes. Medicaid may use managed care plans like CareSource, Buckeye, Molina, Paramount, and United Healthcare to provide services.

Is <CH_NAME> _$recall(recall= "**also**", condition="J100A=01") covered by **Medicaid**, the **State of Ohio** government health care program?

01   YES
02   NO

98   DK
99   REFUSED

J100CA

(ASK IF: J100C=1, ELSE GO TO J100B)

Which Medicaid program is <CH_NAME> covered by? Is it Healthy Families or Healthy Start, Medicaid for the Aged, Blind and Disabled, Medicaid Waiver Programs, Medicare Premium Assistance Program, or something else?

01   HEALTHY FAMILIES or HEALTHY START
02   MEDICAID FOR THE AGED, BLIND AND DISABLED OR WAIVER PROGRAMS
03   MEDICAID PREMIUM ASSISTANCE PROGRAM/ QMB/ SLMB
97   SOME OTHER MEDICAID PROGRAM

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)") covered by **Medicare**, the **Federal** government-funded health insurance plan for people 65 years and older or persons with certain disabilities?

01   YES
02   NO (GO TO J100B_R)

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

J100B_R

(PROGRAMMER - THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES)
(CALCULATE J100B_R=J100B)

01   YES
02   NO

98   DK
99   REFUSED

J100C_R

(PROGRAMMER – THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES)
(CALCULATE FROM J100C: SET TO SAME VALUE AS J100C)

01   YES
02   NO

98   DK
99   REFUSED

J1002J

Is <CH_NAME>_$recall(recall="**also**", condition="(J100A=01 or J100C_R=01 or J100B_R=01)") covered through the Ohio Health Care Exchange, also known as Obama Care, or a healthcare.gov insurance plan?

01   YES
02   NO

98   DK
99   REFUSED

J100E

Is <CH_NAME> _$recall(recall="**also**", condition="(J100A=01 or J100C_R=01 or J100B_R=01 or J1002J=01)") covered by any other health insurance purchased directly, that is, a plan not related to someone's current or past employment and **not** purchased through healthcare.gov?

    01   YES
    02   NO

    98   DK
    99   REFUSED

Other State-sponsored or Public Health Insurance

J100F

Is <CH_NAME> $recall(recall="**also**", condition="(J100A=01 or J100C_R=01 or J100B_R=01 or J1002J=01 or J100E=01)") 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?

(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 J100G)

    98   DK (GO TO J100G)
    99   REFUSED (GO TO J100G)

NJ100F1

What is the name of that program?

    01   BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS (BCMH)
    02   MEDICAID (INCLUDES CARE SOURCE, HEALTHY START, & HEALTHY FAMILY, JOB &
            FAMILY SERVICES)
    03   ANOTHER PROGRAM
    98   DK
    99   REFUSED

Other Health Insurance

J100G

Does <CH_NAME> _$recall(recall="**also**", condition="(J100A=01 or J100C_R=01 or J100B_R=01 or J1002J=01 or J100E=01 or J100F=01)") have any **other** health care coverage that I have **not** mentioned?

(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)
(FILL: IF J1002J=01 OHIO HEALTH CARE EXCHANGE)

01   YES
02   NO

98   DK
99   REFUSED

J100CHK

(ASK IF: J100A= 01, J100B_R=01, J100C_R= 01, J100E=01, J100F=01, J100G=01, J1002J=01; ELSE GO TO J113)
To confirm, you said <CH_NAME> is covered by:

(FILL: IF J100A= 01 a health insurance plan through an employer or labor 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 a state-sponsored or other public health insurance program,
           IF J100G=01 other health care coverage,
           IF J1002J=01 The Ohio Health Care Exchange.)

Is that correct?

01   YES (GO TO J113)
02   NO

98   DK
99   REFUSED

J100U

(NOTE: NEW VARIABLE FOR 2021. TO BE ASKED IF RESPONDENT SAYS AT J100CHK THAT INSURANCE INFORMATION IS INCORRECT, TO AVOID HAVING TO 'LOOP' THE ENTIRE SECTION A SECOND TIME)

Okay, let us update this information. I am going to read to you a list of health insurance or health care plans. Please say "yes" if <CH_NAME> is covered by this type of insurance, or "no" if they are not covered by this type of insurance.

J100U_1

A health insurance plan through a current or former employer or labor union?

01   YES   02   NO   98   DK   99   REFUSED

(IF 01 (YES), SET J100A = 01 (YES))

J100U_2

Medicare, a program for people 65 years or older or with disabilities?

01   YES   02   NO   98   DK   99   REFUSED

(IF 01 (YES), SET J100B_R = 01 (YES))

J100U_3

Medicaid, a program for people with low incomes?

01   YES   02   NO   98   DK   99   REFUSED

(IF 01 (YES), SET J100C_R = 01 (YES))

J100U_4

A private insurance plan directly purchased from a health insurance company?

01   YES   02   NO   98   DK   99   REFUSED

(IF 01 (YES), SET J100E = 01 (YES))

J100U_5

A plan purchased on the Ohio Healthcare Exchange or healthcare.gov?

01   YES   02   NO   98   DK   99   REFUSED

(IF 01 (YES), SET J1002J = 01 (YES))

J100U_6

A plan through the Bureau for Children with Medical Handicaps (BCMH) or any other state-sponsored or public health insurance program?

01   YES   02   NO   98   DK   99   REFUSED

(IF 01 (YES), SET J100F = 01 (YES))

J100U_7

Some other type of health plan not previously mentioned?

01   YES   02   NO   98   DK   99   REFUSED

(IF 01 (YES), SET J100G = 01 (YES))

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 less than 1 year

03   1-2 years
        (DISPLAY IF I90A > 1)

04   more than 2 years
        (DISPLAY IF I90A > 2)

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) OR (J96A=01 AND B4C_R=02,98,99)), ELSE GO TO J117B)

Just prior to <CH_NAME>'s current health insurance coverage <FL_WASWERE> <FL_HESHE> covered by **Medicaid**, the State of Ohio government health care program?

01   YES (GO TO SK_ENDJ)
02   NO

98   DK
99   REFUSED

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, <FL_WASWERE> <FL_HESHE> covered by a health insurance plan obtained through someone's employment or labor 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)

<u>Previous Coverage</u>

K96_NEW

Next I would like to ask more specific questions about <CH_NAME>'s prior insurance coverage.

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

01   Never
02   Less than 3 months
03   3 months to less than 1 year

04   1 to 2 years
        (DISPLAY IF I90A > 1)

05   More than 2 years
        (DISPLAY IF I90A > 2)

98   DK
99   REFUSED

(ASK K96_NEW, THEN IF PROTOCOL IS MET WITHOUT THE RECORD BECOMING A COMPLETE, CODE AS COMPLETE)

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?

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 labor 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: CHILD HEALTH STATUS

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

<u>General Health</u>

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

L125a

Thinking about <CH_NAME>'s teeth and gums, would you say <CH_NAME>'s dental health is excellent, very good, good, fair, or poor?

01   EXCELLENT
02   VERY GOOD
03   GOOD
04   FAIR
05   POOR

98   DK
99   REFUSED

DEVICE_USE

(ASK IF I90A IS GREATER THAN 1)

The next question asks 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.

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

01   None
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

Height and Weight

PL125A1

(ASK: (IF i90A>=6), ELSE GO TO L126H_2)

How tall is <CH_NAME> now?

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

ENTER HEIGHT, FEET (RANGE 1-8)

L125AP_I

(How tall is <CH_NAME> now?) (INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.)

ENTER HEIGHT, INCHES (RANGE 00-12)

L125AP

(ASK IF: (L125AP_F*100)+L125AP_I) (INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.)

ENTER HEIGHT IN FEET/INCHES IN FII FORMAT

L125AC

(ASK IF PL125A1=02)

ENTER HEIGHT, CENTIMETERs (RANGE 000-244)

PL125A2

How much does <CH_NAME> weigh now?

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

(INTERVIEWER: ACCEPT DK/REF WITHOUT PROBING.)

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

98   DK (GO TO L126H_2)
99   REFUSED (GO TO L126H_2)

L125A2P

ENTER WEIGHT, POUNDS (RANGE 25-500)

L125A2K

(ASK IF: (PL125A2=02), ELSE GO TO L125LBS)

ENTER WEIGHT, KILOGRAMS (RANGE 18-227)

Developmental Disability

L126H_2

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.

Does <CH_NAME> currently have a developmental disability?

01   YES
02   NO

98   DK
99   REFUSED

Need/Use of Health Care Services

L126A_NEW
(ASK IF I90A IS GREATER THAN 1)

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

L126J_NEW
(ASK IF I90A IS GREATER THAN 1)

Because of a physical, mental, or 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

L126M_NEW
(ASK IF I90A IS GREATER THAN 1)

Because of a physical, mental, or 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

98   DK
99   REFUSED

LAS12

(ASK IF I90A IS GREATER THAN 1)

Compared to other <I90A>-year-old children, would you say <FL_HESHE> <FL_LAS12: experiences/experience> 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

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

                Seen 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

Been 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

LAS12A

(ASK IF I90A>5 to I90A<12)

Now, thinking about <CH_NAME>'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> from participating in school, social relationships with friends, or other usual activities?

ENTER NUMBER OF DAYS (RANGE 0-30)

      98   DK
      99   REFUSED

LAS12B

(ASK IF I90A>11)

Now, thinking about <CH_NAME>'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> from participating in school, social relationships with friends, or other usual activities?

ENTER NUMBER OF DAYS (RANGE 0-30)

      98   DK
      99   REFUSED

SECTION M: CHILD 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)

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

M131

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

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…

01	Within the last 12 months,
02	more than 12 months ago, or
03	<CH_NAME> never went to the doctor?

| 98 | DK |
| 99 | REFUSED |

M131A

(ASK IF: (M131=03), ELSE GO TO M131C_Tele)

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 M135)
02	RIGHT / CORRECT – HAVE BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL, BUT NOT IN THEIR OFFICE. (GO TO M131C_Tele)
03	WRONG – HAVE VISITED A DOCTOR (GO TO M131)

| 98 | DK |
| 99 | REFUSED |

M131C_Tele

Telehealth is defined as having a health care or counseling visit without going to a healthcare office using a phone, smartphone, or computer. Considering the past 12 months, how often has <CH_NAME> had a telehealth visit with a doctor, nurse, or other health care provider?

01	Never	
02	1 or 2 times	
03	3 or 4 times	
04	More than 4 times	
98	DK	
99	REFUSED	

Well-baby Checkup

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?

01   YES
02   NO

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…

01   Within the last 12 months or
02   More than 12 months ago or
03   <CH_NAME> never went to a dentist?

98   DK
99   REFUSED

N067

Does <CH_NAME> have any insurance that covers dental bills?

01   YES
02   NO

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: CHILD ACCESS TO CARE

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

N136

When <CH_NAME> is sick or needs advice about <FL_HISHER> health, <DO_DOES> <FL_HESHE> usually receive care at one place, more than one place, or no place at all?

01   ONE PLACE
02   MORE THAN ONE PLACE
03   NO PLACE AT ALL

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

N136A

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

Is the place where <CH_NAME> **usually** receives care or advice about their health... (choose one)

01   A doctor's office or health center, including by phone or video call
02   A hospital emergency room
03   An urgent care center, including by phone or video call
04   A clinic in a pharmacy or grocery store
05   Some other place

98   DK
99   REFUSED

N137B

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

A personal doctor or nurse is a health professional who knows <CH_NAME> well and is familiar with <CH_NAME>'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 CHILD 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 LAS12=01), ELSE GO TO END OF SECTION N)

During the past 12 months, was there any time <CH_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)

During the past 12 months, 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: CHILD 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_1

My next questions ask about healthcare needs <CH_NAME> may have had, and whether or not they were able to access these health care services.

_$Recall (RECALL="**Has there been**", CONDITION="I90A=00")_$Recall (RECALL="**During the past 12 months**, was there", CONDITION="I90A>00") a time when <CH_NAME> **needed** dental care?

01   YES, NEEDED DENTAL CARE
02   NO, DID NOT NEED DENTAL CARE

98   DK
99   REFUSED

O139_2
(ASK IF O139_1 = 01)

Was <CH_NAME> able to **get** the dental care that they needed?

01   YES, GOT THE DENTAL CARE NEEDED
02   NO, <u>DID NOT GET</u> THE DENTAL CARE NEEDED

98   DK
99   REFUSED

O139_MH_1
(ASK IF I90A > 11)

During the past 12 months, was there a time when <CH_NAME> **needed** mental or emotional health care or counseling services?

01   YES, NEEDED MENTAL HEALTH CARE OR COUNSELING
02   NO, DID NOT NEED MENTAL HEALTH CARE OR COUNSELING

98   DK
99   REFUSED

O139_MH_2

(ASK IF O139_MH_1 = 01)

Was <CH_NAME> able to **get** the mental or emotional health care or counseling services that they needed?

01   YES, GOT THE MENTAL HEALTH CARE OR COUNSELING NEEDED
02   NO, <u>DID NOT GET</u> THE MENTAL HEALTH CARE OR COUNSELING NEEDED

98   DK
99   REFUSED

AVOID_CARE_C

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

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 DEMOGRAPHICS

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

P149

The next few questions are just for general classification purposes.

Is <CH_NAME> of Hispanic, Latino, or Spanish 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? Would you say:
White, Black or African-American, Asian, Native American, Alaskan Native, Native Hawaiian,
Pacific Islander, or some other race I have not mentioned?

(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

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)

INCENT

This concludes our interview. We want to reassure you that your responses will be kept strictly confidential. To thank you for your participation, we would like to send you an electronic gift card for //IF ADULT ONLY "$10"; IF CHILD AND 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.)

(IF RESPONDENT ASKS FOR A NUMBER TO TALK TO SOMEONE ABOUT THE STUDY: If you have questions, concerns, or complaints about the study, please call Ohio State/RTI International at 1-833-947-2577.)

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

EMAIL

ENTER EMAIL ADDRESS (TEXT RANGE = 40 CHARACTERS)

EMAIL2

To be sure we are sending the electronic gift card to the right email address, please confirm your email address by telling it to me one more time:

ENTER EMAIL ADDRESS (TEXT RANGE = 40 CHARACTERS)

(IF EMAIL AND EMAIL2 MATCH, GO TO EMAIL THANKS)
(IF EMAIL AND EMAIL2 DO NOT MATCH, GO TO EMAILCHECK)

EMAILCHECK

The emails you provided me do not match. Let's try this again, to be sure we are sending the electronic gift card to the right email address.

01   RETURN TO EMAIL (GO TO EMAIL)

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.)

02   CONTINUE
03   DECLINES CHECK (GO TO THANKS)

FULL NAME   RECORD NAME (TEXT RANGE = 40 CHARACTERS)
ADDRESS 1   RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS)
ADDRESS 2   RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS)
CITY   RECORD CITY (TEXT RANGE = 30 CHARACTERS)
STATE   RECORD STATE (PRE-FILL "OHIO")
ZIP   RECORD ZIP CODE (RANGE = 5 DIGITS)
                    (GO TO THANKS)

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 Medicaid Assessment Survey."

THANKS

I would like to thank you again for your participation. Is it ok if we contact you with follow-up questions?

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