

RUTGERS

Center for State Health Policy

The 2009 New Jersey Family Health Survey ▶ Questionnaire



The 2009 New Jersey Family Health Survey Questionnaire

Susan Brownlee, Ph.D.
Joel C. Cantor, Sc.D.
Dorothy Gaboda, M.S.W., Ph.D.
Jose Nova, M.S.

October 2010

Rutgers Center for State Health Policy

Table of Contents

Acknowledgements	i
Preface.....	10
Questionnaire	
Introduction & Screener	1
Household & Family Roster.....	10
Health Care Coverage	16
Dental Coverage.....	39
Health Status	40
Height & Weight.....	48
Utilization	51
Access to Care	64
Obesity & Health Behavior.....	66
Attitudes.....	74
Caregiver Assistance.....	76
Employment & Earnings	80
Demographics	90
Non-Household Adult Children Ages 19-30	101
Closing	102

Acknowledgements

The New Jersey Family Health Survey was supported by the Robert Wood Johnson Foundation.

Preface

See companion report for methods.

NJFHS results available at www.cshp.rutgers.edu.

4461 - NJFHS 7/23/09 (2009: VERSION 7)
SCREENER

(Programmer / Sampling: The sample element "CAT11" will be used to designate each piece of sample as follows:

- > CAT11 = 1 (RDD/Landline Version)**
- > CAT11 = 2 (Cell Phone Version)**

INTRODUCTIONS

(Programmer: If CAT11=1, show the following:)

INTERVIEWER: REFER TO "RDD INTRODUCTION TACKUP"

(Programmer: If CAT11=2, show the following:)

INTERVIEWER: REFER TO "CELL PHONE INTRODUCTION TACKUP"

GO TO INTRO BEFORE CSC1

[PROGRAMMER: THIS NEW QUESTION IS ONLY FOR CELL PHONE NUMBERS THAT HAVE BEEN UPDATED AT NQ2]

BNQ1. UPDATED PHONE:
NAME/INITIALS:

Hello, this is *(interviewer)* calling on behalf of Rutgers University. I KNOW THAT I MAY BE CALLING ON YOUR CELL PHONE RIGHT NOW. If you are currently driving, we will call you back at another time. Are you currently driving?

(INTERVIEWER: If Driving, schedule CB. If NOT driving, continue below:)

We were told by another member of your household that we should call THIS number in order to speak with **(name/initials)** because he/she is the person there who is most familiar with the health and health care needs of the members of your household. Am I speaking with **(name/initials)**?

(INTERVIEWER: If YES, continue below. If NO, ask to speak with **(name/initials)**. If NOT available, schedule CB. If person on phone is NOT **(name/initials)** but says they are just as knowledgeable, continue with them below.

1 = Continue (NO DATA)

NQ1. UPDATED PHONE:
NAME/INITIALS:

We are conducting a survey of New Jersey families in order to understand their health care needs. If you qualify for the survey, we will pay you \$25.00 for completing it.

- 1 = Proceed with Interview
- 2 = Currently Driving / Not available / Schedule CB
- 3 = (VOL) Soft Refused
- 4 = (VOL) Hard Refused **(Thank and Terminate)**

Display : The survey is confidential and its findings will help shape health care policy in New Jersey. You have been randomly selected to participate in this study.

We are not selling anything or asking for donations. This study is sponsored by the Robert Wood Johnson Foundation, a non-profit organization. Our goal is to understand and improve the health care of New Jersey residents. Your participation in the study is voluntary and confidential.

If you are eligible to participate in the full interview we will send you a check for (*if CATI1=1, read "\$15.00" / if CATI1=2, read "25.00"*) as a token of our appreciation for your time and cooperation.

(Programmer: If CATI1=2, ask CSC1 through CSC1c. Else go to SC1.)

CSC1. NOT including modem only lines, fax only lines, lines used just for a home security system, beepers, or pagers, in addition to having a cell phone, do you also have at least one land line phone in your house at which you or anyone else in the household NORMALLY receive in-coming phone calls?

[READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable cord and is used for making or receiving calls. Please include landline phones used for both business and personal use]

[INTERVIEWER: Telephone service over the internet counts as landline service. Please confirm negative responses to ensure that respondent has heard and understood correctly.]

- 1 = Cell phone is only phone
- 2 = Has land line phone in home
- 3 = (VOL) Refused

CSC1a. How many working cell phone numbers do you and other adults in your household have?

(RANGE = 1 to 12; 10=10 or more; 11=Don't Know; 12=Refused)

_____ Record #

(Programmer: If CSC1=2, ask CSC1b and CSC1c. If CSC1=3, dispo as "Soft Refusal." Else go to SC1.)

CSC1b. Of all the telephone calls that you and other adults in your household receive, are...(READ LIST)?

- 1 = All or almost all calls received on cell phones,
- 2 = Some received on cell phones and some on landline phones, or
- 3 = Very few or none on cell phones?
- 4 = (VOL) Don't Know
- 5 = (VOL) Refused

CSC1c. Thinking just about the LANDLINE home phone, NOT your cell phone, if that telephone rang, and someone was home, under normal circumstances how likely would it be answered. Would you say: (READ LIST)

- 1 = Extremely likely the landline would be answered,
- 2 = Very likely,
- 3 = Somewhat Likely,
- 4 = Somewhat unlikely, or
- 5 = Not at all likely the landline would be answered?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(Programmer: If CSC1c=1 or 2 or 3, then TERMINATE (S/O – “CSC1c - NOT CELL PHONE ONLY”). If CSC1c=8 or 9, then TERMINATE (S/O – “CSC1a – DK/REF”). Else go to SC1.)

(Programmer: If CSC1c=1 or 2 or 3 or 8 or 9 ...”Thank you for your time. We are speaking only with individuals who ONLY have a cell phone, with NO landline service.”)

SC1. First let me just verify that you are 18 years of age or older? (NASF,SINTRO_1)

- 1 = Yes **(GO TO SC1ba)**
- 2 = No **(GO TO SC1a)**
- 8 = (VOL) Don't Know **(GO TO SC1a)**
- 9 = (VOL) Ref **(GO TO SC1a)**

SC1a. I need to speak to an adult 18 years of age or older, who lives in this household and is most familiar with the health and health care needs of the other members of this household.

- 1 = Qualified respondent came to phone **(GO BACK TO SC1)**
- 2 = Qualified respondent not available **(MAKE CALLBACK APPT.)**
- 3 = (VOL) Qualified respondent Ref **(REFUSAL)**
- 4 = (VOL) New resp wants to be called at a different number
(show only if cati1=2) (GO TO NQ2)

SC1ba. And I just want to verify you are the most familiar with the health and health care needs of the members of your household. (IF THEY ARE AS KNOWLEGEABLE AS ANYONE ELSE OR EQUALLY AS KNOWLEDGEABLE RECORD AS "YES")

- 1 = Yes **(GO TO SC1B)**
- 2 = No **(GO TO SC1BAA)**
- 8 = (VOL) Don't Know **(GO TO SC1BAA)**
- 9 = (VOL) Refused **(GO TO SC1BAA)**

SC1baa. I need to speak to an adult 18 years of age or older, who lives in this household and is most familiar with the health and health care needs of the other members of this household.

- 1 = Qualified respondent came to phone **(GO BACK TO SC1)**
- 2 = Qualified respondent not available **(MAKE CALLBACK APPT.)**
- 3 = Qualified respondent Ref **(REFUSAL)**
- 4 = (VOL) New resp wants to be called at a different number
(show only if cati1=2) (GO TO NQ2)

[ASK NQ2 IF CATI1=2 (CELL PHONE) AND SC1a=4 OR SC1baa=4; ELSE GO TO SC1b]

NQ2. What is that new phone number?

Enter Updated phone number and verify

NQ3. Can you provide me with the name or initials of the person to whom I need to speak?

Enter name/initials/hh position

NQ4. **INTERVIEWER:** If new resp can be called now, enter punch "1" ; else enter punch "2" to schedule callback appt

1 = Callback new resp right away (**UNSET QUESTIONS AND GO BACK TO BNQ1**)

2 = Make callback appointment (**SCHEDULE CALLBACK APPT**)

SCHEDULE CALLBACK APPT SHOWING UPDATED PHONE NUMBER AND NAME/INITIALS OF NEW RESP.

[UNSET QUESTIONS INCLUDING NQ1 AND GO BACK TO BNQ1]

[ASK ALL]

SC1b. Are you a yearly or seasonal resident of New Jersey?

(IF SEASONAL, PROBE: How many months out of the year do you spend in New Jersey?)

1 = Yearly

2 = Seasonal 4 months or more

3 = Seasonal less than 4 months

4 = (VOL) Don't Know (Probe if 4 months or more before accepting)

5 = (VOL) Refused (Probe if 4 months or more before accepting)

6 = (VOL) NOT a NJ resident (**show only if CAT11=2**)

(S/O - SC1B)

(S/O - SC1B)

(S/O - SC1B)

(S/O - SC1B)

SC2a. What is your marital status? Are you...(READ LIST)

1 = Married,

2 = Living with a partner,

3 = Single and never married,

4 = Widowed,

5 = Divorced, or

6 = Separated?

7 = (VOL) Refused

SC2b. In which county you live? (DO NOT READ LIST)

[IF NEEDED: In what county is your primary New Jersey residence?]

1 = Atlantic

2 = Bergen

3 = Burlington

4 = Camden

5 = Cape May

6 = Cumberland

7 = Essex

8 = Gloucester

9 = Hudson

10 = Hunterdon

11 = Mercer

12 = Middlesex

13 = Monmouth

14 = Morris

15 = Ocean

16 = Passaic

17 = Salem

18 = Somerset

19 = Sussex

20 = Union

21 = Warren

22 = (VOL) Don't Know

23 = (VOL) Refused

24 = (VOL) NOT a NJ resident

(TBD LATER BY PHONE #)

(TBD LATER BY PHONE #)

(show only if CAT11=2)

(S/O - SC2b)

SC3. I need to know how many people, including yourself and including infants, live in this household. Please include all family members who live in this household and, all friends, roommates, boarders or anyone else who lives in this household.

If there are tenants with separate entrances that live in another part of your building and don't share your living space...DO NOT INCLUDE THEM.

(INTERVIEWER: IF RESP SAYS DK OR REF PROBE AGAIN TO CONFIRM)

(RANGE= 1 to 16; 15=DK; 16=REF)

SC4. Is there anyone else who usually lives in your household but is temporarily away on business, vacation, away at school, in the hospital, etc....that you have not already mentioned?

- 1 = Yes **(ASK SC4a)**
- 2 = No **(GO TO SC4e)**
- 8 = (VOL) Don't Know **(PROBE AGAIN IF CANNOT CONFIRM IT IS MID TERM.)**
- 9 = (VOL) Refused **(PROBE AGAIN IF CANNOT CONFIRM IT IS MID TERM)**

SC4a. How many people live in your household and are temporarily away?

(INTERVIEWER: IF RESP SAYS DK OR REF PROBE AGAIN TO CONFIRM)

(RANGE=0 to 16; 15=DK; 16=REF)

(IF DK/REF AFTER PROBE THIS WILL BE AN UNQUALIFIED MID-INTERVIEW TERMINATE)

SC4e. Let me verify that there is a total of **(INSERT SUM FROM SC3 & SC4a) people** in your household.. Is that correct?

- 1 = Yes
- 2 = No **(GO BACK TO SC3 AND RE-ASK)**
- 8 = (VOL) Don't Know **(PROBE AGAIN TO CONFIRM. IF RESPONDENT WILL NOT CONFIRM HOUSEHOLD COMPOSITION, RECORD AS UNQUALIFIED MID TERMINATE)**
- 9 = (VOL) Refused **(PROBE AGAIN TO CONFIRM. IF RESPONDENT WILL NOT CONFIRM HOUSEHOLD COMPOSITION, RECORD AS UNQUALIFIED MID TERMINATE.)**

CATI NOTE: The combination of the answers from **SC3 & SC4a** will comprise the "family/household" roster. This will be the 1st of 2 rosters that will be used throughout the questionnaire.)

[ASK ALL]

SC5. It is important for the study to include households in a wide variety of economic situations. In order to do this:

IF ONE PERSON HOUSEHOLD SAY:

Was your total income from all sources in 2008

- 1=Less than \$20,420, or
- 2=Greater than \$20,420?
- 8= (VOL) Don't know
- 9= (VOL) Refused

IF TWO OR MORE PEOPLE SAY:) We need to have some idea of the combined income of all people in your household for the year 2008. To the best of your ability would you say the combined income in the year 2008 from all sources, among all **(insert number from roster)** household members was...**(Insert appropriate income choices for this household size.)**

(IF HOUSEHOLD TOTAL=2):

- 1=Less than or \$27,380, or
- 2=Greater than \$27,380?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=3):

- 1=Less than \$34,340, or
- 2=Greater than \$34,340?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=4):

- 1=Less than \$41,300, or
- 2=Greater than \$41,300?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=5):

- 1=Less than \$48,260, or
- 2=Greater than \$48,260?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=6):

- 1=Less than \$55,220, or
- 2=Greater than \$55,220?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=7):

- 1=Less than \$62,180, or
- 2=Greater than \$62,180?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL>=8=8):

- 1=Less than \$69,140, or
- 2=Greater than \$69,140?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=9):

- 1=Less than \$76,100, or
- 2=Greater than \$76,100?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=10):

- 1=Less than \$83,060, or
- 2=Greater than \$83,060?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=11):

- 1=Less than \$90,020, or
- 2=Greater than \$90,020?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=12):

- 1=Less than \$96,980, or
- 2=Greater than \$96,980?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=13):

- 1=Less than \$103,940, or
- 2=Greater than \$103,940?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

(IF HOUSEHOLD TOTAL=14):

- 1=Less than \$110,900, or
- 2=Greater than \$100,900?
- 8= (VOL) Don't Know
- 9= (VOL) Refused

ASK ALL:

SC6. **(IF MORE THAN ONE PERSON IN THE HOUSEHOLD SAY:** To complete this section of the conversation, we need to get a good idea of the make up of your household. To do this I just need to have the first name or initials of each household member.

(ONLY READ FOR FIRST ITERATION)

First you, what is your first name or your initials?

(IF ONLY ONE OTHER PERSON SAY:)

And what is the first name or initials of the other household member?

IF MORE THAN ONE OTHER MEMBER SAY:) Now of the remaining household members, what is the first name or initials of the oldest family member, other than yourself? And the next oldest? **[ETC UNTIL YOU HAVE ACCOUNTED FOR EACH PERSON IN THE ROSTER.]**

[INTERVIEWER: IF "NO OTHER PERSON" PROBE: Earlier you said that you had (# of people) people in the household...is that correct? If Yes, enter punch "1" and continue....If no, enter punch "2"]

- 1 = Gave answer
- 2 = No other person **(Go back to SC3)**

(ASK SC7 to SC7a1 CONSECUTIVELY FOR EACH PERSON)

SC7. Is **(your/name or initials)** a male or female?

(INT: IF ASKING ABOUT RESPONDENT AUTOMATICALLY PUNCH SEX)

1 = Male

2 = Female

SC7a. **IF ONLY ONE PERSON IN THE HOUSEHOLD SAY:]** To be sure we ask the right questions for your age group, I need to know your age.

[IF 2 OR MORE IN HH SAY:] What is **(your/name or initials)** age?

(RANGE = 0 to 99: 0 = Under 1 year old; 98 = DK; 99 = Ref)

(ASK IF SC7a IS DK OR REF... OTHERS TO SC7b)

SC7a1. Can you please tell me if **(your/name or initials)** age is (READ LIST)?

1 = Less than 6,

2 = 6 to 18,

3 = 19-23,

4 = 24 - 30

5 = 31 – 34,

6 = 35 – 44,

7 = 45-54,

8 = 55-64,

9 = 65-74, or

10= 75 or older?

11 = (VOL) Refused

IF SINGLE PERSON H/H GO TO INSTRUCTIONS BEFORE SC8a]

(IF 2 OR MORE IN HH: DO NOT ASK FOR RESPONDENT BUT FOR ALL OTHERS 16 YEARS OF AGE OR OLDER ASK:)

SC7b. What is **(name or initials)** marital status? Are they: (READ LIST)?

1 = Married,

2 = Living with a partner,

3 = Single and never married,

4 = Widowed,

5 = Divorced, or

6 = Separated?

7 = (VOL) Refused

(IF CAT11=1, ASK SC8a through SC8e. ELSE GO TO QUOTA EVALUATION.)

SC8a. **[IF ONE PERSON IN H/H:** Do you have more than one LANDLINE telephone number at which you NORMALLY receive in-coming phone calls...please do not include modem only lines, fax only lines, beepers, pagers or cell phones.]

[IF MORE THAN 1 PERSON IN H/H: Do you have more than one LANDLINE telephone number in your household at which you or anyone else in the household NORMALLY receive in-coming phone calls...please do not include modem only lines, fax only lines, beepers, pagers or cell phones.]

[IF "NO" ENTER "1"...IF YES ASK: How many different telephone numbers do you (or anyone else in the household) have at this residence at which you NORMALLY receive incoming phone calls?]

(RANGE=1 to 12; 11 = DK: 12 = REF)

SC8b. **[IF ONE PERSON IN H/H:** During the past twelve months, have you been without LANDLINE telephone service for 1 week or more?]

[IF MORE THAN 1 PERSON IN H/H: During the past twelve months, has your household been without LANDLINE telephone service for 1 week or more?]

[READ FOR ALL: Do not include interruptions of telephone service because of weather or natural disasters.]

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

SC8c. How many working cell phone numbers do you (and other adults in your household) have?

(RANGE = 0 to 12; 10=10 or more; 11=Don't Know; 12=Refused)

_____ Record #

(Programmer: If SC8c=1 through 10, ask SC8d and SC8e. Else go to QUOTA EVALUATION.)

SC8d. Of all the telephone calls that you (and other adults in your household) receive, are...(READ LIST)?

- 1 = All or almost all calls received on cell phones,
- 2 = Some received on cell phones and some on landline phones, or
- 3 = Very few or none on cell phones?
- 4 = (VOL) Don't Know
- 5 = (VOL) Refused

SC8e. **[IF ONE PERSON IN H/H:** Thinking just about your LANDLINE home phone, NOT your cell phone, if that telephone rang, and you were home, under normal circumstances how likely would it be answered.]

[IF MORE THAN 1 PERSON IN H/H: Thinking just about the LANDLINE home phone, NOT your cell phone, if that telephone rang, and someone was home, under normal circumstances how likely would it be answered.]

Would you say: (READ LIST)

- 1 = Extremely likely the landline would be answered,
- 2 = Very likely,
- 3 = Somewhat Likely,
- 4 = Somewhat unlikely, or
- 5 = Not at all likely the landline would be answered?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

Quota Evaluation

THIS IS THE END OF THE SCREENER. PREVIOUS INSTRUCTIONS TO QUOTA OUT OR SCREEN OUT A RESPONDENT WOULD NOW BE ACTED UPON. IF THE QUESTIONNAIRE IS BEING QUOTA OUT SAY:

SC9. Those are all the questions we have for you.

[IF THE RESPONDENT IS TO CONTINUE AND WE HAVE ALREADY FILLED AT LEAST ONE QUOTA CELL SAY:

SCEND. [IF ONE PERSON IN H/H: We are very interested in asking you more questions about your health and your health care needs.]

IF MORE THAN 1 PERSON IN H/H: We are very interested in asking you more questions about the health and health care needs of your household.]

This interview will take approximately 15 to 30 minutes to complete. As a token of our appreciation we will send you a check for *(if CAT11=1, read “\$15.00” / if CAT11=2, read “25.00”)* once you have completed the interview.

- 1 = Respondent agrees to continue **(SKIP TO INSTRUCTIONS BEFORE FR1)**
- 2 = Respondent agrees to continue but callback is made for later
- 3 = Respondent Refuses to continue **(GO TO SC9 before ending conversation)**

SECTION AA (HH/FAMILY ROSTER)

***(IF SINGLE PERSON H/H SKIP TO INSTRUCTIONS BEFORE YA1
(IF MORE THAN ONE PERSON IN THE HOUSEHOLD ASK FR1)***

In this segment of the questionnaire I just need to ask you if the other people in your household are related to you or not. If someone is related to you through marriage, such as a brother in-law, or a cousin in-law, that is considered related. A lifetime partner is also related.

(ASK FR1 & FR1a FOR EACH PERSON IN THE FAMILY/HOUSEHOLD ROSTER)

FR1. Is *(name/initials)* related to you?

- 1 = Yes **(ASK FR1a)**
- 2 = No **(ASK FR1b)**
- 8 = (VOL) Don't Know **(ASK FR1b)**
- 9 = (VOL) Refused **(RECORD AS MID-INTERVIEW TERMINATE)**

FR1a. What relation is *(name/initials)* to you?

(NOTE: YOU ARE ALWAYS RECORDING WHAT RELATIONSHIP THE PERSON HAS TO THE RESPONDENT.)

(IF CHILD MENTIONED: Is that your natural or legally adopted child, your stepchild, your foster child, or a child for whom you are the legal guardian)

[PLEASE REFER TO “BLUE” TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = my spouse/husband/wife
- 2 = my unmarried partner, boyfriend/girlfriend/domestic partner
- 3 = my natural or legally adopted child/son/daughter
- 4 = my stepdaughter/son
- 5 = my foster child
- 6 = my grandchild/grandson/granddaughter
- 7 = my child for whom I am the legal guardian
- 8 = partner's natural or legally Adopted child/son/daughter
- 9 = partner's stepdaughter/son
- 10 = partner's foster child
- 11 = partner's grandchild/grandson/granddaughter
- 12 = partner's child for whom I am the legal guardian

- 13 = my mother
- 14 = my father
- 15 = my brother/sister/sibling
- 16 = my grandfather/grandmother
- 17 = my mother/father-in-law
- 18 = my sister/brother-in-law
- 19 = my daughter/son-in-law
- 20 = my stepmother/father
- 21 = my aunt/uncle
- 22 = my niece/nephew
- 23 = my cousin
- 24 = my great grandmother/father
- 25 = my great aunt/uncle
- 26 = my great grandchild
- 27 = my other relative, specify: _____
- 31 = Other (SPECIFY) _____

(NOW GO BACK AND ASK FR1 FOR THE NEXT PERSON. IF NO OTHERS GO TO INSTRUCTIONS BEFORE FR2.)

FR1b. What is your association or relationship with *(name/initials)*?

- 1 = my housemate/roommate
- 2 = my roomer/boarder/tenant
- 3 = my landlord/owner of apt/house
- 4 = my friend
- 5 = child of housemate/boarder/landlord/friend
- 6 = parents of housemate/boarder/landlord/friend
- 7 = sibling of housemate/boarder/landlord/friend
- 9 = all other relatives of housemate/boarder/landlord/friend
- 15 = my other non-relative, specify _____
- 16 = Other (SPECIFY) _____

(NOW GO BACK AND ASK FR1 FOR THE NEXT PERSON...IF NO OTHERS GO TO INSTRUCTIONS BEFORE FR2)

(ASK FR2 IF ONE OR MORE HOUSEHOLD MEMBERS NOT RELATED TO RESPONDENT. ALL OTHERS TO FR3)

FR2. Is *(insert name of oldest non-related person)* related to anyone living in your household?

- 1 = Yes
- 2 = No **(GO BACK TO FR2 AND ASK FOR THE NEXT UNRELATED PERSON....IF ALL ARE ASKED GO TO INSTRUCTION BEFORE FR3)**
- 8 = (VOL) Don't Know **(GO BACK TO FR2 AND ASK FOR THE NEXT UNRELATED PERSON....IF ALL ARE ASKED GO TO INSTRUCTION BEFORE FR3)**
- 9 = (VOL) Refused **(GO BACK TO FR2 AND ASK FOR THE NEXT UNRELATED PERSON....IF ALL ARE ASKED GO TO INSTRUCTION BEFORE FR3)**

FR2a. Who are they related to?

INSERT FAMILY/HOUSEHOLD ROSTER

FR2b. How is **(person in FR1)** related to **(person in FR2a)**?

- 1 = Spouse/married
- 2 = Partner
- 3 = Other relative
- 4 = (VOL) Don't Know

(CATI: IF PERSON MENTIONED IN FR2A IS RELATED TO THE RESPONDENT AND RESPONSE TO FR2B IS CODE "1" OR "2", THEN THE PERSON ASKED FR2 OF IS A FAMILY MEMBER....NOW GO BACK AND ASK FOR THE NEXT UNRELATED PERSON...IF ALL RELATED GO TO FR3.

IF PERSON IN FR2A IS NOT RELATED TO THE RESPONDENT, THEN YOU WILL NOT HAVE TO ASK FR2B ABOUT PERSON IN FR2A. ... GO BACK TO FR2 AND ASK FOR THE NEXT UNRELATED PERSON. IF THERE ARE NO MORE, GO TO FR3.)

(CATI: COMPILE A LIST OF ALL INDIVIDUALS WHO ARE A FAMILY MEMBER...IF THIS ACCOUNTS FOR ALL PEOPLE IN THE HOUSEHOLD THIS IS A ONE FAMILY HOUSEHOLD.)

[IF SINGLE PERSON HH GO TO INSTRUCTIONS BEFORE YA1]

FR3. **(ONE FAMILY HOUSEHOLD READ:** For the rest of this interview I will be referring to your family. When I say that I will be referring to just the **(# in household)** people who live in your home.

(NOW GO TO INSTRUCTIONS BEFORE FR5)

(MULTI FAMILY HOUSEHOLD READ: For the rest of this interview, I will be referring to your family. When I say that I will be referring **(only to you/only to [list family members])** and no one else in your household.

(IF THERE IS MORE THAN ONE FAMILY IN THE HOUSEHOLD ASK FR4...OTHERWISE GO TO INSTRUCTIONS BEFORE FR5)

FR4. I reached you by dialing **(insert phone number from sample)**. Can I reach **(read names of non-family members)** by dialing this number, as well, or do they only answer their own phone number?

- 1 = Yes, can reach one or more
- 2 = No, cannot reach them/they have their own number **(GO TO FR5)**
- 3 = (VOL) Don't know **(GO TO FR5)**
- 4 = (VOL) Refused **(GO TO FR5)**

F4a. Which of them can I reach?

LIST NON RELATED HOUSEHOLD MEMBERS

(THIS QUESTION SERIES WILL BE ASKED FOR EACH FAMILY MEMBER WHO IS UNDER 25 YEARS OF AGE...STARTING WITH THE OLDEST. IF NO ONE UNDER 25 OR SINGLE PERSON HH, GO TO INSTRUCTIONS BEFORE YA1

IF RESPONDENT IS ONLY ONE UNDER 25 YEARS OF AGE AND LIVES IN HOUSE WITH BOTH PARENTS, GO TO INSTRUCTIONS BEFORE YA1

IF RESPONDENT IS THE LEGAL GUARDIAN/FOSTER PARENT OF ALL UNDER 25 YEARS OF AGE AND RESPONDENT DOES NOT LIVE WITH SPOUSE GO TO INSTRUCTIONS BEFORE YA1.

IF RESPONDENT IS THE PARENT/STEP-PARENT FOR ALL UNDER 25 YEARS OF AGE AND THEIR SPOUSE/PARTNER ALSO LIVES IN THE HOUSEHOLD, ASK...

FR5. Is (**spouse**) the other legal parent for (**this child / all of these children**)?

(IF VOLUNTEERS STEP PARENT PROBE: Has he/she legally adopted them?)

(INTERVIEWER: If not natural or legally adopted for ALL children record as "NO")

- 1 = Yes (GO TO INSTRUCTIONS BEFORE YA1)
- 2 = No
- 3 = (VOL) Refused

(THIS SERIES IS ASKED FOR EACH REMAINING PERSON UNDER 25 YEARS OF AGE. ASK THE ENTIRE SEQUENCE FOR EACH PERSON BEFORE GOING BACK AND ASKING ABOUT THE NEXT.)

AA10. Does (**CHILD'S**) parents or legal guardian(s) live in your household?

(If Yes: Is that the parents or the guardians?)

- 1 = Yes, one or both parents (ASK AA12)
- 2 = Yes, guardian(s) (ASK AA11)
- 3 = No (GO TO INSTRUCTIONS BEFORE YA1)
- 4 = (VOL) Don't Know (GO TO INSTRUCTIONS BEFORE YA1)
- 5 = (VOL) Refused (GO TO INSTRUCTIONS BEFORE YA1)

AA11. Who is (**CHILD'S**) guardian?

INSERT FAMILY/HOUSEHOLD ROSTER

AA12. Does (**child**)'s mother live in the household? (NSAF D7A)

- 1 = Yes (GO TO AA13)
- 2 = No (GO TO AA14)
- 3 = (VOL) Don't Know (GO TO AA14)
- 4 = (VOL) Refused (GO TO AA14)

AA13. Who is (**NAME**)'s mother? (NSAF D7B)

**INSERT FAMILY/HOUSEHOLD ROSTER SHOWING ONLY FEMALES 15+
(DO NOT INCLUDE NAME OF PERSON BEING ASKED ABOUT)
INCLUDE CODE FOR "OTHER NOT ON LIST SPECIFY"**

(IF "OTHER NOT ON LIST" ASK:)

AA13N. When we listed the members of your family we didn't include (**insert specify**). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- 1 = Already on list (RECORD)
- 2 = Someone new on list (GO BACK TO SC3)

(ASK AA13a IF AA13 UNDER AGE 22 ASK...OTHERWISE GO TO AA14:)

AA13a. Is she a legal guardian of (*child*)?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

AA14. Does (**NAME**)'s father live in the household? (NSAF D7C)

- 1 = Yes
- 2 = No (GO TO AA16)
- 8 = (VOL) Don't Know (GO TO AA16)
- 9 = (VOL) Refused (GO TO AA16)

AA15. Who is (**NAME**)'s father? (NSAF D7D)

INSERT FAMILY/HOUSEHOLD ROSTER SHOWING ONLY MALES 15+
(DO NOT INCLUDE NAME OF PERSON BEING ASKED ABOUT)
INCLUDE CODE FOR "OTHER NOT ON LIST SPECIFY"

(IF "OTHER NOT ON LIST" ASK:)

AA15N. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new who should be added to the list of family members who live in your house?

- 1 = Already on list (RECORD)
- 2 = Someone new on list (GO BACK TO SC3)

(IF MORE THAN ONE CHILD UNDER 25 IN HOUSEHOLD)

AA16. Do all the remaining children in the household have the same (*parents/legal guardians*)?

- 1 = Yes (GO TO INSTRUCTIONS BEFORE YA1)
- 2 = No (GO BACK TO SERIES AND ASK FOR NEXT CHILD)
- 8 = (VOL) Don't Know (GO BACK TO SERIES AND ASK FOR NEXT CHILD)
- 9 = (VOL) Refused (GO BACK TO SERIES AND ASK FOR NEXT CHILD)

(ASK YA1 IF RESPONDENT IS 33 OR OLDER IN SC7a or SC7a1=5, 6, 7, 8, 9 or 10; ELSE GO TO SECTION Y INSTRUCTIONS)

YA1. Do you (or your spouse) have any (*other*) children between the ages of 19 and 30 who do not live at home? By children I am also including those that are legally adopted and stepchildren?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(If YA1=Yes, ASK YA2. ELSE SKIP TO SECTION Y INSTRUCTIONS)

YA2. How many children do you (or your spouse) have between 19 and 30 living outside your household?

_____ Enter #

(RANGE = 1 to 16; 15=DK;16=Ref)

(IF YA2=15 OR 16 GO TO SECTION Y INSTRUCTIONS)

(FOR EACH PERSON IN YA2, ASK YA3 through YA5 IN SEQUENCE.)

YA3. What is the first name or initials of **(this child/the oldest child/the next oldest child between 19 and 30 not living at home)**?

1 = Gave response -----> _____ ENTER NAME / INITIALS **(CONTINUE WITH YA4)**

2 = No other person **(SKIP TO YA5a SKIP TO YA5b)**

YA4. Is **(INSERT NAME/INITIALS)** male or female?

1 = Male

2 = Female

YA5. What is **(INSERT NAME/INITIALS)**'s age? (RANGE: 19 to 30; 98=DK; 99=REF)

Enter Age: _____

YA5a. Just to confirm, there is/are a total of [# YA2] (other) child(ren) between the ages of 19 and 30 who DO NOT live at home. Is that correct?

1 = Yes, correct **(CONTINUE WITH YA7)**

2 = No, NOT correct **(GO BACK AND RE-ASK YA2 YA1-YA5)**

YA5b. You previously mentioned that there is/are [# YA2] children between 19 and 30 **living outside your household?** However, you have only given me the names of **[# OF NAMES GIVEN IN YA3]** children. I need to go over your answers again

1 = **GO BACK TO YA1 (AND RE-ASK YA1-YA5)**

YA7. What is **(his/her)** marital status? Is **(he/she)**...(READ LIST)?

1 = Married,

2 = Living with a partner,

3 = Single and never married,

4 = Widowed,

5 = Divorced, or

6 = Separated?

7 = (VOL) Refused

[IF SINGLE PERSON HH SKIP TO YA11]

(IF RESPONDENT IS MALE, ASK YA9. ELSE SKIP TO YA10.)

YA9. Does **(INSERT NAME/INITIALS)**'s mother live in the your household?

1 = Yes

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

(IF YA9=Yes, ASK YA9.1. ELSE GO TO YA11)

YA9.1. Who is **(INSERT NAME/INITIALS)**'s mother?

INSERT FAMILY/HOUSEHOLD ROSTER SHOWING ONLY FEMALES 33+

(IF RESPONDENT IS FEMALE, ASK YA10 ELSE GO TO YA11.)

YA10. Does **(INSERT NAME/INITIALS)**'s father live in your household?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF YA10=Yes, ASK YA10.1. ELSE GO TO YA11)

YA10.1. Who is **(INSERT NAME/INITIALS)**'s father?

INSERT FAMILY/HOUSEHOLD ROSTER SHOWING ONLY MALES 33+

YA11. Does **(INSERT NAME/INITIALS from YA3)** have any children of his/her own, including legally adopted children?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(NOW REPEAT YA7 THROUGH YA11 FOR NEXT PERSON IN YA3; IF NO ONE ELSE GO TO SECTION Y INSTRUCTIONS.)

SECTION Y:

(PROGRAMMER: CREATE 1 MORE ROSTER THAT WILL BE INSERTED AT THE END OF THE QUESTIONNAIRE IN SECTION "N" WHERE INDICATED.)

(IF YA2=1 – 14:)

1> Create a "Non-Household Roster" based on total to YA2 beginning with answer code 1 and ending with answer code 6 (this will allow for 6 non-household adults).

NOTE: All respondents will have one roster for family/household members and some will have a 2nd roster for non-household adults (from YA1)

SECTION A (HEALTH CARE COVERAGE)

[IF SINGLE PERSON HH OR ONLY 2 PEOPLE IN HH, AUTO-PUNCH QCN=1 THEN GO TO A1 IF 3 OR MORE IN HH ASK QCN]

QCN. Just to confirm, in addition to you, I have the following people listed as living in your household and part of your family **(READ NAMES OF FAMILY MEMBERS)**. Before we continue, let me verify that there are no other family members living in your household. Is that correct?

- 1 = Yes it is correct **(CONTINUE WITH A1)**
- 2 = List of family members is incorrect **(GO BACK TO SC3 AND RE-ASK)**

MEDICARE

A1. **(IF SINGLE PERSON HH):** Are you covered by Medicare...the health care program for people 65 years and older or for people with certain disabilities?

(IF 2 OR MORE PEOPLE IN FAMILY): At this time, is anyone in your family covered by Medicare...the health care program for people 65 years and older or for people with certain disabilities? (NSAF, E13)

- 1 = Yes
- 2 = No (GO TO A29)
- 8 = (VOL) Don't Know (GO TO A29)
- 9 = (VOL) Refused (GO TO A29)

**[IF SINGLE PERSON HH AND A1=1 AUTO-PUNCH A2=1 THEN GO TO A2a
IF 2 OR MORE IN HH AND A1=1 ASK A2]**

A2. How many family members living in your household are covered by Medicare? Please include yourself if applicable.

_____ NUMBER

(RANGE: 1 to 14;15=(VOL) DON'T KNOW;16=(VOL) REFUSED)

**[IF SINGLE PERSON HH AND A1=1; AUTO-PUNCH A2a=1 THEN GO TO A4;
IF 2 OR MORE IN HH AND A1=1, ASK A2a]**

A2a. Who is covered by Medicare?

(PROBE UNTIL YOU HAVE A TOTAL OF (INSERT # IN A2) NAMES) (NSAF, E14)

**INSERT FAMILY/HOUSEHOLD ROSTER HERE
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A2AN; ELSE GO TO ISTRUCTIONS BEFORE A3)
A2AN. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list (GO BACK TO A2a and RE-RECORD)
- 2 = Someone new (GO TO INSTRUCTIONS BEFORE A3)

(ASK A3 IF THE NUMBER OF RESPONSES IN A2 DIFFERS FROM A2a...OTHERS TO A4)

A3. Earlier you stated there were (*insert number from A2*) family members living in your household who are covered by Medicare. However you gave me (*insert number of names given in A2a*) names. Which of this information is not correct...the names you gave me, or the total number of family members who have Medicare?

- 1 = Incorrect number who have Medicare in A2 (RE-ASK A2)
- 2 = Incorrect names given (RE-ASK A2a)

(ASK IF ANYONE IN HH HAS MEDICARE (A1=1))

A4. As you may know, Medicare allows beneficiaries to enroll in Medicare Advantage plans, such as HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations), to receive their Medicare-covered health care. (new MCBS wording for HIMC1)

(IF SINGLE PERSON HH) You said you were covered by Medicare...are you covered by a Medicare Advantage plan?

(IF 2 OR MORE PEOPLE IN THE HH): Is anyone in your family, who is covered by Medicare, covered by a Medicare Advantage plan? (modified MCBS, HIMC1, p. 10)

- 1 = Yes
- 2 = No (GO TO INSTRUCTIONS BEFORE A13)
- 8 = (VOL) Don't Know (GO TO INSTRUCTIONS BEFORE A13)
- 9 = (VOL) Refused (GO TO INSTRUCTIONS BEFORE A13)

[IF SINGLE PERSON HH AND A4=1 AUTO-PUNCH A4b=1; THEN GO TO INSTRUCTIONS BEFORE A4c;

IF 2 OR MORE IN HH AND A4=1 ASK A4b]

A4b. Who is covered by a Medicare Advantage plan? Who else?

**INSERT FAMILY/HOUSEHOLD ROSTER HERE
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK:)

A4bn. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new?

1 = Already on list **(GO BACK TO A4b and RE-RECORD)**
2 = Someone new **(GO TO INSTRUCTIONS BEFORE A4c)**

(IF ANY FAMILY MEMBER IN A4b WHO IS NOT ALSO IN A2a ASK...OTHERS GO TO A6.)

A4c. You mentioned (*insert name(s)*) as having a Medicare Advantage plan, but earlier you didn't mention them as having Medicare. Should (*insert name*) be added to the list of family members with Medicare?

1 = Yes, they need to be added **(GO BACK AND RE-ASK FROM A2)**
2 = No, their name was given in error **(RE-ASK/EDIT A4b)**

A6. Does (*your/ NAME FROM A4b's*) Medicare Advantage plan cover medicines prescribed by (*your/his/her*) doctor? (Probe: Do not include discount cards) (MCBS, I22e)

1 = Yes
2 = No
3 = (VOL) Don't Know
4 = (VOL) Refused

(ASK A13 ONLY IF THERE IS ONE OR MORE HH MEMBER WHO HAS MEDICARE BUT IS NOT IN A MEDICARE ADVANTAGE PLAN: A1=1 AND A4<>1; ELSE GO TO INSTRUCTIONS BEFORE A14b)

A13. Some people who have Medicare also purchase coverage to pay health costs not covered by Medicare. This is sometimes called MediGap or Medicare Supplement and can be purchased through groups such as AARP.

(IF SINGLE PERSON HH): Do you have this type of health coverage?

(IF 2 OR MORE PEOPLE IN HH): Does anyone in your family who has Medicare have this type of health care coverage? (Modified MCBS)

1 = Yes
2 = No **(GO TO INSTRUCTIONS BEFORE A14b)**
8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE A14b)**
9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE A14b)**

[IF SINGLE PERSON HH AND A13=1 AUTO-PUNCH A14=1; THEN GO TO INSTRUCTIONS BEFORE A14a;

IF 2 OR MORE IN HH AND A13=1 ASK A14]

A14. Who is covered by any MediGap or Medicare Supplement? Who else? (MULTIPLE RECORD)

**INSERT FAMILY/HOUSEHOLD ROSTER HERE
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK:)

QA14n. When we listed the members of your family we didn't include *(insert specify)*. Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A14 and RE-RECORD)**
2 = Someone new **(GO TO INSTRUCTIONS BEFORE A14a)**

(IF ANY FAMILY MEMBER IN A14 WHO IS NOT ALSO IN A2a ASK A14a....OTHERS GO TO INSTRUCTIONS BEFORE A14b

A14a. You mentioned *(insert name(s))* as having MediGap or Medicare Supplement, but earlier you didn't mention them as having Medicare. Should *(insert name)* be added to the list of family members with Medicare?

- 1 = Yes, they need to be added **(ADD TO LIST BUT NO NEED TO RE-ASK A2)**
2 = No, their name was given in error **(RE-ASK A14)**

(IF A6 =YES, GO TO A22; ELSE ASK A14b FOR EACH PERSON MENTIONED IN A2a)

A14b. **(Do/Does)** *(you/name from A2A)* have a Medicare prescription drug plan, also called a Medicare Part D plan?

- 1 = Yes
2 = No
8 = (VOL) Don't Know
9 = (VOL) Refused

A22. The New Jersey Pharmaceutical Assistance for the Aged and Disabled or P. A. A. D. (PAD) program provides assistance for some elderly and disabled persons to pay for their medicines.

A23. **(IF SINGLE PERSON HOUSEHOLD):** Are you enrolled in P.A.A.D. (PAD)?

IF 2 OR MORE PEOPLE IN HOUSEHOLD): Is anyone in your family enrolled in P.A.A.D. (PAD)?

(NOTE: If volunteers that they have Senior Gold, then code THIS question as "No")

- 1 = Yes
2 = No **(GO TO INSTRUCTION BEFORE A25)**
8 = (VOL) Don't Know **(GO TO INSTRUCTION BEFORE A25)**
9 = (VOL) Refused **(GO TO INSTRUCTION BEFORE A25)**

[IF SINGLE PERSON HH AND A23=1 AUTO-PUNCH A23a=1 THEN GO TO INSTRUCTIONS BEFORE A24;

IF 2 OR MORE IN HH AND A23=1 ASK A23a]

A23a. How many family members, living in your household, are enrolled in P.A.A.D.? Please include yourself if applicable.

_____ NUMBER

(RANGE: 1 TO 14; 15=(VOL) DON'T KNOW; 16=(VOL) REFUSED)

[IF SINGLE PERSON HH AND A23=1, AUTO-PUNCH A24=1; THEN GO TO INSTRUCTIONS BEFORE A25

IF 2 OR MORE IN HH AND A23=1 ASK A24]

A24. Who is enrolled? (PROBE: Anyone else?)

**INSERT FAMILY/HOUSEHOLD ROSTER;
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK:)

A24n. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A24 and RE-RECORD)**
2 = Someone new **(GO TO INSTRUCTIONS BEFORE A25)**

A24n2 DELETED

**(IF THE VALUE IN A2 IS 1 OR MORE AND A23 IS NO, DK, OR REF ASK A25.
IF THE VALUE IN A2 IS ONE OR MORE AND THE VALUE IN A23a IS ONE OR MORE, AND THEY
ARE NOT EQUAL ASK A25...IF THE TWO VALUES ARE EQUAL GO TO A29)**

A25. New Jersey also has a program called Senior Gold that helps people pay for some prescribed medicine costs.

A26. **(IF SINGLE PERSON HH):** At this time are you enrolled in Senior Gold?

(IF 2 OR MORE PEOPLE IN HH): At this time is anyone in your family enrolled in Senior Gold?

- 1 = Yes
2 = No **(GO TO A29)**
8 = (VOL) Don't Know **(GO TO A29)**
9 = (VOL) Refused **(GO TO A29)**

**[IF SINGLE PERSON HH AND A26=1 AUTO=PUNCH A27=1 THEN GO TO A29;
IF 2 OR MORE IN HH AND A26=1 ASK A27]**

A27. Who is enrolled? (PROBE: Anyone else?)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK:)

A27n. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A27 and RE-RECORD)**
2 = Someone new **(GO TO A29)**

EMPLOYER COVERAGE

A29. **(IF SINGLE PERSON HH):** At this time are you covered by a health plan provided through a current or former employer or union, not including military employers? Please remember to include retirement benefit plans and plans obtained through persons not living with you? (NSAF, E1)

(IF 2 OR MORE PEOPLE IN HH): At this time is anyone in your family covered by a health plan provided through a current or former employer or union, not including military employers? Please remember to include retirement benefit plans and plans obtained through persons not living with the family? (NSAF, E1)

- 1 = Yes
- 2 = No **(GO TO INSTRUCTIONS BEFORE A50)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE A50)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE A50)**

A30. Is there more than one health plan from a current or former employer or union, covering you **(or other members of your family)**, not including military employers?

- 1 = Yes, more than one plan **(GO TO A41a)**
- 2 = No, just one plan
- 8 = (VOL) Don't Know
- 9 = (VOL) Ref

A31. Does the policyholder for this plan live in the household? (IF NEEDED: That is the person who worked for the company that provided this insurance plan?)

- 1 = Yes **(GO TO INSTRUCTIONS BEFORE A32)**
- 2 = No **(ASK A31a)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE-A34a)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE A34a)**

A31a. What is the first name or initials of the policyholder. In other words, in whose name is the health plan held?

_____ NAME/INITIALS

(ALL ASKED A31a GO TO INSTRUCTIONS BEFORE A32b)

[IF SINGLE PERSON HH AND A31=1 AUTO-PUNCH A32=1 THEN GO TO INSTRUCTIONS BEFORE A32b

IF 2 OR MORE IN HH AND A31=1 ASK A32]

A32. Who is the policyholder for this plan?

(PROBE: In other words, in whose name is the health plan held?) (NSAF, E3)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A32Bn ELSE GO TO INSTRUCTIONS BEFORE A32c:)

A32N. When we listed the members of your family we didn't include **(insert specify)**. Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A32 and RE-RECORD)**
- 2 = Doesn't live in household **(GO BACK AND RE-ASK A31)**
- 3 = Someone new to list **(GO TO INSTRUCTIONS BEFORE A32b)**

[IF SINGLE PERSON HH AND A31=1 OR A31=2 AUTO-PUNCH A32b=1; THEN GO TO INSTRUCTIONS BEFORE A32c

IF 2 OR MORE IN HH AND A31=1 OR A31=2 ASK A32b]

A32b. Who in this family is covered by **(your/Policyholder's)** plan? (PROBE: Who else?)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A32Bn ELSE GO TO INSTRUCTIONS BEFORE A32c:)

A32Bn. When we listed the members of your family we didn't include *(insert specify)*. Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A32b and RE-RECORD)**
- 2 = Doesn't live in household **(GO BACK AND RE-ASK A31)**
- 3 = Someone new to list **(GO TO INSTRUCTIONS BEFORE A32c)**

(IF RESPONDENT IS THE POLICY HOLDER IN A32=1 OR IF POLICY HOLDER IN A32 IS THE ONLY PERSON COVERED IN A32b (A32b=A32)....SKIP TO A33 OTHERWISE..)

A32c. **(IF RESPONDENT IS COVERED IN A32b BUT IS NOT THE POLICY HOLDER IN A32 READ:** What is *(insert policyholder in A31a or A32)*'s relationship to you? (DO NOT READ LIST)

(IF RESPONDENT IS NOT COVERED IN A32b AND IS NOT THE POLICY HOLDER IN A32 READ: What is *(insert policyholder in A31a or A32)*'s relationship to *(Insert name of oldest person listed in A32b other than the person from A32)*? (DO NOT READ LIST)

Policyholder is family member's:

[PLEASE REFER TO "PINK" TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = Husband
- 2 = Former/husband
- 3 = Wife
- 4 = Former wife
- 5 = Partner
- 6 = Father (birth/adoptive or foster)
- 7 = Mother (birth/adoptive or foster)
- 8 = Brother
- 9 = Sister
- 10 = Grandfather
- 11 = Grandmother
- 12 = Uncle
- 13 = Aunt
- 14 = Cousin
- 20 = Other (SPECIFY)
- 21 = (VOL) Don't Know
- 22 = (VOL) Refused

A33. Is that plan from *(your/name)*'s current or former employer?

- 1 = Current employer **(SKIP TO INSTRUCTION BEFORE A34a)**
- 2 = Former employer **(ASK A34)**
- 3 = (VOL) Don't Know **(SKIP TO INSTRUCTION BEFORE A34a)**
- 4 = (VOL) Refused **(SKIP TO INSTRUCTION BEFORE A34a)**

A34. Is that a retirement plan?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF PERSON IN A32 IS ALSO IN A4b ASK A34a...ALL OTHER SITUATIONS GO TO INSTRUCTION BEFORE A34b)

A34a. Earlier you said (you/name) was/were in a Medicare Advantage plan, is that the same as this retirement plan?

- 1 = Yes
- 2 = No
- 3 = (VOL) Don't Know
- 4 = (VOL) Refused

(IF PERSON IN A32 IS ALSO IN A14, ASK A34b...ALL OTHER SITUATIONS GO TO A36.)

A34b. Earlier you said (**you/name**) had Medigap or Medicare Supplemental coverage, is that the same as this retirement plan?

- 1 = Yes
- 2 = No
- 3 = (VOL) Don't Know
- 4 = (VOL) Refused

A36. Does this plan cover medicines prescribed by a doctor? (MCBS, HI22e)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

ALL ASKED A36 SHOULD NOW GO TO INSTRUCTIONS BEFORE A50

(ASK ONLY IF "YES" IN A30 - I.E., MORE THAN ONE PLAN; ELSE SKIP TO INSTRUCTIONS BEFORE A50)

A41a. How many different health plans from a current or former employer or union presently cover one or more members of your family?

(IF ASKED THE POLICY HOLDER DOES NOT HAVE TO LIVE IN THE HOUSEHOLD)

_____ NUMBER

(RANGE: 1 to 5)

A41b. What are the names of those plans? What is the name of the first plan? (The second?...etc.)

(INTERVIEWER: IF DO NOT KNOW THE NAMES OF THE PLANS THEN CALL THEM PLAN 1, PLAN 2, PLAN 3...ETC.)

[PLEASE REFER TO "YELLOW" TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = Aetna/U.S. Healthcare
- 2 = Amerihealth
- 3 = Blue Cross/Blue Shield of NJ
- 4 = Cigna
- 5 = Guardian
- 6 = Health Net

- 7 = Horizon/Horizon Blue Cross and Blue Shield/NJ Direct
- 8 = Nippon
- 9 = Oxford
- 10 = Trustmark
- 11 = United HealthCare
- 12 = U.S. Healthcare
- 13 = WellChoice
- 16 = Other (Specify)

(FOR EACH PLAN MENTIONED IN A41b ASK A42a TO A44 CONSECUTIVELY)

A42a. Does the policyholder for *(insert description of plan in A41b)* live in the household?

- 1 = Yes **(GO TO A42b)**
- 2 = No **(ASK A42a.1)**
- 8 = (VOL) Don't Know **(GO TO A44)**
- 9 = (VOL) Refused **(GO TO A44)**

A42a.1. What is the first name or initials of the policyholder? In other words, in whose name is the health plan held?

_____ NAME/INITIALS

(GO TO A43)

(ASK A42b IF "YES" IN A42a...OTHERS GO TO A43)

A42b. Who is the policyholder for *(insert description of plan in A41b)*?
 (PROBE: In other words, in whose name is the health plan held?) (NSAF, E5)

**INSERT FAMILY/HOUSEHOLD ROSTER
 INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A42Bn ELSE GO TO INSTRUCTIONS BEFORE A43:)

A42Bn. When we listed the members of your family we didn't include *(insert specify)*. Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A42b and RE-RECORD)**
- 2 = Doesn't live in household **(GO BACK TO A42a)**
- 3 = Someone new **(GO TO A43)**

A43. **(IF A42b IS RESPONDENT SAY):** Including yourself, how many family members, living in your house, are covered **by** *(insert description of plan)*?

(IF A42a IS YES AND A42b IS NOT RESPONDENT SAY): Including *(name in A42b)*, how many family members, living in your house, are covered by *(insert description of plan)*?

(IF A42a IS NO): Including yourself, if applicable, how many family members, living in your house, are covered by *(insert description of plan)*?

_____ NUMBER

(RANGE: 1 TO 14; 15=(VOL) DON'T KNOW; 16=(VOL) REFUSED)

(IF RESPONSE IN A43 IS GREATER THAN THE TOTAL PEOPLE IN THE FAMILY ASK...OTHERS GO TO INSTRUCTIONS BEFORE A43a)

A43n. Earlier you stated there were **(# of people in family)** family members living in your household. However you told me **(insert number from A43)** of them are covered by a health plan from a current or former employer or union. Which of this information is correct...the **(# of people in family)** total family members or **(insert total A43)** family members?

- 1 = Incorrect # who have employer/union insurance **(RE-ASK A43)**
- 2 = Incorrect # of total family members **(GO TO INSTRUCTIONS BEFORE A43a)**

**(IF A43=1 AND A42a IS "YES" AUTO-PUNCH A43a=A42b THEN GO TO INSTRUCTIONS BEFORE A43b;
IF A43>1 AND A42a="YES" ASK A43a)**

A43a. Who are the family members covered by this plan? Who else?

(ANSWER MUST TOTAL RESPONSE IN A43. IF NOT GO BACK AND RE-ASK A43)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A43An; ELSE GO TO INSTRUCTIONS BEFORE A43b:)

A43An. When we listed the members of your family we didn't include **(insert specify)**. Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A43a and RE-RECORD)**
- 2 = Someone new **(GO TO INSTRUCTIONS BEFORE A43b)**

[IF A43=1 AND A42a IS "YES" GO TO A43c]

(IF A42b IS RESPONDENT, SKIP TO A43c...OTHERWISE ASK A43b)

A43b. **(IF RESPONDENT MENTIONED IN A43a SAY: What is (insert policy holder from A42b or A42a.1)'s relationship to you? (DO NOT READ LIST)**

(IF RESPONDENT IS NOT MENTIONED IN A43a SAY: What is (insert policy holder from A42b or A42a.1)'s relationship to (insert name of oldest person in A43a other than the person from A42b)? (DO NOT READ LIST)

Policyholder is family member's:

[PLEASE REFER TO "PINK" TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = Husband
- 2 = Former/husband
- 3 = Wife
- 4 = Former wife
- 5 = Partner
- 6 = Father (birth/adoptive or foster)
- 7 = Mother (birth/adoptive or foster)
- 8 = Brother
- 9 = Sister
- 10 = Grandfather
- 11 = Grandmother

- 12 = Uncle
- 13 = Aunt
- 14 = Cousin
- 20 = Other (SPECIFY)
- 21 = (VOL) Don't Know
- 22 = (VOL) Refused

A43c. Is that plan from **(your/name's)** current or former employer?

- 1 = Current employer **(SKIP TO INSTRUCTION BEFORE A43d)**
- 2 = Former employer
- 3 = (VOL) Don't Know **(SKIP TO INSTRUCTION BEFORE A43d)**
- 4 = (VOL) Refused **(SKIP TO INSTRUCTION BEFORE A43d)**

A43c1. Is that a retirement plan?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF PERSON IN A43a IS ALSO IN A4b ASK A43d...ELSE GO TO INSTRUCTION BEFORE A43e)

A43d. Earlier you said **(you/name)** were/was in a Medicare Advantage plan. Is that the same as this retirement plan?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF PERSON IN A43a IS ALSO IN A14, ASK A43e...ELSE GO TO A44)

A43e. Earlier you said **(you/name)** had Medicap or Medicare Supplemental coverage, is that the same as this retirement plan?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

A44. Does this plan cover medicines prescribed by a doctor? (MCBS, HI22e)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

REPEAT SERIES FOR EVERY PLAN

COMPARE FAMILY ROSTER AGAINST ALL MENTIONED IN A2a, A32, A32b, A42b, AND A43a.
(NSAF, BxE7)
IF EVERYONE INSURED GO TO A66.
IF AT LEAST ONE PERSON NOT INSURED, CONTINUE WITH A50

NON-GROUP COVERAGE

A50. (IF SINGLE PERSON HH): At this time, are you covered by a health plan that is purchased directly from an insurance company or HMO, that is, not from a current or past job? Please remember to include plans obtained through persons not living in the household. (NSAF, E7)

(IF 2 OR MORE PEOPLE IN HH): At this time, is anyone in your family covered by a health plan that is purchased directly from an insurance company or HMO, that is, not from a current or past job? Please remember to include plans obtained through persons not living in the household. (NSAF, E7)

(IF A4=1 OR A13=1: IF ANY FAMILY MEMBER HAS A MEDICARE ADVANTAGE PLAN OR MEDIGAP/MEDICARE SUPPLEMENT ALSO READ): Also, do not include MEDICARE ADVANTAGE or the MediGap or Medicare supplement plan you told me about earlier.

- 1 = Yes
- 2 = No **(GO TO BOX B)**
- 8 = (VOL) Don't Know **(GO TO Box B)**
- 9 = (VOL) Refused **(GO TO Box B)**

A51. Is there more than one health plan that was purchased directly from an insurance company or HMO covering you (or members of your family)?

- 1 = Yes, more than one **(GO TO A60)**
- 2 = No, only one
- 3 = (VOL) Don't Know
- 4 = (VOL) Refused

A51NB1. Is that coverage part of a program such as NJ FamilyCare or Medicaid?

- 1 = Yes
- 2 = No **(GO TO A53)**
- 8 = (VOL) Don't Know **(GO TO A53)**
- 9 = (VOL) Refused **(GO TO A53)**

A51NB2. Which program is that?

- 1 = Medicaid or Medical Assistance
- 2 = NJ FamilyCare or NJ KidCare
- 7 = Other (SPECIFY) **(GO TO A53)**
- 8 = (VOL) Don't Know **(GO TO A53)**
- 9 = (VOL) Refused **(GO TO A53)**

(IF A51NB2=1 SAY, THEN SKIP TO BOX B)

In a moment I'm going to get to the section in Medicaid. Let's talk about this insurance at that point.

(IF A51NB2=2 SAY, THEN SKIP TO BOX B:)

In a moment I'm going to get to the section on NJFamilyCare. Let's talk about this insurance at that point.

A53. Does the policyholder for this plan, live in this household?

- 1 = Yes **(GO TO A53a)**
- 2 = No **(ASK A53-1)**
- 8 = (VOL) Don't Know **(GO TO A54d)**

9 = (VOL) Refused (GO TO A54d)

A53-1. What is the first name or initials of the policyholder? In other words, in whose name is the health plan held?

_____ NAME/INITIALS

(SKIP TO INSTRUCTIONS BEFORE A54b)

**[IF SINGLE PERSON HH AND A53=1, AUTO-PUNCH A53a=1 THEN SKIP TO INSTRUCTIONS BEFORE A54ab
IF 2 OR MORE IN HH AND A53=1 ASK A53a]**

A53a. Who is the policyholder for this plan?
(PROBE: In other words, in whose name is the health plan held?) (NSAF, E9)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A53AN; ELSE GO TO ISTRUCTIONS BEFORE A54ab)

A53AN. When we listed the members of your family we didn't include *(insert specify)*. Is this another name for someone I have on the list, or is this someone new?

1 = Already on list (GO BACK TO A53a and RE-RECORD)
2 = Doesn't live in household (GO BACK AND RE-ASK A53)
3 = Someone new (GO TO INSTRUCTIONS BEFORE A54ab)

[ASK A54ab IF POLICY HOLDER IN A53a IS 18 – 30 YEARS OF AGE IN SC7a OR SC7a1=3 OR 4; ELSE SKIP TO INSTRUCTIONS BEFORE A54b

A54ab. Is that coverage part of a STUDENT plan sponsored by a college, university or other school?

1 = Yes
2 = No
8 = (VOL) Don't know
9 = (VOL) Refused

[IF SINGLE PERSON HH AND A53=1 OR A53=2 AUTO-PUNCH A54b=1 THEN GO TO INSTRUCTIONS BEFORE A54c

IF 2 OR MORE IN HH AND A53=1 OR A53=2 ASK A54b]

A54b. Who are the family members covered by this plan? Who else?

INSERT FAMILY/HOUSEHOLD ROSTER INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"

(IF "OTHER NOT ON LIST" ASK A54BN; ELSE GO TO INSTRUCTIONS BEFORE A54c)

A54BN. When we listed the members of your family we didn't include *(insert specify)*. Is this another name for someone I have on the list, or is this someone new?

1 = Already on list (GO BACK TO A54b and RE-RECORD)
2 = Someone new (GO TO INSTRUCTIONS BEFORE A54c)

**(IF RESPONDENT IN A53a or DK or REF in A53 OR
IF POLICY HOLDER IN A53a IS THE ONLY PERSON COVERED IN A54b
(A53a=A54b)... SKIP TO A54d...ELSE ASK A54c:)**

A54c. **(IF RESPONDENT IN A54b SAY:** What is *(insert policy holder from A53a or A53-1)*'s relationship to you? (DO NOT READ LIST)

IF RESPONDENT NOT MENTIONED IN A54b SAY: What is *(insert policy holder from A53a or A53-1)*'s relationship to *(insert name of oldest member in A54b other than person in A53a)*? (DO NOT READ LIST)

Policyholder is family member's:

[PLEASE REFER TO "PINK" TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = Husband
- 2 = Former/husband
- 3 = Wife
- 4 = Former wife
- 5 = Partner
- 6 = Father (birth/adoptive or foster)
- 7 = Mother (birth/adoptive or foster)
- 8 = Brother
- 9 = Sister
- 10 = Grandfather
- 11 = Grandmother
- 12 = Uncle
- 13 = Aunt
- 14 = Cousin
- 20 = Other (SPECIFY)
- 21 = (VOL) Don't Know
- 22 = (VOL) Refused

A54d. Does this plan cover medicines prescribed by a doctor? (MCBS, HI22e)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

GO TO BOX B INSTRUCTIONS

A60. How many different plans were purchased directly from an insurance company or HMO covering members of your family?

_____ NUMBER

(RANGE: 1 to 5; 6=DK; 7=REF)

A60a. What is the name of each plan? What is the name of the first plan? (The second? etc.)

(IF DO NOT KNOW THE NAMES OF THE PLANS THEN CALL THEM PLAN 1, PLAN 2, PLAN 3...ETC.)

[PLEASE REFER TO "YELLOW" TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = Aetna/U.S. Healthcare
- 2 = Amerihealth
- 3 = Blue Cross/Blue Shield of NJ

- 4 = Cigna
- 5 = Guardian
- 6 = Health Net
- 7 = Horizon/Horizon Blue Cross and Blue Shield/NJ Direct
- 8 = Nippon
- 9 = Oxford
- 10 = Trustmark
- 11 = United HealthCare
- 12 = U.S. Healthcare
- 13 = WellChoice
- 16 = Other (Specify)
- 17 = (VOL) Don't Know
- 18 = (VOL) Refused

(FOR EACH PLAN IN A60a ASK A60aNB1 TO A63c CONSECUTIVELY)

(IF A60a IS DON'T KNOW OR REF THEN THE READ IN SHOULD SAY: (the first plan you mentioned))

A60aNB1. Is that coverage part of a program such as NJ FamilyCare or Medicaid?

- 1 = Yes
- 2 = No **(GO TO INSTRUCTIONS BEFORE A61)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE A61)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE A61)**

A60aNB2. Which program is that?

- 1 = Medicaid or Medical Assistance
- 2 = NJ FamilyCare or NJ KidCare
- 7 = Other (SPECIFY) **(GO TO INSTRUCTIONS BEFORE A61)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE A61)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE A61)**

(IF A60aNB2=1 SAY:)

In a moment I'm going to get to the section in Medicaid. Let's talk about this insurance at that point.

(IF A60aNB2=2 SAY:)

In a moment I'm going to get to the section on NJFamilyCare. Let's talk about this insurance at that point.

(FOR EACH PLAN ASK A61 TO A63c CONSECUTIVELY)

(IF A60a IS DKOR REF THEN THE READ IN SHOULD SAY: "the first plan you mentioned")

A61. Does the policy holder for *(insert description of plan in A60a)* live in this household. In other words, in whose name is the health plan held?

- 1 = Yes **(GO TO A61a)**
- 2 = No **(ASK A61.1.)**
- 8 = (VOL) Don't Know **(GO TO A63b)**
- 9 = (VOL) Ref used **(GO TO A63b)**

A61.1. What is the first name or initials of the policy holder?

____ NAME/INITIALS

(GO TO A63)

A61a. Who is the policyholder for (name of plan in A60a) plan?

(PROBE: In other words, in whose name is this health plan held?) (NSAF, E11)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

**(IF "OTHER NOT ON LIST" ASK A61an; ELSE GO TO INSTRUCTIONS
BEFORE A61ab:)**

A61an. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list (GO BACK TO A61a and RE-RECORD)
2 = Someone new (GO TO INSTRUCTIONS BEFORE A61ab)

[ASK A61ab IF POLICY HOLDER IN A61a IS 18 – 30 YEARS OF AGE IN SC7a OR SC7a1=3 OR 4; ELSE SKIP TO INSTRUCTIONS BEFORE A63

A61ab. Is that coverage part of a STUDENT plan sponsored by a college, university or other school?

- 1 = Yes
2 = No
8 = (VOL) Don't know
9 = (VOL) Refused

**[IF SINGLE PERSON HH AND A61=1 OR A61=2 AUTO-PUNCH A63=1 THEN GO TO A63b
IF 2 OR MORE IN HH AND A61=1 OR A61=2 ASK A63]**

A63. Who are the family members covered by this plan? Who else? (NSAF, E12)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A63n ELSE GO TO A63b:)

A63n. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list (GO BACK TO A63 and RE-RECORD)
2 = Someone new (GO TO A63b)

(IF A61="NO" (A61=2), ASK A63a ELSE GO TO A63b)

A63a. What *is* (*policyholder's*) relationship to member(s) covered by that plan? (ACCEPT MULTIPLE RESPONSE)

Policyholder is family member's:

[PLEASE REFER TO "PINK" TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = Husband
2 = Former/husband
3 = Wife
4 = Former wife
5 = Partner
6 = Father (birth/adoptive or foster)
7 = Mother (birth/adoptive or foster)

- 8 = Brother
- 9 = Sister
- 10 = Grandfather
- 11 = Grandmother
- 12 = Uncle
- 13 = Aunt
- 14 = Cousin
- 20 = Other (SPECIFY)
- 21 = (VOL) Don't Know
- 22 = (VOL) Refused

A63b. Does this plan cover medicines prescribed by a doctor? (MCBS, HI22e)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

REPEAT SERIES FOR EACH PLAN/POLICYHOLDER (A60-A63b)

BOX B

IS THERE ANYONE IN THE FAMILY THAT IS NOT COVERED BY INSURANCE SOURCES PREVIOUSLY ASKED ABOUT THAT IS THEY HAVE NOT BEEN MENTIONED IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63 GO TO A64. IF EVERYONE IN HOUSEHOLD HAS ALREADY BEEN LISTED IN AT LEAST ONE OF THOSE QUESTIONS...GO TO A66

MILITARY/CHAMPUS/ETC.

A64. **(IF SINGLE PERSON HH READ):** At this time, are you covered by CHAMPUS or TRICARE, CHAMP-VA, VA, Railroad Retirement Fund, military health care, or the Indian Health Service? (NSAF, E15)

(IF 2 OR MORE PEOPLE IN HH READ): At this time, is anyone in your family covered by CHAMPUS or TRICARE, CHAMP-VA, VA, Railroad Retirement Fund, military health care, or the Indian Health Service? (NSAF, E15)

- 1 = Yes
- 2 = No **(GO TO BOX B1 INSTRUCTIONS)**
- 8 = (VOL) Don't Know **(GO TO BOX B1 INSTRUCTIONS)**
- 9 = (VOL) Refused **(GO TO BOX B1 INSTRUCTIONS)**

**[IF SINGLE PERSON HH AND A64=1 AUTO-PUNCH A65=1 THEN GO TO A66;
[IF 2 OR MORE IN HH AND A64=1, ASK A65]**

A65. Who is covered? (PROBE: Anyone else?) (NSAF, E16)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A65n; ELSE GO TO BOX B1 INSTRUCTIONS)

A65n. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new?

1 = Already on list
2 = Someone new

(GO BACK TO A65 and RE-RECORD)
(GO TO BOX B1 INSTRUCTIONS)

[PROGRAMMER: BOX B1 IS NEW]

BOX B1

IF THERE IS NO ONE IN THE HH BETWEEN THE AGES OF 18-30 (from SC7a OR SC7a1=3 OR SC7a1=4), GO TO A66; ELSE CONTINUE:

IS THERE ANYONE IN THE FAMILY 18-30 THAT IS NOT COVERED BY INSURANCE SOURCES PREVIOUSLY ASKED ABOUT, THAT IS THEY HAVE NOT BEEN MENTIONED IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, OR A65 GO TO A65a.

IF EVERYONE IN HOUSEHOLD, AGES 18 – 30 HAS ALREADY BEEN LISTED IN AT LEAST ONE OF THOSE QUESTIONS...GO TO A66

A65a. [IF SINGLE PERSON HH READ) At this time, are you covered by student health insurance sponsored by a college, university or other school?

[IF 2 OR MORE IN HH, READ:] At this time, is anyone in your family covered by student health insurance sponsored by a college, university or other school?

1 = Yes
2 = No (GO TO A66)
8 = (VOL) Don't know (GO TO A66)
9 = (VOL) Refused (GO TO A66)

[IF SINGLE PERSON HH AND A65a=1 AUTO-PUNCH A65a1=1 THEN GO TO A66;
IF 2 OR MORE IN HH AND A65a=1, ASK A65a1]

A65a1. Who is covered? (PROBE: Anyone else?) (NSAF, E16)

**INSERT FAMILY/HOUSEHOLD ROSTER INCLUDE CODE FOR
"OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A65an ELSE GO TO A66)

A65an. When we listed the members of your family we didn't include (*insert specify*). Is this another name for someone I have on the list, or is this someone new?

1 = Already on list (GO BACK TO A65a1 AND RE-RECORD)
2 = Someone new (GO TO A66)

MEDICAID

(ASK ALL)

A66. We asked about Medicare earlier. The other program, Medicaid, is a government health insurance program for low-income persons or for persons on public assistance.

(IF A1=1 ADD) Sometimes people can be covered by both Medicare and Medicaid.

(IF SINGLE PERSON HH): At this time, are you covered by Medicaid?

(IF 2 OR MORE PEOPLE IN HH) At this time, is anyone in your family covered by Medicaid?
(MEPS language)

[IF RESP ASKS FOR A PHONE NUMBER FOR MEDICAID: That number is 1-800-356-1561]

- 1 = Yes
- 2 = No **(GO TO BOX C)**
- 8 = (VOL) Don't Know **(GO TO BOX C)**
- 9 = (VOL) Refused **(GO TO BOX C)**

**[IF SINGLE PERSON HH AND A66=1, AUTO-PUNCH A67=1 THEN GO TO BOX C;
IF 2 OR MORE IN HH AND A66=1 ASK A67]**

A67. Who is covered? (PROBE: Anyone else?) (NSAF, E19)

**INSERT FAMILY/HOUSEHOLD ROSTER INCLUDE CODE FOR "OTHER NOT ON LIST
(SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK:)

A67n. When we listed the members of your family we didn't include *(insert specify)*.
Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A67and RE-RECORD)**
- 2 = Someone new **(GO TO BOX C)**

Box C

IF ANYONE IN THE FAMILY IS NOT COVERED BY INSURANCE SOURCES PREVIOUSLY ASKED ABOUT, THAT IS THEY HAVE NOT BEEN MENTIONED IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65, A65a1, OR A67 ASK A73....OTHERWISE GO TO BOX D.

FAMILYCARE

A73. New Jersey Family Care is a free or low cost health care program sponsored by the state of New Jersey for people without other coverage.

(IF SINGLE PERSON HH): At this time, are you covered by New Jersey Family Care?

(IF 2 OR MORE PEOPLE IN HH): At this time, is anyone in your family covered by New Jersey Family Care? (NSAF, E20XX, modified)

[IF ASKS FOR PHONE NUMBER FOR NJ FAMILYCARE:

That number is 1-800-701-0710]

- 1 = Yes
- 2 = No **(GO TO Box D)**
- 8 = (VOL) Don't Know **(GO TO Box D)**
- 9 = (VOL) Refused **(GO TO Box D)**

**[IF SINGLE PERSON HH AND A73=1 AUTO-PUNCH A74=1 THEN GO TO A75
IF 2 OR MORE IN HH AND A73=1, ASK A74]**

A74. Who is covered? (PROBE: Anyone else?) (NSAF, E21)

INSERT FAMILY/HOUSEHOLD ROSTER INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"

(IF "OTHER NOT ON LIST" ASK A74n; ELSE GO TO A75)

A74n. When we listed the members of your family we didn't include *(insert specify)*. Is this another name for someone I have on the list, or is this someone new?

1 = Already on list

(GO BACK TO A74 and RE-RECORD)

2 = Someone new

(GO TO A75)

A75. **(IF SINGLE PERSON HH):** Do you pay a monthly premium for that coverage?

(IF 2 OR MORE PEOPLE IN HH): Does your family pay a monthly premium for that coverage?

1 = Yes

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

BOX D

IF ANYONE IN THE FAMILY (FAMILY/HOUSEHOLD ROSTER) IS NOT COVERED BY INSURANCE SOURCES PREVIOUSLY ASKED ABOUT THAT IS THEY HAVE NOT BEEN MENTIONED IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65, A65a1, A67, OR A74 ASK A76....OTHERWISE GO TO BOX E.

UNINSURED VERIFICATION

(FOR EACH PERSON ON FAMILY/HOUSEHOLD ROSTER NOT INDICATED AS HAVING HEALTH CARE COVERAGE ASK:)

A76. According to the information you have provided **(NAME OF UNCOVERED FAMILY MEMBER)** currently does not have health care coverage. Is that correct? (NSAF, E22)

1 = CORRECT, family member DOES NOT have health care coverage

2 = NOT CORRECT, family member DOES have health care coverage

3 = (VOL) Don't Know

4 = (VOL) Refused

(FOR EACH PERSON "NOT CORRECT" IN A76, ASK A77 THROUGH A78c CONSECUTIVELY)

A77. At this time, under what plans or programs (are you / is (name)) covered?

(READ LIST IF NECESSARY; CODE ALL THAT APPLY) (NSAF, 23XX)

1 = Insurance from a current/former employer or union

2 = Insurance purchased directly from insurance company

3 = Medicare

4 = Medicaid

5 = NJ Family Care

6 = CHAMPUS/TRICARE

7 = CHAMP-VA

8 = Railroad Retirement Fund

9 = Indian Health Services

10 = College/University/School plan

- 14 = Other (SPECIFY)
- 15 = (VOL) Don't Know
- 16 = (VOL) Refused

(IF A77=1 or 2 ASK A77a; OTHERWISE GO TO NEXT PERSON "NOT CORRECT" IN A76. IF NO ONE GO TO INSTRUCTION BEFORE A79)

A77a. **(Are you / Is (name))** the policyholder?

- 1 = Yes **(GO TO INSTRUCTIONS BEFORE A78b)**
- 2 = No **(ASK A78a)**
- 3 = (VOL) Not sure / Don't Know **(GO TO INSTRUCTIONS BEFORE A78c)**
- 4 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE A78c)**

[IF A77a="NO" ASK A78a]

A78a. Does the policyholder for the **(insurance from a current or former employer or union/insurance purchased directly from an insurance company)** live in this household?

- 1 = Yes **(GO TO INSTRUCTIONS BEFORE A78b)**
- 2 = No **(ASK A78a-1)**
- 3 = (VOL) Not sure/Don't Know **(SKIP TO INSTRUCTIONS BEFORE A78c)**
- 4 = (VOL) Refused **(SKIP TO INSTRUCTIONS BEFORE A78c)**

A78a-1. What is the first name or initials of the policy holder. In other words, in whose name is the health plan held?

_____ NAME/INITIALS

(GO TO INSTRUCTIONS BEFORE A78c)

[IF SINGLE PERSON HH AND A78a IS 'YES'; AUTO-PUNCH A78b=1; THEN GO INSTRUCTIONS BEFORE A78c

[IF A77a=1 (YES) AUTO-PUNCH A78b = PERSON BEING ASKED A77 - A77a IF 2 OR MORE IN HH AND A78a=1 ASK A78b]

A78b. Who is the policyholder for the **(insurance from a current or former employer or union/insurance purchase directly from an insurance company)**?

PROBE: In other words, in whose name is the health plan held? (NSAF, E24)

**INSERT FAMILY/HOUSEHOLD ROSTER
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

(IF "OTHER NOT ON LIST" ASK A78BN; ELSE GO TO INSTRUCTIONS BEFORE A78c)

A78BN. When we listed the members of your family we didn't include **(insert specify)**. Is this another name for someone I have on the list, or is this someone new?

- 1 = Already on list **(GO BACK TO A78b and RE-RECORD)**
- 2 = Someone new **(GO TO INSTRUCTIONS BEFORE A78c)**

[IF A77a="DK/REF" GO TO NEXT PERSON "NOT CORRECT" IN A76; IF NO ONE ELSE GO TO INSTRUCTIONS BEFORE A79

(IF A77a=1 (YES) AUTO-PUNCH A78c = PERSON BEING ASKED A77 - A77a IF PERSON BEING ASKED A77 IS NOT THE SAME AS PERSON IN A78b ASK:)

A78c. What is **(policyholder's in A78b)** relationship to **(person A77 asked of)**?

Policyholder is family member's:

[PLEASE REFER TO "PINK" TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = Husband
- 2 = Former/husband
- 3 = Wife
- 4 = Former wife
- 5 = Partner
- 6 = Father (birth/adoptive or foster)
- 7 = Mother (birth/adoptive or foster)
- 8 = Brother
- 9 = Sister
- 10 = Grandfather
- 11 = Grandmother
- 12 = Uncle
- 13 = Aunt
- 14 = Cousin
- 20 = Other (SPECIFY)
- 21 = (VOL) Don't Know
- 22 = (VOL) Refused

(NOW GO BACK AND RE-ASK A77 – 78 FOR NEXT PERSON "NOT CORRECT" IN A76. IF NO ONE LEFT, GO TO INSTRUCTIONS BEFORE A79)

DETAILS ABOUT UNINSURED

(FOR EACH PERSON ON FAMILY/HOUSEHOLD ROSTER WHO IS STILL WITHOUT HEALTH CARE COVERAGE ASK A79 TO A81a CONSECUTIVELY...(CORRECT IN A76))

A79. **(Were you/Was NAME)** covered by a health care plan at any time during the past 12 months, that is since (DATE (month, day, ~~2007~~) 2008). (NSAF, E37)

- 1 = Yes
- 2 = No **(REPEAT FOR NEXT UNCOVERED PERSON, IF LAST GO TO BOX E)**
- 8 = (VOL) Don't Know **(REPEAT FOR NEXT UNCOVERED PERSON, IF LAST GO TO BOX E)**
- 9 = (VOL) Refused **(REPEAT FOR NEXT UNCOVERED PERSON, IF LAST GO TO BOX E)**

A80. For how many of the past 12 months did **(you/NAME)** have a health care plan?

(PROBE: Your best estimate is fine.) (NSAF, E37A)

_____ NUMBER

(1=1 MONTH OR LESS; 12=MORE THAN 11 MONTHS BUT NOT THE FULL YEAR/PRESENTLY)

(IF A80 < 7)

[NOTE: WILL NOT CHANGE TO 2008 UNTIL 7/1/09 IF NEEDED]

A81. **(Were you/Was NAME)** covered by a health care plan at any time in the past 6 months, that is *since* (DATE (month, day, 2007)). (NSAF, E37)

- 1 = Yes

2 = No
8 = (VOL) Don't Know
9 = (VOL) Refused

[ASK A81a IF A81=1 (YES); ELSE GO BACK TO A79 FOR NEXT UNCOVERED PERSON; IF NO ONE ELSE GO TO BOX E INSTRUCTIONS)

A81a. (Were you / Was (name)) covered by a plan during the last 3 months?

1 = Yes
2 = No
8 = (VOL) Don't Know
9 = (VOL) Refused

Box E

IF ANYONE IN FAMILY IS COVERED BY INSURANCE, THIS IS THEY HAVE BEEN MENTIONED IN A2a, A32, A32b, A42b, A43a, A53a, A54b, A61a, A63, A65, A65a1, A67, A74 OR A76=2 GO TO A87.

IF NO ONE IS COVERED BY INSURANCE GO TO A91

A87. **(IF EVERYONE IN FAMILY WITH INSURANCE READ:)** Was there any time in the past 12 months, that is since **(DATE: month, day, 2007 2008)** when you (or ANYONE IN YOUR FAMILY) had no medical care plan? (NASF, E42 modified)

(IF SOME IN FAMILY NOT INSURED READ:) Thinking just about the family members-who presently have a medical care plan...was there any time in the past 12 months, that is since **(DATE: month, day, 2007 2008)** when any of them did not have a medical care plan?

1 = Yes
2 = No **(GO TO INSTRUCTIONS BEFORE A91)**
8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE A91)**
9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE A91)**

[IF SINGLE PERSON HH AND A87=1 AUTI-PUNCH A87a=1 THEN GO TO INSTRUCTIONS BEFORE A88

IF 2 OR MORE IN HH AND A87=1 ASK A87a]

A87a. Who was that? (PROBE: Anyone else?)

INSERT FAMILY MEMBERS WITH MEDICAL CARE

(ASK A88 FOR EACH PERSON NAMED IN A87a:)

A88. For how many of the past 12 months did **(you/NAME)** NOT have a health care plan? (NASF, E43)

(RANGE: 1-14: 1=1 OR LESS; 13=(VOL) DON'T KNOW; 14=(VOL) REFUSED)

(IF A76 = 1 THEN ASK A91.....OTHERWISE SKIP TO INSTRUCTIONS BEFORE A94)

(IF ANY UNINSURED MEMBERS OF FAMILY ASK ...OTHERWISE GO TO INSTRUCTIONS BEFORE A94)

A91. Have you **(or anyone in your family)** ever looked into getting coverage from New Jersey Family Care or Medicaid?

[IF RESP ASKS FOR PHONE NUMBERS:

NJ Family Care: 1-800-701-0710; Medicaid: : 1-800-356-1561

- 1 = Yes
- 2 = No **(GO TO A93c)**
- 8 = (VOL) Don't Know **(GO TO A93c)**
- 9 = (VOL) Refused **(GO TO A93c)**

A93a. Which one?

- 1 = NJ Family Care
- 2 = Medicaid
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(FOR EACH PROGRAM IDENTIFIED IN A93a)

A93b. Did you/they actually apply for **(PROGRAM)**?

- 1 = Yes **(GO TO INSTRUCTIONS BEFORE A94)**
- 2 = No **(GO TO INSTRUCTIONS BEFORE A94)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE A94)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE A94)**

A93c. Before I mentioned it in this survey, had you ever heard of New Jersey Family Care?

[IF RESP ASKS FOR PHONE NUMBERS: NJ Family Care: 1-800-701-0710]

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

DENTAL COVERAGE

A94. At this time, are you (or is anyone in your family) covered by a plan that helps pay for dental expenses?

- 1 = Yes
- 2 = No **(GO TO SECTION B)**
- 8 = (VOL) Don't Know **(GO TO SECTION B)**
- 9 = (VOL) Refused **(GO TO SECTION B)**

[IF SINGLE PERSON HH AND A94=1 AUTO-PUNCH A94a=1 THEN GO TO SECTION B;

IF 2 OR MORE IN HH AND A94=1 ASK A94a]

A94a. Who is covered? (PROBE: Anyone else?)

INSERT FAMILY/HOUSEHOLD ROSTER INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"

(IF "OTHER NOT ON LIST" ASK A94an ELSE GO TO SECTION B)

A94an. When we listed the members of your family we didn't include (insert specify). Is this another name for someone I have on the list, or is this someone new?

1 = Already on list
2 = Someone new

(GO BACK TO A94a and RE-RECORD)
(GO TO SECTION B)

SECTION B (HEALTH STATUS)

(ASK B1, B3 & B3NB1 CONSECUTIVELY FOR EACH FAMILY MEMBER STARTING WITH THE RESPONDENT:)

[IF SINGLE PERSON HH SAY:] Now I want to change topics and talk about your health.

[IF 2 OR MORE IN HH SAY:] Now I want to change topics and talk about your health and the health of your family.

Now, I'd like to ask about your **(and your family's)** health.

B1. Would you say **(your/NAME'S)** health is (READ LIST): (CTSpG78, e401; NSAFpgF-1, F1)

1 = Excellent,
2 = Very good,
3 = Good,
4 = Fair, or
5 = Poor?
6 = (VOL) Don't Know
7 = (VOL) Refused

B3. Would you say **(your/NAME'S)** DENTAL health is (READ LIST):

1 = Excellent,
2 = Very good,
3 = Good,
4 = Fair, or
5 = Poor?
6 = (VOL) Don't Know
7 = (VOL) Refused

B3NB1. Would you say **(your/name's)** MENTAL health is (READ LIST):

1 = Excellent,
2 = Very good,
3 = Good,
4 = Fair, or
5 = Poor?
6 = (VOL) Don't Know
7 = (VOL) Refused

(NOW GO BACK AND RE-ASK SERIES FOR THE NEXT FAMILY MEMBER. IF ALL FAMILY MEMBERS ASKED CONTINUE WITH B4)

B4. Has a doctor or other health professional ever said that you (*or any other member of your family*) had asthma? (modified BRFSSpg9, 3.1)

- 1 = Yes
- 2 = No (GO TO B5)
- 8 = (VOL) Don't Know (GO TO B5)
- 9 = (VOL) Refused (GO TO B5)

**[IF SINGLE PERSON HH AND B4=1 AUTO-PUNCH B4a=1 THEN GO TO B5
IF 2 OR MORE IN HH AND B4=1 ASK B4a]**

B4a. Who in the family was this? (PROBE: Anyone else?)

**INSERT FAMILY/HOUSEHOLD ROSTER –
DO NOT INCLUDE CODE FOR “OTHER NOT ON LIST (SPECIFY)”**

B5. Has a doctor or other health professional ever said that you (or any other member of your family) had diabetes? (modified BRFSSpg10, 4.1)

- 1 = Yes
- 2 = No (GO TO B6NB9)
- 8 = (VOL) Don't Know (GO TO B6NB9)
- 9 = (VOL) Refused (GO TO B6NB9)

**[IF SINGLE PERSON HH AND B5=1 AUTO-PUNCH B5a=1 THEN GO INSTRUCTIONS BEFORE
B5b**

IF 2 OR MORE IN HH AND B5=1 ASK B5a]

B5a. What family member(s) was this? (PROBE: Anyone else?)

**INSERT FAMILY/HOUSEHOLD ROSTER –
DO NOT INCLUDE CODE FOR “OTHER NOT ON LIST (SPECIFY)”**

***(IF ANY FAMILY MEMBER IN B5a IS A FEMALE 14 YRS OF AGE OR OLDER ASK QB5b FOR
EACH FEMALE 14+; ELSE GO TO B6NB9):***

B5b. Was (*your/name*) diabetes due to a pregnancy?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B6NB9. Have *you (or anyone in your family)* had any other type of serious or long-lasting medical condition that I haven't mentioned?

- 1 = Yes
- 2 = No (GO TO INSTRUCTIONS BEFORE B6a)
- 8 = (VOL) Don't Know (GO TO INSTRUCTIONS BEFORE B6a)
- 9 = (VOL) Refused (GO TO INSTRUCTIONS BEFORE B6a)

**[IF SINGLE PERSON HH AND B6NB9=1 AUTO-PUNCH B6NB10=1 THEN GO INSTRUCTIONS
BEFORE B6a**

IF 2 OR MORE IN HH AND B6NB9=1 ASK B6NB10]

B6NB10. Who in the family was this? Anyone else?

**INSERT FAMILY/HOUSEHOLD ROSTER
DO NOT INCLUDE CODE FOR “OTHER NOT ON LIST (SPECIFY)”**

(ASK B6a IF ANY FEMALES AGE 10 14-49 IN H/H)

B6a. Are you (or is anyone in your family) pregnant?

1 = Yes

2 = No (GO TO B11)

8 = (VOL) Don't Know (GO TO B11)

9 = (VOL) Refused (GO TO B11)

**[IF SINGLE PERSON HH AND B6a=1 AUTO-PUNCH B6b=1 THEN GO B11
IF 2 OR MORE IN HH AND B6a=1 ASK B6b]**

B6b. Who? Anyone else?

**INSERT FAMILY/HOUSEHOLD ROSTER SHOWING ONLY FEMALES, 10 14-49
DO NOT INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

B11. Next, I am going to ask you whether you (or any other adults in your family, that is you and names of family members 18 and older) have had some particular health problems in the last **3 months.**

**[PROGRAMMER NOTE: FOR EACH "YES" IN B11 SERIES AND SINGLE PERSON HH,
AUTO- PUNCH B11n FOLLOW-UP=1;
IF 2 OR MORE IN HH AND B11="YES" ASK B11n FOLLOW-UP]**

(ROTATE ORDER OF ITEMS a-w)

a. In the past 3 months have you (***or any adults in your family***) had back pain or neck pain that made it very painful to walk a block or go up a flight of stairs? (RWJACpg26, F-h)

1 = Yes → Who is this? (***INSERT FAMILY/HH ROSTER OF ADULTS 18+***)

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

b. In the past 3 months have you (***or any other adults in your family***) had shortness of breath when lying down, waking up, or with light work or exercise? (RWJACpg25, F-b)

1 = Yes → Who is this? (***INSERT FAMILY/HH ROSTER OF ADULTS 18+***)

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

c. loss of consciousness or fainting in the past three months? (RWJACpg25, F-c)

1 = Yes → Who is this? (***INSERT FAMILY/HH ROSTER OF ADULTS 18+***)

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

d. In the past three months have you (***or any other adults in your family***) had unusually blurry vision or difficulty seeing? (modified RWJACpg25, F-d)

1 = Yes → Who is this? (***INSERT FAMILY/HH ROSTER OF ADULTS 18+***)

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

e. Have you (**or any other adults in your family**) had headaches that are either new or more frequent or severe than ones (you/he/she) have had before? (RWJACpg25, F-e)

- 1 = Yes → Who is this? (**INSERT FAMILY/HH ROSTER OF ADULTS 18+**)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

f. Cough with yellow sputum (spew-tum) and fever? (RWJACpg25, F-f)

- 1 = Yes → Who is this? (**INSERT FAMILY/HH ROSTER OF ADULTS 18+**)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

h. Had sadness, hopelessness, frequent crying, or felt depressed in the past three months? (RWJACpg25, F-a)

- 1 = Yes → Who is this? (**INSERT FAMILY/HH ROSTER OF ADULTS 18+**)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

i. In the past 3 months have you (**or any other adults in your family**) had anxiety, nervousness, or fear that has kept (**you/him/her**) from doing the usual amount of work or social activities? (RWJACpg26, F-i)

- 1 = Yes → Who is this? (**INSERT FAMILY/HH ROSTER OF ADULTS 18+**)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

j. Pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs? (RWJACpg26, F-j)

- 1 = Yes → Who is this? (**INSERT FAMILY/HH ROSTER OF ADULTS 18+**)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

k. In the past 3 months have you (**or any other adults in your family**) had a sprained ankle that is too painful to bear weight? (RWJACpg26, F-k)

- 1 = Yes → Who is this? (**INSERT FAMILY/HH ROSTER OF ADULTS 18+**)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

m. fatigue, extreme tiredness, or generalized weakness? (RWJACpg26, F-m)

- 1 = Yes → Who is this? (**INSERT FAMILY/HH ROSTER OF ADULTS 18+**)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(ASK "q" ONLY IF FEMALES, 18+ IN HH)

q. a lump or mass in the breast? (RWJACpg26, F-q)

1 = Yes → Who is this? **(INSERT FAMILY/HH ROSTER OF FEMALE ADULTS 18+ INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)")**

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

(ASK "u" ONLY IF MALES, 18+ IN HH)

u. a great deal of difficulty starting urination or passing urine in the past three months?

(RWJACpg27, F-u)

1 = Yes → Who is this? **(INSERT FAMILY/HH ROSTER OF MALE ADULTS 18+ INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)")**

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

[NOTE: WILL NOT CHANGE TO 2008 UNTIL 4/1/09]

v. In the past 3 months, that is since (**date:** month,day, **2007**), have you (**or any other adults in your family**) had difficulty hearing conversations or telephone calls? (RWJACpg27, F-v)

1 = Yes → Who is this? **(INSERT FAMILY/HH ROSTER OF ADULTS 18+)**

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

w. Chest pain that lasted more than a minute? (RWJACpg28, F-w)

1 = Yes → Who is this? **(INSERT FAMILY/HH ROSTER OF ADULTS 18+)**

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

Symptom Response Index: Symptom Selection

ASK SERIES B12 TO B17 FOR UP TO TWO (2) SYMPTOMS PER FAMILY AND A MAXIMUM OF ONE SYMPTOM PER PERSON (RESP AND SPOUSE ONLY). Go to instructions before B9 if no symptoms reported at all.

**Note: Serious symptoms are B11 items: (b to e, h, q, w)
Morbid symptoms are B11 items: (a, f, i to k, m, u, v)**

Select symptoms for B12a-B30 series in the following order:

- 1. Randomly select a serious symptom (if any) for the respondent.**
- 2. If the respondent had no serious symptoms, randomly select one morbid symptom (if any) for the respondent.**
- 3. Randomly select one serious symptom for the spouse of the respondent (if any).**
- 4. If spouse did not have serious symptoms, randomly select a morbid symptom for the spouse.**

B12. You said that (**you/name**) have had (**symptom from B11**) in the past three months. Did this first appear in the past three months or before that?

1 = Past three months **(GO TO B12b1)**

- 2 = Before that
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B12b. Did the problem "flair up" or get worse in the past three months or was it an ongoing problem?

- 1 = Flared up/got worse in past three months
- 2 = Ongoing problem **(ASK B12 FOR NEXT SYMPTOM...IF NONE GO TO INSTRUCTIONS BEFORE B9)**
- 3 = (VOL) Don't Know **(ASK B12 FOR NEXT SYMPTOM...IF NONE GO TO INSTRUCTIONS BEFORE B9)**
- 4 = (VOL) Refused **(ASK B12 FOR NEXT SYMPTOM...IF NONE GO TO INSTRUCTIONS BEFORE B9)**

B12b1. Did **(IF B12=1 READ: "(you/name) first have this problem") (IF B12b=1, READ: "this problem start getting worse")** within the last week or before that?

- 1 = Appeared/got worse in last week **(GO TO B12a)**
- 2 = Before that
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B12b2. Did **(IF B12=1, READ: " (you/name) first have this problem") (IF B12b=1, READ: " (your/name) problem start getting worse")** within the past 4 weeks?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B12a. **(Have you/Has (name))** seen a doctor or other health professional about this problem in the past three months? (RWJACpg28, F-2)

- 1 = Yes **(ASK B12 FOR NEXT SYMPTOM...IF NONE GO TO INSTRUCTIONS BEFORE B9)**
- 2 = No
- 3 = Did not have symptom in past three months **(ASK B12 FOR NEXT SYMPTOM...IF NONE GO TO INSTRUCTIONS BEFORE B9)**
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B14. During the past three months, (have you / has NAME) talked to a doctor or other health professional by telephone about this problem? (RWJACpg29, F-7)

- 1 = Yes
- 2 = No **(GO TO B17)**
- 8 = (VOL) Don't Know **(GO TO B17)**
- 9 = (VOL) Refused **(GO TO B17)**

B15. Did (you/NAME) think that **(you/he/she)** needed to see a medical person for treatment of this problem, rather than just talk to someone on the telephone, at any time in the past three months? (RWJACpg29, F-10)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know

9 = (VOL) Refused

(ALL ASKED B15 GO TO B12 FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTIONS BEFORE B9)

(ASK B17 IF NO / DK/ REF IN B14)

B17. At any time in the past three months, did (you/NAME) think that (you/he/she) needed to contact a doctor or other medical person about this problem? (RWJACpg31, F-16)

1 = Yes

2 = No **(ASK B12 FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)**

8 = (VOL) Don't Know **(ASK B12 FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)**

9 = (VOL) Refused **(ASK B12 FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)**

B17a. (Do you / Does **(NAME)**) have an appointment scheduled with a doctor or other health professional?

1 = Yes

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

(ASK B12 FOR NEXT SYMPTOM; IF NO NEXT SYMPTOM, GO TO INSTRUCTION BEFORE B9)

(IF ONE OR MORE CHILDREN UNDER 5 YEARS OF AGE ASK...ALL OTHERS GO TO B8)

B9. **(Is/are)** **(insert names of all children under 5 years of age)** limited in any way in activities, including play activities, because of an impairment or a physical or mental health problem?

1 = Yes

2 = No **(GO TO B8)**

8 = (VOL) Don't Know **(GO TO B8)**

9 = (VOL) Refused **(GO TO B8)**

(IF MORE THAN ONE CHILD UNDER 5 YEARS OF AGE ASK B9a...OTHERS GO TO B8)

B9a. Who?

**(INSERT FAMILY/HOUSEHOLD ROSTER
SHOWING ONLY THOSE UNDER 5 YEARS OF AGE)**

B8. **(Are you/Including yourself is any one in the family)** limited in any way in **(your/their)** ability to care for **(yourself/themselves)**, to work at a job, do housework, school work, or GO TO school because of an impairment or a physical or mental health problem?

1 = Yes **(ASK B8a)**

2 = No **(SKIP TO B8b)**

8 = (VOL) Don't Know **(SKIP TO B8b)**

9 = (VOL) Refused **(SKIP TO B8b)**

**[IF SINGLE PERSON HH AND B8=1 AUTO-PUNCH B8a=1 THEN GO TO B8b
IF 2 OR MORE IN HH AND B8=1 ASK B8a]**

B8a. What family members is this? Anyone else?

INSERT FAMILY/HOUSEHOLD ROSTER FOR THOSE 5 YEARS OR OLDER ONLY

B8b. (Do you/Including yourself does any one in the family) need to be checked on regularly or need assistance because of problems with memory such as confusion, not being able to complete tasks, not knowing where (you/ they) are, etc?

- 1 = Yes (ASK B8b1)
- 2 = No (SKIP TO B8c)
- 8 = (VOL) Don't Know (SKIP TO B8c)
- 9 = (VOL) Refused (SKIP TO B8c)

**[IF SINGLE PERSON HH AND B8b=1 AUTO-PUNCH B8b1=1 THEN GO TO B8c
IF 2 OR MORE IN HH AND B8=1 ASK B8a]**

B8b1. If so, who?

INSERT FAMILY/HOUSEHOLD ROSTER FOR THOSE 5 YEARS OR OLDER ONLY

B8c. Has a doctor or other health professional ever said that you have (or any member of your family has) Alzheimer's Disease or another type of dementia? (Doctors sometimes use terms like senile dementia, ischemic vascular dementia, dementia with Lewy bodies, etc.)

- 1 = Yes (ASK B8c1)
- 2 = No (SKIP TO INSTRUCTIONS BEFORE B10a)
- 8 = (VOL) Don't Know (SKIP TO INSTRUCTIONS BEFORE B10a)
- 9 = (VOL) Refused (SKIP TO INSTRUCTIONS BEFORE B10a)

**[IF SINGLE PERSON HH AND B8c=1 AUTO-PUNCH B8c2=1 THEN SKIP TO INSTRUCTIONS
BEFORE B10a]**

IF 2 OR MORE IN HH AND B8a=1 ASK B8c1]

B8c1. If so, who?

INSERT FAMILY/HOUSEHOLD ROSTER FOR THOSE 5 YEARS OR OLDER ONLY

[IF B8=2; SKIP TO B10c; ELSE ASK B10a]

B10a. Because of a health or physical problem do you (or anyone in your family 5 years or older) have any difficulty on a daily basis, walking, dressing, or using the toilet?

- 1 = Yes (ASK B10a1)
- 2 = No (GO TO B10b)
- 8 = (VOL) Don't Know (GO TO B10b)
- 9 = (VOL) Refused (GO TO B10b)

**[IF SINGLE PERSON HH AND B10a=1 AUTO-PUNCH B10a1=1 THEN GO TO B10b
IF 2 OR MORE IN HH AND B10a=1 ASK B10a1]**

B10a1. If so, who?

INSERT FAMILY/HOUSEHOLD ROSTER FOR THOSE 5 YEARS OR OLDER ONLY

[B10a2 DELETED]

B10b. Because of a health or physical problem do you (or anyone in your family 5 years or older) have any difficulty on a daily basis, getting in or out of bed or chairs, bathing, or eating?

- 1 = Yes

- 2 = No (GO TO B10c)
- 8 = (VOL) Don't Know (GO TO B10c)
- 9 = (VOL) Refused (GO TO B10c)

**[IF SINGLE PERSON HH AND B10b=1 AUTO-PUNCH B10b1=1 THEN GO TO B10c
IF 2 OR MORE IN HH AND B10b=1 ASK B10b1 THEN GO TO B10c]**
B10b1. If so, who?

INSERT FAMILY/HOUSEHOLD ROSTER FOR THOSE 5 YEARS OR OLDER ONLY

B10c. Because of a health or physical problem do you (*or anyone in your family 5 years or older*) have any difficulty managing medications, using the telephone, or keeping track of expenses or paying bills?

- 1 = Yes
- 2 = No (GO TO B10d)
- 8 = (VOL) Don't Know (GO TO B10d)
- 9 = (VOL) Refused (GO TO B10d)

**[IF SINGLE PERSON HH AND B10c=1 AUTO-PUNCH B10c1=1 THEN GO TO B10d
IF 2 OR MORE IN HH AND B8c=1 ASK B8c1 THEN GO TO B10d]**
B10c1. If so, who?

INSERT FAMILY/HOUSEHOLD ROSTER FOR THOSE 5 YEARS OR OLDER ONLY

B10d. Because of a health or physical problem do you (*or anyone in your family 5 years or older*) have any difficulty preparing meals, or shopping?

- 1 = Yes
- 2 = No (GO TO INSTRUCTIONS BEFORE B50)
- 8 = (VOL) Don't Know (GO TO INSTRUCTIONS BEFORE B50)
- 9 = (VOL) Refused (GO TO INSTRUCTIONS BEFORE B50)

**[IF SINGLE PERSON HH AND B10d=1 AUTO-PUNCH B10d1=1 THEN GO TO INSTRUCTIONS BEFORE B50
IF 2 OR MORE IN HH AND B10d=1 ASK B10d1]**
B10d1. If so, who?

INSERT FAMILY/HOUSEHOLD ROSTER FOR THOSE 5 YEARS OR OLDER ONLY

HEIGHT/WEIGHT – (ASK FOR RESPONDENT ONLY)

B50. How tall are you without shoes?

(IF NEEDED SAY: "Your best guess is fine") (CHIS 2005)

_____ Feet
 _____ Inches
(OR)
 _____ Meters
 _____ Centimeters

- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B51. How much do you weigh now without shoes?

(IF NEEDED SAY: "Your best guess is fine") (CHIS 2005)

_____pounds
(OR)
_____kilograms

- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B53. Compared to what you would like to be, would you say you are very underweight, slightly underweight, about the right weight, slightly overweight, or very overweight? (Modified from CHIS adolescent survey)

- 1 = Very underweight (GO TO B55)
- 2 = Slightly underweight (GO TO B55)
- 3 = About the right weight (GO TO B55)
- 4 = Slightly overweight
- 5 = Very overweight
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B54. Are you doing anything to lose weight?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B55. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (IF YES: "Did they suggest you lose weight, gain weight, or maintain current weight?")

- 1 = Yes, lose weight
- 2 = Yes, gain weight
- 3 = Yes, maintain current weight
- 4 = No, no advice given about weight
- 8 = (VOL) Don't Know/Not sure
- 9 = (VOL) Refused

HEIGHT/WEIGHT – Random child

(IF NO CHILDREN AGED 3 -18 IN HOUSEHOLD GO TO C1; ELSE CONTINUE)

(ASK OF 1 RANDOM CHILD OF RESPONDENT AGED 3-18. IF NO CHILDREN OF RESPONDENT BUT OTHER CHILDREN LIVE IN THE HOUSEHOLD, ASK 1 RANDOM CHILD NOT OF THE RESPONDENT. NOTE: THIS WILL BE THE SAME RANDOM CHILD THAT IS USED FOR THE DIET AND EXERCISE QUESTIONS IN SECTION E (BEGINNING WITH E9).)

(IF ONLY ONE CHILD AGED 3-18)

Now I would like to ask you some questions about ***(CHILD)***'S height and weight.

(IF >1 CHILD AGED 3-18)

Now I would like to ask you some questions about one **(RANDOM CHILD)**'s height and weight. (If needed: "**(CHILD)** was randomly selected.")

B56. How tall is **(CHILD NAME)** now without shoes?

(IF NEEDED SAY: "Your best guess is fine") (CHIS 2005)

_____ Feet
_____ Inches
(OR)
_____ Meters
_____ Centimeters

8 = (VOL) Don't Know
9 = (VOL) Refused

B57. When was the last time **(CHILD NAME)**'s height was measured?

(IF NECESSARY: Your best estimate is fine.)

1 = < = 1 month
2 = 2 months ago
3 = 3 months ago
4 = 4-6 months ago
5 = over 6 months to 1 year ago
6 = More than a year ago
8 = (VOL) Don't Know
9 = (VOL) Refused

B58. How much does **(CHILD NAME)** weigh now without shoes?

(IF NEEDED SAY: "Your best guess is fine") (CHIS 2005)

_____ pounds
(OR)
_____ kilograms

8 = (VOL) Don't Know
9 = (VOL) Refused

B59. When was the last time **(CHILD NAME)**'s weight was measured?

(IF NECESSARY: Your best estimate is fine.)

1 = < = 1 month
2 = 2 months ago
3 = 3 months ago
4 = 4-6 months ago
5 = over 6 months to 1 year ago
6 = More than a year ago
8 = (VOL) Don't Know
9 = (VOL) Refused

B60. Compared to what you would like **(him/her)** to be, would you say **(CHILD NAME)** is very underweight, slightly underweight, about the right weight, slightly overweight, or very overweight? (Modified from CHIS adolescent survey)

- 1 = Very underweight (GO TO B63)
- 2 = Slightly underweight (GO TO B63)
- 3 = About the right weight (GO TO B63)
- 4 = Slightly overweight
- 5 = Very overweight
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B61. Are you trying to have (**CHILD NAME**) lose weight?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B62. Is (**CHILD NAME**) doing anything to lose weight?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

B63. In the past 12 months, has a doctor, nurse or other health professional given you advice about (**CHILD NAME**)'s weight? (IF YES: "Did they suggest (**CHILD NAME**) lose weight, gain weight, or maintain current weight?")

- 1 = Yes, lose weight
- 2 = Yes, gain weight
- 3 = Yes, maintain current weight
- 4 = No, no advice given about weight
- 8 = (VOL) Don't Know/Not sure
- 9 = (VOL) Refused

SECTION C (UTILIZATION)

(ASK OF ALL FAMILY MEMBERS)

C1. During the past 12 months, were you (or was anyone in your family) a patient in a hospital overnight?

- 1 = Yes
- 2 = No (GO TO C5)
- 8 = (VOL) Don't Know (GO TO C5)
- 9 = (VOL) Refused (GO TO C5)

[IF SINGLE PERSON HH AND C1=1 AUTO-PUNCH C1a=1 THEN GO TO INSTRUCTIONS BEFORE C2

IF 2 OR MORE IN HH AND C1=1 ASK C1a]

C1a. Who?

INSERT FAMILY/HOUSEHOLD ROSTER

(ASK C2 FOR EACH PERSON IN C1a)

C2. How many different times did **(you/name)** stay in the hospital overnight or longer in past 12 months? (FHIS, 4.2, p 35, CTS p52)

_____ NUMBER OF TIMES

(RANGE: 1 to 24; 24=24 OR MORE; 25=(VOL) DON'T KNOW; 26=(VOL) REFUSED)

(IF FEMALE BETWEEN 14-55 IN C1a ASK C3; ELSE GO TO INSTRUCTIONS BEFORE C4)

C3. Were any of these hospital stays for delivery of a baby?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF UNDER 1 YEAR OLD IN C1a ASK C4... OTHERWISE GO TO C5)

C4. Did **(you/name)** stay in the hospital overnight at birth? (CTS, p52, NSAF F5)

- 1 = Yes
- 2 = No (GO TO C5)
- 8 = (VOL) Don't Know (GO TO C5)
- 9 = (VOL) Refused (GO TO C5)

C4b. Were/Was **(you/name)** admitted to the hospital at any other time?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C5. During the past 12 months did you (or anyone in your family) go to a hospital emergency room?

- 1 = Yes
- 2 = No (GO TO D1)
- 8 = (VOL) Don't Know (GO TO D1)
- 9 = (VOL) Refused (GO TO D1)

[IF SINGLE PERSON HH AND C5=1 AUTO-PUNCH C5a=1 THEN GO TO INSTRUCTIONS BEFORE C5b

IF 2 OR MORE IN HH AND C5=1 ASK C5a]

C5a. Who went?

INSERT FAMILY/HOUSEHOLD ROSTER

(FOR EACH PERSON IN C5a)

C5b. About how many times did **(you/name)** go to a hospital emergency room in the past 12 months?

_____ NUMBER OF TIMES

(RANGE: 1 to 97 : 97=97 OR MORE; 98=(VOL) DON'T KNOW; 99=(VOL) REFUSED)

(FOR EACH PERSON WITH HOSPITAL ADMISSION IN C1a AND ALSO WENT TO THE EMERGENCY ROOM IN C5a ASK C5c)

C5c. Did **(this/any of these)** emergency room visit(s) lead to the hospital admission you mentioned earlier?

- 1 = Yes
- 2 = No (GO TO C5g)
- 8 = (VOL) Don't Know (GO TO C5g)
- 9 = (VOL) Refused (GO TO C5g)

(ASK C5d IF C5b > 1 AND C2 > 1. ELSE GO TO INSTRUCTS BEFORE C5e.)

C5d. How many times did (your/name's) emergency room visits lead to a hospital admission?

_____ NUMBER OF TIMES

[IF RESPONSE IS GREATER THAN NUMBER OF HOSPITAL ADMISSIONS IN [insert #C2] ; VERIFY WITH RESPONDENT BEFORE CONTINUING]

(RANGE: 1 to 97 : 97=97 OR MORE; 98=(VOL) DON'T KNOW; 99=(VOL) REFUSED)

(ASK C5e IF C3=YES AND C2 > 1 AND C5d < C2. ELSE GO TO INSTRUCTIONS BEFORE C5f.)

C5e. Did this emergency room visit lead to (your/name's) admission for delivery of a baby that you mentioned earlier?

- 1 = Yes (GO TO C5g)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(SKIP C5f IF C5b=1 OR C5d = C2; ELSE ASK C5f)

C5f. **(If mentioned in C5a)** Did (your/name's) most recent emergency room visit lead to an inpatient admission?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C5g. Was this **(IF C5b > 1: say: "most recent")** emergency room visit to an emergency department in a hospital in New Jersey?

- 1 = Yes
- 2 = No (GO TO D1)
- 8 = (VOL) Don't Know (GO TO D1)
- 9 = (VOL) Refused (GO TO D1)

IF > 2 ER VISITS PER HOUSEHOLD, SELECT RESPONDENT FIRST, THEN RANDOMLY SELECT OTHERS UNTIL MAXIMUM OF 2 ER VISITS PER HOUSEHOLD FOR ITEMS C5h-C5y.

The next few questions are about (your/name's) **(IF >1 ER VISIT FOR PERSON ADD: "most recent")** visit to the emergency department...

C5h. Did (you/ name) arrive by ambulance?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C5i. Did **(you/ name)** go to the emergency room (**IF >1 ER VISIT FOR PERSON ADD:** the last time”) because of injury, illness, or for follow-up to care gotten there or somewhere else? (e.g. - to get stitches out)

- 1 = Injury
- 2 = Illness
- 3 = For follow-up to care **(SKIP to C5r)**
- 8 = (VOL) Don't Know **(SKIP TO C5o)**
- 9 = (VOL) Refused **(SKIP TO C5o)**

C5j. **(In (your/name's) (IF >1 ER VISIT FOR PERSON ADD:** most recent emergency room visit,") how long had **(you/he/she) (IF C5i=1 SAY:** “been injured”/ **IF C5i=2 SAY:** “been sick” ~~**IF C5i=3 SAY:** “waited to get follow-up care”~~) before going to the ER?

- 1 = Went to ER immediately
- 2 = Not immediately but less than 4 hours
- 3 = Not less than 4 hours but less than 24 hours
- 4 = Not less than 24 hours but less than 3 days
- 5 = Not less than 3 days but less than 7 days
- 6 = Not less than 7 days but less than 1 month
- 7 = 1 month or more
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C5o. What was the main reason why **(you/name)** went to an emergency room for that visit instead of a regular doctor or some other place to get care?

- 1 = Care urgently needed
- 2 = After hours/my usual place or doctor closed
- 3 = No other place available /has no regular place or doctor
- 4 = Doctor told me/him/her to go there
- 5 = Convenient
- 6 = Best care/highest quality care available
- 7 = Don't have to pay/care available without payment
- 8 = Needed prescription filled or refilled
- 9 = (VOL) Don't Know
- 10 = (VOL) Refused
- 11 = (VOL) Other (SPECIFY)

C5r. In **(your/name's) (IF >1 ER VISIT FOR PERSON ADD:** “most recent”) emergency room visit, how long did **(you/name)** wait before someone started to treat **(your/his/her)** health problem? Was it more than 30 minutes?

- 1 = Yes
- 2 = No **(GO TO INSTRUCTIONS BEFORE C5u)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE C5u)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE C5u)**

C5s. Was it more than an hour?

- 1 = Yes
- 2 = No **(GO TO INSTRUCTIONS BEFORE C5u)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE C5u)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE C5u)**

C5t. Was it more than 4 hours?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

[IF C5i=3, GO TO C5y]

[IF C5f="NO" OR "DK" OR "REF" OR C5f NOT ASKED ASK C5u; ELSE GO TO C5y]

C5u. At **(your/name's)** most recent emergency room visit, did the health care provider advise **(you/him/her)** to schedule a follow-up visit?

- 1 = Yes
- 2 = No **(GO TO C5y)**
- 8 = (VOL) Don't Know **(GO TO C5y)**
- 9 = (VOL) Refused **(GO TO C5y)**

C5w. Did **(you/name)** receive a follow-up visit?

- 1 = Yes **(GO TO C5y)**
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C5x. Is there one scheduled?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C5y. Thinking about this most recent emergency room visit, if **(you/name)** had to do this again, would **(you/he/she)** go to the same emergency room, a different emergency room, somewhere else, or not go at all for care?

- 1 = same ER
- 2 = different ER
- 3 = somewhere else
- 4 = not go at all for care
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(ASK FOR EACH PERSON SEPARATELY)

D1. Is there a particular doctor's office, hospital, health center or some other place that **(you/name)** usually **(go/goes)** to if **(you are/name is)** sick or need advice about (your/his/her) health? (modified FHIS 3.1) (IF "YES" Probe: What kind of place is that?) (DO NOT READ LIST) (FHIS 3.2)

IF CLINIC MENTIONED PROBE: Is it a hospital outpatient clinic, company clinic, school clinic, or some other kind of clinic? (FHIS 3.2)

IF HOSPITAL MENTIONED PROBE: Is it a hospital outpatient clinic, a hospital emergency room, or is it a doctor's office in a hospital? (FHIS 3.2)

IF SOME OTHER PLACE MENTIONED PROBE: Where was this? (FHIS 3.2)

[PLEASE REFER TO "GREEN" TACK-UP FOR ENTIRE ANSWER LIST]

- 1 = Yes, there is one place but I don't know what it is
- 2 = Yes, there is one place but I refuse to say what it is
- 3 = No, no particular place/No usual source of care
- 4 = Doctor's office/group practice
- 5 = Hospital emergency room
- 6 = Hospital out-patient clinic
- 7 = Company/industrial clinic
- 8 = School clinic
- 9 = Other type of clinic
- 11 = Community or migrant health center
- 12 = Indian health service
- 13 = Public health department
- 14 = Walk-in center
- 20 = Other (SPECIFY)
- 21 = (VOL) Don't know if there is one place or not
- 22 = (VOL) Refused to say if there is one place or not

C6. During the past 12 months have you (or anyone in your family) been to see either a doctor or a nurse practitioner?
(IF C1 OR C5 IS "YES" ADD: "Do not count doctors seen while in the hospital overnight or the hospital emergency room.)

(IF NEEDED: "A nurse practitioner is a nurse with special training who can write prescriptions.")

- 1 = Yes
- 2 = No **(GO TO INSTRUCTIONS BEFORE C7r)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE C7r)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE C7r)**

**[IF SINGLE PERSON HH AND C6=1 AUTO-PUNCH C6a=1 THEN GO TO INSTRUCTIONS BEFORE C6b
 IF 2 OR MORE IN HH AND C6=1 ASK C6a]**

C6a. Who has seen a doctor or nurse practitioner?

INSERT FAMILY/HOUSEHOLD ROSTER

(FOR EACH PERSON IN C6a ASK C6b AND C7 CONSECUTIVELY)

C6b. About how many times **(have you/has name)** seen a doctor or nurse practitioner in the past 12 months?

NUMBER OF TIMES _____

(RANGE: 1-366: 365 = (VOL) DON'T KNOW; 366 = (VOL) REFUSED)

C7. **(IF UNDER 19 YEARS OF AGE SAY:)** About how many of **(your/his/her) (insert value in C6b)** visits / **(If DK/REF insert:** "visits to a doctor or nurse practitioner that you just told me about") were for well-child care, such as check-ups? (NSAF, F15)

(IF 19 YRS OR OLDER SAY:) About how many of **(your/his/her) (insert value in C6)** visits / **(If DK/REF insert** "visits to a doctor or nurse practitioner that you just told me about") were for preventive care, such as check-ups? (modified NSAF, F15)

NUMBER OF VISITS _____

(RANGE 0-97; 97=97 OR MORE; 998=(VOL) DK; 999=(VOL) REF)

(IF NUMBER OF VISITS FOR C7 EXCEEDS TOTAL VISITS IN C6 C6b, ASK:)

C7n. You said there were a total of (# in C6 C6b) visits to a doctor or nurse practitioner and of those (# in C7) were for preventive care such as check-ups? Which of those answers is incorrect?

- 1 = Total number of visits (GO BACK AND RE-ASK C6 C6b)
- 2 = Total number of check-ups (GO BACK AND RE-ASK C7)

PROGRAMMER: C7e C7r IS NEW

[ASK C7r IF RESP NOT MENTIONED IN C6a; ELSE GO TO INSTRUCTIONS BEFORE C7a]

[IF C6a=1 (RESP) SKIP TO INSTRUCTIONS BEFORE C7a]

C7r. Have you seen a doctor or nurse practitioner in the past 2 years?

- 1 = Yes
- 2 = No (SKIP TO C9)
- 8 = (VOL) Don't know (SKIP TO C9)
- 9 = (VOL) Refused (SKIP TO C9)

(CAHPS = CAHPS Clinician and Group Survey Adult Primary Care Questionnaire – Core and Supplemental Items, 3/29/07)

[ASK C7a – C7q ONLY IF C6a=1 (RESPONDENT) OR C7r=1 (YES); ELSE SKIP TO C9]

C7a. I want you to think about the doctor or nurse practitioner you see most often. About how long have you been seeing this doctor / nurse practitioner?

(IF VOLUNTEERED “doesn't have a regular doctor”, Enter code “1”)

(IF VOLUNTEERED “I have 2 doctors that I see equally, SAY: “Thinking about your most recent visit to a doctor/nurse practitioner....”)

- 1 = saw only once/ (no regular doctor)
- 2 = less than one year
- 3 = one to three years
- 4 = four to six years
- 5 = more than six years
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C7b. **[IF C7a=1: SAY: “Thinking about your most recent visit to a doctor...”]**

Does this doctor or nurse practitioner share offices with: (READ LIST)

- 1 = One other doctor,
- 2 = Two other doctors,
- 3 = More than two other doctors, or
- 4 = does he or she work alone?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C7b1. Is this a doctor or a nurse practitioner?

- 1 = doctor
- 2 = nurse practitioner
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

[FOR REST OF C7 SERIES: IF C7b1=1, use “doctor”; IF C7b1=2 use “nurse practitioner”;

IF DK/REF use “doctor or nurse practitioner”]

C7c. Is this (doctor / nurse practitioner) a woman or a man?

- 1 = Woman
- 2 = Man
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

[PROGRAMMER NOTE: FOR C7d-C7p: READ-INS WILL BE:

C7c=1: “he” / “his” / “him”; C7c=2: “she” / “her” / “her”; C7c=dk/ref: “he/she” or “his/her” or “him/her”

C7d. Is (he / she) of Spanish, Hispanic, or Latino descent?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C7e. What is (his/her) race?

- 1 = Black/African American
- 2 = White
- 3 = American Indian/Native American/Aleutian or Eskimo
- 4 = Asian/Pacific Islander
- 7 = Other, SPECIFY: _____
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C7f. How often has (he / she) explained things in a way that was easy to understand? Would you say never, sometimes, usually, or always easy to understand? (CAHPS)

- 1 = Never
- 2 = Sometimes
- 3 = Usually
- 4 = Always
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(INSERT ENGLISH IF INTERVIEW CONDUCTED IN ENGLISH; INSERT SPANISH IF CONDUCTED IN SPANISH)

C7g. Did (he / she) speak (**English/Spanish**) during your visit? (CSHP)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C7j. Did you need someone to translate in order to communicate with (him/ her)? (CSHP)

- 1 = Yes
- 2 = No (GO TO C7h)
- 8 = (VOL) Don't Know (GO TO C7h)

9 = (VOL) Refused **(GO TO C7h)**

C7k. Who helped you by translating? (CSHP)

1 = family member

2 = friend

3 = translator at doctor's office **(GO TO C7h)**

4 = someone on telephone/language lines **(GO TO C7h)**

5 = no one **(GO TO C7h)**

8 = (VOL) Don't Know **(GO TO C7h)**

9 = (VOL) Refused **(GO TO C7h)**

(ASK C7k1 IF C7k=1 OR C7k=1 (FAMILY MEMBER OR FRIEND ELSE GO TO C7h)

C7k1. Is this person age 18 or older?

1 = Yes

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

(IF C7j=Yes, skip to C7L.)

C7h. Were any of the explanations (he / she) gave you hard to understand because of an accent or the language the (doctor / nurse practitioner) spoke? (CAHPS, rev. CSHP)

1 = Yes

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

(INSERT ENGLISH IF INTERVIEW CONDUCTED IN ENGLISH; INSERT SPANISH IF CONDUCTED IN SPANISH)

C7i. Did (he / she) seem to find it hard to understand you because of an accent or the way you speak **(English/Spanish)**? (CSHP)

1 = Yes

2 = No

8 = (VOL) Don't Know

9 = (VOL) Refused

C7L. How often did (he / she) listen carefully to you: (READ LIST) (CAHPS)

1 = Never,

2 = Sometimes,

3 = Usually, or

4 = Always?

8 = (VOL) Don't Know

9 = (VOL) Refused

C7m. How often were you able to follow (his / her) advice or instructions about these health problems or concerns after going home: (READ LIST) (CSHP)

1 = Never,

2 = Sometimes,

- 3 = Usually, or
- 4 = Always? **(GO TO C7o)**
- 8 = (VOL) Don't Know **(GO TO C7o)**
- 9 = (VOL) Refused **(GO TO C7o)**

C7n. What is the main reason you weren't able to follow the instructions? (CSHP)

- 1 = too hard to change my diet, lose weight
- 2 = too hard to change other health behaviors
- 3 = didn't have insurance to cover services/medications
- 4 = didn't know where to go for services/medications
- 5 = had to spend the money on other important things (food, rent, etc.)
- 6 = couldn't take time off work to get services
- 7 = someone else in the family was sick
- 8 = didn't have time to do treatment
- 9 = didn't understand the instructions
- 10 = treatment too difficult/complicated
- 11 = didn't agree with the doctor's advice
- 12 = other (SPECIFY)
- 13 = (VOL) Don't Know
- 14 = (VOL) Refused

C7o. How often did (he/she) show respect for what you had to say: (READ LIST) (CAHPS)

- 1 = Never,
- 2 = Sometimes,
- 3 = Usually, or
- 4 = Always?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C7p. How often did (he/she) spend enough time with you; (READ LIST) (CAHPS)

- 1 = Never,
- 2 = Sometimes,
- 3 = Usually, or
- 4 = Always?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C7q. How often did clerks and receptionists at this (doctor / nurse practitioner)'s office treat you with courtesy and respect: (READ LIST) (CAHPS)

- 1 = Never,
- 2 = Sometimes,
- 3 = Usually, or
- 4 = Always?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C9. During the past 12 months did you (or anyone in your family) see a dentist? (NSAF, F6)

- 1 = Yes **(Ask C9a)**
- 2 = No **(GO TO INSTRUCTIONS BEFORE C9bNB2)**
- 8 = (VOL) Don't Know **(GO TO C16d)**
- 9 = (VOL) Refused **(GO TO C16d)**

**[IF SINGLE PERSON HH AND C9=1 AUTO-PUNCH C9a=1 THEN GO TO INSTRUCTIONS BEFORE C9b
IF 2 OR MORE IN HH AND C9=1 ASK C9a]
C9a. Who saw the dentist?**

INSERT FAMILY/HOUSEHOLD ROSTER

(ASK C9b-C9bNB8 FOR EACH MENTION IN C9a AND WHO IS 2 YEARS OF AGE OR OLDER)
C9b. About how many times did **(you/name)** see a dentist in the past 12 months?

(NOTE: Visits to an Orthodontist DO count as a dentist visit.)

NUMBER OF TIMES _____

(RANGE: 1-366: 365 = (VOL) DON'T KNOW; 366 = (VOL) REFUSED)

C9bNB1. How many of those **(insert # C9a)** visits were for a dental check-up (includes cleaning visits for teeth or dentures)?

NUMBER OF TIMES _____

RANGE: 0 to 24: 25=(VOL); DK; 26=(VOL) REF)

(ASK C9bNB8 OF EACH FAMILY MEMBER MENTIONED IN C9a AND WHO IS 4 YEARS OF AGE OR OLDER)

C9bNB8. How many of **(your/his/her)** permanent teeth have been removed or fell out because of tooth decay or gum disease, not including teeth lost for other reasons, such as an injury or orthodontics. Would you say: (READ LIST)

- 1 = None,
- 2 = 5 or fewer,
- 3 = 6 or more, but not all, OR
- 4 = All?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(NOW GO BACK TO C9b AND ASK SERIES FOR NEXT PERSON OVER WHO IS 2 YEARS OF AGE OR OLDER AND MENTIONED IN C9a; IF NO ONE ELSE THEN GO TO INSTRUCTIONS BEFORE C9bNB2)

(ASK C9bNB2—C9bNB8a CONSECUTIVELY FOR EACH PERSON WHO IS 2 YEARS OF AGE OR OLDER AND NOT MENTIONED IN C9a; IF NO ONE ELSE THAN GO TO C16d.)

C9bNB2. When was the last time **(you/name)** went to the dentist (if ever)? How many years ago?

- 1 = Never
- 2 = Gave answer in years (RANGE 1 TO 12;12= 12+)
- 8 = ((VOL) Don't Know
- 9 = (VOL) Refused

(ASK C9bNB8a OF EACH FAMILY MEMBER 6 YEARS OF AGE OR OLDER)

C9bNB8a. How many of **(your/his/her)** permanent teeth have been removed or fell out because of tooth decay or gum disease, not including teeth lost for other reasons, such an injury or orthodontics. Would you say: (READ LIST)

- 1 = None,

- 2 = 5 or fewer,
- 3 = 6 or more, but not all, OR
- 4 = All?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF THERE ARE FAMILY MEMBERS, OVER 2 YEARS OF AGE WHO ARE NOT MENTIONED IN C9a GO TO INSTRUCTIONS BEFORE C9bNB2; IF ALL FAMILY MEMBERS OVER 2 YEARS OF AGE ARE ACCOUNTED FOR THEN CONTINUE WITH C16d)

(ASK ALL)

C16d. In the LAST MONTH, since (**date** month, day, /2008), have you (or anyone else in your family) taken any prescription medicines? (NJFHS I)

(NOTE: This includes ANYTHING that a doctor actually wrote out a prescription for.)

- 1 = Yes
- 2 = No **(GO TO C21)**
- 8 = (VOL) Don't Know **(GO TO C21)**
- 9 = (VOL) Ref used **(GO TO C21)**

[IF SINGLE PERSON HH AND C16d=1 AUTO-PUNCH C16d1=1 THEN GO TO INSTRUCTIONS BEFORE C16e

IF 2 OR MORE IN HH AND C16d=1 ASK C16d1]

C16d1. Who?

INSERT FAMILY/HOUSEHOLD ROSTER

(FOR EACH PERSON IN C16d1 ASK:)

C16e. How many different prescriptions or medicines (**have you/has name**) taken in the last month?

(INTERVIEWER: Listen carefully to respondent. We aren't talking about how many doses were taken, but how many different medications have been prescribed) (NJFHS I)

NUMBER OF MEDICINES _____

(RANGE: 1-99; 98=(VOL) DK; 99=(VOL) REF)

(IF RESPONDENT MENTIONED IN C16d1, ASK C16f, AND C16g; ELSE GO TO C21)

C16f. How often did you find it hard to read and understood the directions on the medicine bottle or the information sheets that came with it? (CSHP)

- 1 = Never
- 2 = Sometimes
- 3 = Usually
- 4 = Always
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C16g. How often did you ask for help from a pharmacist to understand how to take your medicine? (CSHP)

(NOTE: This includes ANYTHING the resp may have asked the pharmacist about the medicine.)

- 1 = Never
- 2 = Sometimes
- 3 = Usually
- 4 = Always
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

[ASK ALL]

C21. In the past 5 years, have you been unable to pay for basic necessities like food, heat, or housing because of medical bills or not?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C22. In the past 5 years, have you borrowed money or gotten a loan or another mortgage on your house because of medical bills or not?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

C23. In the past 5 years, have you been contacted by a collection agency because of medical bills or not?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(GO TO C23aNB3 if no ER visits, hospital visits, or doctor visits in past 12 months for everyone in family)

[IF C1=1 OR C5=1 OR C6=1 ASK C23aNB1 ELSE GO TO INSTRUCTIONS BEFORE C23aNB3]

C23aNB1. In the past 12 months, did you (*or anyone in your family*) see a specialist, or were told by a doctor or other health professional that (you/they) needed to see a specialist?

(ADD IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.”)

(These should NOT be considered Specialists...OB/GYN, Pediatricians, Family Doctor/Family Medicine, General Practitioner/General Internal Medicine/Internists, Primary Care Physician)

- 1 = Yes
- 2 = No **(GO TO INSTRUCTIONS BEFORE C23aNB3)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE C23aNB3)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE C23aNB3)**

**[IF SINGLE PERSON HH AND C23aNB1=1 AUTO-PUNCH C23aNB2=1 THEN GO TO INSTRUCTIONS BEFORE C23aNBa;
IF 2 OR MORE IN HH AND C23aNB1=1 ASK C23aNB2]**

C23aNB2. Who was told that?

INSERT FAMILY/HOUSEHOLD ROSTER

(FOR EACH PERSON IN C23aNB2 ASK c23aNBa BEFORE GOING TO INSTRUCTIONS BEFORE C23aNB3)

C23aNBa. About how many times (*have you/has name*) seen a specialist in the past 12 months?

NUMBER OF TIMES _____

(RANGE: 4 0 -366: 365 = (VOL) DON'T KNOW; 366 = (VOL) REFUSED)

(ASK C23aNB3 ONLY FOR FAMILY MEMBERS NOT MENTIONED IN C23aNB2...IF NO ONE TO INSERT GO TO INSTRUCTIONS BEFORE C23aNB6)

C23aNB3. In the past 12 months, *did (you/insert names not mentioned in C23aNB2)* think (*you/he/she*) needed to see a specialist?

(ADD IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.)

1 = Yes

2 = No

(GO TO INST. BEFORE C23aNB6)

8 = (VOL) Don't Know

(GO TO INST. BEFORE C23aNB6)

9 = (VOL) Refused

(GO TO INST. BEFORE C23aNB6)

[IF SINGLE PERSON HH AND C23aNB3=1 AUTO-PUNCH C23aNB4=1 THEN GO TO INSTRUCTIONS BEFORE C23aNB6

IF 2 OR MORE IN HH AND C23aNB3=1 ASK C23aNB4]

C23aNB4. Who?

INSERT FAMILY/HOUSEHOLD ROSTER (SHOWING ONLY THOSE NOT MENTIONED IN C23aNB2)

(IF "NO" TO C23aNB1 and C23aNB3....GO TO SECTION D)

(IF C23aNB1<>"YES" AND C23aNB3<>"YES"....GO TO SECTION D)

(ASK C23aNB6 FOR EACH PERSON LISTED IN C23aNB2 OR C23aNB4)

C23aNB6. In the past 12 months, how easy or difficult has it been for (*you/name*) to see a medical specialist, or didn't (*you/ he/she*) try to see one? Would you say...(READ LIST)

1 = Very easy,

2 = Somewhat easy,

3 = Somewhat difficult,

4 = Very difficult, or

5 = Didn't try to see one?

8 = (VOL) Don't Know

9 = (VOL) Refused

SECTION D (ACCESS TO CARE)

D3. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months was there a time when you (or someone in your family) wanted medical care or surgery but could not get it at that time? (NACS D1a1)

- 1 = Yes
- 2 = No (GO TO D4)
- 8 = (VOL) Don't Know (GO TO D4)
- 9 = (VOL) Refused (GO TO D4)

**[IF SINGLE PERSON HH AND D3=1 AUTO-PUNCH D3a=1 THEN GO TO D4
IF 2 OR MORE IN HH AND D3=1 ASK D3a]**

D3a. Who was that?

INSERT FAMILY/HOUSEHOLD ROSTER

D4. Was there a time when you (or someone in your family) wanted mental health care or counseling but could not get it at that time? (NACS D1e1)

- 1 = Yes
- 2 = No (GO TO D5)
- 8 = (VOL) Don't Know (GO TO D5)
- 9 = (VOL) Refused (GO TO D5)

**[IF SINGLE PERSON HH AND D4=1 AUTO-PUNCH D4.1=1 THEN GO TO D5
IF 2 OR MORE IN HH AND D4=1 ASK D4.1]**

D4.1 Who was that?

INSERT FAMILY/HOUSEHOLD ROSTER

D5. During the past 12 months was there a time when you (or someone in your family) wanted dental care but could not get it at that time? (NACS D1e1)

- 1 = Yes
- 2 = No (GO TO D7)
- 8 = (VOL) Don't Know (GO TO D7)
- 9 = (VOL) Refused (GO TO D7)

**[IF SINGLE PERSON HH AND D5=1 AUTO-PUNCH D5a=1 THEN GO TO D7
IF 2 OR MORE IN HH AND D5=1 ASK D5a]**

D5a. Who was that?

INSERT FAMILY/HOUSEHOLD ROSTER

D7. During the past 12 months, was there a time when you (or someone in your family) didn't get or delayed getting a prescription because it cost too much? Please include Refills of earlier prescriptions as well as new prescriptions. (modified MCBS SC15)

- 1 = Yes (GO TO D7a)
- 2 = No (GO TO D8)
- 8 = (VOL) Don't know (GO TO D8)
- 9 = (VOL) Refused (GO TO D8)

**[IF SINGLE PERSON HH AND D7=1 AUTO-PUNCH D7a=1 THEN GO TO D8
IF 2 OR MORE IN HH AND D7=1 ASK D7a]**

D7a. Who was that?

INSERT FAMILY/HOUSEHOLD ROSTER

D8. During the past 12 months have you (or someone in your family) taken less of a prescribed medication to make the prescription last longer?

- 1 = Yes
- 2 = No (GO TO SECTION E)
- 8 = (VOL) Don't know (GO TO SECTION E)
- 9 = (VOL) Refused (GO TO SECTION E)

[IF SINGLE PERSON HH AND D8=1 AUTO-PUNCH D8a=1 THEN GO TO SECTION E

IF 2 OR MORE IN HH AND D8=1 ASK D8a]

D8a. Who was that?

INSERT FAMILY/HOUSEHOLD ROSTER

SECTION E (Obesity and Health Behavior)

(Ask obesity items of respondent unless otherwise noted.)

(Some items ask about the SAME random child who was selected for the height and weight items in section B at B56.)

Food Environment Questions – Respondent only

READ SLOWLY

For the next few questions, please think of your neighborhood as the area within a 20 minute walk, a 5 minute drive, or about 1 mile in all directions around your home.

E1. How available are fresh fruits and vegetables in your neighborhood? Would you say Very Available, Somewhat Available, Somewhat Unavailable, or Very Unavailable?

- 1 = Very Available
- 2 = Somewhat Available
- 3 = Somewhat Unavailable
- 4 = Very Unavailable
- 8 = (VOL) Don't Know / Not sure
- 9 = (VOL) Refused

E2. How expensive are fresh fruits and vegetables in your neighborhood? Would you say Very Expensive, Somewhat Expensive, Somewhat inexpensive, or Very inexpensive?

- 1 = Very Expensive
- 2 = Somewhat Expensive
- 3 = Somewhat Inexpensive
- 4 = Very Inexpensive
- 8 = (VOL) Don't Know / Not sure
- 9 = (VOL) Refused

(IF VERY OR SOMEWHAT EXPENSIVE IN E2 (E2=1 or E2=2), ASK E3)

E3. How often does the cost of fresh fruits and vegetables in your neighborhood keep you from buying them...(READ LIST)

- 1 = Always,

- 2 = Often,
- 3 = Sometimes,
- 4 = Rarely, or
- 5 = Never?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E4. **(Do you/Does your family)** usually do most of the food shopping in your neighborhood?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E4a. In the past month, did (you/your family) usually buy most of your fruits and vegetables at a supermarket or somewhere else?

(IF NEEDED, STATE THAT WE MEAN ALL KINDS -- fresh, canned, frozen)

- 1 = Supermarket **(GO TO E4c)**
- 2 = Somewhere Else
- 3 = (VOL) Buy 50/50 from Supermarket and Somewhere Else
- 4 = (VOL) Don't buy fruits and vegetables **(GO TO E5)**
- 8 = (VOL) Don't Know **(GO TO E5)**
- 9 = (VOL) Refused **(GO TO E5)**

E4b. **(If E4a=code 3, insert: "Other than the supermarket,")** W/what kind of place is that?

(IF NEEDED: Would you say at a small grocery store, market, bodega, ethnic store (like an Asian market); or a convenience store such as a gas station, a corner store; or a farmers market or fruit and vegetable store?

- 1 = Small grocery store or market or bodega or ethnic store
- 2 = Convenience store
- 3 = Corner store
- 4 = Farmer's market or fruit and vegetable store/produce store
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E4c. How often **(do you/does your family)** shop at this store for fruits and vegetables?

- 1 = Gave times per week (RANGE 1-7)
- 2 = Gave times per month RANGE 1-31)
- 3 = Gave times per year (RANGE 1-365)
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E4d. What is the main reason **(you shop/your family shops)** at this store? Is it...(READ LIST)

- 1 = Convenience,
- 2 = Better prices, or
- 3 = Better quality?
- 17 = (VOL) Other (SPECIFY) _____
- 18 = (VOL) Don't Know
- 19 = (VOL) Refused

PHYSICAL ENVIRONMENT FOR ACTIVITY – Respondent only unless otherwise noted

E5. Thinking about criminal activity, how safe is it to walk, run, bike, or play in your neighborhood? Would you say Very Safe, Somewhat Safe, Somewhat Unsafe or Very Unsafe?

(NOTE: If asks whether we mean “at night” or “during the day,” probe...”We simply mean in general or overall.”)

- 1 = Very Safe
- 2 = Somewhat Safe
- 3 = Somewhat Unsafe
- 4 = Very Unsafe
- 8 = (VOL) Don't Know / Not sure
- 9 = (VOL) Refused

E6. Thinking about traffic, how safe is it to walk, run, bike, or play in your neighborhood? Would you say Very Safe, Somewhat Safe, Somewhat Unsafe, or Very Unsafe?

- 1 = Very Safe
- 2 = Somewhat Safe
- 3 = Somewhat Unsafe
- 4 = Very Unsafe
- 8 = (VOL) Don't Know / Not sure
- 9 = (VOL) Refused

E7. How pleasant is it to walk, run, bike, or play in your neighborhood? For example, are there trees and proper lighting, no graffiti, or abandoned buildings? Would you say Very Pleasant, Somewhat Pleasant, Somewhat Unpleasant, or Very Unpleasant?

- 1 = Very Pleasant
- 2 = Somewhat Pleasant
- 3 = Somewhat Unpleasant
- 4 = Very Unpleasant
- 8 = (VOL) Don't Know / Not sure
- 9 = (VOL) Refused

E8. Are there sidewalks in most areas of your neighborhood? (REACH 2010)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know / Not sure
- 9 = (VOL) Refused

(IF NO CHILD SELECTED AT B56 GO TO E31; ELSE ASK OF E9-E29 FOR SAME RANDOM CHILD PREVIOUSLY SELECTED AT B56)

(IF YES TO E8)

E9. How often does (**CHILD NAME**) use sidewalks in your neighborhood to play, walk, run, or

bike? Would you say often, sometimes, rarely, or never?

- 1 = Often
- 2 = Sometimes
- 3 = Rarely
- 4 = Never
- 8 = (VOL) Don't Know / Not sure
- 9 = (VOL) Refused

E11. How often does **(CHILD NAME)** use parks in your neighborhood to play, walk, run, or bike? Would you say often, sometimes, rarely, never, or there are no parks in the neighborhood?

- 1 = Often
- 2 = Sometimes
- 3 = Rarely
- 4 = Never
- 5 = No parks in the neighborhood
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E13. Other than during regular school hours, how often does **(CHILD NAME)** use public or private indoor exercise facilities in your neighborhood? Would you say often, sometimes, rarely, never, or there are no indoor exercise facilities in the neighborhood?

- 1 = Often
- 2 = Sometimes
- 3 = Rarely
- 4 = Never
- 5 = No public or private indoor exercise facilities in the neighborhood
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E15. How often does **(CHILD NAME)** walk alone or with an adult to stores / libraries / recreational facilities in your neighborhood? Would you say often, sometimes, rarely, never, or there are no such places to walk in the neighborhood?

- 1 = Often
- 2 = Sometimes
- 3 = Rarely
- 4 = Never
- 5 = No such places to walk in the neighborhood
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E17. What grade in school is **(CHILD NAME)**?

- 1 = 1st Grade
- 2 = 2nd Grade
- 3 = 3rd Grade
- 4 = 4th Grade
- 5 = 5th Grade
- 6 = 6th Grade
- 7 = 7th Grade
- 8 = 8th Grade
- 9 = 9th Grade
- 10 = 10th Grade
- 11 = 11th Grade

- 12 = 12th Grade
- 13 = Pre-school
- 14 = Kindergarten
- 15 = Graduated HS / Entering College or Tech/Trade/Nursing School (GO TO E21)
- 16 = Not in school (GO TO E21)
- 17 = Other, (SPECIFY)
- 18 = (VOL) Don't Know
- 19 = (VOL) Refused

E18. Regardless of whether or not (**CHILD NAME**) eats food provided by their school, how would you rate the nutritional quality of foods offered at (**CHILD NAME**)'s school? Would you say: Very unhealthy, somewhat unhealthy, somewhat healthy or Very Healthy?

- 1 = Very Unhealthy
- 2 = Somewhat Unhealthy
- 3 = Somewhat Healthy
- 4 = Very Healthy
- 5 = (VOL) School does not provide food
- 8 = (VOL) Don't Know / Not sure
- 9 = (VOL) Refused

E18a. **[IF E18=5 ASK:** On most school days, does (**CHILD NAME**) bring lunch from home, buy lunch at an outside restaurant or store, or buy it at a vending machine?]
[IF E18<>5 ASK: On most school days, does (**CHILD NAME**) bring lunch from home, have a lunch served by the school, buy lunch at an outside restaurant or store, or buy it at a vending machine?]

(IF NEEDED: Which of these ways does (**he/she**) get lunch at school most often?)

- 1 = Brings lunch from home
- 2 = Served by school **[SHOW THIS CODE ONLY IF E18<>5]**
- 3 = Buys at an outside restaurant or store (whether before school or at lunch time)
- 4 = Buys at vending machine (whether on or off campus)
- 5 = (VOL) Does not eat lunch
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

The next set of questions are about different kinds of foods (**CHILD NAME**) ate or drank during the past month. Your best guess is fine. You can tell me number of days per week or per month.

E21. How often did (**CHILD NAME**) eat more than one kind of fruit in a day? Please include 100% fruit juice. DO NOT include fruit flavored drinks like lemonade, Hi-C, or fruit punch.

- 1 = Gave answer times per week (RANGE 1 - 7)
- 2 = Gave answer times per month (RANGE 1 - 30)
- 3 = Less than once a month
- 4 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E22. How often did (**CHILD NAME**) eat more than one kind of vegetable in a day? Include 100% vegetable juice. DO NOT include fried potatoes.

[IF NEEDED: You can tell me number of days per week or per month.]

- 1 = Gave answer times per week (RANGE 1 - 7)
- 2 = Gave answer times per month (RANGE 1 - 30)
- 3 = Less than once a month
- 4 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E20. How often did **(CHILD NAME)** eat fruits and vegetables as a snack at home or at school? You can tell me number of times per day, per week, or per month. (Modified from Food Behavior Checklist)

- 1 = Gave answer times per day (RANGE 1 – 10: 10=10 OR MORE)
- 2 = Gave answer times per week (RANGE 1 - 7)
- 3 = Gave answer times per month (RANGE 1 - 30)
- 4 = Less than once a month
- 5 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E23. In the past month, how often did **(CHILD NAME)** eat fast food such as McDonald's, Taco Bell, or KFC? (Modified from PRC St Louis Survey)

- 1 = Gave answer times per day (RANGE 1 - 3)
- 2 = Gave answer times per week (RANGE 1 - 7)
- 3 = Gave answer times per month (RANGE 1 - 30)
- 4 = Less than once a month
- 5 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E24. How many times a day did **(CHILD NAME)** drink fruit flavored drinks such as Sunny Delight, or Kool-aid, or sweet iced teas or soda such as coke or 7-up? Do not include 100% fruit juice and diet drinks. [IF NEEDED: You can tell me number of times per day, per week, or per month.]

- 1 = Gave answer times per day (RANGE 1 – 10: 10=10 OR MORE)
- 2 = Gave answer times per week (RANGE 1 - 7)
- 3 = Gave answer times per month (RANGE 1 - 30)
- 4 = Less than once a month
- 5 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E26. In a usual week in the past month, how many days was **(CHILD NAME)** physically active for a total of AT LEAST 30 MINUTES PER DAY? (Add up all the time **(CHILD NAME)** spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

DAYS _____

(RANGE 0-7; 8=(VOL) DON'T KNOW; 9=(VOL) REFUSED)

[IF E26=0 SKIP TO INSTRUCTIONS BEFORE E25; ELSE ASK E27]

E27. **[IF E26= 1 - 7 READ:** Of these **(FILL E26)** days, on how many days was **(CHILD NAME)** physically active for a total of AT LEAST 60 MINUTES PER DAY?

[IF E26= 8 or 9 READ: On how many days was **(CHILD NAME)** physically active for a total of AT LEAST 60 MINUTES PER DAY?

(Add up all the time (**CHILD NAME**) spent in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time./)

DAYS _____

(RANGE 0-7; 8=(VOL) DON'T KNOW; 9=(VOL) REFUSED)

(IF E17=15 (NOT IN SCHOOL), SKIP TO E28)

E25. Now thinking about the school year, on how many days during a typical week does (**CHILD**) walk, bicycle, or skateboard to and / or from school? (Include all non-motorized scooters) (modified from CHIS adol)

DAYS _____

(RANGE 0-7; 8=(VOL) DON'T KNOW; 9=(VOL) REFUSED)

E19. During the school year, how often does (**CHILD NAME**) get any type of physical activity or exercise at school (for example, PE class, recess)? You can tell me number of days per week or per month.

- 1 = Gave answer times per week (RANGE 1 - 5)
- 2 = Gave answer times per month (RANGE 1 – 20; 20=20 OR MORE)
- 3 = Less than once a month
- 4 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E28. **IF E17<>15, READ:** During the school year, on an average school day, how many hours does (**CHILD NAME**) watch TV, play video games, or use a computer outside of school? (This does not include using the computer for school work)

IF E17=15 (NOT IN SCHOOL) READ: On an average weekday, how many hours does (**CHILD NAME**) watch TV, play video games, or use a computer

- 1 = Gave answer in minutes (RANGE 1-59)
- 2 = Gave answer in hours (RANGE 1-10)
- 3 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E29. **[IF E17<> 15, READ:** During the school year, on a typical weekend day, how many hours does (**CHILD NAME**) watch TV, play video games, or use a computer?

[IF E17=15 (NOT IN SCHOOL), READ: On a typical weekend day, how many hours does (**CHILD NAME**) watch TV, play video games, or use a computer?

- 1 = Gave answer in minutes (RANGE 1-59)
- 2 = Gave answer in hours (RANGE 1-10)
- 3 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(QUESTIONS FOR RESPONDENT ONLY)

The next set of questions are about different kinds of foods you ate or drank during the past month. Your best guess is fine. You can tell me number of days per week or per month.

E31. How often do you eat more than one kind of fruit in a day? Please include 100% fruit juice. DO NOT include fruit flavored drinks like lemonade, Hi-C, or fruit punch.

- 1 = Gave answer times per week (RANGE 1 - 7)
- 2 = Gave answer times per month (RANGE 1 - 30)
- 3 = Less than once a month
- 4 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E32. How often did you eat more than one kind of vegetable in a day? Include 100% vegetable juice. DO NOT include fried potatoes.

[IF NEEDED, SAY: You can tell me number of days per week or per month.]

- 1 = Gave answer times per week (RANGE 1 - 7)
- 2 = Gave answer times per month (RANGE 1 - 30)
- 3 = Less than once a month
- 4 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E30. How often did you eat fruits and vegetables as a snack? You can tell me number of times per day, per week, or per month. (Modified from Food Behavior Checklist)

- 1 = Gave answer times per day (RANGE 1 – 10: 10=10 OR MORE)
- 2 = Gave answer times per week (RANGE 1 - 7)
- 3 = Gave answer times per month (RANGE 1 - 30)
- 4 = Less than once a month
- 5 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E33. In the past month, how often did you eat fast food such as McDonald's, Taco Bell, or KFC? (IF NEEDED: You can tell me number of times per day, per week, or per month.) (Modified from PRC St Louis Survey)

- 1 = Gave answer times per day (RANGE 1 - 4)
- 2 = Gave answer times per week (RANGE 1 - 7)
- 3 = Gave answer times per month (RANGE 1 – 30)
- 4 = Less than once a month
- 5 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E34. How many times a day did you drink fruit flavored drinks such as Sunny Delight, or Kool-aid, or sweet iced teas or soda such as coke or 7-up? Do not include 100% fruit juice and diet drinks. [IF NEEDED: You can tell me number of times per day, per week, or per month.]

- 1 = Gave answer times per day (RANGE 1 – 10: 10=10 OR MORE)
- 2 = Gave answer times per week (RANGE 1 – 7)
- 3 = Gave answer times per month (RANGE 1 - 30)
- 4 = Less than once a month
- 5 = Never
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

E37. In a usual week, how many days if at all do you participate in any physical activities or exercise such as running, sports, working out, gardening, biking, or walking for exercise?

DAYS _____

(RANGE 0-7; 8=(VOL) DON'T KNOW; 9=(VOL) REFUSED)

E38. Thinking of all your physical activity both at work and at home, in a usual week, how many days were you physically active for a total of AT LEAST 30 MINUTES PER DAY? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

DAYS _____

(RANGE 0-7; 8=(VOL) DON'T KNOW; 9=(VOL) REFUSED)

SMOKING

E39. Do you (or does anyone in your household) smoke cigarettes, cigars, or pipes?

1 = Yes	(GO TO INSTRUCTIONS BEFORE E40)
2 = No	(GO TO SECTION F)
8 = (VOL) Don't Know / Not sure	(GO TO SECTION F)
9 = (VOL) Refused	(GO TO SECTION F)

[IF SINGLE PERSON HH AND E39=1; AUTO-PUNCH E40=1 THEN GO TO SECTION F;

IF 2 OR MORE IN HH AND E39=1, ASK E40]

E40. Who?

INSERT FAMILY/HOUSEHOLD ROSTER FOR THOSE 10 YEARS OR OLDER ONLY

SECTION F (Attitudes)

Here are some statements people sometimes make about health care and insurance. Please tell me if you agree or disagree.

[PROGRAMMER NOTE: FOR 1ST ITERATION READ: "Do you agree or disagree?" AFTER STATEMENT. ALL OTHER ITERATIONS SHOULD READ: "Agree or disagree?"]

F3. Having my medical needs taken care of at a public or free clinic is just fine with me. (Do you) Agree or disagree?

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

1 = Strongly agree
2 = Somewhat agree
3 = Somewhat disagree
4 = Strongly disagree
8 = (VOL) Don't Know
9 = (VOL) Refused

F5. If you are healthy, having health insurance is still a necessity. (Do you) Agree or disagree?

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

F12. If you wait long enough, most health problems go away by themselves. (Do you) Agree or disagree?

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

F16. I worry a lot about my health. (Do you) Agree or disagree?

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

F18. If I take the right actions, I can stay healthy. (Do you) Agree or disagree?

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

F19. Health professionals control my health? (Do you) Agree or disagree?

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

F20. Most things that affect my health happen to me by chance.(Do you) Agree or disagree?

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

F20b. When I become ill, it's a matter of fate, destiny, or God's will. (Do you) Agree or disagree?

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

F24. I am are a lot more likely to take risks than the average person. (Do you) Agree or disagree?

(PROBE: In general, or whatever you think of as risks). (CTS, pg.83, e521)

(PROBE: Is that strongly (disagree/agree) or somewhat (disagree/agree)?) (WTP)

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

SECTION G (CAREGIVER ASSISTANCE)

(ASK RESPONDENT ONLY)

G6. Do you regularly help anyone with dressing, bathing, running errands, managing medicines, or other personal care because of a physical or mental health problem? Do not include help you provide as a paid professional such as a home health aide.

- 1 = Yes
- 2 = No **(GO TO INST BEFORE H0a)**
- 8 = (VOL) Don't Know **(GO TO INST BEFORE H0a)**
- 9 = (VOL) Refused **(GO TO INST BEFORE H0a)**

G8. Do you help more than one person?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know

9 = (VOL) Refused

G8a (IF G8=YES, READ: "Thinking about the person you spend the most time helping, does that person live there?"

(IF G8<>YES, READ: Does that person live there?"

- 1 = Yes (GO TO G12)
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

G9. (IF G8=YES, READ: What is your relationship to the person you spend the most time helping?

(IF G8<>YES, READ: What is your relationship to that person?

- 15 = my spouse
- 16 = my companion/partner
- 17 = my mother
- 18 = my father
- 19 = my son
- 20 = my son in law
- 21 = my daughter
- 22 = my daughter in law
- 23 = my grandmother
- 24 = my grandfather
- 25 = my grandparent in-law
- 26 = my aunt
- 27 = my uncle
- 28 = my grandchild
- 29 = my father-in law
- 30 = my mother in law
- 31 = my brother
- 32 = my sister
- 33 = my brother in-law
- 34 = my sister in-law
- 35 = my other relative
- 36 = other non-related person
- 37 = Paid professional (non-family / non-friend)
- 38 = Volunteer (non-family / non-friend)
- 39 = (VOL) Don't Know
- 40 = (VOL) Refused

G11. Does that person live in a nursing home, assisted living facility, other kind of home for the aged or disabled, or a private home or apartment?

[IF SAYS "OTHER KIND OF HOME" ASK: "What kind?"]

- 1 = Adult community
- 2 = Assisted living facility (GO TO G13a)
- 3 = Continuing care facility/community
- 4 = Nursing home (GO TO G13a)
- 5 = Private home or apartment (GO TO G13a)
- 6 = Retirement community
- 7 = Senior housing/complex/community
- 11 = Other (SPECIFY) _____

12 = (VOL) Don't Know
13 = (VOL) Refused

(GO TO G13a)
(GO TO G13a)

G11a. Is that within a/the care facility or in a private home or apartment within the community?

1 = In care facility
2 = Private home/apartment
3 = (VOL) Don't Know
4 = (VOL) Refused

[ALL ASKED G11a SKIP TO G13a]

[ASK G12 IF G8a=1 (YES)]

G12. Who is that?

**INSERT FAMILY/HOUSEHOLD ROSTER HERE; DO NOT INCLUDE RESPONDENT
INCLUDE CODE FOR "OTHER NOT ON LIST (SPECIFY)"**

G13a. Do you typically spend time helping that person every day, every week, or less often than that?

1 = Every day
2 = Every week
3 = Less often than that
8 = (VOL) Don't Know
9 = (VOL) Refused

**(IF PERSON LIVES OUTSIDE THE HOUSE (~~i.e.~~ ~~G8~~ G8a=2), ASK G16b AND G16c; ALL OTHER
RESPONDENT CAREGIVERS GO TO G16 (NOTE THAT THIS COMES AFTER G16c).)**

G16b. Does this person need to be checked on regularly or need assistance because of problems with memory such as confusion, not being able to complete tasks, or not knowing where they are?

1 = Yes
2 = No
8 = (VOL) Don't Know
9 = (VOL) Refused

G16c. Has a doctor or other health professional ever said that this person has Alzheimer's Disease or another type of dementia?

1 = Yes
2 = No
8 = (VOL) Don't Know
9 = (VOL) Refused

G16. In caring for (*insert from G9 or G12*), how much help have you needed getting information about available services...(READ LIST)

(IF RESP NEEDS HELP BUT NOT GETTING ANY PROBE: "So how much help would you say you NEED?")

1 = A lot of help.
2 = Some help,
3 = A little help, or
4 = No help?
5 = (VOL) Not applicable

- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

G17. How much help have you needed ...learning care tasks, such as knowing how to use medical equipment or how to move (*insert from G9 or G12*)?
(IF RESP NEEDS HELP BUT NOT GETTING ANY PROBE: "So how much help would you say you NEED?")

- 1 = A lot of help.
- 2 = Some help,
- 3 = A little help, or
- 4 = No help?
- 5 = (VOL Not applicable
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

G18. In caring for (*insert from G9 or G12*), how much help have you needed ...coping with the stress of care giving?
(IF RESP NEEDS HELP BUT NOT GETTING ANY PROBE: "So how much help would you say you NEED?")

- 1 = A lot of help.
- 2 = Some help,
- 3 = A little help, or
- 4 = No help?
- 5 = (VOL Not applicable
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

G19. (In caring for (*insert from G9 or G12*)), how much help have you needed ...communicating with professionals?
(IF RESP NEEDS HELP BUT NOT GETTING ANY PROBE: "So how much help would you say you NEED?")

- 1 = A lot of help.
- 2 = Some help,
- 3 = A little help, or
- 4 = No help?
- 5 = (VOL Not applicable
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

G20. (In caring for (*insert from G9 or G12*), how much help have you needed ...learning about his or her disease?
(IF RESP NEEDS HELP BUT NOT GETTING ANY PROBE: "So how much help would you say you NEED?")

- 1 = A lot of help.
- 2 = Some help,
- 3 = A little help, or
- 4 = No help?
- 5 = (VOL Not applicable
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

G21. (In caring for (*insert from G9 or G12*), how much help have you needed ...finding competent hired help?
(IF RESP NEEDS HELP BUT NOT GETTING ANY PROBE: "So how much help would you say you NEED?")

- 1 = A lot of help.

- 2 = Some help,
- 3 = A little help, or
- 4 = No help?
- 5 = (VOL) Not applicable
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

G22. (In caring for *(insert from G9 or G12)*, how much help have you needed...getting information about medicines?

(IF RESP NEEDS HELP BUT NOT GETTING ANY PROBE: "So how much help would you say you NEED?")

- 1 = A lot of help.
- 2 = Some help,
- 3 = A little help, or
- 4 = No help?
- 5 = (VOL) Not applicable
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

G23. (In caring for *(insert from G9 or G12)* how much help have you needed...addressing end-of-life issues, such as continuing or discontinuing treatment?

(IF RESP NEEDS HELP BUT NOT GETTING ANY PROBE: "So how much help would you say you NEED?")

- 1 = A lot of help.
- 2 = Some help,
- 3 = A little help, or
- 4 = No help?
- 5 = (VOL) Not applicable
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(ASK G24 IF G6="YES")

G24. Have you (or anyone in your family) ever used NJ Ease, a toll-free number you can call to find out about health services for the elderly and disabled?

[IF RESP ASKS FOR NJ EASE PHONE NUMBER: That number is 1-877-222-3737]

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

SECTION H (EMPLOYMENT AND EARNINGS)

(ASK THIS SECTION ONLY FOR PEOPLE WHO ARE AT LEAST 16 YEARS OF AGE, ASK H1 TO H20 FOR EACH PERSON INDIVIDUALLY. SOME PEOPLE UNDER 19 YEARS WILL ONLY RECEIVE A FEW QUESTIONS.)

(SKIP SECTION H FOR EACH PERSON WHO IS AGE 16 TO 18 AND NOT MENTIONED IN A32 OR A42b OR A78b AND "NOT CORRECT" IN A76 (OR A76 NOT ASKED))

H0a. **(Are you/Is anyone in the family aged 19 or older)** a full-time or part-time student?

- 1 = Yes
- 2 = No **(GO TO INSTRUCTIONS BEFORE H1)**
- 8 = (VOL) Don't know **(GO TO INSTRUCTIONS BEFORE H1)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE H1)**

H0a1. **(Are you/Who is)** a FULL-time student? (RECORD ALL MENTIONS)

INSERT FAMILY/HOUSEHOLD ROSTER SHOWING ONLY PERSONS 19 AND OLDER AND ADD CODE FOR "NO ONE IS A FULL-TIME STUDENT"

(IF ALL 19 YEAR OLDS MENTIONED IN H0a1 SKIP TO INSTRUCTIONS BEFORE H0b1; ELSE ASK H0a2)

H0a2. **(Are you/Who is)** a PART-time student? (RECORD ALL MENTIONS)

INSERT FAMILY/HOUSEHOLD ROSTER SHOWING ONLY PERSONS 19 AND OLDER AND ADD CODE FOR "NO ONE IS A PART-TIME STUDENT"

(PROGRAMMER NOTE: IF H0a1 AND H0a2 ARE BOTH "NO ONE" GO BACK AND RE-ASK H0a)

(ASK H1 FOR ALL PERSONS AGES 16+)

This next series of questions is about jobs.

H1. **(Were you/Was (name))** working at a job for pay last week? (This includes government/military. If the person was on vacation last week probe: Was this a paid vacation, or (were you/was he/she on leave?)

- 1 = Yes **(GO TO INSTRUCTION BEFORE H3)**
- 2 = No not working/on a non-paid vacation/on leave **(GO TO H1a)**
- 3 = (VOL) Retired **(GO TO H1 FOR NEXT PERSON; IF NO ONE ELSE GO TO H22)**
- 4 = (VOL) Don't know **(GO TO H1a)**
- 5 = (VOL) Refused **(GO TO H1a)**

H1a. Which of the following **(were you/ was name)** doing most of last week...(READ LIST) (CHIS K1)

- 1 = With a job/business but not at work,
- 2 = Looking for work, or
- 3 = Not working at a job/business and not looking?
- 4 = (VOL) Don't know
- 5 = (VOL) Refused

(IF FULL-TIME STUDENT (MENTIONED IN H0a1) OR AGED 16-18 GO TO H1 FOR NEXT PERSON; ELSE CONTINUE WITH H2; IF NO ONE ELSE GO TO H22 (FAMILY INCOME SECTION))

H2. What is the main reason **(you/name)** did not work at a job/business last week? (DO NOT READ LIST; SINGLE RESPONSE)

(IF MULTIPLE ASK: Which of those was the MAIN reason?) (CHIS K2)

- 1 = Keeping house/caring for children or others
- 2 = Paid vacation

- 3 = Unpaid vacation
- 4 = On leave
- 5 = Couldn't find a job
- 6 = Going to school/student
- 7 = Retired
- 8 = Physical disability/Poor health
- 9 = Unable to work
- 10 = On temporary layoff or strike
- 11 = On permanent layoff, downsizing
- 12 = Teacher off for the summer
- 17 = Other (SPECIFY)
- 18 = (VOL) Don't know
- 19 = (VOL) Refused

**(IF H2=12 SKIP TO H8;
IF H1=1 OR H2=2, ASK H3
ALL OTHERS GO TO H1 FOR NEXT PERSON; IF NO ONE ELSE GO TO H22)**

H3. Did **(you/name)** work at more than one job or business last week?

(NOTE: Count self-employment as 1 job or business)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

(IF H3=1 OR H1=1 AND PERSON IS UNDER 19 YEARS OF AGE (AND IS NOT MENTIONED IN A32 OR A42b OR A78b) AND (WAS NOT ASKED A76 OR A76 IS ANSWERED "NOT CORRECT") ASK H5:)

H5. **(IF H3=1, READ:)** On **(your/name's)** MAIN job, are/is **(you/name)** employed by: a private company, a federal, state, or local government, OR self-employed, OR working in a family business or family farm? (modified CHIS K4)

(IF H3 IS ANSWERED AND NE1, READ:) Are/is **(you/name)** employed by: a private company, a federal, state, or local government, OR self-employed, OR working in a family business or farm? (modified CHIS K4)

(NOTE: MAIN JOB IS THE ONE YOU/HE/SHE USUALLY WORK(S) THE MOST HOURS) IF WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM, CODE (7) WORKING IN A FAMILY BUSINESS OR FAMILY FARM.)

- 1 = Private company, non-profit organization, foundation
- 2 = Federal government (including military) **(GO TO H8)**
- 3 = State government (including state universities) **(GO TO H8)**
- 4 = Local government (including Board of Education/School Districts) **(GO TO H8)**
- 5 = Other governmental units/authorities **(GO TO H8)**
- 6 = Self-employed
- 7 = Family business or farm
- 15 = (VOL) Don't know
- 16 = (VOL) Refused

H6b. What kind of business or industry is this? (CHIS K5)

- 1 = Gave response
- 2 = (VOL) Don't know **(GO TO H8)**
- 3 = (VOL) Refused **(GO TO H8)**

H6boe. (INTERVIEWER PROBE TO OBTAIN THE PRODUCT(S) OR SERVICE(S) IN WHICH THIS COMPANY DEALS. THEN PROBE TO OBTAIN WHAT THE COMPANY DOES WITH THE PRODUCT(S) OR SERVICE(S). (I.E.- retail, wholesale, manufacturing, repair, distribution, etc.)

(IF RESPONDENT IS IN A PROFESSION (I.E. TEACHER/LAWYER/DR PROBE FOR GRADE TAUGHT/PRIVATE PRACTICE/ETC. RECORD VERBATIM UNDER PRODUCT OR SERVICE BELOW)

H8. How many hours per week do/does **(you/ name)** USUALLY work at this job? If **(you/name)** usually worked overtime hours include those hours (CTS fl31)

- 1 - 80 HOURS WORKED **(GO TO INSTRUCTIONS BEFORE H9a)**
- 97=HOURS VARY (PROBE: "Is there an average?")
- 98=(VOL) DON'T KNOW
- 99=(VOL) REFUSED **(GO TO INSTRUCTIONS BEFORE H9a)**

H9. **(IF H3=1 READ:)** Thinking just about **(your/NAME'S)** main job, **(do you/does (NAME))** usually work more than 35 hours per week or less than 35 hours per week? (CTS fl13x)

(IF H3 NE 1 READ: (Do you/Does NAME) usually work more than 35 hours per week or less than 35 hours per week?

- 1 = More
- 2 = Less
- 3 = (VOL) Don't know
- 4 = (VOL) Refused

[IF H5=6 (SELF-EMPLOYED) GO TO BOX H11 ELSE ASK H9a]

H9a. **(Are you/Is name)** paid by the hour on this job?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

(ALL ASKED H9a GO TO BOX H1)

BOX H1:

TEST IF H5=2,3,4,5 (GOVERNMENT) SKIP TO INSTRUCTIONS BEFORE H19 ELSE ASK H15

H15. Including **(yourself/(name))**, how many people are employed by **(your /(name's) employer /your family business)** at all locations? Your best estimate is fine. (CHIS K8)

- 1 = One
- 2 = 2 - 4
- 3 = 5 - 9
- 4 = 10 - 24
- 5 = 25 - 49
- 6 = 50 - 99
- 7 = 100 - 149
- 8 = 150 - 199
- 9 = 200 - 249
- 10 = 250 - 499
- 11 = 500 - 999
- 12 = 1,000 or more
- 13 = (VOL) Don't Know
- 14 = (VOL) Refused

(IF H15=1 – 12 GO TO H18)

(ASK H16a IF H15=13 OR H15=14)

H16a. Do you think it is more than 500 people?

- 1 = Yes **(GO TO H18)**
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

H16. Do you think it is more than 100 people?

- 1 = Yes **(GO TO H18)**
- 2 = No
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

H17. Do you think it is more than 50 people?

- 1 = Yes **(GO TO H18)**
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

H17b. Do you think it is more than 10 people?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

H18. Are **(you/ls (name))** covered by a union or collective bargaining unit?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

**(SKIP H19 AND H19a IF PERSON IS POLICYHOLDER ON AN EMPLOYER-SPONSORED PLAN)
 [IF PERSON BEING ASKED ABOUT IS POLICY HOLDER IN A32 AND A33=1 (CURRENT
 EMPLOYER) OR A33=2 (FORMER EMPLOYER) OR PERSON BEING ASKED ABOUT IS POLICY**

HOLDER IN A42b AND A43c=1 (CURRENT EMPLOYER) OR A43c=2 (FORMER EMPLOYER); SKIP TO H19d]

H19. **(IF H5=6 or H5=7 (SELF EMPLOYED/FAMILY BUSINESS/FARM)**

Does the family business or farm at which **(you work / name works)** offer or have a health insurance plan through that business or farm?"

(ALL OTHERS READ:) Does **(your/(name's))** employer or union offer a health insurance plan to any of its employees? (FHIS 6.19)

- 1 = Yes
- 2 = No **(GO TO H19d)**
- 8 = (VOL) Don't Know **(GO TO H19d)**
- 9 = (VOL) Refused **(GO TO H19d)**

H19a. Are **(you/ Is (name))** eligible for that coverage?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

H19d. **(Do you/ Does (name))** get paid time off from work when **(you are/he/she is)** sick? (NACS E3)

- 1 = Yes
- 2 = No
- 3 = (VOL) Don't Know
- 4 = (VOL) Refused

(REPEAT EMPLOYMENT SECTION (H1-H19d) FOR EACH PERSON 16 AND OLDER; IF NO OTHERS CONTINUE WITH H22.)

H22. The next questions are about income that you (and your family) received during ~~2007~~ 2008. During ~~2007~~ 2008, what was (your / your family's) total income from all sources, before taxes and other deductions? (FHIS 7.1)

(IF RESPONDENT IS 62+ YEARS: "Please include all sources of income including social security income if you receive that.")

- 1 = Gave Response **(ASK H22a)**
- 2 = (VOL) Don't Know **(GO TO QH23)**
- 3 = (VOL) Refused **(GO TO QH23)**

H22a. During ~~2007~~ 2008, what was (your/ your family's) total income from all sources, before taxes and other deductions?

(RANGE = 0-999999; 999999 = 999,999 OR MORE)

(ALL ASKED H22a GO TO H24)

H23. Was (your / your family's) ~~2007~~ 2008 total income from all sources, before taxes: (READ LIST)

(READ PROBES ONLY IF RESPONDENT REFUSES TO ANSWER)

(a) Answers to questions on earnings are important to our survey because they help explain whether people can afford the health care they need. Also, the

information you provide will be kept confidential and will only be used in statistical summaries).

(b) Total income includes wages and salaries from jobs, net income from farms or businesses, interest or dividends, pensions or social security, income from rental property, estates or trusts, public assistance or welfare, social security, child support, other sources.

(c) Your best estimate would be fine.

- | | |
|------------------------------|---------------------|
| 1 = Under \$20,000, | (ASK H23a) |
| 2 = \$20,000 to \$49,999, or | (GO TO H23b) |
| 3 = \$50,000 or greater? | (GO TO H23c) |
| 4 = (VOL) Don't know | (GO TO H24) |
| 5 = (VOL) Refused | (GO TO H24) |

H23a. **(IF UNDER \$20,000, ASK:)** Is it: (READ LIST)

- 1 = Under \$10,000, or
- 2 = \$10,000 - \$19,999?
- 3 = (VOL) Don't Know
- 4 = (VOL) Refused

(ALL ASKED H23a GO TO H24)

H23b. **(IF \$20,000 - \$49,999, ASK:)** Is it...(READ LIST)

- 1 = Between \$20,000 and \$29,999,
- 2 = Between \$30,000 and \$39,999 or
- 3 = Between \$40,000 and \$49,999?
- 4 = (VOL) Don't Know
- 5 = (VOL) Refused

(ALL ASKED H23b GO TO H24)

H23c. **(IF \$50,000 OR MORE, ASK:)** Is it...(READ LIST)

- 1 = Is it between \$50,000 and \$74,999,
- 2 = Between \$75,000 and \$99,999,
- 3 = Between \$100,000 and 149,999, or
- 4 = \$150,000 or more?
- 5 = (VOL) Don't Know
- 6 = (VOL) Refused

H24. Not counting the value of your primary home you may own, would you say that **(your/your family's)** assets, that is, your savings, including retirement, and all other personal (and family) valuables together are worth more than \$50,000?

- | | |
|----------------------|--------------------|
| 1 = Yes | (GO TO H25) |
| 2 = No | |
| 8 = (VOL) Don't Know | (GO TO H25) |
| 9 = (VOL) Refused | (GO TO H25) |

H24a. Would you say that **(your/your family's)** assets are worth more than \$20,000?

- 1 = Yes (GO TO H25)
- 2 = No
- 8 = (VOL) Don't Know (GO TO H25)
- 9 = (VOL) Refused (GO TO H25)

H24b. Would you say that (your/your family's) assets are worth more than \$5,000?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

H25. During the year ~~2007~~ 2008, did you (**or anyone in your family**) receive any government assistance such as SSI, SSDI, food stamps, TANF (TANIF), or any other public assistance or welfare payments?

- 1 = Yes (ASK H25a)
- 2 = No (GO TO INSTRUCTIONS BEFORE H28d)
- 8 = (VOL) Don't Know (GO TO INSTRUCTIONS BEFORE H28d)
- 9 = (VOL) Refused (GO TO INSTRUCTIONS BEFORE H28d)

H25a. Did you (**or anyone in the family**) receive Supplemental Security Income, or SSDI payments in ~~2007~~ 2008? (PROBE: Federal SSI checks usually arrive on the first of every month in a yellow manila business size envelope or may be direct deposited. (FHIS 7.6))

- 1 = Yes
- 2 = No (GO TO H27)
- 8 = (VOL) Don't Know (GO TO H27)
- 9 = (VOL) Refused (GO TO H27)

[IF ONLY 1 PERSON IN H/H AND H25a="YES" AUTO-PUNCH H26=1, THEN GO TO H27;

IF 2 OR MORE IN HH AND H25a="YES" ASK H26]

H26. Who received the SSI or SSDI payment?

INSERT FAMILY/HOUSEHOLD ROSTER

H26b. ~~Did you (or~~ Does anyone else in your family) receive SSI or SSDI?

(IF NEEDED: "SSDI means Social Security Disability Income.")

- 1 = Yes
- 2 = No (GO TO H27)
- 8 = (VOL) Don't Know (GO TO H27)
- 9 = (VOL) Refused (GO TO H27)

H26c. Who is this?

INSERT FAMILY/HOUSEHOLD ROSTER

H27. Did you (**or anyone in the family**) receive any TANF or other type of public assistance or welfare payments from the State or local welfare offices in ~~2007~~ 2008?

(PROBE: "Do not include any SSI/SSDI payments you already told me about.") (FHIS .10)

- 1 = Yes
- 2 = No (GO TO H28)
- 8 = (VOL) Don't Know (GO TO H28)
- 9 = (VOL) Refused (GO TO H28)

**[IF ONLY 1 PERSON IN H/H AND H27=YES AUTO-PUNCH H27a=1 THEN SKIP TO H28
IF MORE THAN ONE PERSON IN FAMILY AND H27=YES ASK H27a;**
H27a: Who received this assistance?

INSERT FAMILY/HOUSEHOLD ROSTER

H27b. ~~Did you~~ **(or** Does anyone else in your family) receive TANF or any other type of public assistance or welfare payments?

- 1 = Yes
- 2 = No (GO TO H28)
- 8 = (VOL) Don't know (GO TO H28)
- 9 = (VOL) Refused (GO TO H28)

27c. Who is this?

INSERT FAMILY/HOUSEHOLD ROSTER

H28. Did you **(or anyone in the family)** receive food stamps in ~~2007~~ 2008? (FHIS 7.13)

- 1 = Yes
- 2 = No (GO TO INSTRUCTIONS BEFORE H28d)
- 8 = (VOL) Don't Know (GO TO INSTRUCTIONS BEFORE H28d)
- 9 = (VOL) Refused (GO TO INSTRUCTIONS BEFORE H28d)

**[IF ONLY 1 PERSON IN H/H AND H28=YES AUTO-PUNCH H28a=1 THEN SKIP TO
INSTRUCTIONS BEFORE H28d
IF MORE THAN ONE PERSON IN FAMILY AND H28=YES ASK H28a;**
H28a. Who received food stamps?

INSERT FAMILY/HOUSEHOLD ROSTER

H28b. Did anyone else receive food stamps?

- 1 = Yes
- 2 = No (GO TO INSTRUCTIONS BEFORE H28d)
- 8 = (VOL) Don't know (GO TO INSTRUCTIONS BEFORE H28d)
- 9 = (VOL) Refused (GO TO INSTRUCTIONS BEFORE H28d)

28c. Who is this?

INSERT FAMILY/HOUSEHOLD ROSTER

(ASK H28d IF CHILDREN AGES 3-18 IN HH; ELSE GO TO INSTRUCTIONS BEFORE H28f)

H28d. **(Does child/do any of the children in your family)** receive free or reduced-cost breakfast or lunch at school/daycare?

- 1 = Yes
- 2 = No (GO TO INSTRUCTIONS BEFORE H28f)

- 8 = (VOL) Don't know **(GO TO INSTRUCTIONS BEFORE H28f)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE H28f)**

H28e. Who is this?

INSERT FAMILY/HOUSEHOLD ROSTER SHOWING THOSE AGES 3 – 18 ONLY

(IF CHILD(REN) <5 YEARS OF AGE OR PREGNANT WOMAN (B6a="Yes") ASK H28f)

H28f. Do you (or does anyone in your family) receive WIC (pronounced "wick")?

- 1 = Yes
- 2 = No **(GO TO H29)**
- 8 = (VOL) Don't know **(GO TO H29)**
- 9 = (VOL) Refused **(GO TO H29)**

H28g. Who is this?

INSERT FAMILY/HOUSEHOLD ROSTER

(ASK ALL)

H29. Is your home or apartment...(READ LIST) (NSAF M-1)

- 1 = Owned or being bought by you/someone in your household
- 2 = Rented for cash, or
- 3 = Occupied without payment of cash rent?
- 4 = (VOL) Don't know
- 5 = (VOL) Refused

H30. Did you live in this house/apartment five years ago, that is in **(INSERT MONTH)**, 2003?

- 1 = Lived in same house/apartment **(SKIP TO I1aa)**
- 2 = No, lived at a different address/apartment
- 3 = (VOL) Don't Recall **(SKIP TO I1aa)**
- 4 = (VOL) Refused **(SKIP TO I1aa)**

H31. What state did you live in five years ago, this is in **(INSERT MONTH)**, 2003?

- State (PRECODE LIST)
- Puerto Rico
- Other outside of U.S. or Puerto Rico
- (VOL) Don't know
- (VOL) Refused

(CATI: PRELIST STATES)

(ASK H31a IF H31=34 (NEW JERSEY))

H31a. What county did you live in five years ago?

- | | |
|----------------|----------------|
| 1 = Atlantic | 12 = Middlesex |
| 2 = Bergen | 13 = Monmouth |
| 3 = Burlington | 14 = Morris |
| 4 = Camden | 15 = Ocean |
| 5 = Cape May | 16 = Passaic |
| 6 = Cumberland | 17 = Salem |
| 7 = Essex | 18 = Somerset |

- | | |
|----------------|-----------------------|
| 8 = Gloucester | 19 = Sussex |
| 9 = Hudson | 20 = Union |
| 10 = Hunterdon | 21 = Warren |
| 11 = Mercer | 22 = (VOL) Don't Know |
| | 23 = (VOL) Refused |

SECTION I - (DEMOGRAPHICS)

I1aa. What is your current zip code?

(ASK I1a OF EACH FAMILY MEMBER WHO IS 18 YEARS OR OLDER...OTHERWISE GO TO I1c)

I1a. What is the highest grade or level of school that **(you/NAME)** have/has completed? (NASF, L1)

- 1 = 8th GRADE OR LESS
- 2 = 9th TO 11th
- 3 = 12th GRADE, GED OR HIGH SCHOOL DIPLOMA
- 4 = Some voc/tech/business **(ASK I1b)**
- 5 = Some voc.tech/business certificate or diploma **(ASK I1b)**
- 6 = Some college/no degree
- 7 = Associate's degree
- 8 = Bachelor's degree
- 9 = Some graduate/professional school/no degree
- 10 = Graduate/professional degree (MA;MS;PHD;EDD;MD;DDS;JJ/LLB, ETC)
- 16 = (VOL) Don't Know
- 17 = (VOL) Refused

I1b. Do/Does **(you/name)** have a high school diploma or GED?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

I1c. Are you of Spanish, Hispanic, or Latino origin or descent?

[PROBE FOR REFUSALS: "I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have."] (Probe used in CTS, not NASF) (NASF O1, CTS p106)

- 1 = Yes **(GO TO INSTRUCTIONS BEFORE I1ca)**
- 2 = No **(GO TO INSTRUCTIONS BEFORE I1cb)**
- 8 = (VOL) Don't Know **(GO TO I3)**
- 9 = (VOL) Refused **(GO TO I3)**

(IF SINGLE PERSON HH, GO TO INSTRUCTION BEFORE I2)

I1ca. Is everyone else in the family also of Spanish, Hispanic or Latino origin or descent?

- 1 = Yes **(GO TO INSTRUCTIONS BEFORE I2)**
- 2 = No **(GO TO I1cc)**
- 3 = (VOL) Don't Know **(GO TO I3)**
- 4 = (VOL) Refused **(GO TO I3)**

I1cb. Is everyone else in the family also NOT Spanish, Hispanic or Latino?

- 1 = We are all NOT Hispanic (GO TO I3)
- 2 = Some are Hispanic (GO TO I1cc)
- 3 = (VOL) Don't Know (GO TO I3)
- 4 = (VOL) Refused (GO TO I3)

(FOR EACH REMAINING FAMILY MEMBER ASK)

I1cc. Is (**name**) of Spanish, Hispanic, or Latino origin or descent?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(ASK I2 IF I1c IS "YES"...ALL OTHERS GO TO INSTRUCTIONS BEFORE I2a)

I2. What group are you? Would you say you are Mexican, Mexican-American, Puerto Rican, Central or South American, Cuban or some other group?

- 1 = Mexican/ Mexican-American (GO TO INSTRUCTIONS BEFORE I2a)
- 2 = Puerto Rican (GO TO INSTRUCTIONS BEFORE I2a)
- 3 = Cuban (GO TO INSTRUCTIONS BEFORE I2a)
- 4 = Central or South American (GO TO INSTRUCTIONS BEFORE I2a)
- 5 = Dominican (GO TO INSTRUCTIONS BEFORE I2a)
- 6 = Haitian (GO TO INSTRUCTIONS BEFORE I2a)
- 10 = Other (SPECIFY) (GO TO INSTRUCTIONS BEFORE I2a)
- 11 = (VOL) Don't Know
- 12 = (VOL) Refused

[IF SINGLE PERSON HH GO TO I3

IF 2 OR MORE IN HH AND I1ca IS "YES" ASK I2a...ALL OTHERS GO TO INSTRUCTIONS BEFORE I2b]

I2a. Is everyone else in the family also (*insert response to I2*)?

- 1 = Yes, we are all the same (GO TO I3)
- 2 = No, we are not all from there (GO TO INSTRUCTIONS BEFORE I2b)
- 3 = (VOL) Don't Know (GO TO I3)
- 4 = (VOL) Refused (GO TO I3)

**(FOR EACH FAMILY MEMBER "YES" IN I1cc ASK I2b;
OR IF I1ca = 1 (YES) ASK I2b FOR EACH FAMILY MEMBER)**

I2b. What group is (**name**)? Would you say (**name**) is Mexican, Mexican-American, Puerto Rican, Central or South American, Cuban or some other group?

[NOTE: If anyone is a combination put the answer as "other" and list the combination -- i.e. Mexican and South American]

- 1 = Mexican/ Mexican-American
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Central or South American
- 5 = Dominican
- 6 = Haitian
- 10 = Other (SPECIFY)
- 11 = (VOL) Don't know
- 12 = (VOL) Refused

(ASK ALL)

I3. What is your race? (DO NOT READ LIST)
(IF "HISPANIC", PROBE: Are you Hispanic and black, or Hispanic and white?) (NASF, O3)

- 1 = Black/African American **(GO TO INSTRUCTIONS BEFORE I3a)**
- 2 = White **(GO TO INSTRUCTIONS BEFORE I3a)**
- = American Indian/Native American/Aleutian or Eskimo **(GO TO INSTRUCTIONS BEFORE I3a)**

- 4 = Asian/Pacific Islander **(ASK I3c1)**
- 5 = (VOL) Hispanic (ACCEPT ONLY AFTER PROBE) **(GO TO INSTRUCTIONS BEFORE I3a)**

- 9 = Other (SPECIFY) **(GO TO INSTRUCTIONS BEFORE I3a)**
- 10 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE I3a)**
- 11 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE I3a)**

(ASK I3c1 IF I3=4 (ASIAN/PACIFIC ISLANDER); ALL OTHERS GO TO I3a)

I3c1. What Asian group are you?

- 1 = Asian Indian
- 2 = Bangladeshi
- 3 = Burmese
- 4 = Cambodian
- 5 = Chinese (except Taiwanese)
- 6 = Filipino
- 7 = Indo Chinese
- 8 = Indonesian
- 9 = Japanese
- 10 = Korean
- 11 = Laotian
- 12 = Malaysian
- 13 = Okinawan
- 14 = Pakastani
- 15 = Sri Lankan
- 16 = Taiwanese
- 17 = Thai
- 18 = Vietnamese
- 19 = Other, SPECIFY
- 20 = (VOL) Don't Know
- 21 = (VOL) Refused

I3a1. Is (name) also Asian/Pacific Islander?

- 1 = Yes **(ASK I3c2)**
- 2 = No **(SKIP TO I3ab1)**
- 3 = (VOL) Don't know **(SKIP TO I3ab1)**
- 4 = (VOL) Refused **(SKIP TO I3ab1)**

I3c2. What Asian group is (name)?

- 1 = Asian Indian
- 2 = Bangladeshi
- 3 = Burmese
- 4 = Cambodian
- 5 = Chinese (except Taiwanese)
- 6 = Filipino
- 7 = Indo Chinese

- 8 = Indonesian
- 9 = Japanese
- 10 = Korean
- 11 = Laotian
- 12 = Malaysian
- 13 = Okinawan
- 14 = Pakastani
- 15 = Sri Lankan
- 16 = Taiwanese
- 17 = Thai
- 18 = Vietnamese
- 19 = Other, SPECIFY
- 20 = (VOL) Don't Know
- 21 = (VOL) Refused

I3ab1. What is (**name's**) race?

- 1 = Black/African American
- 2 = White
- 3 = American Indian/Native American/Aleutian or Eskimo
- 9 = Other (SPECIFY)
- 10 = (VOL) Don't Know
- 11 = (VOL) Refused

(NOW GO BACK TO I3a1 AND ASK FOR NEXT HH MEMBER; IF NO ONE ELSE GO TO I4)

**[IF SINGLE PERSON HH AND I3<>4 SKIP TO I4;
IF 2 OR MORE IN HH AND I3<>4 ASK I3a]**

I3a. Is everyone else in your family (*insert response to I3*)?

- 1 = Yes, we are all the same race **GO TO I4**
- 2 = No, we are not all the same race **(ASK i3ab)**
- 3 = (VOL) Don't know **(GO TO i4)**
- 4 = (VOL) Refused **(GO TO i4)**

(FOR EACH REMAINING FAMILY MEMBER ASK I3ab AND I3c3 IF I3ab=4 (ASIAN/PACIFIC ISLANDER)

I3ab. What is (**name's**) race? (IF "HISPANIC", PROBE: Are you Hispanic and black, or Hispanic and white?)

- 1 = Black/African American
- 2 = White
- 3 = American Indian/Native American/Aleutian or Eskimo
- 4 = Asian/Pacific Islander
- 5 = (VOL) Hispanic (ACCEPT ONLY AFTER PROBE)
- 9 = Other (SPECIFY)
- 10 = (VOL) Don't Know
- 11 = (VOL) Refused

[PROGRAMMER I3c3 REPLACES I3c2 IN THIS SECTION (THERE IS ALREADY I3c2 IN THE PREVIOUS SECTION)]

[ASK I3c3 IF I3ab=4 (ASIAN/PACIFIC ISLANDER); ELSE GO BACK TO I3ab FOR NEXT MEMBER OF HH; IF NO ONE ELSE GO TO I4]

I3c3. What Asian group is (name)?

- 1 = Asian Indian
- 2 = Bangladeshi
- 3 = Burmese
- 4 = Cambodian
- 5 = Chinese (except Taiwanese)
- 6 = Filipino
- 7 = Indo Chinese
- 8 = Indonesian
- 9 = Japanese
- 10 = Korean
- 11 = Laotian
- 12 = Malaysian
- 13 = Okinawan
- 14 = Pakastani
- 15 = Sri Lankan
- 16 = Taiwanese
- 17 = Thai
- 18 = Vietnamese
- 19 = Other, SPECIFY
- 20 = (VOL) Don't Know
- 21 = (VOL) Refused

(NOW GO BACK TO I3ab AND ASK FOR NEXT HH MEMBER; IF NO ONE ELSE GO TO I4)

14. Were you *(or anyone in your family)* **BORN OUTSIDE OF THE UNITED STATES**, Puerto Rico, or other U.S. territories? [READ IF NECESSARY: Puerto Rico and other U.S. territories (Guam, U.S. Virgin Islands, American Somoa, Northern Marianas Islands, or Marshall Islands) are considered inside the United States. If born in a U.S. military family, that is considered born in the U.S. regardless of the country.] (NASF O4)

- 1 = Yes
- 2 = No **(GO TO I6a)**
- 8 = (VOL) Don't Know **(GO TO I6a)**
- 9 = (VOL) Refused **(GO TO I6a)**

**[IF ONLY 1 PERSON IN H/H AND I4=YES AUTO-PUNCH I5=1 THEN SKIP TO I6 I7
IF 2 OR MORE IN HH AND I4="YES" ASK I5-I8 FOR ALL NAMES GIVEN IN I4]**

15. Who was born outside of the United States? (PROBE: Anyone else) (NASF, O5)

INSERT FAMILY/HOUSEHOLD ROSTER

17. Are/Is *(you/NAME)* a citizen of the United States? (NASF, O7)

- 1 =Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

18. When did *(you/ name)* come to live in the United States? (NASF, O9)

- 1 = Gave SPECIFIC Year **(ASK I8syr)**
- 2 = Gave Number of Years **(GO TO I8nyr)**
- 3 = (VOL) DON'T KNOW **(GO TO I6 FOR NEXT HH MEMBER; ELSE GO TO I6a)**
- 4 = (VOL) REFUSED **(GO TO I6 FOR NEXT HH MEMBER; ELSE GO TO I6a)**

I8syr. [INTERVIEWER: ENTER SPECIFIC YEAR; ENTER AS 4 DIGITS, EX: 1970]

(When did **(he/she)** come to live in the United States)

(RANGE 1900 – 2008)

(GO BACK TO I7 FOR THE NEXT PERSON IN THE HOUSEHOLD; IF NO ONE ELSE GO TO I6a)

I8nyr. [INTERVIEWER: ENTER NUMBER OF YEARS]

(When did **(he/she)** come to live in the United States)

(RANGE 1 TO 100)

(GO BACK TO I6 I7 FOR THE NEXT PERSON IN THE HOUSEHOLD; IF NO ONE ELSE GO TO I6a)

I6a. **[IF SINGLE PERSON H/H:** (Were your parents born outside of the United States, Puerto Rico, or other U.S. territories?

[IF 2 OR MORE IN FAMILY: Of all the people in your household **BORN IN THE U.S.**, were any of their parents born outside of the United States, Puerto Rico, or other U.S. territories? Puerto Rico and other U.S. territories (Guam, U.S. Virgin Islands, American Samoa, Northern Marianas Islands, or Marshall Islands) are considered inside the United States. If born in a U.S. military family, that is considered born in the U.S. regardless of the country.] (NASF O4)

1 = Yes

2 = No (GO TO I9)

8 = (VOL) Don't Know (GO TO I9)

9 = (VOL) Refused (GO TO I9)

**[IF SINGLE PERSON H/H AND I6a="YES" AUTO-PUNCH I6b=1 THEN SKIP TO I9
IF 2 OR MORE IN HH AND I6a="YES" ASK I6b]**

I6b. Whose parents were was born outside of the United States? (NASF, O5)
(PROBE: Anyone else's parent?)

INSERT FAMILY/HOUSEHOLD ROSTER OF NAME(S) NOT MENTIONED IN I5

I9. What is the primary language spoken in your home?

1 = English

2 = Spanish

11 = Other (Specify)

12 = (VOL) Don't Know

13 = (VOL) Refused

SECTION N (NON-HH ADULTS/AGED 19 – 30)

(IF YA1=NO/DK/REF OR YA2>14 OR YA1 IS NOT ASKED GO TO CLOSING)

SECTION NA: INSURANCE COVERAGE

Now I would just like to ask you a few questions about the adult children who don't live in your household: **(read all name(s) from YA3).**

[PROGRAMMER: NA1 AND NA2 ARE NEW]

[(ASK NA1-NA36h CONSECUTIVELY FOR EACH NAME IN YA3)

NA1. Does **(name from YA3)** currently have some form of health insurance or health care coverage?

- 1 = Yes
- 2 = No **(GO TO BOX NB INSTRUCTIONS)**
- 8 = (VOL) Don't Know **(GO TO BOX NB INSTRUCTIONS)**
- 9 = (VOL) Refused **(GO TO BOX NB INSTRUCTIONS)**

NA2. Is **(name from YA3)** covered by health insurance through **(his/her)** own job, someone else's employer, a college or school plan, or is **(he/she)** covered by a public program such as Medicaid, or NJ FamilyCare, or does **(he/she)** have some other kind of health insurance?

(IF PUBLIC PROGRAM, ASK:) Is that Medicaid, NJ FamilyCare, Medicare, or some other program?

(IF NEEDED: Medicare sometimes covers younger people who have certain disabilities).
(IF NEEDED: Medicaid and NJ FamilyCare are government health insurance program for low-income families)

(IF OTHER KIND OF INSURANCE, ASK:) Is that a plan that **(he/she)** purchased directly from an insurance company or HMO or some other kind of plan?

- 1 = Insurance through own job
- 2 = Insurance through someone else's employer
- 3 = College/University/School plan
- 4 = Medicare
- 5 = Medicaid
- 6 = Purchased insurance from insurance company or HMO
- 7 = (VOL) other such as CHAMPUS, TRICARE, CHAMP-VA, VA, Railroad Retirement Fund, Military Health Care, Indian Health Service (including 'other public')
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused
- 10 = (VOL) NJ Family Care

(ASK NA36f-NA36h CONSECUTIVELY IF NA2=2; ELSE GO TO BOX NB INSTRUCTIONS)

NA36f. Does the policy holder for that plan live in your household?

- 1 = Yes
- 2 = No **(GO TO INSTRUCTIONS BEFORE NA36h)**
- 8 = (VOL) Don't Know **(GO TO INSTRUCTIONS BEFORE NA36h)**
- 9 = (VOL) Refused **(GO TO INSTRUCTIONS BEFORE NA36h)**

NA36g. Who is that policy-holder?

INSERT FAMILY/HOUSEHOLD ROSTER

(ALL ASKED NA36g GO TO BOX NB INSTRUCTIONS)

(ASK NA36h IF name in YA3 has only one parent in HH)

(IF YA9=NO OR YA10=NO; ELSE GO TO BOX NB INSTRUCTIONS)

NA36h. Is **(YA3 name)**'s plan in his/her **(If NA9=No, read: "mother's" / If NA10=No, read "father's")** name?

- 1 = Yes

- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(ALL ASKED NQ36h GO TO BOX NB INSTRUCTIONS)

BOX NB

GO BACK AND REPEAT NA1 – NA36h FOR NEXT NON-HH ADULT; IF NO ONE ELSE CONTINUE WITH NA81A

NA81A. Was/Were (**all names from YA3**) covered on his/her parents' health insurance policy when he/she was 18?

(IF "YES" ASK , "Who is that?" MULTIPLE RECORD; IF "NO" ENTER PUNCH "7 / NONE OF THEM")

**INSERT NON-HOUSEHOLD ADULT ROSTER AND ADD CODES:
7=NONE OF THEM
8=DON'T KNOW
9=REFUSED**

SECTION NB HEALTH STATUS

(ASK NB1 – NB3NB1 CONSECUTIVELY FOR EACH NAME IN YA3)

Now, I'd like to ask about (**YA3 NAME**)'s health.

NB1. Would you say (**YA3 NAME**)'s health is...(READ LIST): (CTSp78, e401; NSAFpgF-1, F1)

- 1 = Excellent,
- 2 = Very good,
- 3 = Good,
- 4 = Fair, or
- 5 = Poor?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

NB3NB1. Would you say (**YA3 NAME**)'s MENTAL health is (READ LIST):

- 1 = Excellent,
- 2 = Very good,
- 3 = Good,
- 4 = Fair, or
- 5 = Poor?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(NOW GO BACK AND RE-ASK NB1 and NB3NB1 FOR THE NEXT NON-HH ADULT. IF ALL ASKED CONTINUE WITH NB4)

(ASK NB4 – NB6NB9 FOR EACH NON-HH ADULT IN YA3)

NB4. Has a doctor or other health professional ever said that (**YA3 NAME**) had asthma? (modified BRFSSpg9, 3.1)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

NB5. Has a doctor or other health professional ever said that **(YA3 NAME)** had diabetes? (modified BRFSSpg10, 4.1)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF YA3 IS FEMALE ASK NB5b ELSE GO TO NB6NB9):

NB5b. Was **(NAME)**'s diabetes due to a pregnancy?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

NB6NB9. Has **(YA3 NAME)** had any other type of serious or long-lasting medical condition that I haven't mentioned?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF YA3 IS FEMALE, ASK NB6a; ELSE BACK AND RE-ASK NB4 –NB6a FOR NEXT NON-HH ADULT; IF NO ONE ELSE GO TO SECTION H)

NB6a. Is **(YA3 name)** pregnant?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(NOW GO BACK AND RE-ASK NB4 - NB6a FOR THE NEXT NON-HH ADULT. IF ALL ASKED CONTINUE WITH SECTION NH)

SECTION NH: EMPLOYMENT AND EARNINGS

NH0B DELETED

[ASK NH0a2 – NH0b1 FOR EACH NAME MENTIONED IN YA3]

NH0a2. Is **[YA3 name]** a full-time student, a part-time student, or is (he/she) NOT currently a student?

- 1 = Full time student
 - 2 = Part time student
 - 3 = NOT a student
 - 8 = (VOL) Don't know
- (GO TO NEXT NAME IN YA3; IF NO ONE ELSE GO TO INSTRUCTIONS BEFORE NH1)**
(GO TO NEXT NAME IN YA3; IF NO ONE ELSE GO TO

9 = (VOL) Refused

INSTRUCTIONS BEFORE NH1)
(GO TO NEXT NAME IN YA3; IF NO ONE ELSE GO TO
INSTRUCTIONS BEFORE NH1)

[ASK NH0b1 IF NH0a2=1 OR 2)

NH0b1. Does *(name from NH0a1)* attend school in New Jersey?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

[NOW GO BACK TO NH0a2- NH0b1 FOR NEXT NAME IN YA3; IF NO ONE ELSE GO TO
INSTRUCTIONS BEFORE NH1]

(ASK NH1 – NH19a FOR EACH PERSON IN YA3)

This next series of questions is about jobs.

NH1. Was *(YA3 name)* working at a job for pay last week? (This includes government/military.)

(IF THE PERSON WAS ON VACATION LAST WEEK PROBE: "Was this a paid vacation, or were/was *(you/he/she)* on leave?")

- 1 = Yes **(GO TO INSTRUCTION BEFORE NH3)**
- 2 = No not working/on a non-paid vacation/on leave **(ASK NH1a)**
- 8 = (VOL) Don't Know **(ASK NH1a)**
- 9 = (VOL) Refused **(ASK NH1a)**

NH1a. Which of the following was *(name)* doing most of last week? (READ) (CHIS K1)

- 1 = With a job or business but not at work,
- 2 = Looking for work, or
- 3 = Not working at a job or business and not looking?
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

[NOW GO BACK TO NH1 FOR NEXT PERSON; IF NO ONE ELSE GO TO NH32]

[IF NOT A FULL TIME STUDENT AND WORKING LAST WEEK: NH0a2<>1 AND NH1=1 ASK NH3;
ELSE GO BACK TO NH1 FOR NEXT PERSON; IF NO ONE ELSE GO TO NH32]

NH3. Did *(YA3 name)* work at more than one job or business last week?

(NOTE: Count self-employment as 1 job or business)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

[PROGRAMMER: NH4a & NH4b ARE NEW]

NH4a. Does *(YA3 name)* work at least 25 hours a week at one job?

- 1 = Yes
- 2 = No (**GO TO NH5**)
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

NH4b. Does (**YA3 name**) work at least 35 hours a week at one job?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't know
- 9 = (VOL) Refused

NH5. (**IF NH3 =1 - READ:** On (**YA3 name**)'s MAIN job, is (**YA3 name**) employed by: a private company, a federal, state, or local government, OR self-employed, OR working in a family business or farm? modified CHIS K4)

[NOTE: MAIN JOB IS THE ONE HE/SHE USUALLY WORK(S) THE MOST HOURS] IF WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM, CODE (7) WORKING IN A FAMILY BUSINESS OR FAMILY FARM.]

(IF NH3<>1 – READ:

Is (**YA3 name**) employed by: a private company, a federal, state, or local government, OR self-employed, OR working in a family business or farm? (modified CHIS K4)

- 1 = Private company, non-profit organization, foundation
- 2 = Federal government (including military)
- 3 = State government (including state universities)
- 4 = Local government (including Board of Education/School Districts)
- 5 = Other governmental units/authorities
- 6 = Self-employed
- 7 = Family business or farm
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

[IF NH5=2, 3, 4 OR 5 GO TO INSTRUCTIONS BEFORE NH19 ELSE ASK NH6b]

NH6b. What kind of business or industry is this? (CHIS K5)

- 1 = Gave response
- 2 = (VOL) Don't Know (**GO TO INSTRUCTIONS BEFORE NH19**)
- 3 = (VOL) Refused (**GO TO INSTRUCTIONS BEFORE NH19**)

NH6oe. (INTERVIEWER PROBE TO OBTAIN THE PRODUCT(S) OR SERVICE(S) IN WHICH THIS COMPANY DEALS. THEN PROBE TO OBTAIN WHAT THE COMPANY DOES WITH THE PRODUCT(S) OR SERVICE(S). (I.E. retail, wholesale, manufacturing, repair, distribution, etc.)

(IF RESPONDENT IS IN A PROFESSION (I.E. TEACHER/LAWYER/DR PROBE FOR GRADE TAUGHT/PRIVATE PRACTICE/ETC. RECORD VERBATIM UNDER PRODUCT OR SERVICE BELOW:)

PRODUCT OR SERVICE: _____

WHAT CO DOES WITH PRODUCT/SERVICE: _____

(ASK H19 IF non-HH adult is NOT the policy holder on an employee plan (NA36e or NA77a): (ASK NH19 IF NA2<>1 ELSE GO TO NH1 FOR NEXT PERSON; IF NO ONE ELSE GO TO NH32)

NH19. **(IF NH5 IS SELF EMPLOYED/FAMILY BUSINESS/FARM:)**

Does **(YA3 NAME)** offer or have a health insurance plan through **(YA3 name)**'s business or farm?
(FHIS 6.19)

(ALL OTHERS READ:) Does **(YA3 NAME)**'s employer or union offer a health insurance plan to any of its employees? (FHIS 6.19)

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

(IF NH19=2, 8, 9 GO TO NH1 FOR NEXT PERSON; IF NO ONE ELSE GO TO NH25 NH32)

NH19a. Is **(YA3 NAME)** eligible for that coverage?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

NH32. Do/Does **(ALL YA3 names)** live in New Jersey?

(IF "YES", ASK : "Who?"; IF "NO" ENTER PUNCH 7 / NO ONE)

INSERT NON-HOUSEHOLD ROSTER AND ADD CODES FOR:
7=NO ONE LIVES IN NJ
8=DON'T KNOW
9=REFUSED

NH33. Is **(YA3 name)**'s home or apartment...(READ LIST) (NSAF M-1)

- 1 = Owned or being bought by someone in (his/her) household
- 2 = Rented for cash, or
- 3 = Occupied without payment of cash rent?
- 4 = (VOL) Dormitory/Fraternity/Sorority house
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

SECTION NI

(ASK NI1a – NI1b FOR EACH NAME IN YA3)

NI1a. What is the highest grade or level of school that **(YA3 NAME)** has completed? (NASF, L1)

- 1 = 8th GRADE OR LESS
- 2 = 9th TO 11TH
- 3 = 12TH GRADE, GED OR HIGH SCHOOL DIPLOMA
- 4 = Some voc/tech/business
- 5 = Some voc.tech/business certificate or diploma
- 6 = Some college/no degree
- 7 = Associate's degree
- 8 = Bachelor's degree
- 9 = Some graduate/professional school/no degree
- 10 = Graduate/professional degree (MA;MS;PHD;EDD;MD;DDS;JJ/LLB, ETC)
- 11 = (VOL) Don't know

12 = (VOL) Refused

(ASK NI1b IF NI1a=4 OR NI1a=5; ELSE GO TO NI1a FOR NEXT PERSON IN YA3; IF NO ONE ELSE GO TO CLOSING)

NI1b. Does (**name**) have a high school diploma or GED?

- 1 = Yes
- 2 = No
- 8 = (VOL) Don't Know
- 9 = (VOL) Refused

CLOSING

Thank you very much for your time. I want to get your name and your mailing address so I can send you the check as a token of our appreciation.

What is your name?

What is your address?

(IF RANDOM CHILD SELECTED ASK W4 W3 ELSE GO TO LANGUAGE)
(Worksheet instructions for respondents with children in the household ages 3-18:)

[DO NOT ASK W1 AS OF 1/28/09 UNTIL FURTHER NOTICE FROM THE PD]

W1. In addition to the **(\$15/\$25)** we will be sending you, we will also be sending you an additional \$5 along with a tape measure and worksheet to record you and your children's height and weight.

1 = Continue **(GO TO LANG)**

[PROGRAMMER: W2 & W3 ARE NEW QUESTIONS]

[ASK W3 AS OF WEDNESDAY, 1/28/09 UNTIL FURTHER NOTICE FROM THE PD]

W3. In addition to the (\$15 / \$25) we will be sending you, we will also be sending you a tape measure and worksheet to record you and your children's height and weight. If you complete and send back the worksheet, we will send you an additional \$5 as a token of our appreciation.

1 = Continue **(GO TO LANG)**

[W4 WILL BE ASKED AT A FUTURE TIME TO BE DESIGNATED BY THE PD]

W4. In addition to the (\$15 / \$25) we will be sending you, we will also be sending you a tape measure and worksheet to record you and your children's height and weight. If you complete and send back the worksheet, we will send you an additional \$10 as a token of our appreciation.

1 = Continue **(GO TO LANG)**

LANG. INTERVIEWER PLEASE ENTER THE LANGUAGE OF INTERVIEW

- 1 = ENGLISH
- 2 = SPANISH

Finally, before we say good-bye if you would like to have more information about Medicaid, NJ Family Care or NJ Ease I can give you the phone numbers.

(PROVIDE NUMBERS REQUESTED: Medicaid: 1-800-356-1561; NJ Ease: 1-877-222-3737;

NJ FamilyCare: 1-800-701-0710) (MULTIPLE RECORD)

- 1 = Didn't want numbers
- 2 = Gave Medicaid
- 3 = Gave KidCare/FamilyCare
- 4 = Gave NJ Ease

Thank you for your cooperation and for taking the time to participate in this important study.

RUTGERS

Center for State Health Policy

112 Paterson Street
5th Floor
New Brunswick, NJ 08901
www.cshp.rutgers.edu

THE 2009 NEW JERSEY FAMILY HEALTH SURVEY **QUESTIONNAIRE**