

## 2003-04 Questionnaire

### HEALTH INSURANCE - HIQ

#### BOX 1

#### **RULES FOR ADMINISTERING THE HEALTH INSURANCE SECTION OF THE FAMILY QUESTIONNAIRE:**

FOR THE PURPOSE OF ADMINISTERING THIS SECTION "ALL SPS" IN FILLS AND DISPLAYS REFERS TO THE NHANES FAMILY MEMBERS AS DESCRIBED BELOW:

#### **GROUP 1**

- SPS WHO ARE INDIVIDUAL HOUSEHOLDERS OR MEMBERS OF THE PRIMARY FAMILY AND ALL RELATED SUBFAMILIES.

#### **AND**

- SPS WHO ARE RELATED TO THEM AS A PARTNER, FOSTER PARENT, OR FOSTER CHILD.

#### **GROUP 2**

- SPS WHO ARE MEMBERS OF UNRELATED SUBFAMILIES.

#### **AND**

- SPS WHO ARE RELATED TO THEM AS PARTNER, FOSTER PARENT, OR FOSTER CHILD.

#### **GROUP 3**

SPS WHO ARE SECONDARY INDIVIDUALS AND ARE NOT RELATED TO ANY INDIVIDUALS ABOVE.

HIQ.010 The (first/next) questions are about health insurance. (For these questions, we are only interested in persons who have been selected for the survey, that is {NAMES OF ALL SPS}.)

{Are you/Is SP/Are **any** of the following persons: ALL SPS} covered by health insurance or some other kind of health care plan? [Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.]

CAPI INSTRUCTION:

IF ONLY ONE SP OR ALL SPS COVERED IN HIQ.010, FLAG PERSON(S) AS COVERED IN HIQ.020.

ALL SPS COVERED .....	1
SOME SPS COVERED, SOME NOT COVERED.....	2
NO SPS COVERED .....	3 (BOX 10)
REFUSED .....	7 (BOX 10)
DON'T KNOW .....	9 (BOX 10)

**BOX 2**

**CHECK ITEM HIQ.015:**

- IF ONLY 1 SP IN FAMILY OR IF ALL SPS ARE COVERED BY HEALTH INSURANCE (CODE 1 IN HIQ.010), SKIP TO BOX 3.
- OTHERWISE, CONTINUE WITH HIQ.020.

HIQ.020 Who has coverage?

**PROBE:** Anyone else?

CAPI INSTRUCTION:  
DISPLAY ROSTER OF ALL SPS.

SELECT SP FROM ROSTER

SELECT .....	1
REFUSED .....	7
DON'T KNOW .....	9

**BOX 3**

**LOOP 1:**

ASK HIQ.030 - HIQ.210 FOR (FIRST/NEXT) SP SELECTED AS BEING COVERED BY HEALTH INSURANCE IN HIQ.010 OR HIQ.020.

HIQ.030 What kind of health insurance or health care coverage {do you/does SP} have? **Include** those that pay for only one type of service (nursing home care, accidents, or dental care). **Exclude** private plans that only provide extra cash while hospitalized. If {you have/he/she has} more than one kind of health insurance, just tell me about the **first** kind.

HAND CARD HIQ1

PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR WORKPLACE.....	1
PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY.....	2
PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT PROGRAM OR COMMUNITY PROGRAM..	3
MEDICARE.....	4
MEDI-GAP.....	5
MEDICAID ({DISPLAY STATE PLAN NAME}) .....	6
CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM).....	7
MILITARY HEALTH CARE/VA .....	8
CHAMPUS/TRICARE/CHAMP-VA .....	9
INDIAN HEALTH SERVICE.....	10
STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME}) .....	11
OTHER GOVERNMENT PROGRAM.....	12
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS) .....	13 (HIQ.180)
REFUSED .....	77 (BOX 9)
DON'T KNOW .....	99 (BOX 9)

HIQ.040 Does the insurance {you have/SP has} through {TYPE OF INSURANCE} cover any part of dental care?

CAPI INSTRUCTION:  
DISPLAY PLAN TYPE AS A LEFT HEADER.

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 4**

**CHECK ITEM HIQ.045:**  
IF MEDICARE (CODE 4 IN HIQ.030), GO TO HIQ.100.  
IF MEDICAID (CODE 6 IN HIQ.030), GO TO HIQ.150.  
IF CHIP, MILITARY, CHAMPUS, INDIAN HEALTH SERVICE, STATE, OR OTHER GOVERNMENT PLAN (CODES 7, 8, 9, 10, 11, AND 12), GO TO HIQ.190.  
OTHERWISE, (IF PRIVATE PLAN – CODE 1, 2, 3 OR 5), CONTINUE.

HIQ.050 Is {your/SP's} {TYPE OF INSURANCE} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-of-Service), or is it some other kind of plan?

HMO/IPA ..... 1  
PPO ..... 2  
POS ..... 3  
OTHER ..... 4  
REFUSED ..... 7  
DON'T KNOW ..... 9

HIQ.060 Under this plan, can {you/SP} choose **any** doctor or **must** {you/he/she} choose one from a specific group or list of doctors?

ANY DOCTOR..... 1  
SELECTED LIST ..... 2 (HIQ.080)  
REFUSED ..... 7 (BOX 5)  
DON'T KNOW ..... 9 (BOX 5)

HIQ.070 {Do you/Does SP} have the option of choosing a doctor from a preferred or select list at a lower cost?

YES ..... 1 (HIQ.090)  
NO ..... 2 (BOX 5)  
REFUSED ..... 7 (BOX 5)  
DON'T KNOW ..... 9 (BOX 5)

HIQ.080 If {you/SP} select{s} a doctor who is not in the plan, will the plan pay for any part of the cost?

YES ..... 1  
 NO ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

HIQ.090 If {you need/SP needs} to go to a different doctor or place for special care, {do you/does s/he} need approval or a referral? [Do not include emergency care.]

YES ..... 1  
 NO ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

<p><b>BOX 5</b></p> <p><b>CHECK ITEM HIQ.095:</b>  <b>GO TO HIQ.190.</b></p>
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HIQ.100 May I please see {your/SP's} Medicare card to determine the type of coverage and to record the Health Insurance Claim Number?

This number is needed to allow Medicare records of the Center for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact {you/SP}. Except for these purposes, the Department of Health and Human Services will not release {your/his/her} Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on {your/his/her} benefits. This number will be held in strict confidence. [The Public Health Service Act is Title 42, United States Code, Section 242K.]

CAPI INSTRUCTION:  
 REQUIRE DOUBLE ENTRY OF NUMBER.  
 ALLOW UP TO 11 CHARACTERS (LETTERS OR NUMBERS)

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ENTER CLAIM NUMBER

REFUSED ..... 77777777 (HIQ.120)  
 DON'T KNOW ..... 99999999 (HIQ.120)

HIQ.105 INTERVIEWER: ENTER 1 RESPONSE

CARD AVAILABLE ..... 1  
 CARD NOT AVAILABLE ..... 2 (HIQ.120)

HIQ.110 ENTER **TYPE** OF COVERAGE FROM CARD.

- HOSPITAL ONLY (PART A)..... 1 (BOX 6)
- MEDICAL ONLY (PART B)..... 2
- BOTH HOSPITAL AND MEDICAL (PART A AND PART B)..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

HIQ.120 {Are you/Is SP} under a Medicare managed care arrangement, such as an HMO, that is a Health Maintenance Organization? [With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.]

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

HIQ.130 If {you need/SP needs} to go to a different doctor or place for special care, {do you/does s/he} need approval or a referral? [Do not include emergency care.]

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

HIQ.140 Besides {your/SP's} Medicare insurance, {are you/is SP} paying an additional monthly or yearly premium to receive a more comprehensive health plan?

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

<b>BOX 6</b>
<b>CHECK ITEM HIQ.145:</b> GO TO HIQ.190.

HIQ.150 In this state, Medicaid is also called {DISPLAY STATE PLAN NAME}. With Medicaid, can {you/SP} go to **any** doctor who will accept Medicaid or **must** {you/he/she} choose from a book or list of doctors or is a doctor assigned?

- ANY DOCTOR..... 1
- SELECT FROM BOOK/LIST ..... 2
- DOCTOR IS ASSIGNED ..... 3
- REFUSED ..... 7
- DON'T KNOW ..... 9

HIQ.160 {Are you/Is SP} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care? [Do **not** include emergency care or care from a specialist {you were/he was/she was} referred to.]

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

HIQ.170 If {you/SP} need{s} to go to a different doctor or place for special care, {do/does} {you/he/she} need approval or a referral? [Do **not** include emergency care.]

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 7**

**CHECK ITEM HIQ.175:**  
GO TO HIQ.190.

HIQ.180 What types of service or care does {your/SP's} single service plan or plans pay for?

CODE ALL THAT APPLY

- ACCIDENTS..... 10
- AIDS CARE ..... 11
- CANCER TREATMENT ..... 12
- CATASTROPHE CARE..... 13
- DENTAL CARE ..... 14
- DISABILITY INSURANCE (CASH  
PAYMENTS WHEN UNABLE TO WORK  
FOR HEALTH REASONS) ..... 15
- HOSPICE CARE ..... 16
- HOSPITALIZATION ONLY ..... 17
- LONG-TERM CARE (NURSING HOME  
CARE) ..... 18
- PRESCRIPTIONS ..... 19
- VISION CARE ..... 20
- OTHER (SPECIFY)\_\_\_\_\_ 21
- REFUSED ..... 77
- DON'T KNOW ..... 99

HIQ.190 {Do you/Does SP} have another type of health insurance or health care coverage?

CODE IF KNOWN. OTHERWISE, ASK.

HAND CARD HIQ1

CAPI INSTRUCTIONS:

DISPLAY "SP NAME: {SP}" AS LEFT HEADER.

DISPLAY "TYPE(S) OF COVERAGE: {LIST TYPES OF COVERAGE}" AS LEFT HEADER.

DISPLAY **ALL** TYPES OF COVERAGE ALREADY CODED FOR SP IN HIQ.030 AND HIQ.200 FOR LIST OF TYPES OF COVERAGE.

YES .....	1
NO .....	2 (HIQ.210)
REFUSED .....	7 (HIQ.210)
DON'T KNOW .....	9 (HIQ.210)

HIQ.200 What other type of insurance {do you/does SP} have?

HAND CARD HIQ1

SELECT NEXT TYPE OF INSURANCE

CAPI INSTRUCTIONS:

DISPLAY "SP NAME: {SP}" AS LEFT HEADER.

DISPLAY "TYPE(S) OF COVERAGE: {LIST TYPES OF COVERAGE}" AS LEFT HEADER.

DISPLAY **ALL** TYPES OF COVERAGE ALREADY CODED FOR SP IN HIQ.030 AND HIQ.200 FOR LIST OF TYPES OF COVERAGE.

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INDIAN HEALTH SERVICE.....	10
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OTHER GOVERNMENT PROGRAM .....	12
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS) .....	13 (HIQ.180)
REFUSED .....	77 (BOX 9)
DON'T KNOW .....	99 (BOX 9)

**BOX 8**

**EMBEDDED LOOP 2:**

ASK HIQ.040 – HIQ.190 AS APPROPRIATE FOR NEXT TYPE OF INSURANCE.

HIQ.210 In the **past 12 months**, was there any time when {you/SP} did **not** have **any** health insurance coverage?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 9**

**END LOOP 1:**

ASK HIQ.030 – HIQ.210 AS APPROPRIATE FOR NEXT SP SELECTED IN HIQ.010 OR HIQ.020.

IF NO NEXT SP, CONTINUE WITH BOX 10.

**BOX 10**

**CHECK ITEM HIQ.155:**

IF ANY SPS NOT COVERED BY HEALTH INSURANCE (NOT SELECTED IN HIQ.010 OR HIQ.020), CONTINUE.

OTHERWISE, GO TO END OF SECTION.

**LOOP 2:**

ASK HIQ.220 - HIQ.230 FOR EACH SP **NOT** SELECTED AS COVERED BY HEALTH INSURANCE IN HIQ.010 OR HIQ.020.

HIQ.220 About how long has it been since {you/SP} **last** had health care coverage?

HAND CARD HIQ2

6 MONTHS OR LESS ..... 1  
MORE THAN 6 MONTHS, BUT NOT  
MORE THAN 1 YEAR AGO ..... 2  
MORE THAN 1 YEAR, BUT NOT MORE  
THAN 3 YEARS AGO..... 3  
MORE THAN 3 YEARS ..... 4  
NEVER ..... 5  
REFUSED ..... 7  
DON'T KNOW ..... 9



HIQ.230 Which of these are reasons {you/SP} stopped being covered by or {do/does} not have health insurance?

HAND CARD HIQ3  
CODE ALL THAT APPLY

- PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR  
CHANGED EMPLOYERS ..... 10
- GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR  
PARENT ..... 11
- BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL..... 12
- EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE  
FOR COVERAGE..... 13
- COST IS TOO HIGH ..... 14
- INSURANCE COMPANY REFUSED COVERAGE ..... 15
- MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY ..... 16
- LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB  
OR INCREASE IN INCOME ..... 17
- LOST MEDICAID (OTHER)..... 18
- OTHER (SPECIFY) \_\_\_\_\_ ..... 19
- REFUSED ..... 77
- DON'T KNOW ..... 99

**BOX 11**

**END LOOP 2:**

ASK HIQ.220 – HIQ.230 FOR NEXT SP **NOT** COVERED BY HEALTH INSURANCE.  
IF NO NEXT SP, GO TO END OF SECTION.