10/9/06   **Questionnaire:** SP

HEALTH INSURANCE – HIQ
Target Group: All Ages

HIQ.011   The next questions are about health insurance.

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.

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

YES	1	
NO	2	(BOX 12)
REFUSED	7	(BOX 12)
DON'T KNOW	9	(BOX 12)

HIQ.031   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/s/he has} more than one kind of health insurance, tell me all plans that {you have/s/he has}.

CODE ALL THAT APPLY

HAND CARD HIQ1

CAPI INSTRUCTION:
DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.

PRIVATE HEALTH INSURANCE	14
MEDICARE...	15
MEDI-GAP..	16
MEDICAID ({DISPLAY STATE PLAN NAME})......................................	17
SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM).........	18
MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA)	19
INDIAN HEALTH SERVICE...	20
STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME})	21
OTHER GOVERNMENT PROGRAM...	22
SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS)..	23
NO COVERAGE OF ANY TYPE	40
REFUSED	77
DON'T KNOW	99

BOX 2

OMITTED

BOX 3

OMITTED

<table>
<tr><td>BOX 4

OMITTED</td></tr>
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BOX 4
OMITTED

BOX 5
OMITTED

BOX 10
OMITTED

BOX 11
OMITTED

BOX 12
CHECK ITEM HIQ.065: ■ IF AGE => 65 AND HIQ.031 = CODE 14 OR CODE 16-99 OR HIQ.031 IS EMPTY, GO TO HIQ.260. ■ IF AGE = BIRTH+ AND HIQ.031 = CODE 15, GO TO HIQ.500. ■ OTHERWISE, CONTINUE.

BOX 13
CHECK ITEM HIQ.259: IF AGE < 65 AND (HIQ.011 = 1 (YES) AND HIQ.031 NOT = 40 (NO COVERAGE), GO TO HIQ.270. IF AGE < 65 AND (HIQ.011 = 2, 7, OR 9 OR HIQ.031 = 40), GO TO END OF SECTION.

HIQ.260   {Do you/Does SP} have Medicare? This is a health insurance program that virtually all persons 65 and older are eligible for. A card is automatically mailed to you shortly before your 65th birthday, it looks like this.

SHOW HAND CARD HIQ2 OF MEDICARE CARD

YES 1
NO .... 2 (BOX 14)
REFUSED .... 7 (BOX 14)
DON'T KNOW .... 9 (BOX 14)

HIQ.500   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)

|___|___|___|___|___|___|___|___|___|___|___|
ENTER CLAIM NUMBER

REFUSED .... 777777777 (BOX 14)
DON'T KNOW .... 999999999 (BOX 14)

HIQ.105   INTERVIEWER: ENTER 1 RESPONSE

CARD AVAILABLE 1
CARD NOT AVAILABLE .... 2 (BOX 14)

BOX 14

CHECK ITEM HIQ.269:
IF (HIQ.011 = 1 AND HIQ.031 NOT = 40) OR HIQ.260 = 1, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

BOX 6

OMITTED

BOX 7

OMITTED

BOX 8

OMITTED

BOX 9

OMITTED

HIQ.270   {Does this plan/Do any of these plans} cover any part of the cost of prescriptions?

CAPI INSTRUCTION:
IF HIQ.031 = 15 or HIQ.260 = 1, DISPLAY: [If you are enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan, you have some prescription drug coverage.]

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

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