

APPENDIX I

2011 MONTANA HOUSEHOLD HEALTH INSURANCE SURVEY QUESTIONNAIRE

My name is _____. I am calling from the University of Montana in Missoula on behalf of the State of Montana. We're calling households across the state to gather information on health insurance coverage of Montana residents. Your participation in this study will be a great help. This survey is confidential, voluntary, and usually takes about 10 minutes.

We would like to ask some questions about HEALTH INSURANCE for people in your household.

S1. Are you 18 years of age or older and live in Montana?

- YES (CONTINUE)
- NO (ASK PROMPT BELOW)

IF "NO", ASK: Is there someone else at home who is 18 years of age or older and lives in Montana that I might speak with?

- (IF "YES", THEN ASK: MAY I SPEAK WITH HIM/HER?)
- (IF "NO", THEN ASK: WHOM SHOULD I SPEAK WITH? {GET FIRST NAME}
- {WHAT IS A GOOD TIME TO CALL BACK?}

S2. Can you answer questions about HEALTH INSURANCE for people in this household?

- 1. YES --> SKIP TO S4
- 0. NO

S3. Is another adult available who could answer questions about HEALTH INSURANCE?

- 1. YES --> GET PERSON ON PHONE. @REPEAT INTRO@ GO TO S5
- 0. NO --> CALL BACK

RESID. First, what is the town or community you live in or live closest to?

We will gather information about the insurance status of one adult household member in detail, but will need some brief information on the other members as well. I just need a complete list of people in the house so that one person can be picked at random to talk about their access to health insurance.

HHSIZE. Including you, how many people currently live or stay in this house, apartment, or mobile home?

[PROBE: "INCLUDE IN THIS NUMBER CHILDREN, FOSTER CHILDREN, BOARDERS, OR HOUSEMATES NOT RELATED TO YOU, COLLEGE STUDENTS LIVING AWAY WHILE ATTENDING COLLEGE. DO NOT INCLUDE PEOPLE WHO LIVE OR STAY AT ANOTHER PLACE MOST OF THE TIME, PEOPLE IN A CORRECTIONAL FACILITY, NURSING HOME, OR RESIDENTIAL FACILITY, OR PEOPLE IN THE ARMED FORCES LIVING SOMEWHERE ELSE."]

- ____ ENTER NUMBER
- 98 DK
- 99 REFUSED

S6. Please tell me the age, gender and relationship to you for each person in the household. Starting with yourself, what is your age as of your last birthday?

____ ENTER NUMBER
98 DK
99 REFUSED

S6A. [MALE OR FEMALE]

- 1 MALE
- 2 FEMALE

S6C. Relationship?

- 1 SPOUSE
- 2 CHILD
- 3 PARENT
- 4 SELF/RESPONDENT
- 5 OTHER RELATIVE
- 6 NONRELATIVE
- 98 DK
- 99 REFUSED

[CONTINUE ASKING AGE, SEX AND RELATIONSHIP FOR ALL RESIDENTS UP TO 10 IN HOUSEHOLD]

I am going to read you a list of different types of health insurance. Please tell me who in your household is covered by that type of insurance.

H1. Is anyone in your household currently covered by Medicare?

[READ IF NECESSARY: "MEDICARE IS THE HEALTH INSURANCE FOR PERSONS 65 YEARS OLD AND OVER OR PERSONS WITH DISABILITIES. THIS IS A RED, WHITE AND BLUE CARD."]

MAKE CHECK FOR EACH HOUSEHOLD MEMBER COVERED
USE SAME LIST FOR EACH TYPE INSURANCE QUESTION

- RESPONDENT
- SPOUSE/PARTNER
- CHILD 1-6
- PARENT/GRANDPARENT 1-2
- OTHER RELATIVE 1-4
- OTHER NONRELATIVE1-4

IF ANY COVERED BY MEDICARE:

H1A. Do you/they have another health insurance policy, in addition to Medicare, like a Medicare supplement policy, or a retiree medical benefit?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

H2. Is anyone in your household currently covered by Medicaid?

[READ IF NECESSARY: "MEDICAID IS THE GOVERNMENT PROGRAM THAT PAYS FOR HEALTH CARE FOR LOW INCOME PEOPLE AND THE DISABLED"]

H3. Is anyone in your household currently covered by Indian or Tribal Health Service?

IF CHILDREN IN HOUSEHOLD:

H4. Are any of the children in your household covered by Healthy Montana Kids or Healthy Montana Kids Plus, formerly known as Children's Health Insurance Plan, or CHIP? This is a program for children 18 years of age or younger, who do not have any other form of health insurance but they may get care from Indian Health Services.

H5. Is anyone in your household currently covered by Veteran's Affairs health care connected to a disability?

H6. Is anyone in your household currently covered by TRICARE, the active duty military health care that used to be known as CHAMPUS?

H7. Is anyone in your household currently covered by a Railroad Retirement Plan medical benefits?

H8. Is anyone in your household currently covered by Health insurance through current or former work or union?

H9. Is anyone in your household currently covered by individual health insurance bought directly from an insurer?

H9a. Some insurance companies sell policies that cover specific diseases such as cancer or stroke but do not cover you if you are sick with anything else. Does this privately purchased policy only cover your medical expenses for a specific disease or is it a general health plan?

- 1. DREAD DISEASE POLICY
- 2. GENERAL HEALTH PLAN
- 8. DON'T KNOW
- 9. REFUSED

H9b. Some insurance companies sell plans that are not insurance but instead offer you a discount on certain services such as pharmacy services or doctors visits. Does this sound like the policy you purchased?

- 1. DISCOUNT PLAN -NOT INSURANCE
- 0. NO
- 8. DON'T KNOW
- 9. REFUSED

H10. Is anyone in your household currently covered by insurance provided by someone outside the household? (DIVORCED PARENT, PARENT OF CHILD AWAY FORM HOME)

CONFIRM INSURANCE STATUS OF RESPONDENT

H11. According to the information you provided, you currently do NOT have health care coverage -- Is this correct?

1	YES	IF MARRIED GO TO H12 IF NOT MARRIED SKIP TO UNINSURED
0	NO	GO TO H11A
8	DK	GO TO DEMOGRAPHICS
9	REFUSED	GO TO DEMOGRAPHICS

H11A. At this time, under which plan or programs are you covered?

(DO NOT READ VALUES, JUST RECORD)

- 1 HEALTH INSURANCE THROUGH YOUR WORK OR UNION
- 2 HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION
- 3 INDIVIDUAL HEALTH INSURANCE BOUGHT DIRECTLY FROM AN INSURANCE COMPANY BY TARGET
- 4 INDIVIDUAL HEALTH INSURANCE BOUGHT DIRECTLY FROM AN INSURANCE COMPANY BY SOMEONE ELSE
- 5 MEDICARE
- 6 MEDICARE SUPPLEMENT
- 7 MEDICAID
- 8 INDIAN OR TRIBAL HEALTH SERVICES
- 9 TRICARE/CHAMPUS/VETERANS' AFFAIRS
- 10 CHIP/CHILDREN'S HEALTH INSURANCE PLAN
- 11 RAILROAD RETIREMENT PLAN
- 12 STUDENT HEALTH INSURANCE
- 13 MONTANA COMPREHENSIVE HEALTH ASSOCIATION
- 14 COBRA
- 15 CARING PROGRAM FOR CHILDREN
- 16 SPECIAL HEALTH SERVICES
- 17 WIC
- 18 MENTAL HEALTH SERVICES PLAN
- 19 WORKERS COMPENSATION
- 20 EMPLOYER PAYS BILLS
- 21 FAMILY MEMBER PAYS OUT OF POCKET
- 22 CRIME VICTIM'S ASSISTANCE
- 23 LONG-TERM CARE INSURANCE, NURSING HOME INSURANCE
- 24 DREAD DISEASE POLICY
- 25 DISCOUNT POLICY
- 27 OTHER (SPECIFY)
- 98. UNSURE/DK
- 99. REFUSED

We need some DETAILED INFORMATION about one adult in your household. The computer selected

GO TO MODULE FOR THE INSURANCE STATUS

GROUP AND INDIVIDUALLY INSURED

G1. Have you (has TARGET) had THE SAME insurance plan for ALL of the past twelve months?

- 1 YES GO TO G2
- 0 NO GO TO G1A
- 8 DK GO TO G2
- 9 REFUSED GO TO G2

G1A. Was there any time IN THE PAST 12 MONTHS that you / TARGET were not covered by insurance?

- 1 YES GO TO G1A1
- 0 NO GO TO G1A1, THEN G2
- 8 DK GO TO G1A1, THEN G2
- 9 REFUSED GO TO G1A1, THEN G2

G1A1: Prior to becoming insured under you / their current plan, what type of insurance did you / TARGET have? Was that –

- 1 Health insurance through YOUR work or union
- 2 Health insurance through someone else’s work or Union
- 3 Individual health insurance bought directly from an insurance company by target
- 4 Individual health insurance bought directly from an insurance company by someone else
- 5 Medicare
- 6 Medicare supplement
- 7 Medicaid

DO NOT READ FOLOWING OPTIONS:

- 8 INDIAN OR TRIBAL HEALTH SERVICES
- 9 TRICARE/CHAMPUS/VETERANS’ AFFAIRS
- 10 CHIP/CHILDREN’S HEALTH INSURANCE PLAN
- 11 RAILROAD RETIREMENT PLAN
- 12 STUDENT HEALTH
- 13 DREAD DISEASE POLICY
- 14 DISCOUNT POLICY
- 15 OTHER (SPECIFY)
- 98 UNSURE
- 99 REFUSED

G1A2. Before you (TARGET) got this current health insurance coverage, for how many months did you (TARGET) go with no insurance?

G2. Are all household members covered by the same insurance plan as the target?

- 1 YES IF MARRIED OR PARTNER GOT TO G3A . IF NOT MARRIED GO TO G4
- 0 NO GO TO G4
- 8 DK GO TO G4
- 9 REFUSED GO TO G4

IF MARRIED OR PARTNER:

G3a: Is your spouse or partner / ARE YOU ELIGIBLE for health insurance through their / YOUR work or union, but chose not to sign up for it?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

G3b. If that family member / YOU were to sign up for that health insurance, could the policy be extended to cover you / THEM?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

G3c. If that family member were to sign up for that health insurance, could the policy be extended to cover other household members?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

G3d. What is the main reason you do not get insurance through that family member?

(PROBE: can you tell me the primary reason you did not get insurance through this family member?)
 (DO NOT READ RESPONSES, JUST RECORD)

- 1 DO NOT NEED OR WANT HEALTH INSURANCE
- 2 RARELY SICK
- 3 TOO MUCH HASSLE / PAPERWORK
- 4 COULD NOT AFFORD / TOO EXPENSIVE
- 5 PLAN THROUGH MY OWN WORK IS CHEAPER / BENEFITS BETTER
- 6 EXPECT TO GET OWN HEALTH INSURANCE SOON
- 7 WILL BE COVERED BY FAMILY MEMBER'S POLICY AFTER WAITING PERIOD
- 8 BENEFIT PACKAGE DIDN'T MEET NEEDS
- 9 WOULD BE INELIGIBLE OR REJECTED DUE TO CURRENT HEALTH CONDITIONS
- 10 OTHER (SPECIFY)
- 98 UNSURE
- 99 REFUSED

G4. How much do you pay for your health insurance premium?

- G4AA \$ _____ (TWICE A MONTH)
- G4A \$ _____ (MONTHLY)
- G4B \$ _____ (BIWEEKLY)
- G4C \$ _____ (QUARTERLY)
- G4D \$ _____ (SEMI-ANNUALLY)
- G4E \$ _____ (ANNUALLY)

- 9998 UNSURE
- 9999 REFUSED

G5. Does your health insurance include a deductible?

READ IF NECESSARY: A DEDUCTIBLE IS THE AMOUNT OF MONEY THAT YOU HAVE TO PAY OUT OF YOUR OWN POCKET EACH YEAR BEFORE YOUR INSURANCE WILL PAY FOR ANY SERVICES.

- 1 YES GO TO G5A
- 0 NO GO TO G6
- 8 DK GO TO G6
- 9 REFUSED GO TO G6

G5a. How much is that? (READ: DO NOT include premium expenses)

IF VARIES OR PERCENTAGE, EXPLAIN FULLY

\$ _____

- 99998 UNSURE
- 99999 REFUSED

G6. Does your (TARGET's) health insurance include a maximum out of pocket?

A MAXIMUM IS THE AMOUNT OF MONEY THAT YOU HAVE TO PAY OUT OF YOUR OWN POCKET EACH YEAR BEFORE YOUR INSURANCE PAYS FOR ALL SERVICES.

1	YES	GO TO G6A
0	NO	GOT TO G7
8	DK	GOT TO G7
9	REFUSED	GOT TO G7

G6a. How much is that? (READ: DO NOT include premium expenses or deductible)

\$ _____

99998	UNSURE
99999	REFUSED

G7. Does your insurance plan pay for prescription drugs?

1	YES
0	NO
8	DK
9	REFUSED

G8: Has anyone in your household received a letter from your insurance company or employer stating the limits of your health insurance policy?

1	YES
0	NO
8	DK
9	REFUSED

GO TO DEMOGRAPHICS

UNINSURED

IF NEEDED FOR RESPONDENTS/TARGETS WITH NON-TYPICAL INSURANCE SUCH AS TRIBAL:
For purposes of this survey, we'll assume that you do not have insurance --

C10. Have you been covered by ANY health insurance in the past twelve months?

- 1 YES GO TO C11
- 0 NO GO TO D1
- 8 DK GO TO D1
- 9 REFUSED GO TO D1

The next set of questions is about your (TARGET's) history of insurance coverage over the past 12 months.

C11. You have just explained to me that currently you are (TARGET is) NOT covered by health insurance but (were / was) covered at some point in the past 12 months. Is this correct?

- 1 YES GO TO C12
- 0 NO GO TO C11A
- 8 DK GO TO C11A
- 9 REFUSED GO TO C11A

IF NO, UNSURE, OR REFUSED IN C11A, ASK:

C11A. In your own words, please explain to me your current and past year insurance status and type of insurance.

RECORD VERBATIM
 (GO TO DEMOGRAPHICS)

C12. What type of insurance were you (was TARGET) covered by most recently? Was it...
 (NOTE: NAMING AN INSURANCE COMPANY, LIKE 'BLUE CROSS' OR 'NEW WEST,' IS NOT SUFFICIENT)

- 1 Health insurance through YOUR work or union
- 2 Health insurance through someone else's work or Union
- 3 Health insurance bought directly from an insurance company by target
- 4 Health insurance bought directly from an insurance company by someone else
- 5 Medicare
- 6 Medicare supplement
- 7 Medicaid
- 8 INDIAN OR TRIBAL HEALTH SERVICES
- 9 TRICARE/CHAMPUS/VETERANS' AFFAIRS
- 10 CHIP/CHILDREN'S HEALTH INSURANCE PLAN
- 11 RAILROAD RETIREMENT PLAN
- 12 STUDENT HEALTH
- 13 OTHER (SPECIFY)
- 98 UNSURE
- 99 REFUSE

C13. And what is the main reason your (TARGET's) coverage ended?
 (DO NOT READ)

- 1 JOB THAT PROVIDED COVERAGE ENDED
- 2 EMPLOYER STOPPED OFFERING COVERAGE, BUT STILL HAVE JOB
- 3 COULD NO LONGER AFFORD TO BUY HEALTH INSURANCE
- 4 COBRA COVERAGE RAN OUT
- 5 NO LONGER ELIGIBLE UNDER PUBLIC INSURANCE PROGRAM
- 6 NEVER GOT AROUND TO REAPPLYING FOR PUBLIC INSURANCE
- 7 MOVED TO STATE RECENTLY AND HAVEN'T GOTTEN NEW INSURANCE
- 8 LEFT SCHOOL, THEREFORE NO LONGER ELIGIBLE FOR PARENTS' POLICY
- 9 DECIDED NO LONGER NEEDED OR WANTED INSURANCE
- 10 OTHER (SPECIFY)
- 98 UNSURE
- 99 REFUSE

D1. If low-cost health insurance were made available, would you (TARGET) be ABLE to pay anything at all to get health care coverage?

- 1 YES GO TO D1A
- 0 NO GO TO D2
- 8 DK GO TO D2
- 9 REFUSED GO TO D2

D1a. How much do think you (TARGET) would be WILLING to pay for health care coverage?

_____ \$ MONTHLY
 _____ \$ YEARLY

- 9998 UNSURE
- 9999 REFUSE

D3. If you (TARGET) learned you (they) were eligible for health coverage through a public program at no cost to you (TARGET) or your family, would you (TARGET) enroll?

- 1 YES GO TO D3A
- 0 NO GO TO D5
- 8 DK GO TO D5
- 9 REFUSED GO TO D5

D3A. Please tell me – in your own words – why you (TARGET) would not enroll?

RECORD VERBATIM

D5. Have you ever heard about Medicaid?

- 1 YES GO TO D6
- 0 NO GO TO D8
- 8 DK GO TO D8
- 9 REFUSED GO TO D8

D6. Since you (TARGET) have been without health coverage, have you (TARGET) applied to have medical care or services provided by Medicaid?

- 1 YES GO TO D7
- 0 NO GO TO D8
- 8 DK GO TO D8
- 9 REFUSED GO TO D8

D7. Were you (was TARGET) accepted?

- 1 YES GO TO D7A
- 0 NO GO TO D8
- 8 DK GO TO D8
- 9 REFUSED GO TO D8

D7a. What was the month and year of your (TARGET's) most recent enrollment in Medicaid for health insurance coverage?

D7A1 MONTH: _____
D7A2 YEAR: _____

98 UNSURE
 99 REFUSED

D7b. What change in situation happened so you (TARGET) no longer had health care coverage under Medicaid? DO NOT READ

- 1 MADE TOO MUCH MONEY
- 2 NO LONGER ELIGIBLE
- 3 NEEDED TO RE-QUALIFY
- 4 MISSED AN APPOINTMENT
- 5 CHILDREN ARE COVERED BY MEDICAID OR OTHER PLAN
- 6 DIDN'T KNOW MEDICAID STOPPED
- 7 HAVE NOT COMPLETED PAPERWORK / TOO MUCH OF A HASSLE TO REAPPLY
- 8 NO LONGER ON WELFARE / TANF
- 9 OTHER (SPECIFY)
- 10 NONE
- 98 UNSURE
- 99 REFUSED

D8. As far as you know, are you (is TARGET) eligible to have any medical care or services provided by Medicaid?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

D9. I'm going to read you two statements. Please tell me which best applies to you (target). Some people could have health insurance but CHOOSE not to because they are healthy and would like to spend their money on other things that are not absolutely needed to live.

Other people MUST use all of the money they have for absolutely necessary things like food, clothing, and housing instead of health insurance.

DO NOT READ

- 1 YOU (TARGET) CHOOSE(S) NOT TO HAVE HEALTH INSURANCE. OR
- 2 YOU (TARGET) ARE (IS) FORCED NOT TO HAVE HEALTH INSURANCE
- 3 OTHER (SPECIFY)
- 8 DK
- 9 REFUSED

C9a. Please tell me more about why it is like this for you (target).

RECORD VERBATUM.

GO TO DEMOGRAPHICS

BEGIN THIS SECTION AFTER SUPPLEMENT QUESTIONNAIRES

Z1. Would you say your (TARGET's) health – in general – is excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 8 DK
- 9 REFUSED

Z2. Has a doctor or other medical provider ever diagnosed you (TARGET) with any medical condition or disability that currently limits you (TARGET) in everyday activities or in the kind of work you (TARGET) can do?

- 1 YES GO TO Z2A
- 0 NO GO TO Z3
- 8 DK GO TO Z3
- 9 REFUSED GO TO Z3

Z2a. What is the primary medical problem that limits you (TARGET) in everyday activities or in the kind of work you (TARGET) can do?

(DO NOT READ OPTIONS, CODE UP TO THREE RESPONSES)

- 1 ARTHRITIS/RHEUMATISM
- 2 BACK OR NECK PROBLEMS
- 3 FRACTURES, BONE/JOINT INJURY
- 4 WALKING PROBLEMS
- 5 LUNG/BREATHING PROBLEM
- 6 HEARING PROBLEM
- 7 EYE/VISION PROBLEM
- 8 HEART PROBLEM
- 9 STROKE PROBLEM
- 10 HYPERTENSION/HIGH BLOOD PRESSURE
- 11 DIABETES
- 12 CANCER
- 13 DEPRESSION/ANXIETY/EMOTION PROBLEM
- 14 OTHER IMPAIRMENTS/PROBLEMS
- 98 UNSURE
- 99 REFUSED

Z3. Have you (has target) ever attempted to get health insurance but were (was) rejected because of a pre-existing health condition?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

Z4. Do you (does target) currently have a health condition that you believe might cause a future application for health insurance to be rejected?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

Z5. Have you (has target) ever been offered insurance that permanently excluded coverage for a condition you had at the time?

- 1 YES GO TO Z5A
- 0 NO GO TO Z6
- 8 DK GO TO Z6
- 9 REFUSED GO TO Z6

Z5a. Do you (does target) currently have health insurance that permanently excludes coverage for a health condition you have?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

Z6. Regular physical activity includes actions like house cleaning, lawn mowing, gardening, dancing, walking, aerobics, jogging, bicycling, or swimming that result in moving your body for 30 minutes or more each day. Given this definition (actively moving 30 minutes or more each day), how often do you engage in regular physical activity?

- 1 Less than once a month
- 2 1-3 times per month
- 3 About once per week
- 4 2-4 times per week
- 5 5 or more times per week
- 8 DK
- 9 REFUSED

Z8. Is there a regular place that you (TARGET) go for medical care?

- 1 YES GO TO Z8A
- 0 NO GO TO Z8B
- 8 DK GO TO Z10
- 9 REFUSED GO TO Z10

Z8A. Is there a particular health care professional or traditional healer you (TARGET) usually see(s) when you (TARGET) go(es) there?

- 1 YES
- 0 NO
- 8 DK
- 9 REFUSED

Z8B. What is the main reason you (TARGET) DO NOT have a regular place that you go for health care? (DO NOT READ VALUES, JUST RECORD)

- 1 CANNOT AFFORD IT
- 2 DO NOT HAVE HEALTH INSURANCE
- 3 RARELY GET SICK
- 4 CLINIC HOURS DON'T FIT MY SCHEDULE
- 5 TRANSPORTATION DIFFICULTIES
- 6 LANGUAGE BARRIER
- 7 DO NOT LIKE/TRUST/BELIEVE DOCTORS
- 8 CLINIC I USED TO GO TO HAS CLOSED
- 9 JUST MOVED, DO NOT HAVE REGULAR PLACE YET
- 10 JUST SWITCHED INSURANCE, DO NOT HAVE REGULAR PLACE YET
- 11 HAVE 2 OR MORE PLACES, DEPENDING ON WHAT'SWRONG
- 12 OTHER
- 13 NONE
- 98 DK
- 99 REFUSED

Z10. During the past twelve months, did you (TARGET) not get, or postpone, getting medical care or surgery when you needed it? INFORM: This does not include dental care. (IF DENTAL CARE OFFERED, ASK: Other than dental care ... (REPEAT QUESTION)

- 1 YES GO TO Z10A
- 0 NO GO TO Z13
- 8 DK GO TO Z13
- 9 REFUSED GO TO Z13

Z10A. Was lack of insurance coverage or money a reason why you (TARGET) did not get the medical care or surgery you needed?

- | | |
|---|---------|
| 1 | YES |
| 0 | NO |
| 8 | DK |
| 9 | REFUSED |

Z13. During the past twelve months, have you (TARGET) received care in a hospital emergency room?

- | | | |
|---|---------|------------|
| 1 | YES | GO TO Z13A |
| 0 | NO | GO TO Z14 |
| 8 | DK | GO TO Z14 |
| 9 | REFUSED | GO TO Z14 |

Z13a. In the past twelve months, how many times have you (TARGET) received care in a hospital emergency room?

- | | | |
|-------|-----------------------|------------|
| _____ | ZERO/NONE (GO TO Z14) | 0 |
| 8 | DK | GO TO Z13B |
| 9 | REFUSED | GO TO Z13B |

Z13b. When you (TARGET) made hospital emergency room visits, to the best of your knowledge, were these visits usually paid for: entirely by you (TARGET) out of pocket, by your (TARGET's) insurance except for your deductible and co-payment, by the emergency room, or in some other manner?

- | | |
|---|--|
| 1 | PAID FOR BY SELF (TARGET) |
| 2 | PAID FOR BY INSURANCE (WITH OR WITHOUT A CO-PAY OR DEDUCTIBLE) |
| 3 | PAID FOR BY EMERGENCY ROOM |
| 4 | PAID FOR IN OTHER MANNER |
| 5 | NOT YET PAID (PROBE: HOW DO YOU EXPECT IT TO BE PAID?) |
| 8 | UNSURE/DK |
| 9 | REFUSED |

Z14. During the past 12 months, have you (TARGET) been a patient overnight in a hospital?

- | | | |
|---|---------|------------|
| 1 | YES | GO TO Z14A |
| 0 | NO | GO TO Z15 |
| 8 | DK | GO TO Z15 |
| 9 | REFUSED | GO TO Z15 |

Z14a. How many times have you (TARGET) been admitted to a hospital DURING THE PAST TWELVE MONTHS?

- | | |
|-------|-----------------------|
| _____ | ZERO/NONE (GO TO Z15) |
| 8 | DK GO TO Z15 |
| 9 | REFUSED GO TO Z15 |

Z14b. When you (TARGET) were a patient overnight in a hospital, to the best of your knowledge, were these hospital stays usually paid for: entirely by you (TARGET) out of pocket, by your (TARGET's) insurance except for your deductible and co-payment, by the hospital, or in some other manner?

- | | |
|---|--|
| 1 | PAID FOR BY SELF (TARGET) |
| 2 | PAID FOR BY INSURANCE (WITH OR WITHOUT A CO-PAY OR DEDUCTIBLE) |
| 3 | PAID FOR BY HOSPITAL |
| 4 | PAID FOR IN OTHER MANNER |
| 5 | NOT YET PAID (PROBE: HOW DO YOU EXPECT IT TO BE PAID?) |
| 8 | UNSURE/DK |
| 9 | REFUSED |

Z15. In the past six months, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do NOT include overnight hospital stays or emergency room visits?

- _____ 98 UNSURE
- _____ 99 REFUSED

Z15a. In the past three months, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do NOT include overnight hospital stays or emergency room visits?

- _____ 98 UNSURE
- _____ 99 REFUSED

Z15b. When you (TARGET) made these doctors'/clinic visits, to the best of your knowledge, were they usually paid for: entirely by you or your family out of pocket, by your (TARGET's) insurance except for your deductible and co-payment, by the doctor or clinic, or in some other manner?

- 1 PAID FOR BY SELF (TARGET)
- 2 PAID FOR BY INSURANCE (WITH OR WITHOUT A CO-PAY OR DEDUCTIBLE)
- 3 PAID FOR BY DOCTOR/CLINIC
- 4 PAID FOR IN OTHER MANNER
- 5 NOT YET PAID (PROBE: HOW DO YOU EXPECT IT TO BE PAID?)
- 8 UNSURE/DK
- 9 REFUSED

Z16. In the past 12 months were you (TARGET) prescribed medication by a doctor?

- 1 YES GO TO Z16A
- 0 NO GO TO Z17
- 8 DK GO TO Z17
- 9 REFUSED GO TO Z17

Z16a. Did you (TARGET) fill all, most, some, or none of these prescriptions?

- 1 ALL GO TO Z16B
- 2 MOST GO TO Z16B
- 3 SOME GO TO Z16B
- 4 NONE SKIP TO Z17
- 8 UNSURE SKIP TO Z17
- 9 REFUSED SKIP TO Z17

Z16b. When you (TARGET) filled prescriptions, to the best of your knowledge, were these prescriptions usually paid for: entirely by you (TARGET) out of pocket, by your (TARGET's) insurance except for your deductible and co-payment, by the pharmacy or clinic, or in some other manner?

- 1 PAID FOR BY SELF (TARGET)
- 2 PAID FOR BY INSURANCE (WITH OR WITHOUT A CO-PAY OR DEDUCTIBLE)
- 3 PAID FOR BY PHARMACY/CLINIC
- 4 PAID FOR IN OTHER MANNER
- 5 NOT YET PAID (PROBE: HOW DO YOU EXPECT IT TO BE PAID?)
- 8 UNSURE/DK
- 9 REFUSED

Z17. During the past 12 months, did you (DID TARGET) have a medical bill that you (TARGET) couldn't pay?

- 1 YES GO TO Z17A
- 0 NO GO TO Z36
- 8 DK GO TO Z36
- 9 REFUSED GO TO Z36

Z17a. About how much total medical debt does your household have right now?

\$ _____, _____

PRIMARY WAGE EARNER

We are almost done with the survey. We have just a few questions left.
 I would like to ask a few questions about the primary wage earner in the household.
 If there is no primary wage earner, we'd like to ask questions about you.

Z36. Would that be you or someone else?

- 1 PERSON ON PHONE
- 2 SOMEONE ELSE

Z37. What is (your / their) age?

RECORD NUMBER OF AGE (RECORD "UNSURE/DK" AS 998 - - - RECORD "REFUSED" AS 999)

Z38. And is this person male or female?

- MALE 1
- FEMALE 2

Z42. What is the highest level of education (you have / this person has) completed?
 [DO NOT READ, JUST RECORD]

- 1 NO FORMAL EDUCATION
- 2 GRADE SCHOOL (1 TO 8 YEARS)
- 3 SOME HIGH SCHOOL (9 TO 11 YEARS)
- 4 HIGH SCHOOL GRADUATE OR GED (RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA)
- 5 SOME COLLEGE/TECHNICAL OR VOCATIONAL SCHOOL/TRAINING AFTER HIGH SCHOOL
- 6 COLLEGE GRADUATE
- 7 POST GRADUATE DEGREE/STUDY
- 8 UNSURE (DNR)
- 9 REFUSED (DNR)

Z43. Is this person (are you) currently: IF MORE THAN ONE CATEGORY RECORD HIGHEST CATEGORY ON LIST

- 1 **Self-employed or owner of a business** GO TO Z44
- 2 **Employed by someone** GO TO Z44
- 3 **An unpaid worker for family business, farm, or home** GO TO Z56
- 4 **Retired** GO TO Z56
- 5 **Unemployed or not working** GO TO Z56
- 6 **A full-time student** GO TO Z56
- 8 UNSURE (DNR) GO TO Z56
- 9 REFUSED (DNR) GO TO Z56

Z44. Does this person (do you) have more than one paying job?

- 1 YES GO TO Z44A, THEN Z47
- 0 NO GO TO Z47
- 8 DK GO TO Z47
- 9 REFUSED GO TO Z47

Z44A. For the job they (you) work at the most hours, what is the total number of hours usually worked per week?

RECORD NUMBER OF HOURS (RECORD "UNSURE/DK" AS 998 - - - RECORD "REFUSED" AS 999)

Z47. Is this a permanent, temporary, or seasonal job?

- 1 PERMANENT
- 2 TEMPORARY
- 3 SEASONAL
- 8 UNSURE (DNR)
- 9 REFUSED (DNR)

Z48. What is the name of the company, business, or other employer for whom you (target works) work?

Z49. Thinking about the employer this person works (you work) for, about how many people are employed there? If the firm that this person works (you work) for has many locations in your city or across states, please indicate the number of people at ALL locations within Montana?

- 1 Just one**
- 2 Between 2 and 10**
- 3 Between 11 and 19**
- 4 Between 20 and 50**
- 5 Between 51 and 100**
- 6 Between 101 and 500**
- 7 More than 500**
- 8 UNSURE (DNR)**
- 9 REFUSED (DNR)**

Please answer the following questions about your (TARGET's) main job OR the one through which you are eligible for health insurance –

Z50. In what kind of business or industry are you (is Target) employed? PROMPT: "Please describe the activity where you (Target) are employed, for example: hospital, newspaper publishing, mail order house, auto repair shop, bank.)"

Z51. What kind of work are you (is Target) doing?

PROMPT: "FOR EXAMPLE: REGISTERED NURSE, PERSONNEL MANAGER, SUPERVISOR OF ORDER DEPARTMENT, AUTO MECHANIC, ACCOUNTANT."

INCOME

For statistical purposes only, I am going to ask you some questions about your or your family’s income. This income information is important because it helps the state understand how to make health care more affordable.

Z56. How many people are there who live on your or your family’s income and **CURRENTLY LIVE** in this household? Do not include any children for whom a family member currently pays child support, or any children away attending college or boarding school.

RECORD EXACT NUMBER (RECORD “UNSURE/DK” AS 88 - - - RECORD “REFUSED” AS 99)

IF Z56=1 THEN GO TO Z58

Z57. How many of these people are children under 19 years of age?

RECORD EXACT NUMBER (RECORD “UNSURE/DK” AS 88 - - - RECORD “REFUSED” AS 99)

Z58. What do you expect your family’s gross, pretax income from all sources for the year 2011 to be? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and other money income received by members of this family who are 15 years of age or older. If you are self-employed or own your own business, please report your net income.

\$ _____ , _____

RECORD EXACT NUMBER (RECORD “UNSURE/DK” AS 8877777 - - - RECORD “REFUSED” AS 9999999)

IF Z58 ANSWERED, THEN GO TO Z69.

IF “UNSURE/DK” OR “REFUSED” IN Z58, ASK:

Z59. I am going to read you a list of income categories. Which category represents your family’s anticipated income for the year 2011?

(READ LIST IN ORDER TOP- DOWN, DO NOT ROTATE)

- 1 **\$75,000 or more**
- 2 **\$60,000 to \$75,000**
- 3 **\$55,000 to \$60,000**
- 4 **\$45,000 to \$55,000**
- 5 **\$42,400 to \$45,000**
- 6 **\$37,100 to \$42,400**
- 7 **\$31,800 to \$37,100**
- 8 **\$27,200 to \$31,800**
- 9 **\$22,600 to \$27,200**
- 10 **\$18,100 to \$22,600**
- 11 **Less than \$18,100**
- 98 UNSURE
- 99 REFUSED

IF "UNSURE/DK" OR "REFUSED" IN Z59, ASK:

Do you (Does TARGET or TARGET's family) currently receive any of the following . . .

Z60. Earned Income Tax Credit (EITC)

1 YES
0 NO
8 DK
9 REFUSED

Z61. Free or reduced school lunches

1 YES
0 NO
8 DK
9 REFUSED

Z62. Section 8 Housing (HUD, housing assistance, housing voucher)

1 YES
0 NO
8 DK
9 REFUSED

Z63. Women, Infants & Children, or WIC

1 YES
0 NO
8 DK
9 REFUSED

Z64. Head Start

1 YES
0 NO
8 DK
9 REFUSED

Z65. SSI or supplemental security income, SSDI, or RSDI

1 YES
0 NO
8 DK
9 REFUSED

Z67. Low-income energy assistance

1 YES
0 NO
8 DK
9 REFUSED

Z68. Food stamps

1 YES
0 NO
8 DK
9 REFUSED

END OF SURVEY –

THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.