



2018 Vermont Household Health Insurance Survey:

Final Survey Instrument (2/8/2018)

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Vermont Department of Health

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I. Survey Lead-in Statement, Introduction, Respondent Selection

INTERVIEWER PERSUADER STATEMENT

We are doing this study on behalf of the Vermont Department of Health to help the state learn more about the health insurance coverage of Vermont residents and their access to care. That's why it is so important to hear from your household.

Your interview will count for a lot because your household represents many others in your community. For our results to be valid and useful, it is very important that we interview the people we select.

The study should take about 20 minutes, depending on the size of your household. Your telephone number was randomly generated by a computer program.

All of the information you provide will be kept strictly confidential. Your answers will be combined with those of others **WITHOUT** your name or phone number.

If you would like to find out more about our study or if you would like to opt out of future calls, you can call Christine Allen of Market Decisions Research at 1-800-293-1538, ext 107.

LEAD-IN STATEMENT

Q:LEAD

T:

Hello. My name is _____ and I'm calling on behalf of the State of Vermont.
We are working on a study about health care and health insurance in Vermont. Will you help us?

First, is this a residence?

INTS READ AS NEEDED: Your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

- 11 YES
- 15 NOT NOW, CALL BACK [Wait - Schedule Time]
- 17 OTHER
- 19 CONTACT ONLY
- 21 BUSINESS
- 23 LANGUAGE
- 25 INFIRM
- 27 GROUP QUARTERS, INSTITUTION (DORMS)
- 29 WRONG NUMBER
- 31 HANG UP
- 33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD
- 88 WILL NOT HELP, HOUSEHOLD REFUSAL
- 89 WANT MORE INFORMATION ABOUT STUDY

INFORMATION SCREEN FOR INTERVIEWERS

Q:INFOQ

T:

GENERAL RELUCTANCE: Your participation in this study is very important. We are doing this study on behalf of the Vermont Department of Health to help the state learn more about the health insurance coverage of Vermont residents and their access to care. That's why it is so important to hear from your household.

STUDY LENGTH

The study will take about 20 minutes, depending on the size of your household. Will you help us by doing this study?

HOW WAS I SELECTED

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

If you would like to find out more about our study or if you would like to opt out of future calls, you can call Christine Allen of Market Decisions Research at 1-800-293-1538, ext 107.

Q:AGESCRN

T:

Is anyone who primarily lives in your household under the age of 65?

1 YES

2 NO (THANK & TERM)

8 DK (THANK & TERM)

9 REF (THANK & TERM)

Q:RES1

T:

Is this a...

- 1 Private residence where SOMEONE lives at least 6 months of the year
- 2 Vacation residence or vacation rental?
- 3 An institutional residence?
- 4 A group home?

8 DK

9 REFUSED

Q:RES2

T:

Is your primary residence located in Vermont?

1 YES

2 NO (THANK AND TERM)

8 DK (THANK AND TERM)

9 REF (THANK AND TERM)

Q:PHONE1

T:

Did I reach you on a cell phone?

PROMPT: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

1 YES

2 NO

8 DK

9 REF

Q:PHONE3

T:

Are you 18 years of age or older?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE ON A CELL PHONE

Q:PHONE2

T:

Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

IF YES: I will arrange to call you at another time. Is there a better time I can reach you?

INTS: IF RESPONDENT INDICATES THERE IS A BETTER NUMBER TO REACH THEM, SELECT OPTION 3

Thank you and goodbye.

- 1 YES (R GIVES SPECIFIC TIME)
- 2 NO (R DOES NOT GIVE SPECIFIC TIME)
- 3 CALL BACK AT A DIFFERENT NUMBER

- 8 DK
- 9 REF

Q:SEL1

T:

I'd like to talk with the adult who knows the most about the HEALTH INSURANCE coverage of the people living there.

Is that you?

PROMPT: This would include the type of health insurance coverage, where each person gets their health insurance, and how much is paid for the health insurance.

- 1 YES, SPEAKING
- 3 NO, SOMEONE ELSE
- 5 WANT MORE INFORMATION ABOUT STUDY

- 8 DK
- 9 REF

Q:FND1

T:

Is there someone who can help you answer the questions?

IF NO, GET A TIME WHEN THEY MIGHT BE AVAILABLE AND
SCHEDULE A CALLBACK

1 YES

3 NO (CALLBACK)

8 DK

9 REF

Q:SELR

T:

Is this person available now?

1 YES (ASK RPH)

2 SPEAKING (ASK PH2)

3 NOT AVAILABLE NOW - SCHEDULE CALLBACK

4 OTHER

5 LANGUAGE

6 INFIRM

7 UNAVAILABLE DURING DATA COLLECTION

9 REF

Q:RPH

T:

Hello. My name is _____ and I'm calling on behalf of the State of Vermont. We are not selling anything. We are working on a study about health care and health insurance in Vermont.

Do you have some time to answer some questions for me?

INTS READ AS NEEDED: Your participation counts for a lot because you represent many others in your community. Your information is strictly confidential.

This is not a sales call.

IF ASKED: The survey will take about 20 to 25 minutes depending on answers.

1 YES

5 NO, NOT A GOOD TIME (SCHEDULE CALLBACK)

7 WANT MORE INFORMATION ABOUT STUDY

9 REF

Q:PH2

T:

Could you answer some questions for me now?

1 YES

5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK

7 WANT MORE INFORMATION ABOUT STUDY

9 REF

STATEMENT OF IMPLIED CONSENT

Q:INTO

T:

Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My Supervisor may listen to or record all or part of the call to evaluate my performance it that is alright with you.

- 1 PROCEED WITH STUDY
- 5 NOT A GOOD TIME, CALL BACK
- 9 REFUSED

PERSUADER STATEMENT FOR INITIAL REFUSALS

Q:PER

T:

Your participation in this study is very important. We are doing this study on behalf of the Vermont Department of Health to help the state learn more about the health insurance coverage of Vermont residents and their access to care. That's why it is so important to hear from your household.

The study will take about 20 to 25 minutes, depending on the size of your household.

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

If you would like to find out more about our study or if you would like to opt out of future calls, you can call Christine Allen of Market Decisions Research at 1-800-293-1538, ext 107.

- 1 AGREES TO COOPERATE
- 3 NOT A GOOD TIME, CALL BACK
- 5 SOFT REFUSAL (RESPONDENT KNOWN)
- 6 SOFT REFUSAL (HOUSEHOLD)
- 7 HARD REFUSAL (RESPONDENT KNOWN)
- 8 HARD REFUSAL (HOUSEHOLD)
- 9 FINAL REFUSAL CONVERSION ATTEMPT

MESSAGE LEFT ON ANSWERING MACHINE DISPOSITIONS

Q:ANMACH

T:

INTS: LEAVE MESSAGE ON IDENTIFIED RESIDENTIAL ANSWERING MACHINES ON THE 1st, 3rd, and 7th ATTEMPTS. LEAVE ON FIRST ATTEMPT ONLY FOR CELL PHONES

Hello. My name is _____ and I'm calling on behalf of Vermont Department of Health. We are working on a study about health care and health insurance in Vermont.

Another interviewer will be contacting your household in the next few days.

If you have any questions about the survey, need to verify it as legitimate, or if you would like to opt out of future calls, please feel free to call Christine Allen at 1-800-293-1538, extension 107.

Thank you and goodbye.

INTS CODING FOR ANSWERING MACHINES

1 IDENTIFIED RESIDENTIAL ANSWERING MACHINE (YOU KNOW FOR CERTAIN)

2 UNKNOWN IF RESIDENTIAL ANSWERING MACHINE

II. Household Level Information

Q:Q00

T:

First we need to know a little about your household.

PROMPT IF RELUCTANT:

We need this information to assure all Vermont residents are represented in the study.

Thank you for your patience.

Q:HHQ01 (Q2)

T:

Which county do you live in?

- 10 Addison
- 11 Bennington
- 12 Caledonia
- 13 Chittenden
- 14 Essex
- 15 Franklin
- 16 Grand Isle
- 17 Lamoille
- 18 Orange
- 19 Orleans
- 20 Rutland
- 21 Washington
- 22 Windham
- 23 Windsor
- 98 DK
- 99 REF

Q: HH01a (Q3)

T:

Which town do you live in?

[ASK FOR NEAREST TOWN FOR RURAL RESIDENTS].

10 BARRE CITY	27 GEORGIA	44 MOUNT HOLLY	61 SO. BURLINGTON
11 BARRE TOWN	28 GRANVILLE	45 NEW HAVEN	62 STOWE
12 BELLOWS FALLS	29 GREENSBORO	46 NEWFANE	63 STRAFFORD
13 BENNINGTON	30 HARDWICK	47 NEWPORT CITY	64 THETFORD
14 BERLIN	31 HIGHGATE	48 NORTHFIELD	65 WALLINGFORD
15 BRAINTREE	32 HINESBURG	49 POULTNEY	66 WATERBURY
16 BRANDON	33 HUNTINGTON	50 RANDOLPH	67 WEATHERSFIELD
17 BRATTLEBORO	34 JERICHO	51 RICHMOND	68 WESTMINSTER
18 BURLINGTON	35 JOHNSON	52 READING	69 WILLIAMSTOWN
19 CHARLOTTE	36 KILLINGTON	53 ROCHESTER	70 WILLISTON
20 CHELSEA	37 LOWELL	54 ROCKINGHAM	71 WILMINGTON
21 COLCHESTER	38 LUDLOW	55 ROXBURY	72 WINDSOR
22 DANVILLE	39 MANCHESTER	56 RUTLAND	73 WINOOSKI
23 DOVER	40 MILTON	57 ST. ALBANS	74 WORCESTER
24 DUXBURY	41 MONTGOMERY	58 ST. JOHNSBURY	95 OTHER
25 ESSEX	42 MONTPELIER	59 SHAFTSBURY	98 DK
26 ESSEX JUNCTION	43 MORRISTOWN	60 SHELBURNE	99 REFUSE

Q:HH02 (Q4)

T:

What is your zip code?

INTS: ENTER LAST 4 DIGITS ONLY

5001-5999 ENTER NUMBER

8888 DK

9999 REF

Q:HH02a

T:

How many years have you lived in Vermont?

NUMBER OF YEARS:

- 0 LESS THAN 1 YEAR
- 1 TO 97 ENTER NUMBER OF YEARS
- 98 DON'T KNOW
- 99 REF

*FILL BASED ON WHETHER THE RESPONDENT IS CONDUCTING SURVEY VIA
CELL OR LANDLINE*

Q:HH04

T:

Do you or any other member of the household have a cell phone?
Does this household also have a landline phone?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

IDENTIFICATION OF HOUSEHOLD MEMBERS FOR SURVEY QUESTIONS

Q:HHCOMP

T:

How many people currently live or stay at your household?

IF RESP HESITANT PRESS F1!!!!!!!!!!

PROMPT: Include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and members of the armed forces, including National Guard members who are deployed but typically live in your household.

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 stationed somewhere else.

INTS: IF 9 OR MORE ASK: Is this a dorm or some other type of group quarters where people live together who are not related? - CODE AS 11 IF YES

0 NO ONE

1 - 8 ENTER NUMBER

9 9 OR MORE

98 DK

99 REF

11 GROUP QUARTERS, INSTITUTE (TERMINATE)

H:

INTS: READ FOLLOWING CAREFULLY!

We need this information to ensure all people living in Vermont are represented in the study.

I want to reassure you that this study is completely confidential. Any potentially personally identifying information, like names or phone numbers, are never shared. All your information will always be combined with the responses we receive from thousands of other Vermont households.

Would you be willing to share with me the number of people living in your household?

Q:HHCMP1

T:

Please give me just the FIRST NAMES of the people who are living in your household. I'll ask for the names one at a time.

INTS: IF THEY ARE UNCOMFORTABLE ABOUT GIVING NAMES:

If you would prefer just give me a label that will allow you to identify each person when I ask questions about them.

Q:CNAME

T:

FOR 1ST PERSON

Please tell me the first name of the person who OWNS/RENTS this house or apartment. Let me know if this is you.

FOR OTHER PEOPLE

Please tell me (your name)/the name of the next member of the household.

IF ONLY ONE PERSON

ENTER 1 TO CONTINUE

ENTER NAME AS YOU ON NEXT SCREEN

IF THERE ARE MORE THAN 8 PEOPLE – ON THE 8th PERSON

For this survey, I will only be asking about 8 people in the household. Of those who you have not mentioned, who had the most recent birthday?

INTS: IF THE RESPONDENT IS NOT THE HEAD OF HOUSEHOLD THEN

ALWAYS PUT THEM AS THE SECOND PERSON

FOR THE RESPONDENT ENTER THE NAME AS "YOU" IF THERE ARE NO MORE PEOPLE THEN SELECT NO MORE PEOPLE

1 SELECT TO ENTER PERSON'S NAME

2 NO MORE PEOPLE

Q:HHNAME

T:

INTS: ENTER THE NAME OF THE PERSON HERE

INTS IF THIS IS THE RESPONDENT ENTER "YOU"

IF RELUCTANT: If you'd rather not give names, just provide some way that you can tell household members apart.

ENTER NAME AND PRESS ENTER:

III. Person Level Demographics

ASKED ABOUT EACH HOUSEHOLD MEMBER

Q:DEM01

T:

Next, I am going to ask a few questions about each member in the household.

Q:TGEN

T:

Is PERSON male or female?

1 MALE

2 FEMALE

5 OTHER (SPECIFY)

8 DK

9 REF

Q:AGE1

T:

And PERSON's age?

[INTERVIEWER: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR IS GIVEN, SUCH AS WITH A CHILD, ROUND TO LAST BIRTHDAY]

0 IF UNDER ONE YEAR OLD

1 TO 96 ENTER AGE OF PERSON

97 97 OR GREATER

98 DK

99 REF

ASK OF THOSE INDICATING DK OR REF TO AGE1

Q:AGE2

T:

We would like to have a rough age for people in the household. Are/is you/she/he...

IF STILL DON'T KNOW ASK: Is this a child or an adult?

YOU WILL GO BACK TO AGE1 AND ENTER THE VALUE LISTED

[INTERVIEWER: READ LIST]

- 10 0 - 5 years old
- 11 6 - 13 years old
- 12 14 - 17 years old
- 13 18 - 23 years old
- 14 24 - 29 years old
- 15 30 - 39 years old
- 16 40 - 49 years old
- 17 50- 59 years old
- 18 60 - 69 years old
- 19 70 - 80 years old
- 20 80 - 89 years old
- 21 90 and older

98 DK

99 REF

ASK OF THOSE 16 AND OLDER

Q:MAR

T:

Is PERSON...

(READ RESPONSES)

INT: CODE CIVIL UNIONS ARE CURRENTLY MARRIED

- 1 Currently married (PARTNER IN A CIVIL UNION)
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Never been married
- 6 Member of an unmarried couple

- 8 DK
- 9 REF

ASK OF THOSE 18 AND OLDER

Q:EDU

T:

What was the highest grade in school that PERSON has completed?

READ ONLY IF NECESSARY:

- 1 LESS THAN HIGH SCHOOL
- 2 HIGH SCHOOL/GED
- 3 SOME COLLEGE/JUNIOR COLLEGE/ASSOCIATES DEGREE/TECHNICAL DEGREE
- 4 4 YEAR COLLEGE (BACHELORS DEGREE)
- 5 GRADUATE DEGREE (MASTERS/MA, MS)
- 6 GRADUATE DEGREE (PHD/MD/JD)
- 8 DK
- 9 REF

ASK OF THOSE AGE 18-26

Q:INSCH1

T:

Is PERSON a full-time high school or college student?

[INTERVIEWER: THE DEFINITION OF A FULL-TIME SHOULD BE AS DEFINED BY THIS PERSON'S SCHOOL.]

1 YES

2 NO

8 DK

9 REF

Q:ETHN

Is PERSON of Hispanic, Latino, or Spanish origin?

IF YES ASK: Is PERSON...

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

5 Another Hispanic, Latino, or Spanish origin

6 HISPANIC/LATINO NO OTHER DETAIL

7 NOT HISPANIC OR LATINO

8 DK

9 REF

Q:RACEA-E

Which of the following would you say is PERSON's race?
(READ RESPONSES - SELECT ALL MENTIONED BY RESPONDENT)

- 10 White
- 11 Black or African American
- 12 Asian
- 13 Native Hawaiian or Other Pacific Islander
- 14 American Indian, Alaska Native
- 95 Other (SPECIFY)

- 77 NO MORE
- 98 DK
- 99 REF

ASK OF THOSE INDICATING MORE THAN ONE RACE IN RACE05A-E

Q:RACE1

T:

Which one of these groups would you say best represents your/his/her race?

- 10 White
- 11 Black or African American
- 12 Asian
- 13 Native Hawaiian or Other Pacific Islander
- 14 American Indian, Alaska Native
- 95 Other (SPECIFY)

- 98 DK
- 99 REF

Q:BORN1

Was PERSON born in the United States?

1 YES

2 NO

8 DK

9 REF

Ask of those not born in the United States...

Q:BORN2

For how many years has PERSON lived in the United States?

0 LESS THAN ONE YEAR

1 - 96 ENTER NUMBER OF YEARS

97 97 OR MORE YEARS

98 DK

99 REF

IV. Family Unit Formation

ASK OF ALL BUT THE HEAD OF HOUSEHOLD

Q:FAM1

T:

What is PERSON's relationship to HEAD OF HOUSEHOLD ?

- 0 Head of household
- 11 Husband
- 12 Wife
- 13 Domestic partner/Civil Union Partner
- 14 Child, Son or Daughter - Own/Adopted
- 15 Stepchild
- 16 Foster Child
- 17 Grandchild
- 18 Parent
- 19 Mother-in-law/Father-in-law
- 20 Grandparent
- 21 Brother/Sister
- 22 Son-in-law/Daughter-in-law
- 23 Step parent
- 24 Step brother/step sister
- 25 Other Relative
- 26 Non Relative/Cohabitee/room-mate/renter
- 99 DK OR REF

ASK OF THOSE 16+ INDICATING THEY WERE MARRIED EXCEPT SPOUSE OF HEAD OF HOUSEHOLD

Q:FAM2

T:

Is/Are PERSON married to anyone who currently lives here or to someone outside the household?

IF YES ASK: Which member of the household are they married to?

- | PERSON | AGE | GENDER (1=M 2=F) | MARRIED? (1 = YES) |
|--------|---|------------------|--------------------|
| 10 | PERSON 1 | | |
| 11 | PERSON 2 | | |
| 12 | PERSON 3 | | |
| 13 | PERSON 4 | | |
| 14 | PERSON 5 | | |
| 15 | PERSON 6 | | |
| 16 | PERSON 7 | | |
| 17 | PERSON 8 | | |
| 18 | PERSON MARRIED TO SOMEONE OUTSIDE THE HH | | |
| 77 | PERSON IS NOT MARRIED/MARRIED TO SOMEONE UNDER 16 | | |
| 98 | DK | | |
| 99 | REF | | |

ASK OF THOSE < 18 AND NOT CHILDREN OF THE PRIMARY FAMILY IN THE HOUSEHOLD

Q:FAM3

T:

Is anyone living here the parent or guardian of PERSON?

INTS: SOMEONE UNDER 18 CANNOT BE THE GUARDIAN

IF YES: Which member of the household?

PERSON	AGE
10 PERSON 1	
11 PERSON 2	
12 PERSON 3	
13 PERSON 4	
14 PERSON 5	
15 PERSON 6	
16 PERSON 7	
17 PERSON 8	
18 NO ONE IN HH IS THE PARENT/GUARDIAN	
98 DK	
99 REF	

*ASK OF ALL CHILDREN WHO ARE NOT WARDS OF SOMEONE IN THE HH TO
FAM03 (ANY ANSWER > 17)*

Q:FAM3a

T:

Who in the household is the main person taking care of PERSON?

PERSON	AGE
10 PERSON 1	
11 PERSON 2	
12 PERSON 3	
13 PERSON 4	
14 PERSON 5	
15 PERSON 6	
16 PERSON 7	
17 PERSON 8	
97 NO ONE IN HH TAKING CARE OF CHILD	
98 DK	
99 REF	

Q:FAM5

T:

Just to verify these relationships...

INTS: READ RELATIONSHIPS BETWEEN MEMBERS OF HOUSEHOLD

PERSON	UNIT	AGE	MARRIED (1=Y)	REL
				Head of Household

LIST OF RELATIONSHIPS WILL DISPLAY HERE

Is this correct?

1 YES

2 No

3 NEED TO CHANGE UNIT NUMBERS

ASK OF THOSE WITH MORE THAN ONE FAMILY UNIT

Q:UNITSCRN

T:

For the rest of the interview I'll ask you to give me health related information about everyone you listed.

If there is anyone in the household you think you couldn't answer these questions about, please let me know now.

INTS: SELECT MEMBERS RESPONDENTS INDICATED THEY ARE NOT FAMILIAR WITH.

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO MORE

18 FAMILIAR WITH EVERYONE

V. Health Literacy

Q:HL1

T:

The next questions are about experience using a health insurance plan, for example, going to the doctor to receive care covered by the health plan.

If you do not currently have health insurance, please try to think of how you used health insurance in the past or how you think you would use it in the future.

When using your health insurance plan, did you...

ENTER <1> TO CONTINUE

Q:HL1a

T:

Look into what your health plan would and would not cover before you got health care services?

(READ RESPONSES AS NEEDED)

PROMPT: In the past 12 months, when using your health insurance plan, did you:

1 YES

2 NO

8 DK

9 REF

Q:HL1c

T:

Find out if a doctor or health care provider is in-network before you saw him or her.

(READ RESPONSES AS NEEDED)

PROMPT: In the past 12 months, when using your health insurance plan, did you:

1 YES

2 NO

8 DK

9 REF

Q:HL1d

T:

Look into how much you might have to pay for prescription drugs before getting a medication?

(READ RESPONSES AS NEEDED)

PROMPT: In the past 12 months, when using your health insurance plan, did you:

1 YES

2 NO

8 DK

9 REF

VI. Insurance Coverage

Q:INS01

T:

Next, I am going to ask about different types of health insurance coverage.

By this I mean any program or plan that pays any part of hospital and doctor bills. For example, Medicare, Medicaid or Medicaid programs including Dr. Dynasaur, private insurance through an employer or that is purchased directly from insurance company or through the Exchange or VT Health Connect.

Please do not include any health insurance plan that covers only ONE type of service like plans for dental care, cancer or prescription drugs.

IF NEEDED:

Medicare is a NATIONAL health insurance program for people 65 years and older and for certain people with disabilities.

Medicaid provides health care coverage for low-income Vermonters from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more. This includes the Dr. Dynasaur program that provides coverage for children in low income families.

Q:INS02A-D

T:

Are/is PERSON covered by ANY type of health insurance?

IF YES ASK: Which of the following types of insurance is this person covered by?
(READ RESPONSES AND SELECT ALL MENTIONED)

IF STATE INSURANCE ASK: Is this private insurance provided through your employer, state provided insurance, or did you get this through Green Mountain Care or Vermont Health Connect?

10 Private health insurance (thru Employer,Blue Cross,MVP)

11 Medicare

12 Medicaid

13 Dr. Dynasaur (MEDICAID)

16 Military, Veterans, or TRICARE (formally known as CHAMPUS)

95 Some other type of insurance (SPECIFY)

89 VT HEALTH CONNECT, HEALTH INSURANCE EXCHANGE, OBAMACARE

91 PC PLUS

92 GREEN MOUNTAIN CARE

93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)

94 SSI/SSDI/WELFARE/DISABILITY

97 NO INSURANCE COVERAGE

98 DK/REF

Coverage Verification Variables

ASK OF ALL INDICATING NO INSURANCE, DK, OR REF TO INS02

Q:INS03

T:

You indicated PERSON is not covered by health insurance, is this correct?

INTS: USE AS NEEDED:

Health insurance is any program or plan that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and Medicaid that help pay medical bills.

1 YES IS CORRECT - NOT COVERED BY INSURANCE

2 NO NOT CORRECT - IS COVERED BY INSURANCE

8 DK

9 REF

ASK OF THOSE INDICATING YES TO INS03

Q:INS03a

T:

Does anyone else pay for PERSON's bills when they seek medical care?

IF YES ASK: who pays their medical expenses?

IF NO ASK: do you or other family members pay out of pocket?

Do you pay with your own money?

20 Workers compensation for specific injury/illness

21 Employer pays for bills, but not an insurance policy

22 Family member pays out of pocket for any bills

26 Pays out of pocket with their own money

27 Charity organizations, church

23 THROUGH HEALTH INSURANCE - ANY TYPE (GOTO INS02)

25 THROUGH FREE CLINICS, FREE MEDICAL SERVICES

31 INDIAN HEALTH SERVICES

95 OTHER (SPECIFY)

97 NONE NO MEDICAL BILLS

98 DK

99 REF

ASK OF THOSE INDICATING THEY RECEIVE INSURANCE THROUGH SSI, THROUGH THE STATE, THROUGH WELFARE, OR THROUGH DISABILITY TO INS02

Q:INS02a

T:

How did PERSON apply for or receive the health insurance through the state?

INTS: NEARLY ALL PEOPLE COVERED MENTIONING THESE PROGRAMS WILL BE COVERED BY MEDICAID.

IF THEY MENTION THE MILITARY:

- SELECT 1 AND CODE AS 16 MILITARY IN INS02

IF THEY MENTION THEY ARE GETTING THROUGH A PRIVATE COMPANY OR MENTION THE NAME OF AN INSURANCE COMPANY

- SELECT 1 AND CODE AS 10 PRIVATE INSURANCE IN INS02

IF THEY MENTION THEY GET INSURANCE AS A STATE EMPLOYEE, SPOUSE OR CHILD

OF STATE EMPLOYEE, OR AS A STATE RETIREE

- SELECT 1 AND CODE AS 10 PRIVATE INSURANCE IN INS02

IF THEY DO NOT MENTION ANY OF THESE

- SELECT 2

1 WILL GO BACK AND CORRECT TYPE OF INSURANCE

2 NO THIS IS CORRECT/NO FURTHER INFORMATION

NOTE UNLESS THERE IS A CLEAR INDICATION OTHERWISE ALL CASES WHERE RESPONDENT INDICATES THEY GET COVERAGE THROUGH SSI WELFARE, THROUGH THE STATE, OR THROUGH DISABILITY WILL BE TREATED AS IF THEY ARE COVERED UNDER MEDICAID FOR THE REMAINDER OF THE SURVEY

Ask of those indicating they receive insurance through Vermont Health Connect, Health Exchange, Obamacare

Q:INS02d

T:

Vermont Health Connect and the Health Exchange are resources that connect residents to healthcare coverage. It also provides a way for residents to know whether they qualify for health insurance coverage through Medicaid or through a private health insurance plan for which a monthly premium is paid.

Do you know if PERSON is enrolled in Medicaid or is PERSON is enrolled in a private health plan?

READ PROMPTS AS NEEDED:

Offered by the State of Vermont's Green Mountain Care program, Medicaid and Dr. Dynasaur are part of a family of low-cost and free health coverage programs for Vermonters.

The PRIVATE health plans available through Vermont Health Connect are organized into four "metal" categories: Bronze, Silver, and Gold, and Platinum. Catastrophic coverage is also available for residents under the age of 30, or who meet certain hardship conditions.

- 1 PERSON ENROLLED IN MEDICAID OR DR. DYNASAUR
- 3 PERSON ENROLLED IN PRIVATE HEALTH INSURANCE PLAN
- 7 PERSON ENROLLED IN OTHER TYPE OF INSURANCE (GOTO INS02)
- 8 UNSURE

Medicare and Medicaid Questions For Verifications

MEDICARE CHECK FOR THOSE 65 AND OLDER ASK OF ALL 65 AND OLDER WHO DID NOT INDICATE MEDICARE COVERAGE

Q:INS04

T:

I noticed that PERSON is 65 or older and you indicated this person was NOT covered by Medicare.

READ AS NEEDED:

Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

Is this correct?

- 1 YES – NOT COVERED BY MEDICARE
- 2 NO – PERSON IS COVERED BY MEDICARE

- 8 DK
- 9 REF

Medicare Check to Determine if Private Insurance is a Medicare Supplement

ASK OF ALL 65 AND OLDER AND INDICATED COVERED BY PRIVATE INSURANCE

Q:INS05

T:

You indicated PERSON is covered by private insurance. Is this private insurance policy a PRIVATE Medicare supplement such as plans offered by AARP, Blue Cross Blue Shield or Banker's Life that help cover expenses not paid by PERSON's Medicare?

Is this Medicare Advantage Plan OR is this a private health insurance plan through an employer?

PROMPT: Instances of private health insurance plans that ARE NOT Medicare supplements include those that you may receive if you are still working or receive from your employer as a part of your retirement.

IF YES, ASK: What is the name of this Medicare supplement?

12 AARP

13 Blue Cross Vermont Blue 65

14 Medigap

15 MedPlus

20 Aetna

21 American Progressive

22 Banker's Life

23 Blue Cross

24 Cigna

26 Progressive

27 United Health Care

28 Vermont Megigap

96 MEDICARE ADVANTAGE PLAN

95 OTHER MEDICARE SUPPLEMENT (SPECIFY)

97 NO, THIS IS PRIVATE INSURANCE ONLY, NOT A SUPPLEMENT

98 DK/REF

IF A PERSON IS IDENTIFIED AS HAVING A MEDICARE SUPPLEMENT, WE ASK THEM THE SET OF QUESTIONS WE ALSO ASK THOSE WITH PRIVATE HEALTH INSURANCE (BEGINNING AT INSP06 TO GET ADDITIONAL INFORMATION ABOUT THE SUPPLEMENT

Medicare Verification

ASK OF THOSE INDICATED COVERED BY MEDICARE (THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE) AND YOUNGER THAN 65

Q:INS06

T:

Just to verify, is FILL NAME covered by national MEDICARE, or are they covered through the state's MEDICAID program which includes Dr. Dynasaur OR covered by BOTH Medicaid AND Medicare?

INTERVIEWERS READ TO RESPONDENTS AS NEEDED:

Offered by the State of Vermont's Green Mountain Care program, Medicaid and Dr. Dynasaur are part of a family of low-cost and free health coverage programs for Vermonters.

It's for certain eligible seniors 65 or older, people who are blind or disabled, children, pregnant women and parents.

1 YES COVERED BY MEDICARE ONLY

2 COVERED BY BOTH MEDICARE AND MEDICAID (Including Dr. Dynasaur)

3 COVERED BY MEDICAID ONLY (Including Dr. Dynasaur)

8 DK

9 REF

Medicaid Verification

ASK OF THOSE INDICATED COVERED BY MEDICAID (THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE) AND 65 AND OLDER

Q:INS08

T:

Just to verify, is PERSON covered by the STATE MEDICAID program or are they covered through the NATIONAL MEDICARE program for those 65 and older, or by both MEDICAID and MEDICARE?

INTERVIEWERS READ AS NEEDED:

Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources. It's for certain eligible seniors 65 or older and people who are blind or disabled. Enrollees may be in programs such as traditional Medicaid and Healthy Horizons

- 1 COVERED BY MEDICAID ONLY
- 2 COVERED BY BOTH MEDICARE AND MEDICAID
- 3 COVERED BY MEDICARE ONLY
- 8 DK
- 9 REF

ASK OF THOSE INDICATED COVERED BY MEDICARE AND 65 AND NOT INDICATING PRIVATE INSURANCE COVERAGE

Q:INS09

T:

Does PERSON have a PRIVATE Medicare supplement such as plans offered by AARP, Blue Cross Blue Shield or Banker's Life that help cover expenses not paid by PERSON's Medicare or a Medicare Advantage Plan?

IF YES, ASK: What is the name of this Medicare supplement?

- 12 AARP
- 13 Blue Cross Vermont Blue 65
- 14 Medigap
- 15 MedPlus
- 20 Aetna
- 21 American Progressive
- 22 Banker's Life
- 23 Blue Cross
- 24 Cigna
- 26 Progressive
- 27 United Health Care
- 28 Vermont Megigap
- 96 MEDICARE ADVANTAGE PLAN
- 95 OTHER MEDICARE SUPPLEMENT (SPECIFY)

- 97 NO MEDICARE SUPPLEMENT
- 98 DK/REF

IF A PERSON IS IDENTIFIED AS HAVING A MEDICARE SUPPLEMENT, WE ASK THEM THE SET OF QUESTIONS WE ALSO ASK THOSE WITH PRIVATE HEALTH INSURANCE (BEGINNING AT INSP06) TO GET ADDITIONAL INFORMATION ABOUT THE SUPPLEMENT

VII. Private Insurance and Medicare Supplement Follow-up

*ASK OF ALL INDICATED COVERED BY PRIVATE INSURANCE AND
IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE*

Q:INSP01

T:

Are the people you indicated above as covered by private health insurance ALL covered under the SAME health insurance plan?

IF YES: Who is the policy holder for this plan?

IF NO: Which members of the household are policy holders for a private health insurance plan?

INTS: PRIVATE HEALTH INSURANCE PLANS CAN BE PROVIDED THROUGH AN EMPLOYER, A GROUP OR ASSOCIATION, A RETIREMENT PLAN, A SCHOOL, OR PURCHASED DIRECTLY

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

87 SOMEONE OUTSIDE HH IS THE POLICY HOLDER

96 NO MORE

97 NO ONE IN HH IS A POLICY HOLDER

98 DK

99 REF

*IF DK OR REFUSE – TREAT EACH INDIVIDUAL AS A SEPARATE POLICY HOLDER
AND ASK PRIVATE INSURANCE QUESTIONS*

ASK OF ALL INDICATED AS POLICY HOLDERS AND IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE

Q:INSP02

T:

Next, I need to know which members of the household are covered by each of these private health insurance plans.

Who is covered under PERSON's policy?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH

98 DK

99 REF

IF DK OR REFUSE – TREAT EACH INDIVIDUAL AS A SEPARATE POLICY HOLDER AND ASK PRIVATE INSURANCE QUESTIONS

VERIFY THAT ALL COVERED BY PRIVATE INSURANCE AS LINKED TO A POLICY HOLDER

ASK OF ALL INDICATED AS COVERED BY PRIVATE INSURANCE AND NOT LINKED TO A SPECIFIC POLICY FROM INSP02

Q:INSP02a

T:

The following household members do not have a policy holder listed for their private insurance:

Are any of these household members covered under PERSON's policy?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NONE

98 DK

99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP03

T:

Is PERSON'S HEALTH INSURANCE provided through Blue Cross Blue Shield of Vermont, MVP, the Vermont Health Plan, or some other company or employer plan OR did you enroll for this insurance through Vermont Health Connect?

INS: ASK FOR A SPECIFIC INSURANCE COMPANY

IF BC/BS ASK: Is this Blue Cross Blue Shield of Vermont?

15 CIGNA

16 BLUE CROSS AND BLUE SHIELD OF VERMONT

40 BLUE CROSS AND BLUE SHIELD (OTHER PLANS)

17 CONNECTICUT GENERAL LIFE INSURANCE

18 MVP HEALTH PLAN

19 MVP INSURANCE COMPANY

20 THE VERMONT HEALTH PLAN (TVHP)

22 AETNA

24 ANTHEM, ANTHEM BLUE CROSS

32 GREAT WEST

36 UNITED HEALTH CARE

95 OTHER PROVIDER (SPECIFY)

50 VT HEALTH CONNECT

11 MEDICARE

80 MEDICARE SUPPLEMENT

12 MEDICAID, DR DYNASAUR, GREEN MOUNTAIN CARE

93 THROUGH THE STATE, SOCIAL SERVICES SSI/WELFARE, DISABILITY

98 DK/REF

ASK OF THOSE INDICATING COVERAGE SOURCE IS BLUE CROSS OR MVP BUT NOT A MEDICARE SUPPLEMENT

Q:INSP04

T:

Was this health insurance coverage obtained through the state health insurance marketplace, known as Vermont Health Connect?

PROMPT FOR BC/BS: If you enrolled through VT Health Connect, you will see the Vermont Health Connect Logo in the upper right hand corner of your insurance card.

PROMPT FOR MVP: If you enrolled through VT Health Connect, you will see the VT Health Connect Logo on the back of your insurance card at the bottom.

READ AS NEEDED:

These plans are organized into four "metal" categories: Bronze, Silver, and Gold, and Platinum. Catastrophic coverage is also available for residents under the age of 30, or who meet certain hardship conditions.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING COVERAGE SOURCE VT HEALTH CONNECT OR THE EXCHANGE

Q:INSP04a

T:

Is PERSON 's HEALTH INSURANCE provided through Blue Cross Blue Shield of Vermont or MVP?

1 Blue Cross Blue Shield

2 MVP

8 DK

9 REF

Q:INSP06

T:

Is PERSON 's health insurance through...
(READ RESPONSES)

PROMPT: This includes insurance coverage from an employer, through a business, a family business or farm, through a labor union, or some other employer based plan.

PROMPT IF MORE THAN ONE KIND OF INS: To clarify, I mean a private insurance policy.

- 1 PERSON 's work, or a union, association, or trust
- 2 Someone else's work, or a union, association, or trust
- 3 Some other source?

- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS AND NOT COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION

INSP09

T:

Is 's insurance provided through...
(READ RESPONSES)

PROMPT: IF THROUGH STATE, ASK: Is this through the state's Medicaid program, Green Mountain Care?

- 12 COBRA or a former employer,
- 13 A retirement plan,
- 14 A school, college, or university, or
- 15 Purchased directly from a carrier or the premium paid out of pocket
- 95 OTHER (SPECIFY)
- 50 VT HEALTH CONNECT
- 91 MEDICAID, DR. DYNASAUR
- 92 DISABILITY
- 93 THROUGH THE STATE (BUT NOT AS A STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE
- 98 DK
- 99 RE

ASK OF THOSE WITH AN EXCHANGE PLAN OR INDICATED THAT THEY PURCHASED THE PLAN DIRECTLY AND PAID OUT OF POCKET AND NOT MEDICARE SUPPLEMENT OR ADVANTAGE PLAN:

Q:INSP09a

T:

All plans purchased directly in Vermont are typically purchased through Vermont Health Connect or the Exchange. Was this plan purchased through Vermont Health Connect?

IF YES:

What type of plan is this? Is it a bronze, silver, gold or platinum plan?

- 1 BRONZE
- 2 SILVER
- 3 GOLD
- 4 PLATINUM
- 5 CATASTROPHIC
- 7 OTHER (SPECIFY)
- 8 DK
- 9 REF

Q:INSP60

T:

Did PERSON receive financial assistance or tax credits to help pay for the health insurance plan PERSON purchased through Vermont Health Connect?

PROMPT: Financial assistance is provided to certain people to help them pay their monthly premiums. The amount is based on you and your family's income.

- 1 YES
- 2 NO
- 3 NOT APPLICABLE DID NOT PURCHASE THOROUGH VT HEALTH CONNECT
- 8 DK
- 9 REF

ASK OF ALL PRIVATE INSURANCE EXCEPT EXCHANGE PLANS
Q:INSP12

Does PERSON's health insurance plan cover at least some of the cost of prescription drugs?

- 1 YES
- 2 NO, BUT HAVE OTHER COVERAGE
- 3 NO

- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP20

T:

What is the monthly premium paid for PERSON's health insurance?

PROMPT: The premium is the amount paid each month for health insurance coverage. This is the amount that would be taken out of a paycheck or the amount paid directly to the insurance company every month.

0 - 9996 ENTER NUMBER OF DOLLARS

- 9997 \$9997 OR MORE

- 9998 DK, UNSURE OF MONTHLY AMOUNT
- 9999 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP25

T:

How much is the deductible for everyone covered under this health insurance? This is the amount you must pay every year for medical care BEFORE the insurance begins to pay the bills. Please do not include premium expenses.

IF LESS THAN \$500, READ: Is this the amount paid for medical care BEFORE the insurance begins to pay medical bills? The deductible is NOT the same as your co-payments that you have to pay for every visit to the doctor or emergency room or for certain prescriptions. This is usually based on a calendar year.

IF UNSURE:

The health insurance deductible will be listed in the materials provided to PERSON by their health insurance company.

0 NONE, NO DEDUCTIBLE

1 - 9996 ENTER NUMBER OF DOLLARS

9997 \$9997 OR MORE

9998 DK

9999 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP29

T:

Does PERSON have a Health Savings Account or HSA?

PROMPT: A Health Savings Account is a tax-advantaged medical savings account available to taxpayers who are enrolled in a High Deductible Health Plan. The money in the account can only be spent for health care and can grow from year to year.

1 YES

2 NO

8 DK

9 REF

ASK OF ALL SAYING YES TO INSP29

Q:INSP29A

How much did PERSON contribute to their HSA account during the past 12 months?

0 NONE

1-9996 ENTER AMOUNT

9997 \$9,997 OR MORE

9998 DK

9999 REF

ASK OF ALL SAYING YES TO INSP29

Q:INSP29B

How much did PERSON's employer contribute to their HSA account during the past 12 months?

- 0 NONE
- 1-9996 ENTER AMOUNT
- 9997 \$9,997 OR MORE
- 9998 DK
- 9999 REF

Q:INSP30

Can a spouse or other dependents be covered under PERSON'S health insurance?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Q:PSAT01

T:

For these next question, I would like to know how you would rate the quality of your health insurance coverage.

How would you rate the choice of doctors and other providers available under your current health insurance coverage?
(READ RESPONSES AS NEEDED)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

- 7 Did not receive care
- 8 DK
- 9 REF

Q:PSAT02

T:

How would you rate the range of services covered by your current health insurance coverage?

(READ RESPONSES)

PROMPT IF NEEDED: The range of services means the types of medical services that are covered, such as acute care, preventive care, specialty care, and surgical care.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

- 7 Did not receive care
- 8 DK
- 9 REF

Q:PSAT03

T:

How would you rate the quality of care available under your current health insurance coverage?

(READ RESPONSES AS NEEDED)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

- 7 Did not receive care
- 8 DK
- 9 REF

Q:PSAT04

T:

Please tell me how much you agree or disagree with the following statement.

I think that the amount that I pay for my premium is reasonable.

(READ RESPONSES)

- 1 Strongly Agree
- 2 Agree
- 3 Neither Agree nor Disagree
- 4 Disagree
- 5 Strongly Disagree

8 DK

9 REF

ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF VERMONT MEDICAID, VHAP, PC PLUS, DR. DYNASAUR, SSI, WELFARE, DISABILITY TO INSP03 – ASK FOR EACH PERSON LISTED UNDER POLICY

Q:INSP05

T:

Earlier you stated that PERSON's insurance was provided through the state, through SSI, or through disability coverage.

Just to check again, is PERSON covered by...

(READ RESPONSES)

- 12 Medicaid
- 13 Dr. Dynasaur
- 10 Private health insurance
- 50 Private health insurance through Vermont Health Connect
- 16 Military, Veterans, or TRICARE, or
- 95 Some other type of insurance (SPECIFY)

- 96 VERMONT HEALTH CONNECT
- 92 GREEN MOUNTAIN CARE
- 98 DK/REF

VIII. SSI Benefits

Q:Q39

T:

Is anyone in your family also receiving benefits from SSI, a program for the aged, blind or disabled?

[IF YES: ASK: WHO IS ALSO RECEIVING BENEFITS FROM SSI?
SELECT ALL RESPONSES]

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IS RECEIVING BENEFITS FROM SSI

98 DK

99 REF

IX. State Health Insurance Follow-up Questions

Q:Q42x

T:

For these next questions, please think about the household members that are currently covered by state health insurance programs, such as Medicaid or Doctor Dynasaur.

Q:MC16

T:

How long has PERSON had health insurance through the Medicaid program?

PROMPT: That is, how long has it been since PERSON first enrolled in the state program they are currently enrolled in?

PROMT: How long have you been continuously covered under Medicaid?

INTS: ENTER IN NUMBER OF MONTHS

- 1 ONE MONTH OR LESS
- 2 - 60 ENTER NUMBER OF MONTHS
- 61 MORE THAN 5 YEARS

- 97 DOES NOT HAVE MEDICAID
- 98 DK
- 99 REF

*ASK OF ALL HOUSEHOLDS WITH ANY RESIDENT COVERED THROUGH ANY
MEDICAID PROGRAM*

Q:MCSAT01

T:

For these next questions, I would like to know how you would rate the quality of the health insurance coverage provided by state health insurance programs

Again these include the coverage for anyone in your household through Medicaid or Doctor Dynasaur.

Again these include the coverage for anyone in your household through Medicaid or Doctor Dynasaur.

How would you rate the choice of doctors and other providers available?
(READ RESPONSES)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?
- 7 DID NOT RECEIVE CARE
- 8 DK
- 9 REF

*ASK OF ALL HOUSEHOLDS WITH ANY RESIDENT COVERED THROUGH ANY
MEDICAID PROGRAM*

Q:MCSAT02

T:

How would you rate the range of services covered by these
state health insurance programs?

(READ RESPONSES AS NEEDED)

PROMPT IF NEEDED: The range of services means the types of medical
services that are covered, such as acute care, preventive care,
specialty care, and surgical care.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?
- 7 DID NOT RECEIVE CARE
- 8 DK
- 9 REF

*ASK OF ALL HOUSEHOLDS WITH ANY RESIDENT COVERED THROUGH ANY
MEDICAID PROGRAM*

Q:MCSAT03

T:

How would you rate the quality of care available?

(READ RESPONSES AS NEEDED)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?
- 7 DID NOT RECEIVE CARE
- 8 DK
- 9 REF

Q:MCSAT05

T:

COMPARED TO LAST YEAR have there been changes in the coverage provided by Medicaid or Dr. Dynasaur that limited which health care providers you could see for care?

IF YES: ASK: What types of limits?

1 YES (SPECIFY)

2 NO

8 DK

9 REF

X. Questions of Those who are Uninsured

ASK OF THOSE INDICATED AS UNINSURED IN INS02

Q:INSU01

T:

How long have/has PERSON been without health insurance coverage?

- 1 ONE MONTH OR LESS
- 2 - 60 ENTER NUMBER OF MONTHS
- 61 MORE THAN 5 YEARS

- 97 NEVER HAD HEALTH INSURANCE
- 98 DK
- 99 REF

Q:INSU02 (Q50)

T:

How does cost rate as the reason why PERSON is not currently covered by insurance?
Would you say it is....

[INTERVIEWER: READ LIST]

- 1 Absolutely the only reason
- 2 One of the main reasons
- 3 One reason among several
- 4 Not much of a factor
- 5 Not applicable (has insurance)

- 8 DK
- 9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02

Q:INSU03A-D

T:

Q:INSU03

T:

What are the main reasons that FILL NAME is not currently covered by any government or private health insurance plan?

INTS: SELECT ALL MENTIONED BY RESPONDENT PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR MEDICAID, DR DYNASAUR: Why is this?

10 PERSON WITH HEALTH INSURANCE LOST JOB

11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS

12 EMPLOYER STOPPED OFFERING COVERAGE

13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE

14 WAITING PERIOD FOR COVERAGE

25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE

26 PERSON CHANGED EMPLOYERS AND NEW EMPLOYER DOES NOT OFFER INSURANCE

27 PERSON WITH HEALTH INSURANCE QUIT JOB

16 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT

28 PERSON CUT THEMSELVES BACK TO PART TIME STATUS

18 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD

19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE

20 NOT ELIGIBLE/NO LONGER QUALIFY FOR MEDICAID, DR DYN (SPECIFY)

24 DON'T NEED INSURANCE

29 NOT WORTH THE COST

95 OTHER (SPECIFY)

97 NONE

98 DK/REF

Q:insu03x

T:

Next, I am going to read some possible reasons why PERSON may no longer have health insurance coverage.

ASK IF UNINSURED AND THEY DID NOT RESPOND 10 PERSON WITH HEALTH INSURANCE LOST JOB TO INSU03

Q:insu03a

T:

You or another member of the family lost their job.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK IF UNINSURED AND THEY DID NOT RESPOND 11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS TO INSU03

Q:insu03b

T:

You or another member of the family are no longer eligible for insurance through their employer because of a reduction in the number of hours they work.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK IF UNINSURED AND THEY DID NOT RESPOND 12 EMPLOYER STOPPED OFFERING COVERAGE TO INSU03

Q:insu03c

T:

An employer stopped offering health insurance coverage to you or another family member.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INS02

Q:insu03d

T:

Our family could no longer afford the cost of the premiums for health insurance through an employer for PERSON.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

Q:insu03e

T:

PERSON lost their coverage or became ineligible for Dr. Dynasaur or Medicaid.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

Q:insu03g

PERSON is not interested in insurance.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK UNLESS THEY INDICATED NEVER HAD INSURANCE IN INSU01

Q:INSU05

T:

Thinking back to the last time PERSON had health insurance,
what type of insurance did PERSON have?

(READ RESPONSES)

[INTERVIEWER: ACCEPT ALL RESPONSES - UP TO THREE RESPONSES]

10 Private health insurance through an employer or union

15 Private health insurance bought directly, paid out of pocket

11 Medicare

12 Medicaid

13 Dr. Dynasaur

16 Military, Veterans, or TRICARE (formally known as CHAMPUS)

95 Some other type of insurance (SPECIFY)

97 NO INSURANCE COVERAGE, NEVER HAD COVERAGE

98 DK/REF

XI. Enrollment in State Health Programs or Insurance through VT Health Connect

ASK THIS SECTION IF THERE ARE ONE OR MORE UNINSURED RESIDENTS

ASK OF ALL HOUSEHOLDS UNLESS ALL HOUSEHOLD MEMBERS HAVE MEDICAID

Q:MCA04

T:

What are the reasons that members of the household have not enrolled in one of the State's Health Insurance Programs?

ENTER ALL MENTIONED BY RESPONDENT

PROBE FOR SPECIFICS AND DETAILS - ARE THERE ANY OTHER REASONS?

- 12 NOT FAMILIAR WITH THE MEDICAID PROGRAM
- 13 DON'T KNOW WHERE OR HOW TO APPLY
- 14 PROBABLY NOT ELIGIBLE DUE TO INCOME
- 15 TOO MUCH TROUBLE, PAPERWORK, LONG WAITING LIST
- 16 DON'T WANT TO BE ON PUBLIC ASSISTANCE
- 17 RARELY SICK
- 18 DON'T WANT OR NEED HEALTH INSURANCE
- 20 HAVE APPLIED AND NOW ENROLLED
- 21 COSTS TOO MUCH
- 22 HAVE APPLIED, WAITING TO HEAR
- 23 HAVE APPLIED, APPLICATION WAS DENIED
- 24 PROBABLY NOT ELIGIBLE OTHER
- 31 LOST MEDICAID BECAUSE OF AGE
- 32 HAD COVERAGE BUT WAS DROPPED
- 33 I'M NOT DISABLED
- 34 SELF-EMPLOYED
- 35 WAITING TO APPLY FOR MEDICARE
- 36 DOESN'T COVER ENOUGH, DR. WON'T ACCEPT
- 90 NOT NEEDED, HAVE PRIVATE INSURANCE
- 91 NOT NEEDED, HAVE OTHER TYPE OF INSURANCE MEDICARE, MILITARY
- 92 WAITING FOR COVERAGE/ENROLLMENT THROUGH EMPLOYER
- 95 OTHER
- 97 NO REASON IN PARTICULAR
- 98 DK
- 99 REF

ASK THIS SECTION IF THERE ARE 1 OR MORE UNINSURED MEMBERS OF THE HOUSEHOLD

Q:CHINS04

T:

Next I would like to ask you about specific reasons why the uninsured members of the household have chosen not to enroll in health insurance through Green Mountain Care.

Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all.

Q:CHINS04a

T:

I don't think we would be eligible for it because our employer offers health insurance.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04b

T:

I don't think we would be eligible because my household makes too much money.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04c

T:

We would be concerned about being able to see the doctors or health care providers I want to.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04d

T:

Our household wouldn't want to be receiving government assistance.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04e

T:

The uninsured members of our household don't really need health insurance coverage.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04g

T:

Our household would worry that the costs would be too high.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04h

T:

I would be concerned about the quality of care.
(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04i

T:

I would be concerned that health care professionals would treat me or my family differently.

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:INSU09

T:

There are certain requirements based on age and income for eligibility to enroll one of the state's health insurance programs.

If members of your household were eligible to enroll in these programs how much interest would there be in enrolling members of the household? Would you say the household would be...

(READ RESPONSES)

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested
- 4 Not at all interested

- 8 DK
- 9 REF

Q:INSU21

T:

At any time During the prior 12 months, did any of the uninsured members of your household apply for health insurance coverage through Green Mountain care, Vermont Health Connect, or some other way?

IF YES: Did the household apply through...
(READ AND SELECT ALL MENTIONED)

- 1 Vermont Health Connect Website, or
- 2 Green Mountain Care Website
- 3 OTHER WEBSITE (SPECIFY)
- 5 SOME OTHER WAY (SPECIFY)
- 7 DID NOT APPLY

- 8 DK
- 9 REF

ASK IF HH APPLIED FOR HEALTH INSURANCE

Q:INSU22

T:

Did the uninsured members of the household apply for...
(READ AND SELECT ALL MENTIONED)

- 1 Medicaid through Green Mountain Care
- 2 Dr. Dynasaur through Green Mountain Care
- 3 Private Health Insurance through Vermont Health Connect
- 7 SOME OTHER INSURANCE (SPECIFY)

- 8 DK
- 9 REF

ASK IF HH APPLIED FOR HEALTH INSURANCE

Q:INSU23

T:

What happened with the application(s)?

(SELECT ALL MENTIONED)

10 STILL WAITING TO HEAR

11 THE APPLICATION WAS ACCEPTED

12 THE APPLICATION WAS DENIED

13 STILLNEED SEND IN APPLICATION

14 ON WAITING LIST

15 COSTS TOO MUCH (DID NOT ENROLL BECAUSE OF COST)

16 DECIDED NOT TO ENROLL (SPECIFY: WHY?)

95 OTHER (SPECIFY)

98 DK

99 REF

XII. Interruptions in Coverage

ASK OF THOSE COVERED BY ANY TYPE OF INSURANCE

Q:INSW01

T:

Next, I'd like to ask you about any gaps in insurance coverage. Please think about those that **CURRENTLY** have insurance. Has everyone had insurance **FOR ALL** of the past 12 months?

IF NO, ASK: Who did not have insurance within the past 12 months?

INTS: SELECT ALL WHO HAVE NOT HAD INSURANCE

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 EVERYONE HAD INSURANCE

98 DK

99 REF

Ask of all household members indicated as having a gap in insurance coverage in INSW01...

Q:INSW02

For how long was PERSON without health insurance coverage, even if that gap in coverage was longer than 12 months?

INTS: ENTER IN NUMBER OF MONTHS

1 ONE MONTH OR LESS

2 - 60 ENTER NUMBER OF MONTHS

61 MORE THAN 5 YEARS

97 NEVER HAD HEALTH INSURANCE PRIOR TO CURRENT COVERAGE

98 DK

99 REF

ASK OF THOSE WITH A GAP IN COVERAGE

Q:INSWC03A-E

T:

Why was PERSON without coverage?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR MEDICAID, VHAP, DR. DYNASAUR: Why is this?

10 PERSON WITH HEALTH INSURANCE LOST JOB

11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS

12 EMPLOYER STOPPED OFFERING COVERAGE

13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE

14 WAITING PERIOD FOR COVERAGE

25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE

26 PERSON CHANGED EMPLOYERS AND NEW EMPLOYER DOES NOT OFFER INSURANCE

27 PERSON WITH HEALTH INSURANCE QUIT JOB

16 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT

28 PERSON CUT THEMSELVES BACK TO PART TIME STATUS

18 COST IS TOO HIGH, INCREASED, COST OF PREMIUM, CANNOT AFFORD

19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE

20 NOT ELIGIBLE/NO LONGER QUALIFY FOR MEDICAID, DR. DYN.

24 DON'T NEED INSURANCE

95 OTHER (SPECIFY)

97 NONE/NO MORE

98 DK

99 REF

ASK OF THOSE WITH A GAP IN COVERAGE BUT A GAP OF LESS THAN 12 MONTHS

Q:INSW04

T:

How long has PERSON been covered under their current health insurance?

INTS: ENTER IN NUMBER OF MONTHS

1 ONE MONTH OR LESS

2 - 12 ENTER NUMBER OF MONTHS

98 DK

99 REF

ASK OF THOSE WITH A GAP IN COVERAGE Q:INSW05

T:

What type of health insurance coverage did PERSON have PRIOR to their current coverage?

10 Private health insurance (Examples include Blue Cross, MVP and Cigna)

11 Medicare

12 Medicaid

13 Dr. Dynasaur

16 Military, Veterans, or TRICARE (formally known as CHAMPUS)

95 Some other type of insurance (SPECIFY)

92 GREEN MOUNTAIN CARE

14 VERMONT HEALTH ACCESS PLAN OR VHAP

23 CATAMOUNT HEALTH

93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)

94 SSI/SSDI/WELFARE/DISABILITY

97 NO INSURANCE COVERAGE

98 DK

99 REF

ASK OF THOSE WITH A GAP IN COVERAGE

Q:INSW06

T:

Why did PERSON change health insurance coverage?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB
- 11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE
- 25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE
- 26 PERSON CHANGED EMPLOYERS AND NEW EMPLOYER DOES NOT OFFER INSURANCE
- 27 PERSON WITH HEALTH INSURANCE QUIT JOB
- 16 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 28 PERSON CUT THEMSELVES BACK TO PART TIME STATUS
- 18 COST IS TOO HIGH, INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR VHAP, MEDICAID, Dr. Dyn.
- 24 DON'T NEED INSURANCE
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK
- 99 REF

ASK OF THOSE WITH A GAP IN COVERAGE

Q:INSW07

T:

During the gap in health insurance coverage did PERSON
(READ RESPONSES AND SELECT ALL MENTIONED)

- 1 Think about applying for Medicaid
- 2 Apply for Medicaid
- 3 NEITHER

- 8 DK
- 9 REF

ASK OF THOSE WITH A GAP IN COVERAGE BUT A GAP OF LESS THAN 12 MONTHS

Q:INSW08

T:

Was PERSON covered under the SAME health insurance plan 12 months or one year ago?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING NO TO INSW08

Q:INSW09

T:

What type of health insurance coverage did PERSON have one year ago?
(READ RESPONSES)

[INTERVIEWER: ACCEPT ALL RESPONSES - UP TO THREE RESPONSES]

10 Private health insurance through an employer or union

16 Private health insurance bought directly, paid out of pocket

11 Medicare

12 Medicaid

13 Dr. Dynasaur

16 Military, Veterans, or TRICARE (formally known as CHAMPUS)

95 Some other type of insurance (SPECIFY)

97 NO INSURANCE COVERAGE

98 DK/REF

XIII. Concerns About Loss of Insurance

ASK IF ANYONE IN HOUSEHOLD IS COVERED BY INSURANCE

Q:INSLO01 (Q27)

T:

Are you concerned that anyone in your household may lose coverage within the next 12 months?

IF YES ASK: Who are you concerned might lose coverage?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE, NOT CONCERNED

98 DK

99 REF

Q:INSLO02 (Q28)

T:

What are the reasons that there is a risk for losing health insurance coverage within the next 12 months?

[INTERVIEWER: ACCEPT ALL RESPONSES.]

IF NOT ELIGIBLE FOR MEDICAID, DR DYN: Why is this?

- 10 PERSON WITH HEALTH INSURANCE WILL LOSE JOB
- 11 PERSON WILL CUT BACK TO PART TIME
- 12 CURRENT EMPLOYER MAY STOP OFFERING HEALTH INSURANCE
- 25 PERSON WILL CHANGE EMPLOYERS AND MAY NOT BE ELIGIBLE FOR INSURANCE
- 26 PERSON WILL CHANGE EMPLOYERS AND NEW EMPLOYER MAY NOT OFFER INSURANCE
- 15 BENEFITS FROM FORMER EMPLOYER/COBRA WILL RUN OUT
- 16 DIVORCE OR SEPARATION
- 17 WILL BECAME INELIGIBLE BECAUSE OF AGE - LEAVING SCHOOL
- 18 PREMIUM COST INCREASES
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR MEDICAID, DR> DYN (SPECIFY)
- 24 WON'T NEED INSURANCE
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK
- 99 REF

XIV. Dental and Vision Insurance and Care

Q:INSD01

T:

Is anyone now covered by an insurance plan that pays for routine dental care, such as cleanings and fillings?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH HAS DENTAL INSURANCE

98 DK

99 REF

ASK OF EACH PERSON WITH DENTAL INSURANCE

Q:INSD02

T:

IS PERSON's dental coverage provided through...

(READ RESPONSES AS NEEDED)

1 Current private health insurance

2 Private insurance provided through an employer or union

3 Private insurance that is paid for directly, out of pocket through VT Health Connect

4 Private insurance that is paid for directly, out of pocket through some other source

5 Medicaid

6 Dr, Dynasaur

7 Some other Source? (SPECIFY)

8 DK

9 REF

ASK OF EACH HOUSEHOLD WITH ONE OR MORE MEMBERS COVERED BY
DENTAL INSURANCE

Q:INSD04

T:

Has anyone currently covered by dental insurance been without coverage at any time
during the past 12 months?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH HAS BEEN WITHOUT COVERAGE

98 DK

99 REF

Q:INSD05

(READ FIRST TIME)

About how long has it been since PERSON last received any type of preventive dental care?

PROMPT: Examples include a dental cleaning, fluoride treatment, or sealants.

(READ RESPONSES AS NEEDED)

- 1 WITHIN THE PAST 12 MONTHS
- 2 1 YEAR BUT LESS THAN 2 YEARS AGO
- 3 2 YEARS BUT LESS THAN 5 YEARS AGO
- 4 5 OR MORE YEARS AGO
- 5 NEVER

8 DK

9 REF

Ask of individuals who have not been to the dentist in the last 12 months...

Q:INSD06

What is the primary reason PERSON has not visited the dentist within the past 12 months?

PROMPT: Are there any other reasons?

10 FEAR, APPREHENSION, NERVOUSNESS, PAIN, DISLIKE

11 COST OF CARE

12 DO NOT HAVE / KNOW A DENTIST

13 CANNOT GET TO THE OFFICE / NO TRANSPORTATION

14 NO REASON TO GO

15 OTHER PRIORITIES

16 HAVE NOT THOUGHT OF IT

17 NO TEETH

18 TOO YOUNG

19 DON'T HAVE DENTAL COVERAGE

20 CAN'T FIND A DENTIST THAT ACCEPTS PERSON'S COVERAGE

95 OTHER (SPECIFY)

98 DK

99 REF

Q:INSD07

(READ FIRST TIME)

About how long has it been since PERSON last received care to treat a SPECIFIC dental problem or concern that was not preventive care?

IF NEVER ASK: Has PERSON ever needed such care?

PROMPT: Examples include a filling, crowns or root canal.

(READ RESPONSES AS NEEDED)

1 WITHIN THE PAST 12 MONTHS

2 1 YEAR BUT LESS THAN 2 YEARS AGO

3 2 YEARS BUT LESS THAN 5 YEARS AGO

4 5 OR MORE YEARS AGO

5 NEVER

6 NEVER NEEDED CARE FOR DENTAL PROBLEM OF CONCERN

8 DK

9 REF

Q:INSV01

T:

Is anyone now covered by an insurance plan that pays for routine vision care including regular eye exams?

IF YES: Who is that?

PROMPT: This includes any coverage you may have through your health insurance or through a separate plan.

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH HAS VISION INSURANCE

98 DK

99 REF

ASK OF EACH PERSON WITH VISION CARE INSURANCE

Q:INSV02

T:

IS PERSON's vision care coverage provided through...
(READ RESPONSES)

1 Their current private health insurance

2 Another private insurance plan provided through an employer or union

3 Another private insurance plan that is paid for directly, out of pocket through VT Health Connect

4 Another private insurance plan that is paid for directly, out of pocket through some other source

5 Medicaid

6 Dr. Dynasaur

7 Some other Source? (SPECIFY)

8 DK

9 REF

ASK OF EACH HOUSEHOLD WITH ONE OR MORE MEMBERS COVERED BY
VISION CARE INSURANCE

Q:INSV04

T:

Has anyone currently covered with insurance covering vision care been without coverage
at any time during the past 12 months?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH HAS BEEN WITHOUT COVERAGE

98 DK

99 REF

XV. Visits to Physical and Mental Health Providers and Point of Medical Care

Q:DOCV01

T:

Next, I would like to ask you about doctors visits and medical care. Within the past 12 months, about how many times did PERSON see a doctor or health care provider about your/his/her health, NOT COUNTING when you/he/she may have stayed overnight in the hospital?

INTS: THIS DOES NOT INCLUDE INSTANCES SUCH AS GETTING A FLU SHOT THROUGH WORK OR CHECKING THEIR BLOOD PRESSURE AT THE PHARMACY

0 NONE

1 - 96 ENTER NUMBER OF VISITS

97 97 OR MORE

98 DK

99 REF

ASK OF THOSE WITH AT LEAST ONE VISIT IN DOCV01

Q:DOCV02

T:

How many of those visits were for strictly routine checkups, that is when, PERSON was not sick?

0 NONE

1 - 96 ENTER NUMBER OF VISITS

97 97 OR MORE

98 DK

99 REF

ASK OF THOSE WITH AT LEAST ONE VISIT IN DOCV01

Q:DOCV02a

T:

How many of those visits were with a specialist?

PROMPT: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

0 NONE

1 - 96 ENTER NUMBER OF VISITS

97 97 OR MORE

98 DK

99 REF

Q:DOCV03

T:

Is there one kind of place that EVERYONE living in the household usually goes when they are sick or need medical attention OR do they typically go to different places?

INTS: By PLACE I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.

1 YES, EVERYONE USUALLY GOES ONE PLACE

2 NO, GO TO DIFFERENT PLACES

3 NO ONE GOES TO THE DOCTOR

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION

Q:DOCV04

T:

What kind of place is this? Is it a...

(READ RESPONSES)

INTS: IF NOT MEDICAL PROVIDER THEN BY THIS I MEAN THE TYPE OF HEALTH CARE PROVIDER YOU WOULD GO TO IN THESE INSTANCES.

- 10 Private doctor's office (or group practice)
- 11 Neighborhood health center (or community clinic)
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care, or
- 15 Some other place? (SPECIFY)
- 20 VA Clinic?

97 DO NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION

Q:DOCV05

T:

Is this the same place EVERYONE goes when they need routine or preventive care, such as a regular check-up?

1 YES

2 NO

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION AND THEY SAY NO, DK, REF TO DOCV05

Q:DOCV06

T:

What kind of place do household members usually go when they need routine or preventive care, such as a regular check-up?

(READ RESPONSES)

- 10 A private doctor's office (or group practice)
- 11 Neighborhood health center (or community clinic)
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care, or
- 15 Some other place? (SPECIFY)
- 20 VA Clinic

- 97 DOES NOT GO ONE PLACE MOST OFTEN
- 98 DK
- 99 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION OR NO ONE GOES TO THE DOCTOR

Q:NDOCV20

T:

How long does it usually take to travel to the household's usual place for routine medical care?

IF THEY DO NOT GO TO THE DR.

If someone in the household needed urgent care, how long would it take to travel to see a doctor or other health care provider?

PROMPT: You best estimate is fine.

1 - 240 ENTER NUMBER OF MINUTES

241 > 4 HOURS

995 IT VARIES (SPECIFY)

998 DK

999 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03

ASK SEPARATELY FOR EACH PERSON

Q:DOCV07

T:

Is there a place that PERSON usually goes when you/he/she are/is sick or needs medical attention?

1 YES

2 NO, NO USUAL PLACE

3 YES, MORE THAN ONE USUAL PLACE

4 NEVER GO TO THE DOCTOR

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR, DK, REF TO DOCV03
ASK SEPARATELY FOR EACH PERSON

Q:DOCV08

T:

What kind of place does PERSON go most often? Is it a...

INTS: IF NOT MEDICAL PROVIDER THEN BY THIS I MEAN THE TYPE OF HEALTH CARE PROVIDER YOU WOULD GO TO IN THESE INSTANCES.

READ RESPONSES

- 10 Private doctor's office (or group practice)
- 11 Neighborhood health center (or community clinic)
- 12 Hospital outpatient department
- 13 Emergency room
- 14 Walk-in or urgent care, or
- 15 Some other place (SPECIFY)

97 DOES NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR, DK, REF TO DOCV03

ASK SEPARATELY FOR EACH PERSON

Q:DOCV09

T:

Is this the same place PERSON usually goes when you/he/she needs routine or preventive care, such as a regular check-up?

1 YES

2 NO

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR TO DOCV03

ASK SEPARATELY FOR EACH PERSON

Q:DOCV10

T:

What kind of place does PERSON usually go to when you/she/he needs routine or preventive care? Is it a...

FILL REGULAR CHECKUP/WELL BABY CHECKUP?

READ RESPONSES

- 10 Private doctor's office (or group practice)
- 11 Neighborhood health center (or community clinic)
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care, or
- 15 Some other place? (SPECIFY)
- 20 VA Clinic?

97 DOES NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03
ASK SEPARATELY FOR EACH PERSON

Q :NDOCV21

T:

How long does it usually take PERSON to travel to their usual place for routine medical care?

IF THEY DO NOT GO TO DR.

If PERSON needed urgent care, how long would it take PERSON to travel to see a doctor or other health care provider?

PROMPT: You best estimate is fine.

1 - 240 ENTER NUMBER OF MINUTES

241 > 4 HOURS

995 IT VARIES (SPECIFY)

998 DK

999 REF

Q:NDOCV14

T:

Next, I'm going to read you a list of problems some people experience when they try to get health care. During the past 12 months did anyone in the household...

ENTER <1> TO CONTINUE

key 1

Q:DOC141

T:

Told by a doctor's office or clinic that they weren't accepting patients with their type of health insurance?

PROMPT: During the past 12 months, was anyone...

IF YES ASK: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

Q:DOC142

T:

Told by a doctor's office or clinic that they weren't accepting new patients?

PROMPT: During the past 12 months, was anyone...

IF YES ASK: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

Q:DOC143

T:

Have to change health care providers because their health insurance changed or ended?

PROMPT: During the past 12 months, did anyone...

IF YES ASK: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

Q:DOC144

T:

Unable to get an appointment at the doctor's office or clinic
as soon as one was needed?

PROMPT: During the past 12 months, was anyone...

IF YES ASK: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

Q:DOC145

T:

Unable to get an appointment at the doctor's office or clinic
at a convenient time?

PROMPT: During the past 12 months, was anyone...

IF YES ASK: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

Q:DOCV12

T:

DURING THE PAST 12 MONTHS did you or anyone in the household seek medical care in a hospital emergency room for any reason?

PROMPT: Do not include any visits to walk in treatment centers.

IF YES ASK: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH SOUGHT ER CARE

98 DK

99 REF

ASK FOR EACH PERSON VISITING ER

Q:DOCV12a

T:

In the past 12 months, how many times did PERSON receive care in a hospital emergency room?

1 - 10 ENTER NUMBER

11 11 OR MORE TIMES

98 DK

99 REF

ASK FOR EACH PERSON VISITING ER

Q:DOCV13

T:

I'm going to read you a list of reasons why some people go to the emergency room. Please tell me if any of these were important reasons for PERSON's last visit to a hospital emergency room.

10 They were so ill or injured that they needed immediate medical attention

13 They needed care after normal hours at the doctor's office or clinic

14 The family owed money to the doctor's office or clinic

15 It was more convenient to go to the hospital emergency room

16 The doctor's office or clinic told them to go to the emergency room

95 SOME OTHER REASON (SPECIFY)

97 NONE OF THESE

98 DK

99 REF

ASK FOR EACH PERSON VISITING ER

Q:DOCV14a

T:

Was PERSON's most recent visit to a hospital emergency room for...
(READ RESPONSES AND SELECT ALL MENTIONED)

1 A physical health issue

2 A mental health issue

3 A substance abuse issue

7 OTHER (SPECIFY)

8 DK

9 REF

Q:DOCV30

T:

During the past 12 months, did anyone visit a walk-in, or urgent care facility when they were sick or injured?

IF YES ASK: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE VISITED URGENT CARE

98 DK

99 REF

Q:DOCV15

T:

During the past 12 months did anyone in the household seek substance abuse treatment?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK OF HOUSEHOLD WITH MEMBERS RECEIVING SUBSTANCE ABUSE CARE

Q:DOCV16

T:

Did those seeking care experience any problems accessing this care?

IF YES ASK: What types of problems

- 10 INSURANCE WOULD NOT COVER ANY OF COST
- 11 INSURANCE WOULD NOT COVER ENOUGH OF THE COST
- 12 LONG WAIT TIME TO GET AN APPOINTMENT
- 13 HAD TO TRAVEL LONG DISTANCES TO ACCESS CARE
- 14 NOT ABLE TO FIND A PROVIDER AT ALL
- 15 NOT ABLE TO FIND A PROVIDER ACCEPTING PATIENTS
- 95 OTHER (SPECIFY)
- 97 NO, DID NOT EXPERIENCE ANY PROBLEMS
- 98 DK
- 99 REF

Q:DOCV17

T:

During the past 12 month did anyone in the household receive mental health care?

IF YES: Who is that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE IN HH
- 98 DK
- 99 REF

ADD TO ASK ABOUT MENTAL HEALTH
ASK OF HOUSEHOLD WITH MEMBERS RECEIVING MENTAL HEALTH CARE

Q:DOCV17a

T:

Did those seeking care experience any problems accessing this care?

IF YES ASK: What types of problems

- 10 INSURANCE WOULD NOT COVER ANY OF COST
- 11 INSURANCE WOULD NOT COVER ENOUGH OF THE COST
- 12 LONG WAIT TIME TO GET AN APPOINTMENT
- 13 HAD TO TRAVEL LONG DISTANCES TO ACCESS CARE
- 14 NOT ABLE TO FIND A PROVIDER AT ALL
- 15 NOT ABLE TO FIND A PROVIDER ACCEPTING PATIENTS
- 95 OTHER (SPECIFY)
- 97 NO, DID NOT EXPERIENCE ANY PROBLEMS
- 98 DK
- 99 REF

XVI. Prescription Drug Expenses

Q:RXU01

T:

How many different types of prescription drugs does FILL NAME take on a regular basis?

0 NONE

1 - 96 ENTER NUMBER

97 97 OR MORE

98 DK

99 REF

ASK IF PERSON TAKES ANY PRESCRIPTIONS ON A REGULAR BASIS

Q:RXU02 (based on RX04 from 2000 survey)

T:

Which category best represents the amount that FILL NAME pays per month out of pocket for prescription drugs that FILL NAME uses on a regular basis?

(READ RESPONSES)

10 Less than \$50

11 \$50 to \$99

12 \$100 to \$199

13 \$200 to \$299

14 \$300 to \$399

15 \$400 to \$499

16 \$500 to \$599

17 More than \$600

18 ONLY KNOW HOW MUCH ANNUALLY (ASK RXU03)

98 DK

99 REF

*ASK IF PERSON TAKES ANY PRESCRIPTIONS ON A REGULAR BASIS AND I
PERSON CAN ONLY PROVIDE ANNUAL AMOUNT SPENT*

Q:RXU03

T:

How much does FILL NAME spend annually on prescription drugs used on a regular basis?

10 \$10 or less

11 - 99996 ENTER DOLLAR AMOUNT

99997 \$99,997 OR MORE

8 DK

9 REF

XVII. Medical Expenses and Health Care Barriers

Q:EXP01

T:

Over the last 12 months, about how much has your household had to pay OUT OF POCKET for:

Your family's prescription medications.

Please include all "out of pocket" expenses, regardless of who actually pays for them, and also include any co-payments or coinsurance payments.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage any HSA or health savings account contributions.

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

0	NOTHING
1 - 99996	ENTER DOLLARS
99997	\$99,997 OR MORE
99998	DK
99999	REF

Q:EXP02

T:

Dental and Vision care.

PROMPT: Over the last 12 months, about how much has your household had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

0	NOTHING
1 - 99996	ENTER DOLLARS
99997	\$99,997 OR MORE
99998	DK
99999	REF

Q:EXP02a

T:

Mental health care.

PROMPT: Over the last 12 months, about how much has your household had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

0	NOTHING
1 - 99996	ENTER DOLLARS
99997	\$99,997 OR MORE
99998	DK
99999	REF

Q:EXP03

T:

All OTHER medical expenses, including for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

PROMPT: Over the last 12 months, about how much has your household had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? Your best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

0	NOTHING
1 - 99996	ENTER DOLLARS
99997	\$99,997 OR MORE
99998	DK
99999	REF

Q:HC01

T:

During the past 12 months, was there any time when anyone in the household needed any of the following but didn't get it because they could not afford it:

Q:HC07

Routine medical care that that was needed?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE

98 DK

99 REF

Q:HCB02 (Q59)

T:

Medical care from a doctor or surgery?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q:HCB04

T:

Mental health care or counseling?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: HCB05 (Q59b)

T:

Dental care including checkups?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: HCB05a

T:

A diagnostic test such as a CAT scan, MRI, lab work, or x-ray that was recommended by a doctor or other care provider?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE IN HH

98 DK

99 REF

Q: HCB03 (Q60)

T:

Prescription Medicines?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get them because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: HCB05c

T:

During the past 12 months, was there any time that you or anyone in the household skipped doses or took smaller amounts of their prescription drugs to make them last longer?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q:HCB06

T:

During the past 12 months, did anyone in the household receive any SINGLE medical bill for more than \$500 that had to be paid out-of-pocket?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE

98 DK

99 REF

Q:HCB10

T:

During the last 12 months, were there times that there were problems paying for medical bills for anyone in your family ?

1 YES

2 NO

8 DK

9 REF

Q:HCB11

T:

In the last 12 months, was anyone in your family contacted by a collection agency about owing money for unpaid medical bills ?

1 YES

2 NO

8 DK

9 REF

Q:HCB09

T:

To what extent are you concerned about being able to afford prescription medicines?

[INTERVIEWER: READ LIST]

1 Very concerned

2 Somewhat concerned

3 Not very concerned

4 Not concerned at all

8 DK

9 REF

Q:HCB13

During the past 12 months, have any of the following happened to your family because of medical bills? Was your household...

(READ AND SELECT ALL MENTIONED BY RESPONDENT)

1 Unable to pay for basic necessities like food, heat or rent

2 Used up all or most of savings

3 Had large credit card debt or had to take a loan or debt against the home

4 Filed for medical bankruptcy

7 NONE OF THESE

8 DK

9 REF

Q:BA01

T:

Has anyone in the household ever delayed or not gotten PHYSICAL OR MENTAL health care because they could not find a doctor or other health care provider or a health care provider was not available at the time they needed care

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BA01

Q:BA01a

T:

What type of PHYSICAL OR MENTAL HEALTH care did PERSON delay or not get?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE'
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
- 22 SURGERY
- 35 SUBSTANCE ABUSE TREATMENT OR COUNSELING

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

*ASK IF ANY PERSON IN HOUSEHOLD COVERED BY MEDICAID, VHAP, DR
DYNASAUR*

Q:BAMC01

T:

Has anyone in your household ever delayed or not gotten care because they could not find or did not know a doctor or other health care provider who accepts Medicaid/ Dr. Dynasaur?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BAMC01

Q: BAMC01a

T:

What type of care did PERSON delay or not get?

PROMPT: Was there any other type of care?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
 - 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
 - 12 EMERGENCY ROOM CARE
 - 13 HOSPITAL CARE/HOSPITAL STAY
 - 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
 - 15 MEDICAL CARE FOR AN INJURY OR POISONING
 - 16 MENTAL HEALTH CARE OR COUNSELING
 - 17 OUTPATIENT CARE (DAY SURGERY)
 - 18 PRESCRIPTION MEDICINES
 - 19 REHABILITATION SERVICES
 - 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
 - 21 SERIOUS MEDICAL CONDITION (SPECIFY)
 - 22 SURGERY
 - 35 SUBSTANCE ABUSE TREATMENT OR COUNSELING
-
- 95 OTHER (SPECIFY)
 - 97 NOTHING
 - 98 DK
 - 99 REF

ASK IF ANY PERSON IN HOUSEHOLD COVERED BY PRIVATE HEALTH INSURANCE

Q:BAMC04

T:

Has anyone in your household ever delayed or not gotten PHYSICAL OR MENTAL health care because they could not find or did not know a doctor or other health care provider who accepts PRIVATE health insurance

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BAMC04

Q: BAMC04a

T:

What type of care did PERSON delay or not get?

PROMPT: Was there any other type of care?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (SPECIFY)
- 22 SURGERY
- 35 SUBSTANCE ABUSE TREATMENT OR COUNSELING

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

ASK OF ALL

Q:BAMC05

T:

During the past 12 months, did anyone in your household ever delayed or not get PHYSICAL OR MENTAL health care because changes in their health insurance plan resulted in their doctor no longer accepting their health insurance?

IF YES: Who is that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE IN HH

98 DK

99 REF

ASK IF YES TO BAMC05

Q: BAMC05a

T:

What type of care did PERSON not get?

PROMPT: Was there any other type of care?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (SPECIFY)
- 22 SURGERY
- 35 SUBSTANCE ABUSE TREATMENT OR COUNSELING

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

XVIII. General Health Status and Chronic Conditions

Q:HSTAT01 – SECTION INTRODUCTION

T:

Now, I'd like to ask several questions about the health of each member of your family.

Q:HSTAT02

T:

Would you say PERSON's health, in general, is...

[INTERVIEWER: READ LIST]

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair, or
- 5 Poor

- 8 DK
- 9 REF

Q:MAWD

T:

Is PERSON LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

XVIII. Employment

Q:EMP01

T:

We are almost done with the survey. This next series of questions is about jobs and employment.

PROMPT: Answers to these questions are important because they help us understand about health issues and sources of health insurance. Also, I want to emphasize that the information you provide will be kept confidential and will only be used in combined form.

ASK OF THOSE 18 AND OLDER

Q:EMP02

T:

Is PERSON currently...
(READ AND SELECT ALL MENTIONED)

- 10 Self-employed
- 11 Employed by the military
- 12 Employed by someone else
- 13 An unpaid worker for a family business or firm
- 14 Unemployed and looking for work, or
- 95 Something else? (SPECIFY)

- 15 NOT EMPLOYED AND NOT LOOKING FOR WORK OUTSIDE THE HOME
- 16 RETIRED
- 17 UNABLE TO WORK DUE TO A DISABILITY
- 21 STAY AT HOME CAREGIVER
- 22 GOING TO SCHOOL
- 98 DK
- 99 REF

*ASK OF THOSE 18 AND OLDER AND GOING TO SCHOOL, KEEPING HOUSE,
RETIRED, OTHER, DK, OR REF TO EMP02*

Q:EMP03

T:

Do/Does PERSON typically work for pay?

1 YES

2 NO

8 DK

9 REF

*ASK OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT WORK,
OR DOING SOMETHING FOR PAY*

Q:EMP05

T:

For the job PERSON works the most hours, what is the total number of hours PERSON usually works per week?

1-96 ENTER NUMBER

97 97 OR MORE HOURS

98 DK

99 REF

ASK OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT

*ASK OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT WORK,
OR DOING SOMETHING FOR PAY*

Q:EMP06

T:

On this job, is PERSON employed by a private company or business, a government agency, in active military duty, self-employed, working in a family business or farm, or something else?

INTERVIEWER: CODE NOT-FOR-PROFIT/FOUNDATION AS PRIVATE COMPANY.

IF EMPLOYED BY A SCHOOL COLLEGE OR UNIVERSITY, CLARIFY WHETHER THIS IS A STATE OR PRIVATE COLLEGE OR UNIVERSITY OR A PRIVATE OR PUBLIC SCHOOL

- 10 PRIVATE COMPANY
- 11 GOVERNMENT AGENCY
- 12 MILITARY DUTY
- 13 SELF-EMPLOYED
- 14 FAMILY-BUSINESS OR FARM (NOT SELF-EMPLOYED)
- 15 PUBLIC EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
- 16 PRIVATE EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
- 95 OTHER (SPECIFY)

- 98 DK
- 99 REF

ASK OF THOSE EMPLOYED BY A PRIVATE COMPANY

Q:EMP07

T:

Thinking about the employer PERSON works for, which industry most closely describes the employer's main business?

(READ RESPONSES AS NEEDED)

- 10 AGRICULTURE, FARMING, FORESTRY AND FISHING
- 11 CONSTRUCTION
- 12 EDUCATION
- 13 HEALTH CARE
- 14 LEISURE AND HOSPITALITY
- 15 MINING AND MANUFACTURING
- 16 SERVICE INCLUDING PROFESSIONAL AND RELATED SERVICES
- 17 RETAIL AND WHOLESALE TRADES/SALES
- 95 SOMETHING ELSE? (SPECIFY)
- 98 DK
- 99 REF

ASK OF THOSE EMPLOYED BY A GOVERNMENT AGENCY OR PUBLIC SCHOOL

Q:EMP08

T:

Does PERSON work for the federal government, state government, a local government such as a county or city, a local public school, or a state college or university?

- 10 FEDERAL GOVERNMENT
- 11 STATE GOVERNMENT
- 12 LOCAL GOVERNMENT
- 13 LOCAL PUBLIC SCHOOL
- 14 PUBLIC COLLEGE OR UNIVERSITY
- 14 OTHER PUBLIC EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK IF EMPLOYED BY A PRIVATE COMPANY

Q:EMP08a

T:

Is PERSON's company headquartered in Vermont or outside the state?

- 1 IN VERMONT
- 2 OUTSIDE THE STATE

- 8 DK
- 9 REF

Q:EMP09

T:

About how many people are employed by this employer, at all locations?

IF SELF EMPLOYED OR FAMILY BUSINESS OR FARM

About how many people are employed by your/his/her business or farm?

[INTERVIEWER: READ IF NECESSARY]

- 19 1 person
- 10 2-4
- 11 5-9
- 12 10-24
- 13 25-49
- 14 50-99
- 15 100-199
- 16 200-499
- 17 500-999
- 18 1,000 & over
- 98 DK
- 99 REF

XIX. Employer Sponsored Insurance

ASK OF EMPLOYED THAT ARE NOT POLICY HOLDER OR EMPLOYER PLAN, IN THE MILITARY OR SOLE PROPRIETORSHIP

Q:EMP12

T:

READ FIRST TIME:

Next, I am going to ask a few questions about health insurance that may be offered by employers.

Does the place where PERSON works at offer health insurance as a benefit to any of its employees?

PROMPT: Does their main job offer health insurance?

1 YES

2 NO

8 DK

9 REF

Q:EMP15a1

Can dependents be covered under that health insurance?

PROMPT: This could include a spouse or any children

PROMPT: Even if PERSON does not have any dependents, we are still interested in whether a dependent could be covered through this insurance.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP13A-E

T:

Why was coverage not taken?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER (VERIFY!)
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP13FR

T:

Next, I am going to read some possible reasons why PERSON may not have coverage through their employer's or labor union's health insurance benefit or plan. For each let me know if this is a reason why PERSON did not enroll in their employer's health insurance plan.

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 10

INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13

Q: EMP13F

T:

PERSON has not worked for their employer long enough to qualify for health insurance benefits.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 11

INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK TO EMP13

Q: EMP13G

T:

PERSON works too few hours to qualify for health insurance benefits.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q: EMP13H

T:

The health insurance offered through PERSON's employer costs too much.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS TO EMP13

Q: EMP13i

T:

The health insurance offered through PERSON's employer does not meet PERSON's needs in terms of what type of health care is covered.

PROMPT: Is this a reason why PERSON does not have health insurance coverage through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

*ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED EMP13F1 –
EMP13F4*

Q: EMP15

T:

If PERSON had the option, how likely would PERSON be to enroll in their employer's health insurance plan?

(READ RESPONSES)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK:
WHY IS THIS?

- 1 Definitely
- 2 Very Likely,
- 3 Somewhat Likely, (SPECIFY)
- 4 Not Very Likely, or (SPECIFY)
- 5 Not at all Likely? (SPECIFY)
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15

Q: OEM15

T:

What is the reason PERSON is not likely to enroll in their employer's health insurance plan?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DON'T NEED HEALTH INSURANCE
- 15 INSURANCE OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 CHILDREN COVERED FOR LESS THROUGH THE STATE
- 17 TEMPS, SEASONAL WORKERS NOT ELIGIBLE
- 18 TEMPORARILY NOT AT WORK - COVERAGE NOT IN EFFECT
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 INSURANCE THROUGH SPOUSE - SPOUSE HAS BETTER PLAN
- 22 INSURANCE THROUGH SPOUSE - BOTH WORK AT SAME COMPANY
- 23 INSURANCE THROUGH SPOUSE - SPOUSE HAS LESS EXPENSIVE PLAN
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 26 ON DISABILITY
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER
- 29 WAITING FOR COVERAGE, NOT SURE HOW TO ENROLL
- 30 LOST JOB
- 31 CATASTROPHIC COVERAGE ONLY
- 32 QUIT JOB
- 33 HAS OTHER COVERAGE
- 34 WOULD HAVE TO ASSESS COSTS FIRST
- 35 WOULD NOT QUALIFY FOR VHAP
- 36 DOMESTIC PARTNER COVERAGE NOT OFFERED
- 37 HEALTH INSURANCE IS NEEDED
- 38 MEDICAID, VHAP, DR DYNASAUR IS BETTER COVERAGE FOR COST
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE, CHILDREN
- 95 OTHER
- 97 NO REASON
- 98 DK
- 99 REF

XX. Family Income

QUESTIONS WILL BE ASKED FOR EACH IDENTIFIED FAMILY UNIT

Q:INC01 – INTRODUCTION TO SECTION

T:

The next questions are about income that your FAMILY received during 2017. This includes money from all sources including wages, cash from government programs, alimony and child support. This is before taxes and other deductions.

This information helps explain whether people can afford the health insurance and health care they need. Your information is strictly confidential and will be kept private.

INTS: IF THEY ASK WHY PEOPLE ARE CLASSIFIED AS SEPARATE FAMILIES:

The government considers the people included in a family unit based upon their age, marital status, whether they have children, and whether they are a full time student.

Q:INC02

T:

During the entire year of 2017, what was the total income for THIS FAMILY before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, and so on

PROBE FOR MILD RESISTANCE: Answers to questions on earnings are important 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 summary reports.

PROBE FOR DK OR HESITATION: If you don't know exactly, your best estimate would be fine.

VERIFY IF <\$5,000 OR >\$500,000. CODE 999997 IF RESPONSE IS \$1 MILLION OR MORE.

0	NONE
10	\$10 OR LESS
11 TO \$999,998	ENTER DOLLAR AMOUNT
999,999	\$1 MILLION OR MORE
8	DK
9	REF

ONLY ASK THOSE WHO DON'T KNOW OR REFUSED THE PREVIOUS QUESTION
Q:INC03 (Q84)

T:

It is important to understand incomes so we can better understand insurance coverage and concerns about insurance.

Which of the following income ranges is closest to their family's 2013 total income from all sources?

[INTERVIEWER: PROBE: YOUR BEST ESTIMATE WOULD BE FINE]

- 10 Under \$10,000
- 12 \$10,000 to less than \$20,000
- 13 \$20,000 to less than \$25,000
- 14 \$25,000 to less than \$30,000
- 15 \$30,000 to less than \$35,000
- 16 \$35,000 to less than \$40,000
- 17 \$40,000 to less than \$50,000
- 18 \$50,000 to less than \$60,000
- 19 \$60,000 to less than \$80,000
- 20 \$80,000 to less than \$100,000
- 21 Over \$100,000

- 98 DK
- 99 REF

XXI. Survey Close

Q:THNX

T:

That is the conclusion of this interview for your family.

If you would like more information about state health insurance programs for the uninsured, you can visit the Green Mountain Care website at www.greenmountaincare.org or reach them by telephone at 1-800-250-8427

Thanks again and good-bye.