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2021 Oregon Health Insurance Survey Long Version

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Oregon Health Authority

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Notes Regarding the 2021 Oregon Health Insurance Survey Documentation

This document provides the questions and response categories for the questions asked during the 2021 Oregon Health Insurance Survey. This is the long version of the survey instrument. A short version which includes only the question text is provided in a separate document.

Questions are generally asked about all household members. In cases where the question is asked of a sub-set of respondents, the group asked the question is noted above the question *in bold italics*.

Response categories presented in sentence case are read to respondents when the question is asked. Response categories in ALL CAPS are not read.

All questions include the response categories DK (don't know) and REF (refuse). The category DK is used when the respondent is unsure or answers they do not know. The Category REF is used when the respondent has chosen not to answer the question.

I. Survey Lead In Statement, Introduction, Respondent Selection

Interviewer Persuader Statement

We are doing this study on behalf of the Oregon Health Authority to inform decisions about health insurance in Oregon. 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 25 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 and will not be combined with other information that could identify you in any way

If you would like to find out more about our study or if you would like to opt out of future calls, you can visit OregonHealthSurvey.com.

Lead In Statement

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

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

- 11 YES, THIS IS A RESIDENCE
- 15 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 HOUSEHOLD REFUSAL
- 89 WANT MORE INFORMATION ABOUT STUDY

Information Screen for Interviewers

GENERAL RELUCTANCE: Your participation in this study is very important. We are doing this study on behalf of the Oregon Health Authority to inform decisions about health insurance in Oregon. That's why it is so important to hear from your household.

STUDY LENGTH

The study will take about 25 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 visit OregonHealthSurvey.com.

RES1

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?
- 5 DO NOT LIVE IN OREGON
- 8 DK
- 9 REFUSED

RES2

Is your primary residence located in Oregon?

- 1 YES
- 2 NO (THANK AND TERM)

- 8 DK (THANK AND TERM)
- 9 REF (THANK AND TERM)

PHONE1

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

Ask if reached on a cell phone...
PHONE3

Are you 18 years of age or older?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Ask if reached on a cell phone...
PHONE2

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 4

Thank you and goodbye.

- 1 NO - RESPONDENT IS OK TO DO SURVEY NOW
- 2 YES - (R GIVES SPECIFIC TIME)
- 3 YES - (R DOES NOT GIVE SPECIFIC TIME)
- 4 CALL BACK AT A DIFFERENT NUMBER

- 8 DK
- 9 REF

PHONE4

What is the new number I should try?

IF NO NEW NUMBER <ESC> BACK TO PRIOR SCREEN AND ENTER APPROPRIATE RESPONSE

ENTER TELEPHONE NUMBER INCLUDING AREA CODE:

INTS: IF YOU GET A NAME ENTER THIS IN THE MESSAGE FIELD IF YOU SCHEDULE A CALLBACK

SEL1

I'd like to talk with the adult in the household who knows the most about the health insurance coverage and health care of the people living there.
Is that you?

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

- 8 DK
- 9 REF - WILL GO TO PERSUADER!

RPH

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

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 minutes depending on answers.

- 1 YES
- 5 NO, NOT A GOOD TIME (SCHEDULE CALLBACK)
- 7 WANT MORE INFORMATION ABOUT STUDY

- 9 REF

Statement of Consent

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 and will not be combined with other information that could identify you in any way.

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

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

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

Persuader Statement for Initial Refusals

Your participation in this study is very important. We are doing this study on behalf of the Oregon Health Authority to inform decisions about health insurance in Oregon. That's why it is so important to hear from your household.

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

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 Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102.

- 1 AGREES TO COOPERATE
- 2 NOT A GOOD TIME, CALL BACK
- 3 SOFT REFUSAL (RESPONDENT)
- 4 HARD REFUSAL (RESPONDENT)

Answering Machine Script

ANMACH

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

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

If you would like to find out more about our study or if you would like to opt out of future calls, you can visit OregonHealthSurvey.com.

Thank you and goodbye.

INTS CODING FOR ANSWERING MACHINES

- 1 IDENTIFIED RESIDENTIAL ANSWERING MACHINE
- 2 UNKNOWN IF RESIDENTIAL ANSWERING MACHINE

II. Household Level Information

Q00

First we need to know a little about your household.

PROMPT IF RELUCTANT:

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

Thank you for your patience.

HHQ01

What county do you live in?

- | | |
|---------------|--------------------|
| 10 BAKER | 29 LANE |
| 11 BENTON | 30 LINCOLN |
| 12 CLACKAMAS | 31 LINN |
| 13 CLATSOP | 32 MALHEUR |
| 14 COLUMBIA | 33 MARION |
| 15 COOS | 34 MORROW |
| 16 CROOK | 35 MULTNOMAH |
| 17 CURRY | 36 POLK |
| 18 DESCHUTES | 37 SHERMAN |
| 19 DOUGLAS | 38 TILLAMOOK |
| 20 GILLIAM | 39 UMATILLA |
| 21 GRANT | 40 UNION |
| 22 HARNEY | 41 WALLOWA |
| 23 HOOD RIVER | 42 WASCO |
| 24 JACKSON | 43 WASHINGTON |
| 25 JEFFERSON | 44 WHEELER |
| 26 JOSEPHINE | 45 YAMHILL |
| 27 KLAMATH | 97 OTHER (SPECIFY) |
| 28 LAKE | 98 DK |
| | 99 REF |

HH02

What is your zip code?

INTS: IF ZIP CODE DOES NOT BEGIN WITH 97:
ENTER 99998

ENTER ALL 5 DIGITS OF ZIP CODE

97998 DK
97999 REF

HHQ03

Is your residence...
(READ RESPONSES)

1 Owned by or being bought by you or someone in your household
2 Rented for money
3 Occupied without payment of rent
7 OTHER (SPECIFY)

8 DK
9 REF

HH04

If Landline: Do you or any other member of the household have a cell phone?

If Cell Phone: Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

1 YES
2 NO

8 DK
9 REF

Identification of Household Members for Survey Questions

HHCOMP

How many people currently live or stay at your household?

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?

- 0 NO ONE
- 1 - 8 ENTER NUMBER
- 9 9 OR MORE

- 98 DK
- 99 REF
- 11 GROUP QUARTERS, INSTITUTE (TERMINATE)

If Respondent is hesitant, READ THE FOLLOWING CAREFULLY

We need this information to ensure all people living in Oregon 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 Oregon households.

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

HHCMP1

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.

III. Person Level Demographics

DEM01

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

GEND

What sex was PERSON assigned at birth?

10 MALE
11 FEMALE

98 DK
99 REF

TGEND

What is PERSON's gender identity?
(READ RESPONSES)

- 1 Male
- 2 Female
- 3 Transgender female-to-male
- 4 Transgender male-to-female
- 5 Genderqueer

- 7 Something else? (SPECIFY)
- 8 DK
- 9 REF

IF ASKED ABOUT DEFINITION OF TRANSGENDER: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation - straight, gay, lesbian, or bisexual.

IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

AGE1

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...
AGE2**

Can you tell the approximate age? Is it...

PROMPT: Please be assured that this information is confidential.

[INTERVIEWER: READ LIST]

IF STILL DK ASK: Is this a child or an adult?

IF ADULT: ENTER 35

IF CHILD: ENTER 9

INTS: YOU WILL GO BACK TO AGE1 AND ENTER THE VALUE LISTED

- 3 0 - 5 years old (ENTER 3)
- 9 6 - 13 years old (ENTER 9 - CHILD)
- 15 14 - 18 years old (ENTER 15)
- 21 19 - 23 years old (ENTER 21)
- 26 24 - 29 years old (ENTER 26)
- 35 30 - 44 years old (ENTER 35)
- 45 45 - 64 years old (ENTER 50 - ADULT)
- 65 65 - 84 years old (ENTER 70)
- 85 85 years or older (ENTER 85)
- 98 DK
- 99 REF

Ask of those 16 and older...
MAR

Is PERSON currently...
(READ RESPONSES)

- 1 Married
- 6 Living with a partner
- 2 Widowed
- 3 Separated
- 4 Divorced, or
- 5 Never been married

- 8 DK
- 9 REF

Ask of those 18 and older...
EDU

What is the highest level of school PERSON has completed or the highest degree PERSON has received?

READ ONLY IF NECESSARY:

- 10 LESS THAN HIGH SCHOOL
- 11 HIGH SCHOOL/GED
- 12 SOME COLLEGE/JUNIOR COLLEGE/2 YEAR DEGREE
- 13 ASSOCIATES DEGREE/TECHNICAL DEGREE
- 14 BACHELOR'S DEGREE (FOUR YEAR COLLEGE)
- 15 GRADUATE DEGREE (MASTER/MA,MS)
- 16 GRADUATE DEGREE (PHD/MD/JD)

- 98 DK
- 99 REF

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
- 4 Mixteco or Mayan
- 5 Another Hispanic, Latino, or Spanish origin
- 6 HISPANIC/LATINO NO OTHER DETAIL
- 7 NOT HISPANIC OR LATINO
- 8 DK
- 9 REF

RACE

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

- 10 White
- 11 Black or African American
- 12 Asian
- 13 Pacific Islander
- 14 American Indian or Alaska Native
- 15 Middle Eastern or North African,
- 95 Some Other Race (SPECIFY)

- 98 DK
- 99 REF

**Ask of those answering “Asian” to RACE...
RACE2**

Is that...
(READ RESPONSES)

- 10 Asian Indian
- 11 Chinese
- 12 Filipino
- 13 Hmong
- 14 Japanese
- 15 Korean
- 16 Laotian
- 17 South Asian
- 18 Vietnamese
- 19 Other Asian

- 98 DK
- 99 REF

**Ask of those answering “Pacific Islander” to RACE...
RACE3**

Is that...

- 1 Guamanian or Chamorro
- 2 Micronesian
- 3 Native Hawaiian
- 4 Samoan
- 5 Tongan
- 6 Other Pacific Islander
- 8 DK
- 9 REF

**Ask of those answering “American Indian or Alaska Native” to RACE...
RACE4**

Is that...
(READ RESPONSES)

- 1 Alaska Native
- 2 American Indian
- 3 Canadian Inuit, Metis, or First Nation
- 4 Central American,
- 5 Indigenous Mexican,
- 6 South American
- 7 Other American Indian or Alaska Native
- 8 DK
- 9 REF

**Ask of those answering “Black or African American” to RACE...
RACE5**

Is that...
(READ RESPONSES)

- 1 African; American African
- 2 Caribbean
- 3 Other Black
- 8 DK
- 9 REF

**Ask of those answering “Middle Eastern or North African” to RACE...
RACE6**

Is that...
(READ RESPONSES)

- 1 Middle Eastern
- 2 Northern African
- 3 Other Middle Eastern or North African
- 8 DK
- 9 REF

**Ask of those answering “White” to RACE...
RACE7**

Is that...
(READ RESPONSES)

- 1 Eastern European
- 2 Western European
- 3 Slavic
- 4 Some other White

- 8 DK
- 9 REF

**Ask if more than one race selected in RACE...
RACE1**

Which one of these groups would you say best represents PERSON's race?

- 10 White
- 11 Black or African American
- 12 Asian
- 13 Native Hawaiian or Other Pacific Islander
- 14 American Indian, Alaska Native
- 15 Middle Eastern or North African,
- 95 Some Other Race

- 98 DK
- 99 REF

**Ask of those 18 and older...
E14**

Is PERSON a veteran of the United States military?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

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...

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

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

D7

In what country was PERSON born?

- 10 MEXICO
- 11 CHINA
- 12 CANADA
- 13 GERMANY
- 14 VIETNAM
- 15 UNITED KINGDOM
- 16 JAPAN
- 17 KOREA
- 18 PHILIPPINES
- 19 INDIA

- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

D8

Does PERSON speak a language other than English at home?

1 YES

2 NO

8 DK

9 REF

Ask of those who speak a language other than English at home...

D8a

What is this language?

IF MORE THAN ONE: We'd like to know the primary language, other than English, spoken most often at home.

10 SPANISH

11 CHINESE

12 VIETNAMESE

13 GERMAN

14 RUSSIAN

15 JAPANESE

16 FRENCH

17 KOREAN

18 TAGALOG

19 SIGN LANGUAGE

95 OTHER (SPECIFY)

98 DK

99 REF

IV. Family Unit Formation

Ask of all but the person identified as head of household...

FAM1

What is PERSON's relationship to HEAD OF HOUSEHOLD?

- 11 Husband (spouse)
- 12 Wife (spouse)
- 13 Domestic partner
- 14 Child, Son or Daughter
- 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, or renter
- 99 DK/REF

Ask of anyone indicated as married, but not married to the head of household...

FAM2

Is 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?

- 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/CIVIL UNION
- 98 DK
- 99 REF

**Ask of anyone under 18 and not the children of the primary family of the household...
FAM3**

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...
FAM3a**

Who in the household is 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

Ask of those with more than one family unit...
UNITSCRN

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. Insurance Coverage

INS01

I am going to read you a list of different types of health insurance coverage.

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

IF NEEDED: It includes health insurance that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and The Oregon Health Plan that help pay medical bills.

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

The Oregon Health Plan (OHP) is the state's Medicaid program. It provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more. This includes the Healthy Kids program that provides coverage for children in low income families.

**Ask of each person in the household EXCEPT anyone excluded in UNITSCRN...
INS02**

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)

- 10 Private health insurance (THRU EMPLOYER OR COMPANY)
- 11 Medicare
- 12 The Oregon Health Plan (MEDICAID)
- 13 Healthy Kids (MEDICAID)
- 16 Military, Veterans, TRICARE, or CHAMPVA
- 95 Some other type of insurance? (SPECIFY)

- 21 INDIAN HEALTH SERVICES
- 14 MEDICAID
- 18 OR HEALTH INSURANCE MARKETPLACE, OREGONHEALTH CARE.GOV, EXCHANGE,
93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE/DISABILITY
- 97 NO INSURANCE COVERAGE
- 98 DK/REF

**Ask of all indicating no insurance, DK, or REF to ins02...
INS03**

Just to be sure I have this right, PERSON does not have health insurance coverage. Is this correct?

IF ONLY HAVE INDIAN HEALTH SERVICES THEN READ:
While covering health care expenses, Indian Health Services is not considered insurance so we do not consider this as insurance for the purposes of this survey.

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 the Oregon Health Plan 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...

INS03a

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...

INS02a

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 THE OREGON HEALTH PLAN/HEALTHY KIDS OR BY MEDICARE

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, STATE RETIREEE - 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

Ask of those indicating they receive insurance through healthcare.oregon.gov, OregonHealthcare.gov, the Marketplace, the health exchange, healthcare.gov, or Obamacare...

INS02b

Oregon Healthcare.gov is a resource that connects residents to affordable healthcare coverage. They also provide a way for residents to know whether they qualify for health insurance coverage through The Oregon Health Plan or through a private health insurance plan for which a monthly premium is paid.

Do you know if PERSON is enrolled in the Oregon Health Plan or is PERSON enrolled in a private health plan?

READ PROMPTS AS NEEDED:

The Oregon Health Plan (OHP) is the state's Medicaid program. It provides health care coverage for low-income Oregonians. It includes the Healthy Kids program that provides coverage for children in low income families.

The health plans available through the Oregon Health Insurance Marketplace ([Oregon Healthcare.gov](http://OregonHealthcare.gov)) 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 OREGON HEALTH PLAN OR HEALTHY KIDS
- 3 PERSON ENROLLED IN PRIVATE HEALTH INSURANCE PLAN
- 7 PERSON ENROLLED IN OTHER TYPE OF INSURANCE (GOTO INS02 AND REENTER)
- 8 UNSURE

Medicare Verification Questions

Ask of all 65 and older who did not indicate Medicare coverage

INS04

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

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.

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

- 8 DK
- 9 REF

Ask of all 65 and older and indicated covered by private insurance...
INS05

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

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

- 10 AARP
- 11 AETNA
- 12 CIGNA
- 13 EQUITABLE AND YOU
- 14 IAC
- 15 MANHATTAN LIFE INSURANCE
- 16 MODA
- 17 MUTUAL OF OMAHA
- 18 REGENCE BLUE CROSS BLUE SHIELD
- 19 TRANSAMERICA
- 20 UNITED AMERICAN INSURANCE
- 21 UNITED HEALTHCARE
- 96 MEDICARE ADVANTAGE PLAN
- 95 OTHER MEDICARE SUPPLEMENT (SPECIFY)
- 97 NO, THIS IS PRIVATE INSURANCE ONLY, NOT A SUPPLEMENT
- 98 DK/REF

NOTE: THOSE INDICATING PLAN IS SUPPLEMENT WILL BE ASKED PRIVATE INSURANCE QUESTIONS FROM INSP06 ON

Ask of those indicated covered by Medicare (though not dually covered by Medicaid and Medicare) and younger than 65...

INS06

Just to verify, is PERSON covered by national MEDICARE, or are they covered through the state's Oregon Health Plan or by both?

INTS: READ AS NEEDED: Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities.

The Oregon Health Plan (OHP) is the state's Medicaid program and in general is offered to people who are 64 or younger

The Oregon Health Plan provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more. This includes the Healthy Kids program that provides coverage for children in low income families.

- 1 YES COVERED BY MEDICARE ONLY
- 2 COVERED BY BOTH MEDICARE AND OHP (HEALTHY KIDS)
- 3 COVERED BY OHP ONLY (HEALTHY KIDS)

- 8 DK
- 9 REF

Medicaid Verification Questions

Ask of those indicated covered by Medicaid (though not dually covered by Medicaid and Medicare) and 65 and older

INS08

Just to verify, is PERSON covered by the Oregon Health Plan program or are they covered through the national MEDICARE program, or by both?

INTERVIEWERS READ AS NEEDED: Medicare is a national health insurance program for people 65 years and older and for certain people with disabilities.

The Oregon Health Plan (OHP) is the state's Medicaid program and in general is offered to people who are 64 or younger

The Oregon Health Plan provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

- 1 COVERED BY OHP ONLY
- 2 COVERED BY BOTH MEDICARE AND OHP
- 3 COVERED BY MEDICARE ONLY

- 8 DK
- 9 REF

Follow-up MEDICARE Question to determine if they have a supplement

Ask of those indicated covered by Medicare and 65 and not indicating private insurance coverage...

INS09

Does PERSON have a PRIVATE Medicare supplement such as those offered by AARP, United Health Care, or Regence Blue Cross Blue Shield, or other plans to help cover expenses not paid by Medicare or a Medicare Advantage Plan?

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

THEN ASK: Is this ONLY a plan under Medicare Part D which is used to pay ONLY for prescription drugs?

- 10 AARP
- 11 AETNA
- 12 CIGNA
- 13 EQUITABLE AND YOU
- 14 IAC
- 15 MANHATTAN LIFE INSURANCE
- 16 MODA
- 17 MUTUAL OF OMAHA
- 18 REGENCE BLUE CROSS BLUE SHIELD
- 19 TRANSAMERICA
- 21 UNITED HEALTHCARE
- 95 OTHER MEDICARE SUPPLEMENT (SPECIFY)
- 96 MEDICARE ADVANTAGE PLAN
- 76 PART D - MEDICARE PART D PRESCRIPTION DRUG PLAN
- 97 NO MEDICARE SUPPLEMENT
- 98 DK/REF

VI. Private Insurance

Ask of all indicated covered by private insurance and if more than one person is covered by private insurance.

INSP01

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 THE HH IS A POLICY HOLDER (ALWAYS ENTER LAST!)

97 NO ONE IN HH IS A POLICY HOLDER

98 DK

99 REF

Ask of all indicated as policy holders and if more than one person is covered by private insurance...

INSP02

Next, which members of the household are covered by each private health insurance plan.

Which members are 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

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

Ask of all indicated as covered by private insurance and not linked to a specific policy from insp02...

INSP02a

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

- 97 NONE
- 98 DK
- 99 REF

Ask of all indicated as policy holders...
INSP03

Is PERSON's PRIVATE HEALTH INSURANCE provided through Regence, Moda, United Healthcare, Providence, Kaiser, or some other company?
INS: ASK FOR A SPECIFIC INSURANCE COMPANY

- 44 AARP
- 41 AETNA
- 20 ATRIO HEALTH PLANS
- 21 BRIDGESPAN HEALTH
- 42 CIGNA
- 43 HUMANA
- 50 IAC
- 22 KAISER FOUNDATION HEALTHPLAN OF THE NW
- 46 LIFEWISE
- 23 MODA HEALTH PLAN
- 24 PACIFICSOURCE HEALTH PLANS
- 25 PROVIDENCE HEALTH PLAN
- 47 REGENCE
- 48 UNITED HEALTHCARE
- 95 OTHER PROVIDER (SPECIFY)
- 12 THE OREGON HEALTH PLAN, OHP, HEALTHY KIDS
- 18 OR HEALTH INSURANCE MARKETPLACE, OREGONHEALTHCARE.GOV, EXCHANGE, OBAMACARE
- 80 MEDICARE, MEDICARE SUPPLEMENT
- 94 SSI, WELFARE, DISABILITY, SOCIAL SERVICES, THE STATE
- 98 DK/REF

**Ask of those indicating coverage source is exchange based carrier to insp03...
INSP04a**

Was this health insurance coverage obtained through the Oregon health insurance marketplace, also known as OregonHealthcare.gov?

READ AS NEEDED

The Marketplace oversees the health insurance products sold to Oregonians. Residents can enroll through the OregonHealthCare.gov web-site, by telephone, walk-in center, or with the help of an insurance agent or community partner.

The health plans available through the Marketplace are commercial health plans sold by insurance companies, like Kaiser, Providence, and others. They 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 is the Oregon Health Insurance Marketplace, the Exchange, or Obamacare to INSP03...
INSP04b**

Please think about the insurance PERSON purchased through the Oregon Health Insurance Marketplace.

(READ RESPONSES AS NEEDED)

- 1 ATRIO HEALTH PLANS
- 2 BRIDGESPAN HEALTH
- 3 KAISER FOUNDATION HEALTHPLAN OF THE NW
- 4 MODA HEALTH PLAN
- 5 PACIFICSOURCE HEALTH PLANS
- 6 PROVIDENCE HEALTH PLAN

- 8 DK
- 9 REF

Ask of all indicated as policy holders...
INSP06

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

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

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

- 1 PERSON's work, a union, association, or trust
- 2 Someone else's work, 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

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

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

- 12 COBRA or state continuation,
- 13 A retirement plan,
- 14 A school, college, or university, or
- 15 Was the plan purchased directly or the premium paid out of pocket?

- 95 OTHER (SPECIFY)
- 90 OR HEALTH INSURANCE MARKETPLACE, OREGONHEALTHCARE.GOV, EXCHANGE, OBAMACARE
- 91 THE OREGON HEALTH PLAN, OHP, HEALTHY KIDS
- 93 THROUGH THE STATE (BUT NOT AS A STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE/DISABILITY
- 98 DK
- 99 REF

Ask of those with a plan through the Marketplace...
insp09a

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

Ask of all those indicated as policy holders...
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 those indicated as policy holders...
INSP20

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

AS NEEDED: If you let me know the amount taken out of each paycheck and how often you/this person get(s) paid then I can calculate the amount.

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.

PROMPT: INTS VERIFY THAT THIS IS THE MONTHLY PAYMENT AND NOT THE AMOUNT TAKEN OUT OF EACH PAYCHECK - IF IT IS THE AMOUNT TAKEN OUT OF EACH PAYCHECK YOU WILL NEED TO ASK HOW OFTEN THEY ARE PAID AND THEN CALCULATE PAID WEEKLY MULTIPLY BY 4 / EVERY 2 WEEKS MULTIPLY BY 2

0 - 9996 ENTER NUMBER OF DOLLARS
9997 \$9997 OR MORE
9998 DK, UNSURE OF MONTHLY AMOUNT
9999 REF

Ask of all those indicated as policy holders...
INSP25

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 if policy only covers one individual...
E12

Can dependents be covered under PERSON's health insurance?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Ask of all indicated as policy holders...
INSP15

Compared to last year, have there been changes in the PERSON's health insurance carrier or health insurance company?

IF YES: What carrier did PERSON previously use?

INS: ASK FOR A SPECIFIC INSURANCE COMPANY

- 44 AARP
- 41 AETNA
- 20 ATRIO HEALTH PLANS
- 21 BRIDGESPAN HEALTH
- 42 CIGNA
- 43 HUMANA
- 50 IAC
- 22 KAISER FOUNDATION HEALTHPLAN OF THE NW
- 46 LIFEWISE
- 23 MODA HEALTH PLAN
- 24 PACIFICSOURCE HEALTH PLANS
- 25 PROVIDENCE HEALTH PLAN
- 47 REGENCE
- 48 UNITED HEALTHCARE
- 95 OTHER PROVIDER (SPECIFY)
- 12 THE OREGON HEALTH PLAN, OHP, HEALTHY KIDS
- 18 OR HEALTH INSURANCE MARKETPLACE, OREGONHEALTH CARE.GOV, EXCHANGE, OBAMACARE
- 80 MEDICARE, MEDICARE SUPPLEMENT
- 94 SSI, WELFARE, DISABILITY, SOCIAL SERVICES, THE STATE
- 96 NO CHANGE, NO OTHER CARRIER
- 98 DK/REF

Ask of all indicated as policy holders...
PSAT05

Compared to last year have there been changes in the coverage provided by PERSON's health insurance that limited which health care they could access?

IF YES: What types of limits?

- 1 YES (SPECIFY)
- 2 NO

- 8 DK
- 9 REF

Ask if private insurance was through the state or OHP. Ask for each person listed under policy...
INSP05

Earlier you stated that PERSON's insurance was provided through a state sponsored health insurance program such as the Oregon Health Plan.

Just to check again, is PERSON covered by...
(READ RESPONSES)

- 12 The Oregon Health Plan (MEDICAID)
- 13 Healthy Kids (CHIP)
- 10 Private Insurance
- 16 Military, Veterans, or TRICARE, or
- 95 Some other type of insurance? (SPECIFY)

- 11 MEDICARE
- 16 MILITARY, VETERANS, OR TRICARE (FORMALLY KNOWN AS CHAMPUS)
- 93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE/DISABILITY
- 98 DK
- 99 REF

VII. Private Insurance Follow Up Questions

Ask if person has private insurance AND is aged 18 to 26...

INSP40

Does PERSON currently have private health insurance for medical bill coverage through a parent's health insurance?

PROMPT: Children up to age 26 can still be covered by their parents private health insurance regardless of whether the child still lives with their parents.

1 YES

2 NO

8 DK

9 REF

Ask if person is between the ages of 18 and 26 and INSP40 = NO...

INSP41

Does PERSON's PARENTS have private health insurance that allows coverage of children?

PROMPT: Children up to age 26 can still be covered by their parents private health insurance regardless of whether the child still lives with their parents.

1 YES

2 NO, POLICY DOES NOT COVER DEPENDENTS

3 PARENTS DO NOT HAVE PRIVATE INSURANCE

8 DK

9 REF

VIII. Insurance Follow Up

H4d

Was there a time in the past 12 months when anyone in the household looked for health insurance using the Oregon Health Insurance Marketplace or through OregonHealthcare.gov?

IF YES ASK: Who was that?

PROMPT: PERSON may have gone online, spoke to a representative on the phone or in person. Healthcare.Oregon.gov was created to help Oregonians learn about and apply for health care 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 IN HH LOOKED FOR INSURANCE THROUGH THE MARKETPLACE

98 DK

99 REF

IX. Follow Up Questions for Those Covered by OHP

FILTER CATEGORIES THAT ARE SHOWN BASED ON THEIR COUNT OF RESIDENCE MCSAT01

READ FISRT TIME:

When PERSON enrolled in OHP they most likely had to choose a Coordinated Care Organization (CCO) for medical, dental and mental health care.

In which CCO is PERSON enrolled?

- 10 ALL CARE CCO INC
- 11 CASCADE HEALTH ALLIANCE LLC
- 12 COLUMBIA-PACIFIC CCO
- 13 EASTERN OREGON CCO
- 14 FAMILYCARE, INC
- 15 HEALTH SHARE OF OREGON
- 16 INTERCOMMUNITY HEALTH NETWORK CCO
- 17 JACKSON CARE CONNECT
- 18 PACIFIC SOURCE COMMUNITY SOLUTIONS CCO
- 19 PRIMARY HEALTH OF JOSEPHINE COUNTY
- 20 TRILLIUM COMMUNITY HEALTH PLAN
- 21 UMPQUA HEALTH ALLIANCE
- 22 WESTERN OREGON ADVANCED HEALTH, LLC
- 23 WILLAMETTE VALLEY COMMUNITY HEALTH, LLC
- 24 YAMHILL COMMUNITY CARE
- 90 OPEN-CARD, NO CCO
- 95 OTHER (SPECIFY)
- 97 NONE OF THESE
- 98 DK/REF

X. Follow Up Questions for the Uninsured

INSU01

These next questions ask about those without health insurance.

How long has it been since PERSON had any health insurance?

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
- 98 DK
- 99 REF

INSU03

Can you please tell me the main reason that PERSON does not have health insurance coverage?

PROMPT: Was there any other reason?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS
- 11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 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 THEMSELF 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 OHP, MEDICAID
- 23 LOST OHP, MEDICAID COVERAGE (OTHER REASONS)
- 24 DON'T NEED INSURANCE
- 95 OTHER (SPECIFY)
- 97 NONE
- 98 DK/REF

INSU03a1

Was this job lost a result of the COVID-19 pandemic?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

INSU03a2

Was this reduction in hours a result of the COVID-19 pandemic?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

INSU03X

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

Ask if uninsured AND did not indicate “person with health insurance lost job” in INSU03...
INSU03A

You or another member of the family lost their job.

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

IF YES ASK: Was this job lost a result of the COVID-19 pandemic?

- 1 YES, AND RELATED TO COVID-19
- 2 YES, AND NOT RELATED TO COVID-19
- 3 NO

- 8 DK
- 9 REF

Ask if uninsured AND did not indicate “employer cut person back to part time/temporary status” in INSU03...

INSU03B

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?

IF YES ASK: Was this reduction in hours a result of the COVID-19 pandemic?

- 1 YES, AND RELATED TO COVID-19
- 2 YES, AND NOT RELATED TO COVID-19
- 3 NO

- 8 DK
- 9 REF

**Ask if uninsured AND did not indicate “employer stopped offering coverage” in INSU03...
INSU03C**

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

INSU03D

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

INSU03E

PERSON lost their coverage through or became ineligible for the Oregon Health Plan or Medicaid.

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

- 1 YES
- 2 NO

- 8 DK
- 9 REF

INSU03F

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 of all uninsured unless indicated "never had insurance" in INSU01... **INSU05**

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

- 10 INSURANCE THROUGH PERSON'S WORK, UNION, ASSOCIATION, OR TRUST
- 11 INSURANCE THROUGH SOMEONE ELSE'S WORK, UNION, ASSOCIATION, OR TRUST
- 12 INSURANCE THROUGH COBRA OR STATE CONTINUATION
- 19 INSURANCE THROUGH A STUDENT HEALTH INSURANCE PROGRAM
- 20 INSURANCE BOUGHT DIRECTLY BY PERSON
- 21 INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
- 15 OREGON HEALTH PLAN (OHP)
- 16 HEALTHY KIDS
- 13 MEDICARE
- 14 MILITARY, VETERANS, TRICARE (FORMALLY KNOWN AS CHAMPUS)
- 17 INDIAN HEALTH SERVICES (IHS)
- 18 RAILROAD RETIREMENT FUND
- 22 WORKERS' COMPENSATION FOR SPECIFIC INJURY/ILLNESS
- 23 EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY
- 24 FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS
- 90 OTHER NON-INSURANCE PAYMENT SOURCE (SPECIFY)
- 95 OTHER INSURANCE (SPECIFY)
- 98 DK
- 99 REF

MCDESC

As you may know, The Oregon Health Plan (OHP) is the state's Medicaid program and it pays for medical insurance for certain individuals and families with low incomes.

PROMPT: OHP provides health care coverage for low-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more. This includes the Healthy Kids program that provides coverage for children in low income families.

MCA04

What are the reasons that the uninsured members of the household have not enrolled in the Oregon Health Plan?

ENTER ALL MENTIONED BY RESPONDENT

PROBE FOR SPECIFICS AND DETAILS - Are there any other reasons?

- 12 NOT FAMILIAR WITH THE OHP
- 13 DON'T KNOW WHERE OR HOW TO APPLY
- 14 PROBABLY NOT ELIGIBLE DUE TO INCOME
- 24 PROBABLY NOT ELIGIBLE OTHER (SPECIFY WHY DO YOU FEEL THAT WAY?)
- 15 TOO MUCH TROUBLE/PAPERWORK
- 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
- 22 HAVE APPLIED, WAITING TO HEAR
- 23 HAVE APPLIED, APPLICATION WAS DENIED
- 21 COSTS TOO MUCH
- 90 NOT NEEDED, HAVE PRIVATE INSURANCE
- 91 NOT NEEDED, HAVE OTHER TYPE OF INSURANCE Medicare, Military
- 95 OTHER (SPECIFY)
- 97 NO REASON IN PARTICULAR
- 98 DK
- 99 REF

CHINS04

Next I would like to ask you about possible reasons why the uninsured residents in the household have not enrolled the Oregon Health Plan.

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

CHINS04a

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 for OHP.

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

- 8 DK
- 9 REF

CHINS04b

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 for OHP.

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

- 8 DK
- 9 REF

CHINS04c

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 for OHP.

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

- 8 DK
- 9 REF

CHINS04d

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 for OHP.

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

- 8 DK
- 9 REF

CHINS04g

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 for OHP.

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

- 8 DK
- 9 REF

CHINS04h

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 for OHP.

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

- 8 DK
- 9 REF

CHINS04i

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 for OHP.

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

- 8 DK
- 9 REF

INSU09

There are certain requirements based on age and income for eligibility to enroll The Oregon Health Plan.

If the uninsured members of your household were eligible to enroll in the Oregon Health Plan, how interested would they be?

Would you say...

(READ RESPONSES)

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

- 8 DK
- 9 REF

XI. Interruptions in Coverage

INSW01

Next, I'd like to ask you about any gaps in insurance coverage.

Has everyone in the household 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 INSURNACE

- 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...

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 if the individual was without coverage at any time during the last 12 months...

INSW03

Can you please tell me the main reason that PERSON did not have health insurance at that time?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

10 PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS

11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS

12 EMPLOYER STOPPED OFFERING COVERAGE

13 EMPLOYER DID 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 THEMSELF BACK TO PART TIME STATUS

18 COST WAS TOO HIGH, COST INCREASED, COST OF PREMIUM, COULD NOT AFFORD

19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE

20 NOT ELIGIBLE/NO LONGER QUALIFIED FOR OHP, MEDICAID

23 LOST OHP, MEDICAID COVERAGE (OTHER)

24 DID NOT NEED INSURANCE

95 OTHER (SPECIFY)

97 NONE

98 DK/REF

Ask if the individual was without coverage at any time during the last 12 months...

INSW03a

Did the COVID-19 pandemic lead to the interruption in PERSON's insurance?

1 YES

2 NO

8 DK

9 REF

Ask if the individual was without coverage at any time during the last 12 months...
INSW05

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

- 10 INSURANCE THROUGH PERSON'S WORK, UNION, ASSOCIATION, OR TRUST
- 11 INSURANCE THROUGH SOMEONE ELSE'S WORK, UNION, ASSOCIATION, OR TRUST
- 12 INSURANCE THROUGH COBRA OR STATE CONTINUATION
- 19 INSURANCE THROUGH A STUDENT HEALTH INSURANCE PROGRAM
- 20 INSURANCE BOUGHT DIRECTLY BY PERSON
- 21 INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
- 15 OREGON HEALTH PLAN (OHP)
- 16 HEALTHY KIDS
- 13 MEDICARE
- 14 MILITARY, VETERANS, TRICARE (FORMALLY KNOWN AS CHAMPUS)
- 17 INDIAN HEALTH SERVICES (IHS)
- 18 RAILROAD RETIREMENT FUND
- 22 WORKERS' COMPENSATION FOR SPECIFIC INJURY/ILLNESS
- 23 EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY
- 24 FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS
- 90 OTHER NON-INSURANCE PAYMENT SOURCE (SPECIFY)
- 95 OTHER INSURANCE (SPECIFY)
- 98 DK
- 99 REF

XII. Access to Care & Doctor Visits

DOCV00

Next, I would like to ask about visits to doctors' offices and medical care.

This includes visits to doctor's and other health care providers such as physician's assistants, nurse practitioners, or anyone else you might go to for medical care.

It also includes anytime that care was provided by telehealth services through your computer, laptop, tablet or cell phone.

This does not include things such as getting a flu shot through work or checking your blood pressure at a pharmacy.

PROMPT:

Telehealth allows health care professionals to evaluate, diagnose and treat patients using telecommunications technology between the patient and a provider at a distant site. This could be done using a telephone or a video call. Telehealth does not include emailing a doctor or nurse for advice, scheduling or changing an appointment or renewing a prescription.

DOCV01

How many times did PERSON see a doctor or health care provider in person or through telehealth services during the past 12 months?

PROMPT: Did PERSON see or speak with a doctor or health care provider about his/her health, NOT COUNTING when he may have stayed overnight in the hospital? Your best guess is fine.

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 Healthcare Provider visit in DOCV01...
DOCV02**

How many of those times were for strictly routine check-ups or preventive care, that is when PERSON was not sick?

PROMPT: Routine and preventive care includes any treatment not related to illness or injury and can include pre-natal care, vaccinations, physicals, check-ups, and follow-up visits.

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

**Ask of those with at least one Healthcare Provider visit in DOCV01...
DOCV02a**

How many of those times 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.

Please do not include care PERSON received when PERSON was hospitalized overnight or in hospital emergency rooms.

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

Ask of those without a routine care visit in the last 12 months...

A10

About how long has it been since PERSON last saw a doctor or other health care provider in person or through telehealth services for a routine checkup or preventative care?

(READ RESPONSES AS NEEDED)

PROMPT: Routine care includes any treatment not related to illness or injury and can include physicals, check-ups, and follow-up visits.

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 those indicating they have not visited a specialist in the last 12 months...

A11

About how long has it been since PERSON last saw a specialist in person or through telehealth services?

(READ RESPONSES AS NEEDED)

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

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

DOCV03

Is there ONE KIND of place that EVERYONE living in the household usually goes when they are sick or need medical attention?

If care is provided by telehealth please think of the type of place that is providing care.

PROMPT: 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, HOUSEHOLD MEMBERS GO TO DIFFERENT PLACES
- 3 HOUSEHOLD DOES NOT HAVE A USUAL SOURCE OF CARE
- 4 NO ONE GOES TO THE DOCTOR

- 8 DK
- 9 REF

Ask if everyone in the household goes to the same TYPE of place for healthcare...
DOCV04

What kind of place is this...
(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. This could be in person or by telehealth services.

- 10 A doctor's office or private clinic
- 11 A community health center or other public clinic
- 12 Hospital outpatient department
- 13 Emergency room
- 14 Walk-in or urgent care
- 95 Some other place? (specify)
- 20 VA CLINIC

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

Ask of households who indicate “a community health center or other public clinic” in DOCV04...

A2a

What kind of health center or clinic is it? Is it...
(READ RESPONSES)

- 10 A County public health department
- 11 A Community health center
- 12 A school-based health center
- 13 A family planning clinic
- 14 A Tribal Health Center
- 15 A Veteran's Affairs or military clinic or hospital
- 95 Something else? (SPECIFY)

- 98 DK
- 99 REF

**Ask of households that do not have a usual source of care...
A2b**

What is the main reason your household does not have a regular place for health care?

PROMPT: Are there any other reasons?

- 10 CAN'T AFFORD IT
- 11 DO NOT HAVE HEALTH INSURANCE
- 12 RARELY GET SICK
- 13 TRANSPORTATION DIFFICULTIES
- 14 LANGUAGE DIFFICULTIES
- 15 RECENTLY MOVED
- 16 RECENTLY CHANGED INSURANCE
- 95 OTHER (SPECIFY)

- 98 DK
- 99 REF

Ask if everyone in the household does NOT go to the same type of place for care...
DOCV07

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

If care is provided by telehealth please think of the type of place that is providing the care.

PROMPT: 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
- 2 NO, NO USUAL PLACE
- 3 YES, MORE THAN ONE USUAL PLACE
- 4 NEVER GO TO THE DOCTOR

- 8 DK
- 9 REF

Ask if individual goes to one place for medical attention...
DOCV08

What kind of place is this...

(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. This could be in person or by telehealth services.

- 10 A doctor's office or private clinic
- 11 A community health center or other public clinic
- 12 Hospital outpatient department
- 13 Emergency room
- 14 Walk-in or urgent care
- 95 Some other place? (specify)
- 20 VA CLINIC

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

**Ask if individual indicated “community health center or other public clinic” in DOCV08...
A2aa**

What kind of health center or clinic is it? Is it...
(READ RESPONSES)

- 10 A County public health department
- 11 A Community health center
- 12 A school-based health center
- 13 A family planning clinic
- 14 A Tribal Health Center
- 15 A Veteran's Affairs or military clinic or hospital
- 95 Something else? (SPECIFY)

- 98 DK
- 99 REF

**Ask if individual does not have a usual source of care...
A2ba**

What is the main reason PERSON does not have a regular place for health care?

PROMPT: Are there any other reasons?

- 10 CAN'T AFFORD IT
- 11 DO NOT HAVE HEALTH INSURANCE
- 12 RARELY GET SICK
- 13 TRANSPORTATION DIFFICULTIES
- 14 LANGUAGE DIFFICULTIES
- 15 RECENTLY MOVED
- 16 RECENTLY CHANGED INSURANCE
- 95 OTHER (SPECIFY)

- 98 DK
- 99 REF

NDOCV14

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...

A7

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

A14Ba

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

A14Bb

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

A14Bc

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

DOCV12

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

- 97 NO ONE IN HH SOUGHT ER CARE
- 98 DK
- 99 REF

Ask of each individual who sought ER care in DOCV12...

A8

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 of each individual who sought ER care in DOCV12...
NDOCV13**

READ FIRST TIME ONLY

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.

(READ RESPONSES AND SELECT ALL MENTIONED)

- 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

DOCV20

During the past 12 months, did anyone visit or receive telehealth services at a walk-in, urgent care, or ZOOM 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 VISTED UREGENT CARE
- 98 DK
- 99 REF

A9

In the past 12 months, was anyone in the household admitted to a hospital or a patient in a hospital for more than 24 hours, other than to have a baby?

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 STAYED OVERNIGHT IN HOSPITAL
- 98 DK
- 99 REF

DOCV17

During the past 12 months did anyone in the household receive mental health care or counseling?

PROMPT: Mental health and physical health are very closely connected. Mental health plays a major role in your ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect your ability to participate in healthy behaviors.

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

TELE02

In the past 12 months have you or anyone else in your family used health care by phone, computer or video? Please do not include any times you or others emailed a doctor or nurse for advice, scheduled or changing an appointment or renewed a prescription.

PROMPT: This may have been through an application such as ZOOM, GoTo Meeting, WebEx, GOOGLE Meet, or a specific APP used by your healthcare provider.

IF YES: Was this a video visit or a phone visit without video?

THEN ASK: What types of care did you or other family members receive through telehealth?

Telehealth allows health care professionals to use telecommunications technology to offer health care like check-up, therapy, testing, and other services to a patient who is in their own home or another location. This could be done using a telephone or a video call. Telehealth does not include emailing a doctor or nurse for advice, scheduling or changing an appointment or renewing a prescription. For these questions please limit your responses to real-time consultation between a patient and health care provider who are at different locations.

1 YES – Video visit (SPECIFY)

2 YES – Phone visit without video (SPECIFY)

3 NO

8 DK

9 REF

XIII. Prescription Medications

RXU01

These next questions are about prescription medications.

Does anyone take prescription drugs on a regular basis?

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 REGULARLY TAKES RX DRUGS

98 DK

99 REF

Ask of anyone indicated as taking prescription medications on a regular basis in RXU01...

RXU02

How many prescription medicines does PERSON take on a regular basis?

1-95 ENTER NUMBER

98 DK

99

XIV. Dental and Vision Insurance and Care

INSD01

These next questions ask about dental insurance and care.

Does anyone in the household have any kind of insurance coverage that pays for dental care?

PROMPT: This includes dental insurance, prepaid plans or government plans.

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 HAS DENTAL INSURANCE
- 98 DK
- 99 REF

INSD02

(READ FIRST TIME)

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

(THEN READ)

And what about PERSON?

PROMT: 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 for preventive care...

INSD05

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

PROMPT: Are there any other reasons?

- 30 COVID-19, DID NOT VISIT, APPOINTMENT CANCELED DUE TO
- 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

INSD03

(READ FIRST TIME)

About how long has it been since PERSON last received care to treat a specific dental problem or concern?

(THEN READ)

And what about PERSON?

PROMT: 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
- 8 DK
- 9 REF

XV. Healthcare Expenses and Barriers

EXP01

Over the last 12 months, about how much has your FAMILY 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.

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

EXP02

Dental and vision care.

PROMPT: Over the last 12 months, about how much has your FAMILY 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

EXP02a

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

EXP03

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 FAMILY 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

HC01

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:

HCB02

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

- 97 NO ONE
- 98 DK
- 99 REF

**Ask of those not getting medical care due to cost
HCB02a**

What type of care did PERSON delay or not get?

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

A14c

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

HCB04

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

- 97 NO ONE
- 98 DK
- 99 REF

HCB05

Any type of dental care?

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

HCB05a

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

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 IN HH
- 98 DK
- 99 REF

A14d

Specialist care?

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

**Ask of those not getting specialist care to cost
A14DA**

What type of care did PERSON delay or not get?

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

HCBO3

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

- 97 NO ONE
- 98 DK
- 99 REF

HCB05c

During the past 12 months, was there any time that anyone skipped doses or took smaller amounts of 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

- 97 NO ONE
- 98 DK
- 99 REF

A17

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

PROMPT: This would include doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills, or home care bills.

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
- 98 DK
- 99 REF

Ask of each person for which there were problems paying medical bills

A17A

What type of medical services led to the medical bills for PERSON?

(READ RESPONSES)

10 CARE FOR A DENTAL CONCERN (FILLING, CROWN, ORAL SURGERY, EMERGENCY DENTAL)

11 PREVENTATIVE DENTAL CARE (CHECKUPS, CLEANINGS, FLUORIDE, SEALANTS)

12 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)

13 EMERGENCY ROOM CARE

14 HOSPITAL CARE/HOSPITAL STAY

15 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)

16 MEDICAL CARE FOR AN INJURY OR POISONING

17 MENTAL HEALTH CARE OR COUNSELING

18 OUTPATIENT CARE (DAY SURGERY)

19 PRESCRIPTION MEDICINES

20 REHABILITATION SERVICES

21 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)

22 SERIOUS MEDICAL CONDITION (PNEUMONIA)

23 SURGERY

35 SUBSTANCE ABUSE TREATMENT OR COUNSELING

95 OTHER (SPECIFY)

97 NOTHING

98 DK

99 REF

A17b

Does anyone in the household currently have any medical bills which the household is paying off over time?

PROMPT: This could include medical bills the family is paying off with credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year or bills for other family members.

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 for each person with medical bill paid off over time

A17c

How much is the total amount of the medical bills for PERSON the household is paying off over time?

(READ RESPONSES AS NEEDED)

- 1 Less than \$2,000
- 2 \$2,000 to less than \$4,000
- 3 \$4,000 to less than \$8,000
- 4 \$8,000 to less than \$10,000
- 5 \$10,000 or more

- 8 DK
- 9 REF

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

Barriers to Care

BA01

During the past 12 months, has anyone ever delayed or not gotten PHYSICAL, MENTAL, or DENTAL health care because they could not find a doctor or other health care provider?

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 for each person that did not get needed care because they could not find a doctor
BA01a**

What type of care did PERSON delay or not get?

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

BA02

During the past 12 months, has anyone delayed or not gotten PHYSICAL, MENTAL, or DENTAL health care because they could not find or did not know a doctor or other health care provider who accepts their insurance?

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 for each person that did not get needed care because they could not find a doctor that accepts their insurance

BA02a

What type of care did PERSON delay or not get?

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

COVID01

These next questions are specifically about the COVID-19 pandemic. .

Because of the COVID-19 pandemic was anyone in the household...

- 1 Laid off or furloughed from a job
- 2 Had the hours they worked reduced
- 3 Did not get go to a doctor's office or clinic because of fears about catching the virus
- 4 Transitioned to remote or work from home status
- 5 Were concerned for their health and voluntarily left their employment
- 7 NONE OF THESE
- 8 DK
- 9 REF

COVID02

Did anyone in the household receive a COVID 19 test?

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 of each person that was tested

COVID03

Did PERSON test positive?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

COVID04

Due to the COVID-19 pandemic, did anyone in the household not receive needed PHYSICAL, MENTAL, or DENTAL 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 of each person not receiving needed care due to coronavirus
COVID04A**

What type of care did PERSON delay or not get?

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

XVI. Health Status

HSTAT01

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

HSTAT02

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

(READ RESPONSES)

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

- 8 DK
- 9 REF

XVII. Employment

EMP01

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 and will not be combined with other information that could identify you in any way.

Ask of those 18 and older...

EMP02

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
- 15 Not employed and not looking for work
- 16 Retired, or
- 17 Unable to work due to a disability, or
- 95 Something else? (SPECIFY)
- 21 KEEPING HOUSE
- 22 GOING TO SCHOOL
- 98 DK
- 99 REF

Ask of those who are employed...

E2

Does PERSON have more than one job, including part-time, evening or weekend work?

IF YES: Altogether, how many jobs does PERSON have?

- 1 NO, ONLY ONE JOB
- 2 2 JOBS
- 3 3 JOBS
- 4 4 OR MORE JOBS

- 8 DK
- 9 REF

Ask of those who are 18+, employed, temporarily not at work, or doing something for pay...

EMP05

How many hours per week does PERSON usually work at their job?

- 1-96 ENTER NUMBER
- 97 97 OR MORE HOURS

- 98 DK
- 99 REF

Ask of those who are 18+ and have more than one job...

E4a

How many hours per week does PERSON usually work at their other job(s)?

- 1-96 ENTER NUMBER
- 97 97 OR MORE HOURS

- 98 DK
- 99 REF

EMP06

On this job, is PERSON employed by a private company or business or a government agency.

INTS: CODE NOT-FOR-PROFIT/FOUNDATION/HOSPITAL AS PRIVATE COMPANY.
IF EMPLOYED BY A SCHOOL COLLEGE OR UNIVERSITY, CLARIFY WHETHER THIS IS A STATE OR PRIVATE COLLEGE OR UNIVERTSITY OR A PRIVATE OR PUBLIC SCHOOL

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

EMP07

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

If employed by the government...

EMP08

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

- 1 FEDERAL GOVERNMENT
 - 2 STATE GOVERNMENT
 - 3 LOCAL GOVERNMENT
 - 4 PUBLIC EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
 - 5 OTHER (SPECIFY)
-
- 8 DK
 - 9 REF

EMP09

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

INTS: 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

XVIII. Employer Sponsored Insurance

This series of questions will be asked of all households with at least one working person. Each working person will be asked questions individually. Those with private insurance through their employer will skip this series of questions.

Ask of working individuals who are not policy holders of private insurance through their employer...

EMP12

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

Ask if EMP12 = Yes...
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 if EMP12 = Yes...
EMP13

Why was health insurance 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

EMP13FR

Are any of the following reasons why PERSON did not enroll?

Ask if EMP12 = Yes AND not indicating “ineligible – hasn’t worked long enough” in EMP13...

EMP13F

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 if EMP12 = Yes AND not indicating “ineligible – not enough hours worked per week” in EMP13...

EMP13G

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 if EMP12 = Yes AND not indicating “would have to pay too much or costs too much” in EMP13...

EMP13H

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

XIX. Income Questions

This series of questions will be asked of each identified family unit.

INC01

The next questions are about income that your FAMILY received during 2020.

PROMPT:

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.

INC02

During the entire year of 2020, 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 and will not be combined with other information that could identify you in any way..

FOR DK OR HESITATION: If you do not know exactly, your best guess is fine.

VERIFY IF <\$5,000 OR >\$500,000 CODE 999999 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

Ask if indicated "Don't Know" or refused to answer INC02...

INC03

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 the family's 2020 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

XX. Closing the Survey

CLOSE1

That is all the questions I have for you. Thank you for your time.
Is there anything else about your experience with health insurance or health care you would like to add?

- 1 SPECIFY (SPECIFY)
- 2 NO, NOTHING TO ADD

- 8 DK
- 9 REF

THNX

In the future, the State of Oregon may be interested in gathering more information on health insurance issues
May we contact you again in the future on some of these issues?

IF THEY DO NOT MIND ASK THEIR FIRST NAME

- 1 YES - YOU HAVE PERMISSION TO CALL BACK (SPECIFY)
- 2 NO - PLEASE DO NOT CALL BACK