

Wisconsin Family Health Survey

>q151a<

(Is there anyone in your household enrolled in the Medicare program?)

INTERVIEWER: ENTER HH MEMBER

Is there anyone else?

INTERVIEWER: ENTER HH MEMBER
ENTER "x" TO EXIT SCREEN

>q153<

[don't read if we've asked q150]

These next questions are about health insurance and other sources of payment for your / household's medical care.

(INTERVIEWER: PRESS "1" TO CONTINUE)

<1> CONTINUE

>q155<

There is a government program called Medical Assistance or Medicaid or BadgerCare or Title 19 that pays for health care for low income persons.

Are you NOW enrolled in Medical Assistance or Medicaid or BadgerCare or Title 19? / Is anyone in this household NOW enrolled in Medical Assistance or Medicaid or BadgerCare or Title 19?

<1> YES / IDENTIFY HH MEMBERS AT NEXT SCREEN[goto q156a]

<2> NO / NO ONE

<d> DON'T KNOW

<r> REFUSED

>q156a<

(Is there anyone in your household enrolled in Medical Assistance or Medicaid or Title 19 or BadgerCare?)

INTERVIEWER: ENTER HH MEMBER

Is there anyone else?

INTERVIEWER: ENTER HH MEMBER
ENTER "x" TO EXIT SCREEN

>q158<

Have you been enrolled in the Medical Assistance or BadgerCare program at any time in the last 12 MONTHS? / Has anyone else in the household been enrolled in the Medical Assistance or BadgerCare program at any time in the last 12 MONTHS? / Has anyone in the household been enrolled in the Medical Assistance or BadgerCare program at any time in the last 12 MONTHS?

<1> YES / IDENTIFY HH MEMBERS AT NEXT SCREEN[goto q159a]

<2> NO / NO ONE

<d> DON'T KNOW

<r> REFUSED

>q159a<

(Is there anyone in your household who has been enrolled in the Medical Assistance program in the last 12 months?)

INTERVIEWER: ENTER HH MEMBER

Is there anyone else?

INTERVIEWER: ENTER HH MEMBER
ENTER "x" TO EXIT SCREEN

>q165<

There is a government program called Healthy Start that provides health care for pregnant women and young children who might have problems paying for health care.

Are you NOW enrolled in Healthy Start? / Is anyone in your household NOW enrolled in Healthy Start?

<1> YES / IDENTIFY HH MEMBERS AT NEXT SCREEN[goto q166a]
<2> NO / NO ONE

<d> DON'T KNOW
<r> REFUSED

>q166a<

Who is enrolled in the Healthy Start program?

INTERVIEWER: ENTER HH MEMBER

Is there anyone else?

INTERVIEWER: ENTER HH MEMBER
ENTER "x" TO EXIT SCREEN

>q168<

[#if all eligible HS hh members are currently enrolled don't ask this q]
Have you been enrolled in Healthy Start AT ANY TIME in the last 12 MONTHS? / Has anyone else in the household been enrolled in Healthy Start AT ANY TIME in the last 12 MONTHS? / Has anyone in the household been enrolled in Healthy Start ANY TIME in the last 12 MONTHS?

<1> YES / IDENTIFY HH MEMBERS AT NEXT SCREEN[goto q169a]
<2> NO / NO ONE

<d> DON'T KNOW
<r> REFUSED

>q169a<

Who in the household has been enrolled in the Healthy Start program AT ANY TIME in the last 12 MONTHS?

INTERVIEWER: ENTER HH MEMBER

Is there anyone else?

INTERVIEWER: ENTER HH MEMBER
ENTER "x" TO EXIT SCREEN

>q175b<

Now we want to ask some questions about health insurance coverage.

(ENTER "1" TO CONTINUE)

<1> CONTINUE

>q176<

Do you have any PRIVATE health insurance or hospital insurance plan which pays any part of a doctor bill or hospital bill, or any other medical costs? This includes insurance paid for by either you or an employer. This would include supplemental coverage. / Does anyone in your household have any PRIVATE health insurance or hospital insurance plan which pays any part of a doctor bill or hospital bill, or any other medical costs? This includes insurance paid for by either you or an employer. This would include supplemental coverage.

(INTERVIEWER: PRIVATE INSURANCE INCLUDES GOVERNMENT EMPLOYEES WITH HEALTH INSURANCE THROUGH THEIR JOBS AND INCLUDES CHAMPUS AND CHAMPVA. PRIVATE INSURANCE DOES *NOT* INCLUDE MEDICARE, MEDICAL ASSISTANCE, BADGERCARE OR HEALTHY START.)

<1> YES [goto q176a]

<2> NO

<d> DON'T KNOW

<r> REFUSED

>q176a<

[#if 1 person hh goto q180]

>q178<

Is EVERYONE in your household covered by a PRIVATE health insurance or hospital insurance plan?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>q181<

Who in the household is covered by some PRIVATE health insurance plan?

INTERVIEWER: ENTER HH MEMBER

Is there anyone else?

INTERVIEWER: ENTER HH MEMBER

ENTER "x" TO EXIT SCREEN

>q184<

Are all the persons you named covered by the SAME health insurance plan - that is, included under the same policy?

(PROBE: "Is everyone you named on the insurance card or does everyone have the same policy number?")

<1> YES

<2> NO [goto q210]

<d> DON'T KNOW

<r> REFUSED

>q186<

Is this health insurance plan an employer group plan, or is it some other kind of insurance?

<1> YES, EMPLOYER GROUP PLAN

<2> NO, SOME OTHER KIND (SPECIFY RESPONSE FOLLOWED BY //) [specify]

<d> DON'T KNOW

<r> REFUSED

>q188<

Does this health insurance plan pay for all, some or none of the costs of general check-ups and other preventive services when those who are covered are NOT sick?

(AFTER ANY DEDUCTIBLE IS MET)

- <1> ALL
- <2> SOME
- <3> NONE
- <d> DON'T KNOW
- <r> REFUSED

>q190<

For overnight hospital stays, does this health insurance plan cover all, some or none of the expenses of those who are covered?

(AFTER ANY DEDUCTIBLE IS MET)

- <1> ALL
- <2> SOME
- <3> NONE

- <d> DON'T KNOW
- <r> REFUSED

>q192<

For health care at a doctor's office or health care clinic when those who are covered ARE sick or injured, does this health insurance plan cover all, some or none of the expenses?

(AFTER ANY DEDUCTIBLE IS MET)

- <1> ALL
- <2> SOME
- <3> NONE

- <d> DON'T KNOW
- <r> REFUSED

>q194<

Is this plan an HMO or PPO?

(HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations) are prepaid health plans that don't require you to file any claims and most or all of your health costs are covered by the plan.)

- <1> YES
- <2> NO
- <d> DON'T KNOW
- <r> REFUSED

>q196<

I'm going to read three descriptions of different types of health care plans. After I have read all three, please tell me which one best describes the health plan that covers these people:

- 1) You can use any doctor you choose.
- 2) You can use any doctor you choose but it costs MORE to use a doctor outside the plan.
- 3) You can use only a doctor associated with the plan.

<1> USE ANY DOCTOR

<2> USE ANY DOCTOR / COSTS MORE (is a PPO - Preferred Provider Organization or POS - Point of Service plan)

<3> USE ONLY DOCTOR, CLINIC ASSOCIATED WITH PLAN (is an HMO or IPA)

<d> DON'T KNOW

<r> REFUSED

>q200<

Have you / Has [fill names of HH members] been in this TYPE of health plan for less than 12 months or more than 12 months?

(IF OFF AND ON DURING PAST 12 MONTHS CODE "1", LESS THAN 12 MONTHS)

<1> LESS THAN 12 MONTHS

<2> MORE THAN 12 MONTHS

<d> DON'T KNOW

<r> REFUSED

>q212<

Are you / Is [fill names of HH members] included in an employer group plan or is your / her/his plan some other kind of health insurance?

(INTERVIEWER PROBE WITH: "Is that plan through an employer, or did you or someone else in your household purchase it on your own?")

(INTERVIEWER: "COBRA" SHOULD BE SPECIFIED AS "SOME OTHER KIND OF PLAN")

<1> EMPLOYER PLAN

<2> SOME OTHER KIND OF PLAN (SPECIFY RESPONSE FOLLOWED BY //) [specify]

<d> DON'T KNOW

<r> REFUSED

>q216<

When **you are** / **[fill names HH members]** is not sick, does this health insurance pay for all, some, or none of the costs of general check-ups and other preventive services?

(AFTER ANY DEDUCTIBLE IS MET)

(INTERVIEWER: IF R HAS CO-PAY, CODE AS SOME)

<1> ALL

<2> SOME

<3> NONE

<d> DON'T KNOW

<r> REFUSED

>q218<

For overnight hospital stays, does **you** / **[fill HH members names]**'s health insurance cover all, some, or none of your / her / his expenses?

(AFTER ANY DEDUCTIBLE IS MET)

<1> ALL

<2> SOME

<3> NONE

<d> DON'T KNOW

<r> REFUSED

>q220<

For health care at a doctor's office or health care clinic when **you ARE** / **[fill names of HH members] IS** sick or injured, does your / her / his health insurance cover all, some, or none of the expenses?

(AFTER ANY DEDUCTIBLE IS MET)

<1> ALL

<2> SOME

<3> NONE

<d> DON'T KNOW

<r> REFUSED

>q222<

Are you / Is [fill names of HH members] in an HMO or PPO?

(HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations) are prepaid health plans that don't require you to file any claims and most or all of your health costs are covered by the plan.)

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>q224<

I'm going to read three descriptions of different types of health care plans. After I have read all three, please tell me which one best describes **your** main health plan:

- 1) You can use any doctor you choose.
- 2) You can use any doctor you choose but it costs MORE to use a doctor outside the plan.
- 3) You can use only a doctor associated with the plan.

or

I'm going to read three descriptions of different types of health care plans. After I have read all three, please tell me which one best describes **[fill names of HH members]'s** main health plan:

- 1) [fill names of HH members] can use any doctor she / he chooses.
- 2) [fill names of HH members] can use any doctor she / he chooses but it costs MORE to use a doctor outside the plan.
- 3) [fill names of HH members] can use only a doctor associated with the plan.

<1> USE ANY DOCTOR

<2> USE ANY DOCTOR / COSTS MORE (is a PPO - Preferred Provider Organization or POS - Point of Service plan)

<3> USE ONLY DOCTOR, CLINIC ASSOCIATED WITH PLAN (is an HMO or IPA)

<d> DON'T KNOW

<r> REFUSED

>q226<

Have you / Has [fill names of HH members] been in this TYPE of health plan for less than 12 months or more than 12 months?

(IF OFF AND ON DURING PAST 12 MONTHS CODE "1", LESS THAN 12 MONTHS)

- <1> LESS THAN 12 MONTHS
- <2> MORE THAN 12 MONTHS

<d> DON'T KNOW <r> REFUSED

>q237<

Now I'd like to know about **your** / **[fill names of HH members]**'s health insurance coverage during the PAST 12 MONTHS.

Thinking about ALL KINDS of private and government health insurance, including Medicare, Medical Assistance, BadgerCare, employer provided coverage, and insurance that you pay for, **were you** / **was [fill names of HH members]** covered for all 12 months since [fill fullmon] [fill lyear], or covered for part of that time, or not covered at all by any type of health insurance since [fill fullmon] [fill lyear]?

(HEALTH INSURANCE INCLUDES MEDICAL ASSISTANCE, BADGERCARE, MEDICARE, PRIVATE, OR EMPLOYER PROVIDED - ANY KIND THAT HELPS PAY FOR HEALTH CARE COSTS.)

- <1> COVERED ENTIRE PAST 12 MONTHS (COVERAGE MUST BE CONTINUOUS)
- <2> COVERED ONLY PART OF YEAR (CAN BE OFF AND ON INSURANCE)
- <3> NOT COVERED AT ALL IN LAST 12 MONTHS [goto q255_&1]

<d> DON'T KNOW [goto 237end&1] <r> REFUSED [goto 237end&1]

[#private medicare, health insurance, medical assistance and healthy start]
[#should not be options as fills at q238. If person has one of these now]
[#then she shouldn't be at q238]

>q238<

You just said that **you have** / **[fill names of HH members]** has had insurance for THE ENTIRE year, yet you previously said that **you do** / **[fill names of HH members]** NOT have any insurance NOW.

Do you / **Does [fill names of HH members]** have some type of insurance NOW, or do you want me to indicate that [bold][if <&1> eq <1>]you have[else][fill names(<&1>)] has[endif][normal] only been covered for PART of the last 12 months?

- <1> HAS INSURANCE NOW [goto q241_&1]
- <2> HAS ONLY BEEN COVERED PART OF LAST 12 MONTHS [goto 237end&1]

<d> DON'T KNOW [goto 237end&1] <r> REFUSED [goto 237end&1]

>q239<

You just said that **you have / [fill names of HH members] has** had insurance for the entire / part of the year.

In the questions we have asked so far you haven't indicated that **you have / [fill names of HH members] has** had any kind of medical insurance for the entire / any part of the year.

In case you did not understand the previous questions, did **you / [fill names of HH memebers]** have medical insurance for [if q237_&1 eq <1>] the entire / any part of the year or not?

<1> COVERED ENTIRE PAST 12 MONTHS (COVERAGE MUST BE CONTINUOUS)

<2> COVERED ONLY PART OF YEAR (CAN BE OFF AND ON INSURANCE)

<3> NOT COVERED AT ALL IN LAST 12 MONTHS [goto q255_&1]

<d> DON'T KNOW [goto 237end&1] <r> REFUSED [goto 237end&1]

>q241_&1<

What type of health insurance did **you[else][fill names of HH members]** have for the entire / any part of the year?

<1> PRIVATE [goto 237end&1]

<2> MEDICARE, HEALTHY START, OR MEDICAL ASSISTANCE

<3> BOTH

<d> DON'T KNOW <r> REFUSED

>q243_&1<

There is a government program called Medical Assistance or Medicaid or Title 19 or BadgerCare that pays for health care for low income persons.

Are you / Is [fill names of HH members] now enrolled in Medical Assistance or Medicaid or Title 19 or BadgerCare?

<1> YES [goto q247_&1]

<2> NO

<d> DON'T KNOW <r> REFUSED

>q245_&1<

Have you / Has [fill names of HH members] been enrolled in Medical Assistance or Medicaid or Title 19 or BadgerCare in the last 12 months?

<1> YES

<2> NO

<d> DON'T KNOW <r> REFUSED

>q247_&1<

Medicare is a Social Security health insurance program for persons 65 years old and older, and for disabled persons.

Are you / Is [fill names of HH members] enrolled in the Medicare program?

<1> YES

<2> NO

<d> DON'T KNOW <r> REFUSED

>q249_&1<

There is a government program called Healthy Start that provides health care for pregnant women and young children who might have problems paying for health care.

Are you / Is [fill names of HH members] NOW enrolled in Healthy Start?

<1> YES [goto q251b&1]

<2> NO

<d> DON'T KNOW <r> REFUSED

>q251_&1<

Have you / Has [fill names of HH members] enrolled in the Healthy Start program in the last 12 months?

<1> YES

<2> NO

<d> DON'T KNOW <r> REFUSED

>q253_&1<

What kind of insurance **do you / does [fill names of HH members]** have?

<1> ENTER TYPE OR NAME OF COMPANY [specify]

<d> DON'T KNOW

<r> REFUSED

>q257_&1<

You just indicated that you / [fill names of HH members] had no health insurance coverage for the last 12 months. However, you previously said that **you have / [fill names of HH members] has** had some form of health insurance.

Now I would like to ask you about each insurance that you said **you have / [fill names of HH members] has** had.

First...

(INTERVIEWER: PRESS "1" TO CONTINUE)

<1> CONTINUE

>q261_&1<

Are you / Is [fill names of HH members] enrolled in the Medicare program?

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>q263_&1<

Do you / does [fill names of HH members] have any PRIVATE health insurance or hospital insurance plan which pays any part of a doctor bill or hospital bill, or any other medical costs? This includes insurance paid for by either you or an employer. This would include supplemental coverage.

(Private insurance INCLUDES government employees with health insurance through their jobs and includes CHAMPUS AND CHAMPVA. Private insurance does NOT include MEDIARE, MEDICAL ASSISTANCE, BADGERCARE or HEALTHY START.)

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

>q265_&1<

Are you / Is [fill names of HH members]enrolled in Medical Assistance or Medicaid or BadgerCare or Title 19 NOW?

<1> YES

<2> NO

<d> DON'T KNOW <r> REFUSED

>q267_&1<

Have you / Has [fill names of HH members] been enrolled in Medical Assistance or Medicaid or Title 19 in the last 12 months?

<1> YES

<2> NO

<d> DON'T KNOW <r> REFUSED

>q269_&1<

Are you[else]Is [fill names(<&1>)] [endif] NOW enrolled in Healthy Start?

<1> YES

<2> NO

<d> DON'T KNOW <r> REFUSED

>q271_&1<

Have you / Has [fill names of HH members] been enrolled in Healthy Start in the last 12 months?

<1> YES

<2> NO

<d> DON'T KNOW <r> REFUSED @

>q273_&1<

Based on what you have just told me, we need to change the answer from not covered at all by insurance during the past 12 months to COVERED PART OR ALL OF THE YEAR. Is that correct?

<1> YES, COVERED ENTIRE PAST 12 MONTHS (COVERAGE MUST BE CONTINUOUS)

<2> YES, COVERED ONLY PART OF YEAR (CAN BE OFF AND ON INSURANCE
SEVERAL TIMES)

<3> NOT COVERED AT ALL IN LAST 12 MONTHS

<d> DON'T KNOW

<r> REFUSED