**CSER HARMONIZED MEASURE REPOSITORY: Insurance (Parent)**

| **Template topic** | **Definition/Note** Insurance (parent) |
| --- | --- |
| **Measure name and acronym** | Insurance Status |
| **Source citation for original measure** | National Health and Nutrition Examination Survey, Health Insurance Questionnaire (HIQ)  <https://wwwn.cdc.gov/Nchs/Nhanes/1999-2000/HIQ.htm>  First published July 2004 |
| **Category of assessment (construct/ CSER framework location)** | Patient Factors (Demographic) |
| **Description of measure** | Health insurance coverage. Little psychometric information is available because this is a survey item. |
| **Operational definition of construct** | Assesses whether the patient has health insurance coverage |
| **Summary of changes made to measure for CSER (“CSER-adapted scale”), if any** | Instead of asking individual questions about each type of insurance separately, the CSER adaptation allows the respondent to select which type or types of insurance they have from a list of possible options. |
| **Time to administer** | With measures: sex, Age, language, income, education level, insurance status, and country of origin estimated: 00:01:20 |
| **Target Respondent(s)** | Adult Patient/Parent |
| **Age range(s) or respondents** | no age restrictions |
| **Number of items** | Original scale: 7 |
| CSER adapted: 2 |
| **Subscales and items per subscale** | Original scale: n/a |
| CSER adapted: n/a |
| **Response scale (including anchor labels)** | Original scale: Yes, No, Refused, Don’t Know |
| CSER adapted: Yes, No |
| **Scoring instructions** | Original Scale: n/a |
| CSER adapted: n/a |
| **Validated cutoff scores, if any** | n/a |
| **Norms (if available)** | n/a |
| **Contact for permission to use/adapt (associated cost)** | n/a |
| **Validated administration modes** | n/a |
| **Original measure languages available** | English, Spanish |
| **Evidence for reliability (provide type and values)** | Completed search for HIQ validation |
| **Evidence for validity (provide type and values if available)** | Completed search for HIQ validation |
| **Evidence for sensitivity to change** | Completed search for HIQ validation |
| **Relevant references in genetics or genomics** | n/a |

**Paste original scale below**

{Are you/Is SP} covered by health insurance or some other kind of health care plan? [Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.]

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{Are you/Is SP} covered by private insurance?

{Are you/Is SP} covered by Medicare?

{Are you/Is SP} covered by Medicaid/CHIP?

{Are you/Is SP} covered by other government insurance?

{Are you/Is SP} covered by any single service plan?

Does the insurance {you have/SP has} cover any part of dental care?

**Paste CSER adaptation below**

Are you covered by health insurance or some other kind of health care plan? **(Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills) (Check one)**

**□0 No**

**□1 Yes**

IF YOU ARE COVERED: What kind or kinds of health insurance or health care coverage do you have? **(Check all that apply)**

**□0 Private health insurance, employment based**

**□1 Private health insurance, directly purchased**

**□2 Government plan, Medicare**

**□3 Government plan, Medicaid**

**□4 Government plan, Military health care**

**□5 Other type of insurance (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□6 No coverage of any type.**

**Paste or list CSER site-specific adaptation/deviation below**

Baylor:

70. Is your child covered by health insurance or some other kind of health care plan? (Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills).

· No

· Yes

71. *If you selected “Yes” in 71:* What kind or kinds of health insurance or health care coverage does your child have? (Check all that apply)

* Private health insurance, employment based
* Private health insurance, directly purchased
* Government plan, Medicare
* Government plan, Medicaid
* Government plan, Military health care such as TR
* ICARE and CHAMPVA
* Government/State plan, Children’s Health Insurance Plan (CHIP)
* Other type of insurance (please describe): \_\_\_\_\_\_\_\_

HudsonAlpha:

11. Are you covered by health insurance or some other kind of health care plan? (Include

health insurance obtained through employment or purchased directly, as well as

government programs like Medicare and Medicaid that provide medical care or help pay

medical bills) (Check one)

No

Yes

12. If you answered yes for #11: What kind or kinds of health insurance or health care

coverage do you have? (Check all that apply)

Private health insurance, employment based

Private health insurance, directly purchased

Government plan, Medicare

Government plan, Medicaid

Government plan, Military health care

Other type of insurance (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No coverage of any type.

13. Is your child covered by health insurance or some other kind of health care plan?

(Include health insurance obtained through employment or purchased directly as well as

government programs like Medicare and Medicaid that provide medical care or help pay

medical bills) (Check one)

No

Yes

14. If you answered yes for #13: IF YOUR CHILD IS COVERED: What kind or kinds of

health insurance or health care coverage do they have? (Check all that apply)

Private health insurance, employment based

Private health insurance, directly purchased

Government plan, Medicare

Government plan, Medicaid

Government plan, Military health care

Other type of insurance (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No coverage of any type.

CHARM:

Are you covered by health insurance or some other kind of health care plan? (Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills)

⬜ No

⬜ Yes

IF YOU ARE COVERED: What kind or kinds of health insurance or health care coverage do you have? (Check all that apply)

⬜ Private health insurance, employment based

⬜ Private health insurance, directly purchased

⬜ Government plan, Medicare

⬜ Government plan, Medicaid

⬜ Government plan, Military health care

⬜ Other type of insurance (Please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ No coverage of any type

Mt. Sinai:

Is your child covered by health insurance or some other kind of health care plan? (Include health

insurance obtained through employment or purchased directly as well as government programs

like Medicare and Medicaid that provide medical care or help pay medical bills) (Check one)

o No (Proceed to question 12)

o Yes (Proceed to question 11)

11. IF YOUR CHILD IS COVERED: What kind or kinds of health insurance or health care coverage do

they have? (Check all that apply)

o Private health insurance, employment based

o Private health insurance, directly purchased

o Government plan, Medicare

o Government plan, Medicaid

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o Government plan, Military health care

o Other type of insurance (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o No coverage of any type.

UCSF:

What type of insurance or health coverage does your child have (enter specific information):