

## ANNOTATED INSURANCE, ACCESS, UTILIZATION (IUQ)

The next questions are about health insurance and your use of the health care system.

IUQ.010. During the last 12 months, how many months did you have health insurance? **[If no insurance during 12 preceding months, enter "0".]**

**IUQ010 FMT\_NUMERIC** |\_\_|\_\_| months (If 0, skip to IUQ.100. Else, IUQ.020.)

Refused 77 (Skip to IUQ.100)

Don't Know 99 (Skip to IUQ.100)

IUQ.020. What kind(s) of health insurance or health care coverage do you have **now**, or did you have during the last 12 months?

[HAND CARD. Enter all that apply.]

Employer or union sponsored plan	1	
Private individually purchased health plan		2
Medicare	3	
Medicare supplement/Medicare D/Medigap	4	
Medicaid/Badger Care/Health Start/Family Medicaid	5	
Health Insurance Risk Sharing Plan (HIRSP)	6	
General Assistance Medical Program (GAMP)	7	
Indian Health Service Medical Care	8	
Military Health Care (TriCare/VA/Champ-VA)	9	
Other plan (Specify: _____)	10	
Refused	77	
Don't Know	99	

FIRST RESPONSE	IUQ020_A	FMT_IUQ020_
2ND RESPONSE	IUQ020_B	FMT_IUQ020_
3RD RESPONSE	IUQ020_C	FMT_IUQ020_
4TH RESPONSE	IUQ020_D	FMT_IUQ020_
5TH RESPONSE	IUQ020_E	FMT_IUQ020_
6TH RESPONSE	IUQ020_F	FMT_IUQ020_
7TH RESPONSE	IUQ020_G	FMT_IUQ020_
8TH RESPONSE	IUQ020_H	FMT_IUQ020_
9TH RESPONSE	IUQ020_I	FMT_IUQ020_
10TH RESPONSE	IUQ020_J	FMT_IUQ020_
OTHER RESPONSE	IUQ020_TXT	FMT_CHAR

IUQ.030. {Does/Did} your health insurance plan (including any supplemental coverage you might {have/have had}) cover all of the costs, some of the costs, or none of the costs associated with prescription medications?

IUQ030	FMT_ALL_SOME_NONE	All	1
	Some	2	
	None	3	(Skip to IUQ.040)
	Refused	77	
	Don't Know	99	

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IUQ.035. {Is/Was} this prescription drug coverage through your regular plan or through a supplemental insurance program for prescription drug coverage? **[Enter all that apply]**

Regular plan	1
Supplemental, Medicare Part D	2
Supplemental, Wisconsin Senior Care	3
Supplemental, other (Specify:_____)	4
Refused	77
Don't Know	99

FIRST RESPONSE	IUQ035_A	FMT_IUQ035_
2ND RESPONSE	IUQ035_B	FMT_IUQ035_
3RD RESPONSE	IUQ035_C	FMT_IUQ035_
4TH RESPONSE	IUQ035_D	FMT_IUQ035_
OTHER RESPONSE	IUQ035_TXT	FMT_CHAR

IUQ.040. {Does/Did} your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with preventive dental services (oral exam, cleaning, sealant, etc.)?

IUQ040	FMT_ALL_SOME_NONE	All	1
	Some	2	
	None	3	
	Refused	77	
	Don't Know	99	

IUQ.050. {Does/Did} your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with other preventive services for adults (checkups, immunizations, screenings)?

IUQ050	FMT_ALL_SOME_NONE	All	1
	Some	2	
	None	3	
	Refused	77	
	Don't Know	99	

IUQ.060. {Does/Did} your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with alcohol and drug abuse treatment services?

IUQ060	FMT_ALL_SOME_NONE	All	1
	Some	2	
	None	3	
	Refused	77	
	Don't Know	99	

IUQ.070. {Does/Did} your plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic that you must go to for all of your routine care?

IUQ070	FMT_YES_NO	Yes	1
	No	2	
	Refused	77	
	Don't Know	99	

IUQ.080. Who {is/was} the policy holder for this plan?

IUQ080	FMT_IUQ080_	Me	1
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Spouse/Former spouse	2
Domestic Partner	3
Parent	4
Someone else	5
Refused	77
Don't Know	99

IUQ.100. In the last 12 months, have you used the internet to seek information or advice on your health, or that of your family?

IUQ100	FMT_YES_NO	Yes	1
	No	2	
Refused	77		
Don't Know	99		

IUQ.105. In the last 12 months, have you telephoned a health care professional to discuss a health problem or question related to yourself or your family?

IUQ105	FMT_YES_NO	Yes	1
	No	2	
Refused	77		
Don't Know	99		

IUQ.110. In the last 12 months, have you emailed a health care professional to discuss a health problem or question related to yourself or your family?

IUQ110	FMT_YES_NO	Yes	1
No	2		
Refused	77		
Don't Know	99		

IUQ.120. Do you have a usual place where you go when you feel sick or need advice about your health? (If you have more than one place you go depending on the problem, please choose the place that you go **most often**.)

[HAND CARD]

MAIN RESPONSE	IUQ120	FMT_IUQ120_
OTHER RESPONSE	IUQ120_TXT	FMT_CHAR

Yes, I usually go to a hospital emergency room	1
Yes, I usually go to a hospital outpatient department	2
Yes, I usually go to a clinic or doctor's office	3
Yes, I usually go to a community health center	4
Yes, I usually go to some other place	

(Specify: \_\_\_\_\_) 5

No, I don't have a usual place of care 6 **(Skip to IUQ.140)**

Refused	77
Don't Know	99

IUQ.125. What is the name of the health facility you usually go to when you feel sick or need advice about your health and in what town/city is this facility located?

Name: _____	NAME	IUQ125_A	FMT_CHAR
Town/City: _____	TOWN/CITY	IUQ125_B	FMT_CHAR

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Refused 77  
Don't Know 99

IUQ.130. When you go to this health facility and see a doctor, do you usually see the same physician?

IUQ130 YES\_NO Yes 1  
No 2 (Skip to IUQ.140)  
Refused 77  
Don't Know 99

IUQ.137. What is the specialty of the doctor you usually see?

**MAIN RESPONSE** **IUQ137** **FMT\_IUQ137\_**  
**OTHER RESPONSE** **IUQ137\_TXT** **FMT\_CHAR**  
Internal Medicine 1  
Family Practice 2  
Obstetrics/gynecology 3  
Other specialist  
(Specify: \_\_\_\_\_) 4  
Refuse 77  
Don't Know 99

IUQ.140. Sometimes people take fewer medicines than their doctors prescribed, or they don't have their prescription filled right away. At any time during the last 12 months, have you taken less medicine than your doctor prescribed or not had your prescription filled **because of the cost**?

IUQ140 FMT\_YES\_NO Yes 1  
No 2  
Refused 77  
Don't Know 99

IUQ.150. In the last 12 months, how many different **times** have you seen a doctor or other health care professional about your health at a doctor's office, a clinic, an outpatient service, a health center, or at home? **Do not include** times you were hospitalized overnight, at the emergency room, dental health, or mental health visits.

IUQ150 FMT\_NUMERIC |\_\_|\_\_|\_\_|  
Enter number of times during previous year  
Refused 77  
Don't Know 99

IUQ.160. In the last 12 months how many different **times** were you seen in an urgent care clinic or center?

IUQ160 FMT\_NUMERIC |\_\_|\_\_|\_\_|  
Enter number of times during previous year  
Refused 77  
Don't Know 99

IUQ.170. In the last 12 months, how many different **times** have you seen a mental health professional such as a psychologist, psychiatrist, counselor, or psychiatric nurse about a personal problem or a problem with alcohol or drugs?

IUQ170 FMT\_NUMERIC |\_\_|\_\_|\_\_|  
Enter number of times during previous year

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Refused	77
Don't Know	99

IUQ.180. In the last 12 months, how many different **times** did you go to a hospital emergency room for medical treatment for yourself?

IUQ180 FMT\_NUMERIC |\_\_\_|\_\_\_|\_\_\_|  
Enter number of times during previous year

Refused	77
Don't Know	99

IUQ.190. In the last 12 months, how many different **times** were you a patient in a hospital for at least one night or longer?

IUQ190 FMT\_NUMERIC |\_\_\_|\_\_\_|\_\_\_| (If 0, skip to IUQ.220. Else IUQ.200.)  
Enter number of times during previous year

Refused	77 (Skip to IUQ.220)
Don't Know	99 <b>(Skip to IUQ.220)</b>

IUQ.200. How would you rate the quality of the care you received when you were most recently a patient in a hospital for at least one night or longer **during the last year?** Would you say it was...? **[INTERVIEWER: Read categories to SP]**

IUQ200	FMT_EVGGFP	Excellent	1
		Very good	2
		Good	3
		Fair	4
		Poor	5
		Refused	77
		Don't Know	99

IUQ.220. How long has it been since you last saw a doctor or health care provider for a routine physical exam, check-up or screening procedure?

<b>NUMBER</b>	<b>IUQ220_N</b>	<b>FMT_NUMCAT</b>	___ ___	Enter number
<b>UNITS</b>	<b>IUQ220_U</b>	<b>FMT_FREQ</b>		

[If more than 1 year, skip to IUQ.250. Otherwise, skip to IUQ.230.]
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Refused	77 (Skip to IUQ.230)
Don't Know	99 <b>(Go to IUQ.225)</b>

Select unit:

Days	1	(Skip to IUQ.230)
Weeks	2	(Skip to IUQ.230)
Months	3	(Skip to IUQ.230)
Years	4	(Skip to IUQ.230 if 1 year, but IUQ.250 if

more than 1 year)

IUQ.225. Has it been...?

IUQ225 FMT_IUQ225/255_	Never	1 (Skip to IUQ.250)
6 months or less	2 <b>(Go to IUQ.230)</b>	
More than 6 months but no more		
than 1 year ago	3 <b>(Go to IUQ.230)</b>	
More than 1 year but no more than		

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3 years ago 4 (Skip to IUQ.250)  
 More than 3 years ago 5 (Skip to IUQ.250)  
 Refused 77 (Skip to IUQ.250)  
 Don't Know 99 (Skip to IUQ.250)

IUQ.230. How would you rate the quality of the care you received when you last saw a doctor or health care provider for a routine physical exam, check-up, or screening procedure during the last year? Would you say it was...? **[INTERVIEWER: Read categories to SP]**

IUQ230	FMT_EVGGFP	Excellent	1
		Very good	2
		Good	3
		Fair	4
		Poor	5
		Refused	77
		Don't Know	99

IUQ.240. How satisfied were you with **the way** care was provided when you last saw a doctor or health care provider for a routine physical exam, check-up, or screening procedure during the last year? Were you...? **[INTERVIEWER: Read categories to SP]**

IUQ240	FMT_SATIS_SCAT	Very satisfied	1
		Somewhat satisfied	2
		Neither satisfied nor dissatisfied	3
		Somewhat dissatisfied	4
		Very dissatisfied	5
		Refused	77
		Don't Know	99

IUQ.250. How long has it been since you last visited a dentist or dental hygienist for a routine dental exam or cleaning?

<b>NUMBER</b>	<b>IUQ250_N</b>	<b>FMT_NUMCAT</b>	__ __  Enter number
UNITS	IUQ250_U	FMT_FREQ	
		Refused	77 (Skip to IUQ.260)
		Don't Know	99 (Go to IUQ.255)

Select unit:

Days	1	(Skip to IUQ.260)
Weeks	2	(Skip to IUQ.260)
Months	3	(Skip to IUQ.260)
Years	4	(Skip to IUQ.260)

IUQ.255. Has it been...?

IUQ255	FMT_IUQ225/255_	Never	.	1
6 months or less			2	
		More than 6 months but no more than 1 year ago	3	
		More than 1 year but no more than 3 years ago	4	
		More than 3 years ago	5	
		Refused	77	
		Don't Know	99	

The next questions are about your **overall** level of satisfaction with quality and access to health care.

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IUQ.260. Sometimes people have problems getting health care when they need it. During the last 12 months, was there any time that you felt that you needed medical care or surgery but did not get it?

**IUQ260 FMT\_IUQ260\_** Yes, I needed health care and I did not get it 1 **(Go to IUQ.265)**  
 No, I got the care I needed 2 **(Skip to IUQ.270)**  
 Not Applicable (I didn't need health care) 3 **(End of Survey)**  
 Refused 77 (Skip to IUQ.270)  
 Don't Know 99 **(Skip to IUQ.270)**

IUQ.265. What was the main reason you didn't get the health care you needed?

MAIN RESPONSE IUQ265 FMT\_IUQ265\_  
 OTHER RESPONSE IUQ265\_TXT FMT\_CHAR

[HAND CARD]

I couldn't afford health care	1
My insurance company wouldn't approve, cover or pay for care	2
My insurance company required a referral but I couldn't get one	3
The doctor (or clinic) refused to accept my insurance plan	4
Medical care was too far away	5
It was too expensive to get to health care	6
I couldn't get there when the doctor's office was open	7
It took too long to get an appointment	8
I couldn't get through on the telephone to make an appointment	9
The waiting list was too long	10
Other (Specify: _____)	11
Refused	77
Don't Know	99

IUQ.270. In the past 12 months, did you experience **delay** in obtaining any type of health care?

**IUQ270 FMT\_YES\_NO** Yes 1 (Go to IUQ.275)  
 No 2 (Skip to IUQ.280)  
 Refused 77 (Skip to IUQ.280)  
 Don't Know 99 **(Skip to IUQ.280)**

IUQ.275. What was the main reason for the difficulty or delay in obtaining health care

MAIN RESPONSE IUQ275 FMT\_IUQ275\_  
 OTHER RESPONSE IUQ275\_TXT FMT\_CHAR

[HAND CARD]

I couldn't afford health care	1
My insurance company wouldn't approve, cover or pay for care	2
My insurance company required a referral but I couldn't get one	3
The doctor (or clinic) refused to accept my insurance plan	4
Medical care was too far away	5
It was too expensive to get to health care	6
I couldn't get there when the doctor's office was open	7
It took too long to get an appointment	8
I couldn't get through on the telephone to make an appointment	9

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The waiting list was too long	10
Other (Specify: _____)	11
Refused	77
Don't Know	99

IUQ.280. Overall, how would you rate the quality of the health care you received during the last 12 months? Would you say it was..? **[INTERVIEWER: Read categories to SP]**

<b>IUQ280 FMT_EVGGFP</b>	Excellent	1
	Very good	2
	Good	3
	Fair	4
	Poor	5
	Not applicable (did not receive any care)	6
	Refused	77
	Don't Know	99

IUQ.290. Overall, how satisfied were you with **the way** health care services were provided during the last 12 months? Were you...? **[INTERVIEWER: Read categories to SP]**

<b>IUQ290 FMT_SATIS_SCAT</b>	Very satisfied	1
	Somewhat satisfied	2
	Neither satisfied nor dissatisfied	3
	Somewhat dissatisfied	4
	Very dissatisfied	5
	Not applicable (did not receive any care)	6
	Refused	77
	Don't Know	99