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".] **1UQ010** fmi 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 3 Medicare 4 Medicare supplement/Medicare D/Medigap 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 9 Military Health Care (TriCare/VA/Champ-VA) 10 Other plan (Specify: Refused 77 Don't Know 99 FIRST RESPONSE 1UQ020 A FMT IUQ020 1UQ020 B FMT IUQ020 2ND RESPONSE 1UQ020 C 3RD RESPONSE fMT_IUQ020_ 4TH RESPONSE IUQ020 D fMT_IUQ020_ IUQ020 E FMT IUQ020 STH RESPONSE 1UQ020 F 6TH RESPONSE FMT IUQ020 7TH RESPONSE 1UQ020 G FMT IUQ020 1UQ020 H 8TH RESPONSE FMT IUQ020 9TH RESPONSE 142020 1 FMT IUQ020 10TH RESPONSE 1UQ020 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?

1UQ030	FMT_ALL_SOME_NONE	All	1	
		Some	2	
		None	3	(Skip to IUQ.040)
		Refused	77	
		Don't Know	99	

	IUQ.03	through a sup coverage? [E Regula Supple Supple	plemental insuinter all that a ar plan emental, Medicemental, Wisconternal, other ed	care Part Donsin Senior Care		1 2 3 4 77 99
		FIRST RESPONSE 2ND RESPONSE	IUQ035_A IUQ035_B	FMT_IUQ03S_ FMT_IUQ03S_		
		3RD RESPONSE 4TH RESPONSE OTHER RESPONSE	IUQ03S_C IUQ03S_D IUQ03S_TXT	FMT_IUQ03S_ FMT_IUQ03S_ FMT_CHAR		
	IUQ.040.	{Does/Did} your healt costs, or none of the	costs associate			al
II IOOGO	CLAT AL	exam, cleaning, seals			4	
1UQ040	FMI_AL	L_SOME_NONE	All Some		1	
			None		2 3	
			Refus	ed	77	
			Don't	Know	99	
	IUQ.050.	{Does/Did} your healt costs, or none of the adults (checkups, imr	costs associate	ed with other preve		
IUQ050	fMT_AL	L_SOME_NONE	All		1	
			Some		2	
			None Refus	ad	3 77	
			Don't		99	
	IUQ.060.	{Does/Did} your healt costs, or none of the services?				nent
1UQ060	fMT_AL	LL_SOME_NONE	All		1	
•		_ _	Some		2	
			None		3	
			Refus Don't		77 99	
	IUQ.070.	{Does/Did} your plan doctor, group of doctor routine care?				our
	1UQ070	fMT_YES_NO	Yes	1		
			No	2		

	MOOKA	1102, 400200, 011212411011 (1	ou,					
		Refused Don't Know	77 99					
IUQ.0	80. Who {is/was}	the policy holder for this plan?						
1UQ08	,	Me	1					
	11.11_1.11_0	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 your health, or that or	s, have you used the internet to see	eek information or advice on					
1UQ100	FMT_YES_NO	Yes	1					
			2					
			77					
		Don't Know	99					
1110 405	le the leat 10 man ath a							
IUQ.105.		 have you telephoned a health of estion related to yourself or your 						
1UQ10S	FMT YES NO	Yes	1					
144 /03	1111_103_140		2					
		-	7					
			9					
IUQ.110.		s, have you emailed a health care estion related to yourself or your	•					
1UQ110	FMT_YES_NO	Yes	1					
		No	2					
			7					
		Don't Know 9	9					
IUQ.120.	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 RESPONS	E 1UQ120	FMT_IUQ120_						
OTHER RESPON	ISE IUQ120_TXT	FMT_CHAR						
		hospital emergency room	1					
	, , ,	hospital outpatient department	2					
		clinic or doctor's office	3					
	Yes, I usually go to a Yes, I usually go to s	community health center	4					
	(Specify:	ome other place	5					
	No, I don't have a us	ual 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	1UQ12	S_A	FMI_CHAR
Town/0	City:		TOWN/CI	TY IUQ12	S_B	fMT_CHAR
		Refused Don't Know		77 99		
IUQ.13		n you go to this e physician?	health facility and	l see a docto	or, do yo	ou usually see the
1UQ130			Yes No Refused Don't Know	1 2 77 99	(Skip	to IUQ.140)
IUQ.13			y of the doctor you	usually see	?	
	ESPONSE		FMT_IUQ137_			
OIHEK	RESPONSE	INQ137_TXT Internal Med Family Pract Obstetrics/gy Other specia (Special Refuse Don't Know	icine ice necology		1 2 3 _) 4 77 99	
IUQ.140.	have their pi	escription filled	l right away. At an an your doctor pres	ny time durin	ig the la	ribed, or they don't st 12 months, have our prescription
1UQ140	FMT_YES_NO	Yes		1		
		No Refus Don't	sed : Know	2 77 99		
IUQ.150.	health care particle, a he	orofessional abealth center, or	many different tim out your health at at home? Do not y room, dental hea	a doctor's o include tim	ffice, a c ies you v	clinic, an outpatient were hospitalized
1UQ1S0	fmi_nümeri	Enter Refus	number of times of the section of th	during previ 77 99	ous yea	r
					_	
IUQ.160.	In the last 12 clinic or cent		nany different time	es were you	seen in	an urgent care
IUQ160	FMT_NUMERI	_				

			Enter i Refuse Don't I	ed	f times during	previous year 77 99
IUQ.170.	profes		a psych	ologist, p	sychiatrist, co	ve you seen a mental health ounselor, or psychiatric nurse or drugs?
IUQ170		UMERIC				ŭ
					f times during	previous year
			Refuse Don't l			77 99
			Donti	VIIOW		33
IUQ.180.						I you go to a hospital emergency
0.10400		or medical trea	atment fo	or yourse	lf?	
IUQ180	fMI_N	UMERIC	_	 oumbor o	f timos durina	provious voor
			Refuse		i iimes duning	previous year 77
			Don't l			99
IUQ.190.		last 12 months It one night or l		any diffe	rent times we	re you a patient in a hospital for
IUQ190		MMERIC	onger:	∣ (If O	skin to IUQ	220. Else IUQ.200.)
14.42 / / 0	1771_7	Enter number	of time		•	220. 2.00 10 4.200.)
		Refused	J		77 (Skip to II	UQ.220)
		Don't Know		ę	99 (Skip to II	UQ.220)
IUQ.20	00.	recently a pat	ient in a	hospital	for at least on	ou received when you were most ne night or longer during the last
1UQ200		year? vvouid	you sa Excelle		. ? [INTERVIE	EWER: Read categories to SP]
IUQZUU		FM_CVGGFP	Very g			2
			Good	oou		3
			Fair			4
			Poor			5
			Refuse			77
			Don't I	Know		99
IUQ.220.		ong has it been e physical exan	•			health care provider for a edure?
NUMBER	IUQ220		UMCAT	·	• .	er number
UNITS	IUQ220	_U fMT_f	REQ			
_						
	[If mo	•	, skip to			, skip to IUQ.230.]
		Refused		•	Skip to IUQ.2	•
		Don't Know		99 (Go to IUQ.22	:o)
	Select	unit:				
		Days	1	(Skip to	IUQ.230)	
		Weeks	2	•	IUQ.230)	
		Months	3	(Skip to	IUQ.230)	

		Years	4	(Skip to IUQ.23) m	0 if 1 year, l nore than 1		
IUQ.2 IUQ225 FMT_I		6 m Mor Mor Ref	Never onths or I e than 6 than 6 than 1 e than 1 yea		re 3 (G han 4 (S l 5 (S l 77 (S l	1 (Skip to IUQ.250) o to IUQ.230) o to IUQ.230) kip to IUQ.250) kip to IUQ.250) kip to IUQ.250) kip to IUQ.250)	
IUQ.2	30.	doctor or he screening p	ealth care procedure		tine physica ar? Would	eived when you last saw all exam, check-up, or you say it was?	а
1UQ230	0	FMT_EVGGF	Very (Good Fair Poor Refus	lent good	1 2 3 4 5 77 99		
IUQ.2	40.	doctor or he	ealth care procedure	provider for a rou during the last ye	tine physica	ovided when you last saw all exam, check-up, or ou? [INTERVIEWER:	а
140241	0	fmi_satis_s	_	Very satisfied Somewhat satisfied Neither satisfied Somewhat dissa Very dissatisfied Refused Don't Know	nor dissatis tisfied	1 2 sfied 3 4 5 77 99	
IUQ.250.	dental	exam or cle D_N FMT	aning? _ <i>NUMCA</i> T	you last visited a d	lentist or de	ntal hygienist for a routine ber)
UNITS	IUQ2SC	Select unit: Days Weeks Months Years	_ FREQ 1 2 3 4	Refused Don't Knot (Skip to IUQ.26) (Skip to IUQ.26) (Skip to IUQ.26) (Skip to IUQ.26)	0) 0) 0)	(Skip to IUQ.260) (Go to IUQ.255)	

INSURANCE, ACCESS, UTILIZATION (IUQ)						
IUQ.255. IUQ2SS FMT_I U	Has it been 10225/255_	? Never . 6 months or less More than 6 months but no more than More than 1 year but no more than 3 More than 3 years ago Refused Don't Know				
The next questions a care.	re about your c	overall level of satisfaction with quality	and access to health			
last 12	2 months, was t ry but did not go Yes, I No, I g Not Ap Refuso Don't	needed health care and I did not get i got the care I needed oplicable (I didn't need health care) ed	t 1 (Go to IUQ.265) 2 (Skip to IUQ.270) 3 (End of Survey) 77 (Skip to IUQ.270) 99 (Skip to IUQ.270)			
MAIN RESPOSNE OTHER RESPONSE	My insurance My insurance The doctor (o Medical care It was too exp I couldn't get It took too lon I couldn't get The waiting lis	_	Idn't get one 3 te plan 4 5 6 en 7 8 appointment 9			
care?	past 12 months	No 2 (SI Refused 77 (SI	ng any type of health o to IUQ.275) kip to IUQ.280) kip to IUQ.280)			

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

99 (Skip to IUQ.280)

Don't Know

MAIN RESPOS OTHER RESPO	-	T_IUQ27S_ T_CHAR	
	I couldn't afford he	ealth care	1
		pany wouldn't approve, cover or pay for care	2
		pany required a referral but I couldn't get one	3
		ic) refused to accept my insurance plan	4
	Medical care was		5
		ve to get to health care	6
		when the doctor's office was open	7
		get an appointment	8
	I couldn't get throu	igh on the telephone to make an appointment	9
	The waiting list wa	is too long	10
			_) 11
	Refused		77
	Don't Know		99
1UQ280	FMT_EVGGFP Exc Ver Go Fai Poo Not Ref	r	1 2 3 4 5 6 77 99
IUQ.290.		re you with the way health care services were ? Were you? [INTERVIEWER: Read categ	
IUQ290	.	ry satisfied	1
144270		newhat satisfied	2
		ther satisfied nor dissatisfied	3
		newhat dissatisfied	4
		y dissatisfied	5
		t applicable (did not receive any care)	6
		fused	77
		n't Know	99