

CENTER FOR HEALTH INFORMATION AND ANALYSIS

FINDINGS FROM THE 2017
MASSACHUSETTS
HEALTH INSURANCE SURVEY

METHODOLOGY REPORT

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CENTER FOR HEALTH INFORMATION AND ANALYSIS

**2017 MASSACHUSETTS HEALTH INSURANCE
SURVEY
METHODOLOGY REPORT**

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Contents

- Introduction..... 3
- Overview of the MHIS 3
- Sample Design 5
- Instrument Development 7
 - Pretest 7
 - Changes to the 2017 Instrument 7
- Data Collection Strategy..... 9
 - Languages..... 9
 - Training Materials and Interviewer Training..... 9
 - Call Rules for the CATI Interviews 10
 - Refusal Avoidance and Conversion Strategies..... 10
 - Completed Interviews 11
- Data Processing and Preparation..... 11
- Response Rates 11
 - Defining the Response Rate..... 12
- Survey Weights and Variance Estimation..... 13
 - Survey Weights..... 13
 - Constructing the Base Weights 13
 - Post-stratification 14
 - Weight Truncation..... 16
- Variance Estimation and the Average Design Effect 16
- References 18
- Appendix A: Imputation 20
- Appendix B: Survey Instrument 23

Introduction

The Center for Health Information and Analysis (CHIA) contracted with SSRS and its subcontractor, the Urban Institute, to conduct the 2017 Massachusetts Health Insurance Survey (MHIS). The goal of the MHIS is to document health insurance coverage and access to and use of health care for the non-institutionalized population in Massachusetts. This report provides information about the methods used to collect and analyze the 2017 MHIS data as well as describe any changes made to the methodology and questionnaire since the 2015 survey was fielded.¹

Overview of the MHIS

The MHIS questionnaire begins by establishing that the household is included in the survey sample frame, namely that it is in Massachusetts. The survey then asks for a person aged 18 or older who can answer questions about the health insurance coverage of the members of the household. That respondent is then asked questions that are used to create a roster of every individual in the household by age, gender, education, work status, and relationship to the respondent. Persons temporarily living away from home (including college students) are included in their usual household. Persons living in group quarters (e.g., dorms, nursing homes, and shelters) are excluded from the study as the focus is on the non-institutionalized population in the state.

From the household roster, one household member is randomly selected by the computer program to be the “target” person for the household. All detailed information is collected for this person, including socioeconomic characteristics and insurance status. Basic demographics such as age, gender, and education level are collected for all household members. Table 1 summarizes the topic areas covered in the MHIS for all members of the household and for the household member selected as the target individual for the survey. Prior to 2015, health insurance coverage information was collected for all members of the household. In 2015, this was limited to only one randomly selected household member in order to provide resources for asking more detailed questions about health access and affordability.

Completion of the survey instrument in 2017 took approximately 23.1 minutes on average.

¹ For the 2015 Massachusetts Health Insurance Survey Methodology Report see, <http://www.chiamass.gov/assets/docs/r/pubs/15/MHIS-Methodology.pdf>

Table 1: Summary of Topic Areas Covered in the 2017 MHIS, by Household Members

Topics	Survey Respondent	All Household Members	Target Household Member	Target's Spouse (if present) and Parents (if present and Target age<26)
Demographic characteristics (age, race/ethnicity, gender)	X	X	X	X
Marital Status			X	X
Socioeconomic characteristics such as education	X	X	X	X
Nativity and citizenship status			X	
Length of residency in Massachusetts			X	
Health insurance coverage			X	
Long-term care insurance			X	
Health insurance churn			X	
Detailed employment questions			X	
Availability of employer sponsored insurance			X	
Health status			X	
Access to and use of health care (including mental health care and non-physician health care)			X	
Health care affordability			X	
Medical debt and Out-of-Pocket expenses			X	
Had medical error in care	X	X	X	X ²
Family income			X	
Homeownership	X			
Household telephone status	X			

² This includes a medical error in their own care or in the care of a household member or a member of their extended family living outside of the household in the past 5 years.

Sample Design

From its inception to 2007, the MHIS relied on a random-digit-dial (RDD) landline telephone survey.³ Due to the changing telephone environment in the United States, the methodology changed in 2008 to a hybrid address-based sample (ABS) combined with a landline RDD study, and this approach continued to be utilized until 2011. The MHIS was again fielded in 2014 and 2015, using a dual-frame telephone sample design.

RDD landline telephone interviewing was the method of choice for most survey data collection efforts executed from the 1960s to the mid-2000s, given the strength of its randomization method (RDD), ease of administering complex questionnaires using computerized interviewing systems, thorough coverage⁴ of the overall population (given that less than 2% of Americans lived in a household without telephone service), and relatively low cost.

In the mid-2000s, the coverage of the overall population in RDD landline surveys began to change as increasing numbers of households began relying solely on cell phones. This shift away from landline telephones called for a change in sampling strategy. The MHIS moved to a dual sample frame design that combined an RDD landline telephone sample and an address-based sample (ABS). By the end of 2008, approximately 20% of households nationally no longer owned a landline telephone (Blumberg and Luke 2013). The goal of the ABS was to capture households without landline phones, such as cell phone-only households, and non-telephone households, supplementing the landline sample of the traditional RDD landline survey.⁵

Since 2008, there have been rapid changes in survey research, requiring another reevaluation of the sampling design. Cell phones have become more prevalent, with 44% of Massachusetts households in the U.S. estimated as cell-phone only in 2015. At the same time, concerns about cell phone interviewing that were commonplace in the mid-2000s, namely concerns about how to weight the data and whether interviewing on a cell phone was a generally viable method of data collection, have since been allayed.

Moreover, we have learned from studies examining the shift toward ABS samples in a number of surveys (including the MHIS), that ABS samples have tended to be significantly biased toward respondents with higher socioeconomic status (Link and Burks, 2013; Rapoport et al, 2012). Although weighting processes can do much to correct for this gap in the sample, it is still important to try to increase the number of interviews among lower socioeconomic status respondents, especially in a study where the main areas of interest, including health insurance coverage, correlate so highly with socioeconomic status.

³ While most of the early MHIS relied on RDD samples, in 1998, the MHIS also included a small, in-person survey based on an area probability sample because of concerns that an RDD sample might produce biased estimates of the uninsurance rate in Massachusetts. In the 1998 survey the estimates of the uninsurance rate from the RDD sample and area probability sample were quite similar, at 7.8% and 8.2%, respectively (Roman 2007).

⁴ Survey coverage refers to the extent to which the sample frame for a survey includes all members of the target population. A survey design with a gap in coverage raises the possibility of bias if the individuals missing from the sample frame (e.g., households without landline telephones) differ from those in the sample frame.

⁵ One limitation of both the AB sample and the RDD sample, and all surveys that are conducted only through telephone, is that they will miss homeless persons in the state. This is estimated to be less than 1% of the population.

Therefore, for the 2014 survey, a dual-frame RDD landline and cell phone sample was used. This design was repeated for the 2015 and 2017 studies.

While this design is better at facilitating interviews with the young as well as persons of low socioeconomic status, it is noted that such a design, at the state level, cannot cover residents of Massachusetts who purchased their cell phones out-of-state. Cell phone numbers for the study are sampled by telephone exchanges that are within the boundaries of the Commonwealth of Massachusetts. However, the potential bias from this omission is minimal since analysis of the SSRS large scale omnibus national dataset finds that only nine percent of cell phone owners in the state have cell phones with outside area codes, and three out of five such persons own a landline phone and so are covered by the landline frame. The overall loss in coverage is therefore about 4%, and research has shown that while there are some differences between such persons and persons with cell phone area codes consistent with their state of residence, they are small and largely corrected for in weighting (Dutwin, 2012).

Due to the very low incidence of being uninsured among the Massachusetts population, two other measures were employed in the sample design to increase the number of uninsured interviewed in the MHIS:

1) Oversample of Prepaid Cell Phone Numbers

Prepaid cell phones are different from a standard contract phone in that customers pay as they go, using a line of credit to use the phone. They are charged based on usage as opposed to paying a monthly fee as part of a long-term contract. Research conducted by SSRS nationwide finds that owners of prepaid cell phones are more than twice as likely to be uninsured, to have lower incomes, and to be non-white (Dutwin, 2014). By sampling these numbers at a higher rate than other cell phones, that is, oversampling the prepaid cell phone numbers, the number of respondents who fall within these categories is higher than a simple random sample.

2) Stratification of Landline Sample by Income Level

The landline sample is divided into three equivalent strata by landline telephone exchange: Lower Income, Middle Income, and Higher Income. These strata were created by listing all phone exchanges in MA in order by the mean income for the area covered by each telephone exchange. The lowest third comprise the low-income stratum, the middle third, the middle, and the highest third, the high income stratum. The three strata were sampled using a ratio of 50:30:20, again in order to oversample those most likely to report being uninsured by sampling members in lower-income areas. Survey weights corrected for oversampling in both the cell phone and landline frames.

Instrument Development

The survey instrument used for the MHIS relies on the Coordinated State Coverage Survey (CSCS), developed by the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota.⁶ Modifications to the CSCS design were made to address issues specific to Massachusetts as well as to simplify the structure of the survey that was previously designed for a mail instrument (2008-2011). A number of the survey questions on access to and use of care in the MHIS were drawn from the Massachusetts Health Reform Survey (MHRS), a survey of working-age adults in Massachusetts conducted by the Urban Institute and SSRS since 2006, with funding from the Blue Cross Blue Shield of Massachusetts Foundation and, in some years, the Robert Wood Johnson Foundation and the Commonwealth Fund.⁷ Additional questions in 2015 were drawn from the Commonwealth Fund's Biennial Health Insurance Survey and Consumerism in Health Care Survey. In 2017, findings from the 2016 MHIS Recontact Survey helped inform revisions to the format of questions asking about out-of-pocket spending for healthcare as well as questions about medical debt. The MHIS survey instrument is pretested before each round of data collection as there are some changes made to the questionnaire between rounds.

Pretest

The pretest of the Massachusetts Health Insurance Survey 2017 took place from April 21 to April 23, 2017. SSRS interviewers completed 25 interviews with respondents from households from listed low income, cell phone sample, and a small number of prescreened records from SSRS's omnibus survey. The listed landline and prescreened sample was used in order to increase the likelihood of completing an interview with an uninsured person. We secured one interview with an uninsured respondent over two nights of pretesting.

Changes to the 2017 Instrument

A number of changes were made to the survey instrument prior to fielding in 2017. These changes reflected shifts in topic priorities over time and the need to account for changes in the health insurance landscape in Massachusetts and the nation resulting from the implementation of the Patient Protection and Affordable Care Act as well as an interest in the prevalence of medical errors. Results from the 2016 MHIS Recontact Survey also provided guidance in how to restructure questions for better data quality. Below is a comprehensive list of modifications to the 2017 questionnaire.

Additions:

1. Q.A9g: Still thinking about the last 12 months, was there any time that you did not get substance abuse care or treatment that you needed because of cost?
2. Q.A9a: Thinking about the last time you went without needed care because of cost, was it during a time that you **had** health insurance coverage?
3. Q.A9aa: The last time you went without needed care because of cost was it because of any of the following ...?

⁶ For a description of the CSCS, see <http://www.shadac.org/content/coordinated-state-coverage-survey/cscs>. We thank Kathleen Call at SHADAC for sharing the CSCS and helping to modify it for the MHIS.

⁷ For a description of the MHRS, see http://www.urban.org/health_policy/url.cfm?ID=411649.

4. Q.A11: Are the medical bills for care that was received when you did not have health insurance, when you did have health insurance, or are the bills from both when you were insured and when you were uninsured?
5. A.A11hc(a-c): For this question, think about the medical bills that are being paid off over time that are from the period in which you or a family member had health insurance. Were any of those medical bills ...?
6. Q.A14: Now, I'd like to ask you about medical errors that you or someone in your household or someone in [your/TARGET's) family living outside of your household may have experienced. This would include family members living in another household, in an assisted living facility or nursing home, or someplace else.
7. Q.A14a: Was an error made in your care, or in the care of someone else living in your household, or in the care of someone in your family living outside of the household, or all of the above?
8. Q.A14c: If there was more than one error, please think about the most recent one when answering the next questions. Did the error have serious health consequences, minor health consequences, or no health consequences at all for the person who experienced the error?
9. Q.IN3a: A follow-up to the income question if the respondent would not respond to an open-ended income question asking if income was above or below 300% of poverty level.
10. Q.IN6a: Was the "out of pocket" spending for health care less than (10% of Income) or (10% of income) or more?
11. Q.IN6b: Was the "out of pocket spending" for healthcare? ... (followed by list of income ranges)

Deletions:

1. Q.H11a/H11b/H4a/H4b: Is this an individual policy or a family policy? (insurance through work or union)
2. Q.H1ca: Is this through your parent or guardian? (insurance through work or union)
3. Q.H1ma: Is this an individual policy or a family policy? (insurance bought by someone else)
4. Q.H1mb: Is this through your parent or guardian? (insurance bought by someone else)
5. Q.A2a: (a-f): When you last chose a doctor or other health provider where did you go to get information?
6. Q.A2b(a-c): I'm going to read a list of different factors people may consider in choosing a doctor or other health care provider. For each one, please tell me if it was a major factor, a minor factor, or not a factor for you the last time you chose a doctor or other health care provider for yourself.
7. Q.A5b: Thinking about all of the health care that you received from a (general doctor, nurse practitioner or physician's assistant)/(to a general doctor, nurse practitioner, physician's assistant [or midwife]) in the past 12 months, would you say that the quality of care you received was...?
8. Q.A6a: Thinking about all the care you received from specialists in the last twelve months, would you say that the quality of care you received was excellent, very good, good, fair or poor?
9. Q.A6bb: Thinking about all the care you received from mental health professionals in the last twelve months, would you say that the quality of care you received was excellent, very good, good, fair or poor?

Data Collection Strategy

Data collection for the 2017 MHIS began on April 27, 2017 and was completed on July 2, 2017.

Languages

In the past, the MHIS was administered in three languages--English, Spanish, and Portuguese. Due to a decreasing number of respondents requesting to complete the survey in Portuguese, this language option was eliminated in 2014, and the survey was offered only in English and Spanish in 2014, 2015 and 2017. Table 2 shows the number of interviews conducted in each language between 2008-2011, 2014, 2015, and 2017. Spanish interviews were conducted by bilingual interviewers who are able to switch back and forth between languages as necessary. The increase in Spanish interviews in 2014 is the result of adding a cell phone frame to the sample design. In many landline/cell phone studies, the majority of Spanish-language interviews are completed via cell phone given that Hispanics far outpace non-Hispanics in being cell phone only (Blumberg and Luke, 2013). For the 2017 MHIS, 201 of the 215 Spanish-language interviews were conducted from the cell phone sample frame.

Table 2: Number of Completed Interviews by Language of Interview

Survey Year	Language of Interview			Total Sample
	English	Spanish	Portuguese	
2008	4,817	77	16	4,910
2009	4,855	47	8	4,910
2010	4,436	37	5	4,478
2011	3,953	48	2	4,097
2014	3,883	141	N/A	4,024
2015	4,822	180	N/A	5,002
2017	4,786	215	N/A	5,001

Training Materials and Interviewer Training

Interviewers received both written materials about the survey and formal training for conducting this survey. The written materials were provided prior to the beginning of the field period and included:

1. An annotated questionnaire that contained information about the goals of the study as well as detailed explanations of why questions were being asked, the meaning and pronunciation of key terms, clarification of any potential points of respondent confusion, and other problems that could be anticipated ahead of time as well as strategies for addressing them.
2. A list of frequently asked questions and the appropriate responses to those questions.
3. A script to use when leaving messages on answering machines.
4. Contact information for project personnel.

Call center supervisors and interviewers were walked through each question in the questionnaire. Interviewers were given instructions to help them maximize response rates and ensure accurate data collection. They were instructed to encourage participation by

emphasizing the social importance of the project and to reassure respondents that the information they provided was confidential.

Interviewers were monitored during the first several nights of interviewing and provided feedback where appropriate to improve interviewer technique and clarify survey questions. The interviewer monitoring process was repeated periodically during the field period.

Call Rules for the CATI Interviews

For all sample members, the initial telephone interviewing attempt included one initial call plus six callbacks. If an interview was not completed at that point, the telephone number was set aside for at least two weeks to “rest.” After that rest period, an additional three callbacks were attempted.

To increase the probability of completing an interview, we established a differential call rule that required that call attempts be initiated at different times of the day and different days of the week.

Refusal Avoidance and Conversion Strategies

In addition to the call rules for the CATI interviews, we employed several other techniques to maximize the response rate for the survey. Respondents who refused to continue at the initiation of or during the course of the telephone interview were offered the opportunity to be recontacted at a more convenient time to complete the interview.

Another method to increase response rates is refusal conversions. Though all of SSRS’s interviewers regularly go through “refusal aversion” training, refusals are still a regular part of survey research. For the 2017 MHIS, SSRS used a core group of specially-trained and highly-experienced refusal conversion interviewers to call all respondents who initially refused the survey in an attempt to persuade them to complete the survey.

Completed Interviews

Table 3 shows the number of completed interviews for households that had only a cell phone, only a landline phone, or both a landline and cell phone in 2017. In 2017, we completed surveys with 1,140 cell phone-only households, 3,589 landline and cell phone households, and 243 landline-only households. Twenty-nine respondents did not provide sufficient information to determine household phone status.

	LL Only	Cell Phone Only	Both LL and Cell Phone	Other	Total
Total Completed Surveys	243	1,140	3,589	29	5,001
Percent of Total Completed Surveys	4.9%	22.8%	71.8%	.6%	100.0%

*This category includes those who said they did not know or refused to answer questions that would have determined their phone status.

Data Processing and Preparation

An analytical data file was created from the raw unedited survey data. This was a target-level file that included all data elements collected for the target person in the household along with data on the characteristics of the target's family and household. CATI range and logic checks were used to check the data during the data collection process. Additional data checks were implemented as part of the data file development work, checking for consistency across variables and family members, and developing composite measures of family and household characteristics.

Missing values for key demographic variables, such as age, race/ethnicity, health and disability status, and family income were replaced through imputation in both files. Missing values were also imputed for all variables provided in the tables generated from the data. For the variables for which imputed data were created, the data files include both the original variable (with missing values) and a new variable that includes the imputed values for cases that had missing values. In general, the percent of respondents who answered don't know or refused to any given question was quite low; however, item nonresponse for family income was somewhat higher. Roughly 10.7% of the total sample was missing all data on the income questions. About 13.3% provided information on whether family income was above or below 300% of the federal poverty level but not any additional information.

In imputing values for the variables, we rely on hot deck and regression imputation. More details on these procedures are provided in Appendix A.

Response Rates

Response rates are one method used to assess the quality of a survey, as they provide a measure of how successfully the survey obtained responses from the sample. The American Association of Public Opinion Research (AAPOR) has established standardized methods for calculating response rates (AAPOR, 2008). Overall response rates achieved for the landline

and cell phone samples and the overall survey sample are reported below. Before presenting those estimates, methods for calculating the response rates are described.

While response rates provide an indicator of potential bias in a survey (which can arise when survey nonrespondents are significantly different than respondents), lower response rates are not, in and of themselves, an indicator of survey quality since lower response rates do not necessarily increase nonresponse bias in surveys (Groves 2006; Groves and Peytcheva 2008). This issue has been addressed in a number of studies, including, for example, Keeter and colleagues (2000), who compared the results of a 5-day survey fielding period (response rate of 36%) to the results from fielding the same survey for 8 weeks (response rate 61%), and found no significant differences between the two surveys in the outcomes of interest. Thus, differences in the response rate between the 2015 and 2017 MHIS, 24.6 percent and 18.8%, respectively, are not necessarily indicative of differences in the accuracy of the data available from the surveys.

It is the case, however, that the CATI program dispositions in 2015 coded answering machines generally (as unknown if eligible sample records), whereas in 2017 the CATI system provided codes to delineate between residential answering machines (eligible) and those with unknown/unclear residential status (unknown if eligible). This change does reduce response rate, but utilizes all information available to attain the most precise response rate possible.

Defining the Response Rate

AAPOR Response Rate #3 was calculated for this study. Response rate three is generally defined as the number of households in which an interview was completed divided by the estimated number of eligible households in the sample. With a landline number, the interviewer would ask to speak with someone in the household who was able to answer questions about health insurance for themselves and everyone else in the household. Cell phone numbers are considered to be a respondent's personal communication device, and as such, if the respondent could not answer questions about insurance in the household, the interview was terminated rather than handed off to another household member.

In estimating the response rate for the MHIS, AAPOR defines four categories of sample records (telephone numbers):

1. Eligible, completed interview
2. Eligible, no interview
3. Unknown if eligible
4. Not eligible

Cases in which no interview was attained from an eligible household include persons who refused to be interviewed and those who broke off the interview part way through, as well as any other sample record that was determined to be a household (e.g., an answering machine indicated that it was a household and not a business). AAPOR category three includes all sample records for which eligibility is unknown, such as sample records that result in a "no answer" (continuous ringing with no answering machine). In calculating a response rate, an eligibility quotient to this category is applied. This is a percent of the sample records in the category that was estimated to be eligible households. Finally, AAPOR category four includes sample records that are known to be ineligible, such as business numbers, fax machine numbers, non-working numbers, and vacant or second homes.

Final response rates are summarized in Table 4. The response rates for the landline and cell phone samples in the 2017 MHIS were 22.5% and 16.1%, respectively. The overall response rate for the 2017 MHIS was 18.8%.

Sample	Response Rate
Landline Telephone	22.5%
Cell Phone	16.1%
Total	18.8%

Survey Weights and Variance Estimation

Survey Weights

Survey data were weighted to adjust for differential sampling probabilities, to reduce biases due to differences between respondents and non-respondents (nonresponse bias), and to address gaps in coverage in the survey frame (coverage bias). Survey weights can reduce the effect of nonresponse and coverage gaps on the reliability of the survey results (Keeter et al. 2000, 2006; Groves 2006). Overall, the procedure executed for this study follows the essential two-step procedure detailed in Kalsbeek and Agans (2008), which is to first correct for any disproportionate probabilities of selection (base weighting), such as oversampling pre-paid cell phones as noted earlier, and second to then balance the sample to match official statistics for persons living in Massachusetts on metrics such as age and gender (post-stratification). A more detailed explanation is provided below.

Constructing the Base Weights

The base weighting process is designed to correct for disproportionate probabilities of selection. While telephone numbers are generated by RDD, disproportionate probabilities are introduced into surveys because 1) the number of separate telephone landlines and cell phones answered by respondents differ by household and by telephone frame, 2) of the purposive disproportionate selection of sampling strata noted earlier (for landlines, high, medium and low income; for cell phones, prepaid and non-prepaid phones), and finally, 3) landlines are often shared by multiple respondents while cell phones are considered personal devices. Each of the sub-steps to base weighting that address these issues are provided below:

- (1) *Telephone frame and usage corrections:* A phone number's probability of selection for the survey depends on the number of phone numbers selected out of the total sample frame. So for each landline number, the probability of selection is calculated as total landline numbers dialed divided by total numbers in the landline frame. For cell phones, probability is calculated as total cell phone numbers divided by total numbers in the cell phone frame. In addition, the probability that the sampling unit (households on landlines or respondents on cell phones) will be reached is a product of the number of phones (by type) a respondent or their household answer.
- (2) *Disproportionate stratification corrections:* The number of sample records utilized is balanced back to the percent of sample records that exist in each stratum. For example, while 20 percent of cell phones are prepaid phones in Massachusetts, 34 percent of the sample used for the project consisted of prepaid phones and thus the base weight correction here for prepaid phones is $.58 (20 / 34)$.

(3) *Probability of Respondent Selection*: In households reached by landline, a single respondent is selected. Thus, the probability of selection within a household is inversely related to the number of adults in the household. In respondents reached by a cell-phone, the probability of selection is one.

(4) *Phone Status Correction*: The distribution for Cellphone only, Landline only, and Dual frame user was balanced to the distribution according to the NHIS Modeled estimates (with standard errors) of the percent distribution of household telephone status for adults aged 18 and over, by state: United States, 2015, and projected for year 2017.

The final base weight is a product of the above noted corrections.

Post-stratification

With the base-weight applied, the sample was post-stratified using iterative proportional fitting (IPF), whereby the sample was balanced to match known adult-population parameters based on the 2015 U.S. Census Bureau's American Community Survey (ACS). Density and Region were obtained via Claritas 2017.

The targets used for post-stratification are the non-institutionalized population of Massachusetts for the following parameters: age (0-17; 18-29; 30-49; 50-64; 65+) by gender, region (Western MA; Southcoast; Northeast MA; Metro West; Metro South; Metro Boston; Central MA; Cape and Islands), education (less than high school, high school graduate; some college; four-year college; graduate degree), race/ethnicity (white non-Hispanic; black non-Hispanic; Hispanic; other race non-Hispanic), population density in zip/county (divided into quintiles), born in the U.S., and phone-usage (cell phone only, landline only, both landline and cell phone).⁸ These parameters along with unweighted and weighted percents are listed below⁹.

⁸ According to the NHIS Modeled estimates (with standard errors) of the percent distribution of household telephone status for adults aged 18 and over, by state: United States, 2015, and projected for year 2017.

⁹ To handle missing data among some of the demographic variables we employed a technique called hot decking. Hot deck imputation replaces the missing values of a respondent randomly with another similar respondent without missing data. These are further determined by variables predictive of non-response that are present in the entire file.

Benchmarks, Unweighted and Weighted Targets				
Parameter	Value Label	Benchmark (%)	Unweighted (%)	Weighted (%)
Education	Less than High School	7.6	6.7	7.6
	High School Graduate	20.1	21.0	20.1
	Some College	19.7	20.8	19.7
	College+	31.5	41.5	31.6
	<18/still in school	21.1	10.0	20.9
Ethnicity	White	73.1	78.5	73.1
	African American	6.6	5.8	6.6
	Hispanic	11.1	10.4	11.1
	Other	9.1	5.3	9.1
Density	Quintile 1	20.1	24.0	20.2
	Quintile 2	19.9	21.6	19.8
	Quintile 3	20.1	19.2	20.1
	Quintile 4	20.1	19.3	20.0
	Quintile 5	19.8	15.8	19.8
Gender by Age	Male 0-17	10.8	5.2	10.7
	Male 18-29	7.8	6.5	7.8
	Male 30-49	12.9	8.6	12.9
	Male 50-64	10.3	14.4	10.3
	Male 65+	6.6	13.2	6.7
	Female 0-17	10.3	4.8	10.1
	Female 18-29	7.8	5.5	7.8
	Female 30-49	13.7	9.5	13.7
	Female 50-64	11.2	15.3	11.2
	Female 65+	8.6	17.0	8.7
Phone Status	Cell phone only	43.9	22.9	43.9
	Landline only	6.3	4.8	6.1
	Dual Frame	49.8	72.3	50.0
Region	Western MA	12.0	12.3	11.9
	Central MA	11.3	11.2	11.3
	Northeast MA	21.6	22.2	21.5
	Metro West	10.0	10.6	10.0
	Metro Boston	24.1	20.9	24.2
	Metro South	12.3	11.7	12.3
	Southcoast	5.1	5.1	5.0
	Cape and Islands	3.6	6.0	3.7
Born in the USA	Born in the USA	82.8	84.0	82.8
	Not Born in the USA	17.2	16.0	17.2

Weight Truncation

To minimize the potential impact of very large weights on survey estimates, the weights were truncated (or 'trimmed') so that they did not exceed 8.0 or fall below 0.2. Weights were trimmed to the hard limits of 8 and .2, and then the difference in the sum of the weights of the trimmed weight and the untrimmed weight was proportionately redistributed to all cases.

Variance Estimation and the Average Design Effect

Complex survey designs and post-data collection statistical adjustments affect variance estimates and, as a result, tests of significance and confidence intervals. Variance estimates derived from standard statistical software packages that assume simple random sampling are generally too low, which leads significance levels to be overstated and confidence intervals to be too narrow.

The impact of the survey design on variance estimates is measured by the design effect. The design effect describes the variance of the sample estimate for the survey relative to the variance of an estimate based on a hypothetical random sample of the same size. In situations where statistical software packages assume a simple random sample, the adjusted *standard error* of a statistic is calculated by multiplying by the square root of the design effect. In 2017, the average design effect for estimates for the target person in the household is 1.9. Based on that design effect, the sampling error for estimates for outcomes that occur for about 50% of the sample will be +/-1.9 percentage points based on the target person sample in 2017. For outcomes that occur for 90% or 10% of the sample, the sampling error based on the target sample is 1.13 percentage points in 2017

The samples selected for each year of the study are independent and therefore variation in design effects and hence the sampling error is expected from year to year. The design effect and sampling error are summarized below.

Average Design Effect	Sampling Error with Design Effect (95% CI, Prob.=.5)	Sampling Error With Design Effect (95% CI, Prob.=.1)	Sample Size
1.9	1.9	1.89	5,001

Variance estimation procedures have been developed for most standard software packages to account for complex survey designs. A replicate stratum (strata) variable on the survey data files that can be used with the appropriate weight variable to obtain corrected standard errors using a Taylor series approximation (or other related linearization method) is provided in the data file. Users interested in using a linearization method can choose to use SUDAAN, the "SVY" commands in Stata, the "PROC SURVEYMEANS" and "PROC SURVEYREG" commands in SAS, or the "CSELECT" complex samples procedures in the SPSS complex samples module.

Estimates of the Uninsurance Rate for Massachusetts

Table 7 shows the estimate of the uninsurance rate for Massachusetts residents based on the 2015 MHIS target sample, by sample frame and overall.

Table 7: Estimate of the Uninsurance Rate from the 2017 MHIS, by Sample Frame			
	Landline Sample	Cell Phone Sample	Total
Sample size	2,500	2,501	5,001
Number Uninsured	25*	112	137
Percent Uninsured (data are weighted)	1.5%	4.9%	3.7%

*Note: The estimate of the uninsurance rate is based on a small number of uninsured persons in both the landline sample (25) and the cell phone sample (112). Therefore, analysis of uninsured is more accurate when conducted on total overall sample only and not by frame.

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Appendix A: Imputation

Missing data are ubiquitous throughout social science research and can be found in almost all large survey datasets. Replacing the missing values with plausible substitutes (imputation) occurred for survey data in the United States as early as the 1930s. A wide variety of techniques have been developed since that time. Two modern methods, hotdeck and modelled (regression) imputation, have emerged as general and widely used techniques for analysis in the presence of missing data.

Hotdeck imputation sorts data by user-entered variables and takes data from the “nearest neighbor” and imputes it into a missing case. The key idea of modelled imputation is that missing values are imputed with plausible values drawn from the conditional distribution of the missing data given the observed data under a specified model. These procedures can then produce a series of more “complete” datasets which can then be used for analysis.

Hotdeck imputation is standard procedure at SSRS for creating weighting variables devoid of missing data, to allow for iterative proportional fitting procedures for weighting as noted elsewhere in this report. Since 2015, modelled imputation was added to key variables that were also created for the detailed tables.

Hotdeck was specifically utilized for race/ethnicity, age, region, U.S. born status, education, and population density. Data were sorted by phone status (landline only, dual user, and cell phone only).

The modelled imputation utilized the “impute missing values” procedure in SPSS advanced statistics, which employed regression for imputation with ten iterations specified. Because there were a number of variables to be imputed, a common model was developed with imputations generated in batches. The first model imputed the following variables: age, gender, race, ethnicity, citizenship, language of interview, health status, limited health activities, highest family education, family work status, family work status size, federal poverty level, health insurance status, time insured, and homeownership. These variables then became the basis for the common model that was utilized to impute subsequent variables. Variables were of course limited and constrained where necessary to avoid contradictory imputed values (for example, health disability is a combination variable of being disabled and being limited due to health, and thus if a case was imputed to be limited in the limited variable, that person should need to be limited in the health disability variable as well). Below is a report of the missing values of the variables that were imputed by either hotdeck or the modelled imputations.

Description	Missing Values	Total Valid Responses	Missing Percent
Age of Target	110	5,001	2.1%
Gender of Target	5	5,001	0.1%
Race of Target	187	5,001	3.0%
Target's Citizenship Status	24	5,001	0.4%
Target's Health Status	27	5,001	0.5%
Has a Health-Related Disability	22	5,001	.7%
Target Educational Attainment	48	4,586	.9%
Federal Poverty Level	535	5,001	6.9%
Region of Massachusetts	184	5,001	1.8%
Highest Educational Attainment of Adults in Family	37	5,001	0.6%
Home Is Owned	130	5,001	2.6%
Health Insurance Status - 12 Months	10	4,864	0.2%
Had Insurance for Less than 6 Months	36	336	0.6%
Insured for All of Past 12 Months	9	4,864	0.2%
Insured Now, Uninsured at Some Time in Past 12 Months	10	4,864	0.2%
Insured Now and for All of the Past 2 Years	131	4,655	3.2%
Insured Now and for All of the Past 5 Years	131	4,655	3.2%
Target Became Insured After Being Uninsured	135	1,766	2.5%
Target Transitioned From One Type of Insurance to Another	135	1,766	2.5%
Target was Insured for Any of the Last 12 Months	36	336	0.6%
Target Uninsured for Less than Six Months	36	336	0.6%
Target Uninsured for Six Months or More	36	336	0.6%
Target Uninsured for All of the Past 12 Months	36	336	0.6%
Target Uninsured Now but Insured in Past 12 Months	36	5,001	0.6%
Target Uninsured Now and for Past 2 Years	17	137	12.4%
Target Uninsured Now and for Past 2 Years	17	137	12.4%
Target has a Reason for Uninsurance Related to Cost	10	137	9.2%
Usual Source of Healthcare is Not the ER	44	4,641	2.0%
Has Visited a General Doctor in Past 12 Months	87	5,001	1.4%
Has Visited a Specialist in Past 12 Months	51	5,001	10.0%
Has Visited a Nurse Practitioner or Physician's Assistant in past 12 months	166	5,001	2.6%
Had a Visit with Doctor for Preventive Care	50	4,389	0.9%
Had a Visit for Mental Health Care in the Past 12 Months	23	5,001	0.8%
Had a Dental Visit in Past 12 Months	27	5,001	0.6%
Took Prescription Drugs in Past 12 Months	43	5,001	0.8%
Had an ER visit in Past 12 Months	38	5,001	0.8%
Had More than One ER Visit in Past 12 Months	38	5,001	0.7%
Told By Doctor or Clinic that Insurance Wasn't Accepted in Past 12 Months	38	5,001	0.7%
Told By Doctor or Clinic that they Were Not Accepting New Patients In Past 12 Months	49	5,001	10%
Had Problem Getting an Apt. w/Doctor/Clinic as Needed in Past 12 Months	36	5,001	0.7%
Visited ER for Non-Emergency Condition	58	1,563	3.7%
Visited ER Because Unable to Get Doctor's Appointment	5	494	1.0%
Visited ER Because Needed Care After Normal Doctor Hours	7	494	1.4%
Unmet Need for Medicine	17	5,001	0.3%
Unmet Need for Doctor Care	22	5,001	0.4%
Unmet Need for Specialist Care	25	5,001	0.5%
Unmet Need for Mental Health Care	26	5,001	0.5%

Unmet Need for Dental Care	37	5,001	0.7%
Unmet Need for Substance Abuse Care	36	5,001	0.7%
Out of Pocket Costs Under \$1,000	364	4,635	7.8%
Out of Pocket Costs Under \$3,000	364	4,635	7.8%
Had Problems Paying Medical Bills in Past 12 Months	30	5,001	0.5%
Had Problems Paying ER Bills	5	705	0.7%
Had Problems Paying On-Going Treatment Bills	5	705	0.7%
Had Problems Paying Test or Procedure Bills	12	705	1.7%
Had Problems Paying Bills for Birth of a Child	5	705	0.7%
Had Problems Paying Dental Bills	7	705	0.7%
Had Problems Paying Prescription Bills	6	705	0.8%
Had Problems Paying Other Bills	10	705	1.4%
Has Bills Being Paid Over Time	61	5,001	1.2%
Medical Bills are Under \$2K	31	778	3.9%
Medical Bills are Between \$2K and \$8K	31	778	3.9%
Medical Bills are Over \$8K	31	778	3.9%
Medical Bills Paid Over Time Since Last Year	33	778	4.2%
Medical Bills Paid Over Time 1-5 Years	33	778	4.2%
Medical Bills Paid Over Time Over 5 Years	33	778	4.2%
Problems Paying Other Type of Bills	27	5,001	0.5%
Used Credit Card	13	1,117	1.2%
Were Contacted by a Collection Agency	11	1,117	1.0%
Cut Back on Savings	14	1,117	1.2%
Had to Declare Bankruptcy	3	1,117	0.3%
Changed to Lower Cost Doctor	14	1,488	0.9%
Went Without Needed Health Care	8	1,488	0.5%
Switched to a Lower Cost Insurance Plan	18	1,488	1.2%
Went Without Health Insurance	3	1,488	0.2%
Tried Harder to Stay Healthy	6	1,488	0.4%
Other Lower Spending Approach	10	1,488	0.7%
Person Who Had Insurance Lost Job or Changed Employers	7	137	5.1%
Person Who Had Insurance No Longer Member of Family	7	137	5.1%
Employer Does Not Offer Coverage	7	137	5.1%
Lost Eligibility for Public Program	10	137	7.3%
Cost is Too High	10	137	7.3%
Doesn't Need Insurance	7	137	5.1%
Doesn't Know How to Get Insurance	9	137	6.6%
Traded Health Insurance for Another Benefit or Higher Pay	7	137	5.1%
Other Reason	8	137	5.1%
Has Long Term Care Insurance	180	3,015	6.0%
Went without Care Due to Cost While Insured	29	1,180	2.5%
Reasons for Going without Care Because of Cost While Insured	57	751	7.6%
Bills Paid Over Time from when Insured or Not Insured	22	778	2.8%
Medical Bills Over Time from Care Not Covered	18	648	2.8%
Medical Bills Over Time from Co-payments or Co-insurance	22	648	3.4%
Medical Bills Over Time from Care Paid Under Deductible	42	648	6.5%
Family Experienced Medical Error	109	5,001	2.2%
Error was Made in Target's or Others' Care	13	988	1.3%
Type of Health Consequences from Error	18	988	1.8%

Appendix B: Survey Instrument

Massachusetts Health Insurance Survey

INTRO1. Hello. My name is _____ and I'm calling on behalf of the Commonwealth of Massachusetts. I'm with SSRS.

(INTERVIEWER SHOULD CONFIRM THAT RESPONDENT IS 18 OR OLDER. OTHERWISE ASK TO SPEAK WITH SOMEONE IN THE HOUSEHOLD WHO IS 18 OR OLDER)

(DELETED INTRO FOR OTHER USPS SAMPLE 4-3)

ASK CELL1, CELL2, CELL2a, CELL3 OF CELL PHONE SAMPLE ONLY)

CELL1. Just so that I can ask you the right questions, could you please tell me if you are less than 18, 18 to 25, 26 to 64, or 65 or older?

- | | | |
|---|--------------------------|-----------------------------------|
| 1 | Less than 18 | THANK AND TERM, RECORD AS TQCELL1 |
| 2 | 18 to 25 | CONTINUE TO CELL2 |
| 3 | 26 to 64 | CONTINUE TO CELL2 |
| 4 | 65 or older | CONTINUE TO CELL2 |
| D | (DO NOT READ) Don't know | THANK & TERM, RECORD AS TQCELL1 |
| R | (DO NOT READ) Refused | THANK & TERM, RECORD AS RQCELL1 |

IF CELL1 = 1,D or R READ: Thank you. We are only interviewing people who are 18 years old or older. THANK & TERM

(ASK IF CELL SAMPLE)

CELL2. What is your zip code?

(IF NEEDED: If you have more than one residence, please tell me the zip code of your primary residence.)

- _____ (ENTER ZIP CODE)
- NN Outside of Massachusetts (not on list)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

(ASK CELL2a IF CELL2=NN, DD, RR)

CELL2a. Is your home located in Massachusetts?

- | | | |
|---|--------------------------|--------------------------------------|
| 1 | Yes | GO TO CELL3 |
| 2 | No | THANK AND TERM
RECORD AS TQCELL2A |
| 3 | (DO NOT READ) DON'T KNOW | THANK & TERM. RECORD |

R (DO NOT READ) REFUSED

AS TQCELL2a
THANK & TERM. RECORD
AS RQCELL2a

IF CELL2a = 2, D or R READ: Thank you. We are only interviewing people whose main residence is in Massachusetts. THANK & TERM.

CELL3. Before we continue, are you driving?

- 1 Not driving
- 2 Driving

GO TO INTRO2
SET UP CALL BACK AND
RECORD AS SUSPENDED
INTERVIEW

- 3 (DO NOT READ) This is NOT a cell phone

THANK & TERM. RECORD
AS TQCELL3

- R (DO NOT READ) Refused

THANK & TERM. RECORD AS
RQCELL3

INTRO2. As you may know, Massachusetts is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. The state would like to better understand how to improve access to affordable health insurance.

Your telephone number was randomly selected from phone numbers in Massachusetts. Your participation in this study is voluntary and will be a great help. This study takes only about 15-20 minutes. (IF NEEDED: It tends to be a bit shorter for smaller households and a bit longer for larger households)

2013 DELETED VERBIAGE FOR OTHER USPS SAMPLE WITH LISTED LL PHONE AND REMAINING USPS SAMPLE

INTRO3. Before we start, let me tell you that what you say will be kept confidential. Your answers will be combined with those of other people in Massachusetts. The study will not be used for marketing purposes and your decision whether or not to participate will not have any effect on anything to do with your insurance coverage, health care, or your relationship with any state or Federal agencies. You may skip over questions or stop the interview at any time you wish.

IF RESPONDENT RAISES CONCERNS ABOUT THE INDIVIDUAL MANDATE: Since the information that you provide will be kept confidential, there is no way that anything you say could be used to determine whether you are complying with the individual mandate on insurance coverage.

INTRO4. If you have questions about the study, I can give you a phone number now or at the end of the survey that you can call to find out more about the study.

For questions about the survey, please call Kathy Langdale at 1-800-633-1986.

(2013 DELETED ORIGINAL S1A, S5, S1B, 4-3-14)

(ASK IF LL SAMPLE)

S1a. What is your zip code?

(IF NEEDED: If you have more than one residence, please tell me the zip code of your primary residence.)

_____ (ENTER ZIP CODE)
NN Outside of Massachusetts (not on list)
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

(ASK S1aa IF LL SAMPLE AND S1a=NN, DD, RR)
S1aa. Is your home located in Massachusetts?

1	Yes	GO TO S2
2	No	THANK AND TERM
3	(DO NOT READ) DON'T KNOW	RECORD AS TQS1aa
R	(DO NOT READ) REFUSED	THANK & TERM. RECORD AS TQS1aa
		THANK & TERM. RECORD AS REFUSED RQS1aa

(ASK S2 IF VALID ZIP CODE IN S1a OR S1aa = 1) OR (CELL2=VALID ZIP CODE AND CELL2a=1 AND CELL3=1)

(INTERVIEWER READ) I'd like to begin by asking some questions about health insurance coverage for people in your household.

S2. Can you answer questions about health insurance for people in your household?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF CELL PHONE SAMPLE AND S2=2,D,R, THANK AND TERMINATE)

(IF S2=2, D, R AND LANDLINE SAMPLE; ASK S3)

S3. Is another adult available who could answer questions about health insurance?

- | | | |
|---|--------------------------|--|
| 1 | Yes | GET PERSON ON PHONE AND
CONTINUE [SKIP TO INTRO1] |
| 2 | No | SET UP CALL BACK. |
| D | (DO NOT READ) Don't know | (THANK AND TERMINATE) |
| R | (DO NOT READ) Refused | (THANK AND TERMINATE) |

S4. How many people currently live or stay in your household? Please include anyone temporarily away for school or the armed services.

(PROBE: Include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and National Guard members who are deployed.)

(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 regular Armed Forces living somewhere else.)

- | | | |
|-------|--------------------------|-----------------------|
| _____ | people (RANGE 1-9) | |
| 10 | 10 or more | |
| DD | (DO NOT READ) Don't know | (THANK AND TERMINATE) |
| RR | (DO NOT READ) Refused | (THANK AND TERMINATE) |

(INTERVIEWER READ IF Q.S4 = 2+) I need some general information about the people in this household so that one person can be picked at random to talk about their access to health insurance.

ASK S6 TO S9 IN SUCCESSION FOR EACH MEMBER OF THE HOUSEHOLD
(PN: Questions S6 – S9 can be used to create a “HH Roster” listing each person in HH)

S6. Starting with yourself, what is your age?

(INTERVIEWER IF RESPONDENT DK/REFUSES AGE: I understand your reluctance to give your age, but this information is totally confidential. It will not be used for identification of you. It is very important that we gather this information accurately to help improve health insurance coverage for Massachusetts’ families. IF RESPONDENT STILL DK/REFUSES AGE, ASK Q.S6a1)

_____ (AGE) (MUST BE 18 OR OLDER)
RR (DO NOT READ) Refused

(ASK Q.S6a1 IF LL SAMPLE AND Q.S6 = DD OR RR)

S6a1. Could you please tell me if you are...?

(READ LIST. ENTER ONE ONLY)

- 1 Less than 18 years of age
- 2 18 years of age or older
- D (DO NOT READ) Don’t know
- R (DO NOT READ) Refused

(IF S6<18 OR Q.S6a1 = 1, D, OR R; ASK S6A)

S6A. Is there someone available who is 18 or older?

- 1 Yes GET PERSON ON PHONE AND CONTINUE [SKIP TO INTRO1]
- 2 No SET UP CALL BACK
- D (DO NOT READ) Don’t know (THANK AND TERMINATE)
- R (DO NOT READ) Refused (THANK AND TERMINATE)

S6aa. RECORD RESPONDENT GENDER

- 1 Male
- 2 Female

S6(b-j). And the next person's age?
(INTERVIEWER IF RESPONDENT DK/REFUSES AGE: I understand your reluctance to give other household members' ages, but this information is totally confidential. It will not be used for identification of them. It is very important that we gather this information accurately to help improve health insurance coverage for Massachusetts' families. IF RESPONDENT STILL DK/REFUSES AGE, ASK Q.S6b1)

_____ years (ENTER AGE 1-110)

- 00 Less than 1 year old
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK Q.S6b1 FOR EACH Q.S6b-j = DD OR RR)

S6b1(b-j). Could you please tell me if this person is...?
(READ LIST. ENTER ONE ONLY)

- 1 Less than 18 years of age
- 2 18 years of age or older
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF Q.S6(b-j) = 18+ OR Q.S6b1(b-j) = 2, INSERT "person" and "male or female"

IF Q.S6(b-j) IS <18 OR Q.S6b1(b-j) = 1, INSERT "child" and boy or girl"

S7(b-j). Is this (child/person) (a boy or a girl/male or female)?

- 1 Male/Boy
- 2 Female/Girl
- R (DO NOT READ) Refused

S8(b-j). What is this person's relationship to you?
(DO NOT READ. ENTER ONE ONLY. RESPONDENT CAN PROVIDE UP TO ONE PARTNER AND FOUR PARENTS, GUARDIAN AND WARD SHOULD BE CODED BEFORE ANY OTHER RELATIONSHIP EXCEPT PARENT OR STEPPARENT OR CHILD/STEPCHILD/FOSTER CHILD, SO A GRANDPARENT AND GUARDIAN SHOULD BE CODED AS GUARDIAN, CODE 04)

(INTERVIEWER IF RESPONDENT REFUSES RELATIONSHIP: I understand your reluctance to give your relationship to other members of your household, but this information is confidential. It is very important that we gather this information accurately to help improve health insurance coverage for Massachusetts' families. IF RESPONDENT STILL REFUSES RELATIONSHIP, THANK AND TERMINATE.)

- 01 Spouse (wife/husband)
- 02 Unmarried partner / significant other
- 03 Child / stepchild / foster child/ward
- 04 Parent / Stepparent / foster parent/guardian
- 05 Sibling / Stepsister / Stepbrother
- 06 Grandparent / Step-grandparent
- 07 Grandchild / Step-grandchild
- 08 Son-in-law / Daughter-in-law
- 09 Father-in-law / Mother-in-law
- 10 Other relative
- 11 Employer
- 12 Employee (maid, nanny, au pair, housekeeper, etc.)
- 13 Professional caregiver (nurse, aide, etc.)
- 14 Other non-relative
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK IF S6 >= 16 OR Q.S6a1 = 2)

(ASK IF S6(b-j) >= 16 OR Q.S6b1(b-j) = 2)

S9. What is the highest level of school [you have/she has/he has] completed or the highest degree [you have/she has/he has] received?

(DO NOT READ. ENTER ONE ONLY)

- 1 Less than high school (grades 1-11, grade 12 but no diploma)
- 2 High school graduate or equivalent (e.g. GED)
- 3 Some college but no degree (incl. 2 year occupational or vocational programs)
- 4 Associates Degree (not occupation or vocational programs)
- 5 College graduate (e.g. BA, AB, BS)
- 6 Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDs, PhD, JD, LLB,

DVM)

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(IF Q.S7=1 INSERT "he"; IF Q.S7=2, INSERT "she", ELSE INSERT "they")

(ASK IF S6 >= 16 OR Q.S6a1 = 2)

(ASK IF S6(b-j) >= 16 OR Q.S6b1(b-j) = 2)

S9a. [Are you /Is she /Is he] currently working for pay?

- 1 Yes, working
- 2 No, not working
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

FOR RESPONDENT, INSERT "you"
(IF Q.S4 = 1, READ VERBIAGE IN PARENS)

S10. I will be asking some specific insurance coverage questions about one randomly chosen person from your household. For those questions my computer has selected [you/TARGET].

(I will be asking some specific questions about your insurance coverage)

INTERVIEWER RECORD

- 1 Respondent
- 2 Target

(P.N. – IF RANDOM PERSON CHOSEN IS TARGET AND Q.S6b1 = D OR R FOR THAT PERSON OR Q.S8b-j = RR FOR THAT PERSON, THANK AND TERMINATE)

S10a. What is the first name or initials of the person I selected?

- 1 Answer given (SPECIFY) _____
- R Refused

IF AGE \geq 17, ASK Q.S11 AND IDENTIFY SPOUSE/PARTNER (S11=1 OR 2) IN THE ROSTER (T SPOUSE)

INSERT "is this person" IF Q.S10 = 2

IF TARGET IS RESPONDENT'S SPOUSE/PARTNER, GEN IN CODE 1 OR CODE 02 (RESPONDENTS WHO ARE ALSO TARGETS SHOULD BE ASKED THIS QUESTION IF S8(b-j) NE 01)

IF ONE PERSON HOUSEHOLD, (S4 =1) DO NOT SHOW CODE 2, LIVING WITH PARTNER)

S11. Are you (is this person) currently:

- 1 Married
- 2 Living with partner
- 3 Divorced
- 4 Separated
- 5 Widowed
- 6 Never Married
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF TARGET IS THE RESPONDENT, SKIP TO SETUP 1
(ASK Q.S12 OF EVERYONE EXCEPT FOR RESPONDENT)

S12(b-j). It would be helpful to know the relationship between the other members of your household and (INSERT NAME OR INITIALS FROM Q.S10a OR RELATIONSHIP FROM Q.S8[b-j])? What is the relationship of your (RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j] if multiple members with same relationship code] to the TARGET)?

(DO NOT READ, ENTER ONE ONLY, GUARDIAN AND WARD SHOULD BE CODED BEFORE ANY OTHER RELATIONSHIP EXCEPT PARENT OR STEPPARENT OR CHILD/STEPCHILD/FOSTER CHILD, SO A GRANDPARENT AND GUARDIAN SHOULD BE CODED AS GUARDIAN))

- 01 Spouse (wife/husband)
- 02 Unmarried partner / significant other
- 03 Child / stepchild / foster child/ward
- 04 Parent / Stepparent / foster parent/guardian
- 05 Sibling / Stepsister / Stepbrother
- 06 Grandparent / Step-grandparent
- 07 Grandchild / Step-grandchild
- 08 Son-in-law / Daughter-in-law
- 09 Father-in-law / Mother-in-law
- 10 Other relative
- 11 Employer
- 12 Employee (maid, nanny, au pair, housekeeper, etc.)
- 13 Professional caregiver (nurse, aide, etc.)
- 14 Other non-relative
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

OR

ASK S12-1 IF (S12(b-j) NE 04) AND (S8 NE 03 FOR TARGET) AND ((TAGE<18)

S6A1=1 FOR TARGET))

S12-1. Are any members of your household the legal guardian or caretaker of (TARGET)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK IF Q.S12-1=1

or

S12-2. Which household member (or members) is (TARGET's) legal guardian caretaker?

(DO NOT READ, ALLOW MULTIPLE)

PN: SHOW HOUSEHOLD MEMBERS FROM S12 (b-j)

- 02 Household member 2
- 03 Household member 3
- 04 Household member 4
- 05 Household member 5
- 06 Household member 6
- 07 Household member 7
- 08 Household member 8
- 09 Household member 9
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(PROGRAMMER NOTE: WE WOULD LIKE TO ADD A CHECK SCREEN LIKE THE ONE USED IN K1042 TO GO BACK OVER THE ROSTER WITH RESPONDENT AND CONFIRM RELATIONSHIPS.)

[PN: ALL HH MEMBERS CODED AS GUARDIAN SHOULD = 04 IN S12]

SETUP1:

P.N. - Create the following variables to be used in remainder of survey

HH_COUNT – Number of people in household (S4)

TMARR – 1 if TARGET is married/partner; 0 otherwise

TPAR – 1 if TARGET is parent; 0 otherwise

TAGE – TARGET's age

TFEM – 1 if TARGET is female; 0 otherwise

TFAM_COUNT – Number of people in TARGET's family.

IF TAGE<26 & TMARR=0 & TPAR=0: TARGET+PARENTS+SIBLINGS<26

FROM

ROSTER

IF TAGE<26 & (TMARR=1 OR TPAR=1): TARGET+SPOUSE+CHILDREN<26

FROM

ROSTER

IF TAGE=>26: TARGET+SPOUSE+CHILDREN<26 FROM ROSTER

HEALTH INSURANCE- TARGET PERSON

***P.N #1– THROUGHOUT Q’NAIRE WHEN THE INSERT LANGUAGE IS REFERRING TO THE TARGET’S PARENT:**

IF TARGET IS <18 YEARS OLD AND RESPONDENT IS TARGET’S PARENT, THE INSERT SHOULD FOLLOW THE INSERTS FOR “RESPONDENT”

IF TARGET IS <18 YEARS OLD AND RESPONDENT IS NOT TARGET’S PARENT, THE INSERT SHOULD BE “TARGET’S PARENT...”

TARGET, *P.N. #2 – THROUGHOUT Q’NAIRE WHEN THERE IS NO NAME FOR PLEASE INSERT “THIS PERSON/THEM/THEY” FOR PRONOUNS

INSERT “you/have/do you” IF Q.S10 = 1

INSERT “NAME/INITIALS/RELATIONSHIP/has/does...” IF Q.S10 = 2

(ASK ITEMS b, i, and l if TAGE>17)

(ASK ITEM c IF H1b < 1 >)

(ASK ITEM l IF H1b AND H1c < 1 >)

(ASK ITEM m IF H1l AND H1b AND H1c < 1 >)

(ASK ITEM k if TAGE>15 AND </=64 AND H1b AND H1c < 1 >)

H1. I am going to read you a list of different types of health insurance coverage. Please tell me if (you / TARGET) currently (have/has) any of the following types of insurance. Please exclude any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.

(Do you/does TARGET) currently have (READ LIST)?

IF RESPONDENT ASKS TO SKIP THROUGH INSURANCE

QUESTIONS, SAY: I’m sorry, but I have to read all of the insurance categories.”

1 Yes

2 No

D (DO NOT READ) Don’t know

R (DO NOT READ) Refused

a. DELETED

b. Health insurance through (your/TARGET’s) work or union. (PROBE: This insurance could be through COBRA or, through a former employer or a retiree benefit.)

c. Health insurance through someone else’s work or union (Probe: This insurance could be through COBRA through a former employer or a retiree benefit.)

d. Medicare (PROBE: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. For many people this is a red, white and blue card.)

f. Veteran’s Affairs, Military Health, TRICARE or CHAMPUS

g. DELETED

h. MassHealth or Medicaid (PROBE: This is a Massachusetts program for low- and moderate-income individuals families with children,

seniors, and people with disabilities. You may know it as MassHealth Standard, CommonHealth, Family Assistance, CarePlus, or the Insurance Partnership or Small Business Employee Premium Assistance. (You/TARGET) may have coverage under MassHealth through a health insurance plan.)

- n. DELETED IN 2015
- i. Connector Care (PROBE: is insurance available through the Health Connector at either no cost or low cost for low- and moderate-income adults. (You/TARGET) would have coverage through a health insurance plan.)
- j. DELETED IN 2016 Commonwealth Choice
- o. DELETED in 2016 ConnectorCare
- p. DELETED IN 2016
- q. Health Connector Plan This is insurance purchased through the Health Connector. (You/TARGET) would have coverage through a health insurance plan
- k. A qualifying student health insurance plan? (PROBE: A QSHIP is a health insurance plan that is sponsored by a college or university.)
- l. Health insurance bought directly by (you / TARGET) (PROBE: For example, bought directly from Blue Cross Blue Shield or another company or bought through an insurance broker.)
- m. Health insurance bought directly by someone else

(ASK Q.H1ba IF Q.H1b = 1)

H1ba. Is this an individual policy or is it a family policy?

(READ IF NECESSARY: The health insurance through (your/TARGET's) work or union?)

- 1 Individual policy
- 2 Family policy (covers more than one person)
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(Q.H1la DELETED 2017)
(Q.H1lb. DELETED IN 2017)
(Q.H1ca. DELETED IN 2017)

(Q.H1maa DELETED)

(Q.H1ma DELETED 2017)

(Q.H1mb DELETED 2017)

(DELETE Q.H1N 4-3-14)

(ASK IF ALL IN H1=2, D, OR R)

INSERT "you" IF Q.S10 = 1

INSERT "TARGET" IF Q.S10 = 2

H2. Do (you/TARGET) currently have any other type of insurance? (DO NOT READ, ALLOW MULTIPLE)

- 1 Workers compensation for specific injury/illness
- 2 Employer pays for bills, but not an insurance policy
- 3 Family member pays out of pocket for any bills
- 4 Other Non Insurance Payment Source
- 5 Indian Health Service (IHS)
- 6 Free Care/Health Safety Net/Medical Hardship
- 7 Other Insurance (SPECIFY) _____
- N No other insurance
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF Q.H1 = 2, D OR R TO ALL AND Q.H2 = 1-4 ONLY, READ:)

For the purposes of this survey, we'll assume that (you do/TARGET does) not have health insurance."

NOW GO TO Q.H6

IF H2=5 ONLY SKIP TO H3C

(ASK Q.H3 IF Q.H1 = 2, D, R FOR ALL AND Q.H2 = N, D OR R)

INSERT "you do" IF Q.S10 = 1

INSERT "NAME/INITIALS/RELATIONSHIP does..." IF Q.S10 = 2

H3. Just to be sure I have this right, (you do/TARGET does) not have health insurance coverage. Is that correct?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.H3a IF Q.H3 = 2)

INSERT "you" IF Q.S10 = 1

INSERT "they" IF Q.S10 = 2

H3a. What insurance do (you/they) have? (DO NOT READ, ENTER ONE ONLY) (Probe: if you can, it might be helpful to look at (your/their) insurance card to help identify the type of insurance.)

- 01 DELETED
- 02 Health insurance through (your / TARGET's) work or union
- 03 Health insurance through someone else's work or union
- 04 Medicare
- 05 Railroad Retirement Plan
- 06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- 07 Indian Health Service
- 08 MassHealth or Medicaid
- 09 DELETED AND REPLACED IN 2015 ~~Commonwealth Care or~~
Connector Care
- 11 Student health plan
- 12 Health insurance bought directly by (you / TARGET)
- 13 Health insurance bought directly by someone else
- 14 Free Care/Health Safety Net/Medical Hardship
- 15 Workers compensation for specific injury/illness
- 16 Employer pays for bills, but not an insurance policy
- 17 Family member pays out of pocket for any bills
- 19 DELETED IN 2015
- 21 DELETED IN 2015
- 22 Health Connector Plan
- 18 Other Non Insurance Payment Source
- 97 Other Insurance (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(IF Q.H3a = 14-18, READ:)

INSERT "you do" IF Q.S10 = 1

INSERT "TARGET does" IF Q.S10 = 2

For the purposes of this survey, we'll assume that (you do/TARGET does) not have health insurance.

NOW GO TO Q.H6

(ASK Q.H3b IF Q.H3a = DD OR RR)

INSERT "you/your" IF Q.S10 = 1

INSERT "they/their" IF Q.S10 = 2

H3b When (you/they) go to a doctor, health clinic, or hospital, does anyone else pay for some or all of (your / their) medical bills?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.H3c IF Q.H2=5 OR 6 OR IF Q.H3a = 07,14)

IF Q.H2 = 5 OR Q.H3a = 07, INSERT "Indian Health Service"

IF Q.H2=6 OR Q.H3a = 14, INSERT "Free Care/Health Safety Net/Medical Hardship")

INSERT "you receive/your/you" IF Q.S10 = 1

INSERT "TARGET receives/TARGET's/they" IF Q.S10 = 2

H3c. I understand that (you receive / TARGET receives) services through the (Indian Health Service/Free Care/Health Safety Net/Medical Hardship) In addition to this, does anyone else pay for (your / TARGET's) bills when (you/they) go to a doctor or hospital?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF Q.H3c = 2, D, OR R, READ:)

IF Q.H1g = 1 OR Q.H3a = 07, INSERT "Indian Health Service"

IF Q.H3a = 14, INSERT "Free Care/Health Safety Net/Medical Hardship")

INSERT "you do" IF Q.S10 = 1

INSERT "TARGET does" IF Q.S10 = 2

For the purposes of this survey, (Indian Health Service/Free Care/Health Safety Net/Medical Hardship) is not considered comprehensive insurance. For our survey, we'll assume that (you do/TARGET does) not have health insurance.

NOW GO TO Q.H6

(ASK Q.H4 IF Q H3b=1 OR Q.H3c = 1)

H4. And who is that?

(DO NOT READ, ENTER ONE ONLY)

- 01 DELETED
- 02 Health insurance through (your / TARGET's) work or union
- 03 Health insurance through someone else's work or union
- 04 Medicare
- 05 Railroad Retirement Plan
- 06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- 07 Indian Health Service
- 08 MassHealth or Medicaid
- 09 DELETED AND REVISED in 2015 ~~Commonwealth Care~~ or Connector Care
- 10 DELETED 2016 Commonwealth Choice
- 11 Student health plan
- 12 Health insurance bought directly by (you / TARGET)
- 13 Health insurance bought directly by someone else
- 14 Free Care/Health Safety Net/Medical Hardship
- 15 Workers compensation for specific injury/illness
- 16 Employer pays for bills, but not an insurance policy
- 17 Family member pays out of pocket for any bills
- 19 DELETED in 2015
- 20 DELETED
- 21 DELETED in 2015
- 22 Health Connector Plan
- 18 Other Non Insurance Payment Source
- 97 Other Insurance (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(IF Q.H4 = 07 OR 14-18, READ:)
INSERT "you do" IF Q.S10 = 1
INSERT "TARGET does" IF Q.S10 = 2
For purposes of this survey, we'll assume (you do/TARGET does) not have insurance.
NOW GO TO Q.H6

(Q.H4a DELETED 2017)
(Q.H4b DELETED 2017)

SETUP2

P.N.: CREATE VARIABLES FOR INSURANCE STATUS to use in rest of survey

TINS

1 TARGET is insured (Q.H1a-f = 1 OR Q.H1h-q= 1 OR H2 = 7 OR H3a = 02-06, 08-13, 19-22, 97 OR H4 = 02-06, 08-13, 19-22, 97)
0 NOT insured ([Q.H1 = 2, D, OR R TO ALL AND Q.H2 = 1-4 AND H3 = 2] OR [Q.H3a = 15-18, D, R OR Q.H3c = 2, D, OR R OR Q.H4 = 07 OR 14-18 OR D OR R])

TINS for 2015

1 TARGET is insured (Q.H1 b,c,d,f,h,i,k,l,m,q= 1 OR H2 = 7 OR H3a = 02-06, 08,09,11-13, 22, 97 OR H4 = 02-06, 08,09,11-13, 22, 97)
0 NOT insured ([Q.H1 = 2, D, OR R TO ALL AND Q.H2 = 1-4 AND H3 = 2] OR [Q.H3a = 14-17,18, D, R OR Q.H3c = 2, D, OR R OR Q.H4 = 07 OR 14-18 OR D OR R])

P.N.: CREATE VARIABLES FOR INSURANCE STATUS TO USE IN REST OF SURVEY

(ASK IF TINS=1)

IF TAGE>=1 USE 1ST VERBIAGE IN PARENS

IF TAGE<1 USE 2ND VERBIAGE IN PARENS

INSERT "Have you" IF Q.S10 = 1

INSERT "Has TARGET" IF Q.S10 = 2

H5. [(Have you/Has TARGET) had insurance coverage for all of the past 12 months?] [Has TARGET had insurance coverage for all of the time since he/she was born?]

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF H5=1)

INSERT "you/were" IF Q.S10 = 1

INSERT "TARGET/was" IF Q.S10 = 2

H5a. How many years has it been since [you/TARGET] [were/was] last uninsured? (READ LIST IF NECESSARY)

- 1 1 year
- 2 2 years
- 3 3 years
- 4 4 years
- 5 5 years
- 6 More than five years
- 7 Never uninsured
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK IF TINS=1)

(DO NOT ASK IF Q.H5a = 7)

INSERT "Were you" IF Q.s10=1

INSERT "Was TARGET" If Q.s10=2

INSERT "you" IF Q.S10 = 1

INSERT "TARGET" IF Q.S10 = 2

INSERT "your" IF Q.S10 = 1

INSERT "his/her" IF Q.S10 = 2

H6a. [Were you/Was TARGET] uninsured just before [you/TARGET] obtained [your/their] current insurance coverage or did [you/TARGET] have some other type of health insurance coverage?

- 1 Uninsured
- 2 Had some other type of health insurance
- 3 (DO NOT READ) Always had the same coverage
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK Q.H6 IF TINS=0 OR Q.H5 = 2)

INSERT "you" IF Q.S10 = 1

INSERT "TARGET " IF Q.S10 = 2

H6. How many months during the past 12 months were (you / TARGET) without health insurance coverage?

_____ months (RANGE 1-12)

- 00 Less than 1 month
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK Q.H7 IF TINS = 0)

INSERT "you" IF Q.S10 = 1

INSERT "TARGET " IF Q.S10 = 2

H7. How long has it been since (you/TARGET) had any health insurance?
(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

01 ANSWER GIVEN IN YEARS _____# (2-50) years

- 02 ANSWER GIVEN IN MONTHS _____ # (1-24) months
 LL Less than 1 month
 NN NEVER HAD COVERAGE
 DD (DO NOT READ) Don't know
 RR (DO NOT READ) Refused

(ASK Q.H8 IF TINS = 0)

INSERT "you" IF Q.S10 = 1

INSERT "TARGET " IF Q.S10 = 2

(SCRAMBLE ITEMS WITH j ALWAYS LAST)

H8. I'm going to read a list of reasons that people sometimes give for why they don't have health insurance. Please tell me if these are reasons that (you/target) (do/does) not have health insurance? How about (INSERT)?

- 1 Yes
 - 2 No
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
- a. The person in family who had health insurance lost job or changed employers
 - b. The person in family who had health insurance is no longer part of the family because of divorce, separation or death
 - c. Family member's employer does not offer coverage or not eligible for employer's coverage
 - d. Lost eligibility for MassHealth
 - e. Cost is too high
 - g. Don't need insurance
 - h. Don't know how to get insurance
 - i. Traded health insurance for another benefit or higher pay
 - j. Some other reason (SPECIFY) _____

(ASK Q.H9 IF Q.H7 = 01, 02, LL, OR DD)

INSERT "you" IF Q.S10 = 1

INSERT "TARGET " IF Q.S10 = 2

(ASK ITEMS 02, 05, 09, 10, 12 if TAGE>17)

(ASK ITEM 11 if TAGE>15)

H9. Thinking back to the last time (you/TARGET) had health insurance, what Type of insurance did (you/TARGET) have?
 (DO NOT READ LIST. UP TO 5 RESPONSES ALLOWED)

- 01 DELETED
- 02 Health insurance through (your / TARGET's) work or union
- 03 Health insurance through someone else's work or union
- 04 Medicare
- 05 Railroad Retirement Plan
- 06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- 07 Indian Health Service
- 08 MassHealth or Medicaid
- 09 Commonwealth Care

- 10 Commonwealth Choice
- 11 Student health plan
- 12 Health insurance bought directly by (you / TARGET)
- 13 Health insurance bought directly by someone else
- 14 Free Care/Health Safety Net/Medical Hardship
- 16 Temporary coverage from the Health Connector and MassHealth
- 17 Connector Care
- 18 Former Medical Security Program
- 19 Health Connector Plan
- 15 Other Non Insurance Payment Source
- 95 Other Insurance#1 (SPECIFY) _____
- 96 Other Insurance#2 (SPECIFY) _____
- 97 Other Insurance#3 (SPECIFY) _____
- 98 Other Insurance#4 (SPECIFY) _____
- 99 Other Insurance#5 (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK IF TAGE>49 OR IF TAGE2=2)

INSERT "Do you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "DOES TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

H10. (Do you/does TARGET) have a private long-term care insurance policy, that is, insurance that pays for nursing home or home care services over a long period of time?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK IF H10=2)

INSERT "you do" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGETdoes" IF PERSON ASKING ABOUT IS "TARGET PERSON"

CODE 5 INSERT "my" IF PERSON ASKING ABOUT IS RESPONDENT. INSERT TARGET's IF PERSON ASKING ABOUT IS "TARGET PERSON"

H11. What would you say is the major reason (you do/TARGET does) not have long-term care insurance? (ACCEPT ONE RESPONSE ONLY)

(READ LIST IF NECESSARY)

- 01 Costs too much
- 02 Don't think it is needed
- 03 Medicare will cover long-term care
- 04 Medicaid will cover long-term care
- 05 Family will take care of (my/TARGET's) long-term care needs
- 06 Have sufficient resources to take care of long-term care
- 08 Don't think current long-term care policies cover enough
- 10 Didn't think of it
- 11 Too young to purchase
- 12 Too old to purchase
- 97 Other (Specify)_____
- DD (DO NOT READ) Don't Know

RR (DO NOT READ) Refused

(Q.S13 DELETED IN 2015)

(SECTION I DELETED IN 2015)

(SETUP3 VARIABLES DELETED IN 2015)

EMPLOYMENT

INSTRUCTIONS FOR SEQUENCE E1 TO E12:

ASK IF TAGE>14

My next questions ask about employment.

I'd like to ask about (you/TARGET)

INSERT "Are you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Is TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E1. (Are you /Is TARGET) currently...

- 1 Self-employed
- 2 Employed by military
- 3 Employed by someone else
- 4 Unpaid worker for a family business
- 5 Retired
- 6 Unemployed and looking for work
- 7 Unemployed and not looking for work
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E2 IF Q.E1 = 1-3)

INSERT "Do you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Does TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E2. (Do you/Does TARGET) have more than one job, including part-time, evening or weekend work?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E3 IF Q. E2 = 1)

INSERT "Do you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Does TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E3. Altogether, how many jobs (do you/does TARGET) have?

1 2 jobs

2 3 jobs

3 4 or more jobs

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(ASK Q.E4 IF Q.E1 = 1-3)

INSERT "Do you/your/you/work" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Does TARGET/their/he/works" IF PERSON ASKING ABOUT IS

"TARGET PERSON" AND Q.S7 = 1

INSERT "Does TARGET/their/she/works" IF PERSON ASKING ABOUT IS

"TARGET PERSON" AND Q.S7 = 2

E4. How many hours per week (do you /does TARGET) usually work at (your/their) (READ IF E2=1: main) job? IF NEEDED: By main job, I mean the one at which (you/he/she) usually (work/works) the most hours.

_____ hours (1-100)

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(ASK Q.E5 IF Q.E2 = 1)

INSERT "Do you/your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Does TARGET/their" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E5. How many hours per week (do you /does TARGET) usually work at (your/their) other jobs?

_____ hours (ENTER # OF HOURS 1-100)

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(ASK Q.E6 IF Q.E1=1-3)

INSERT "have you/your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "has TARGET/their" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E6. How long (have you/has TARGET) worked for (your/their) (READ IF E2=1: main) job?

PROBE FOR MONTHS IF LESS THAN 2 YEARS

01 ANSWER GIVEN IN YEARS (ENTER # OF YEARS 2-60)

02 ANSWER GIVEN IN MONTHS (ENTER # OF MONTHS 1-24)

LL Less than 1 month

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(ASK Q.E7 IF Q.E1 = 1-3)

(IF Q.E1 =1, READ VERBIAGE IN PARENS)

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET's" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E7. Counting all locations where this employer operates, are there more than 50 people working for (your/TARGET's) employer?

(Including (you/TARGET) are there more than 50 people working for this business?)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E8 IF Q.E7 = 2)

INSERT "business" IF Q.E1 = 1; OTHERWISE, INSERT "employer"

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET's" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E8. Which category best represents the total number of persons who work for (your/TARGET's) (employer/business)? Would it be...?

- 1 Just one
- 2 Between 2 and 10
- 3 Between 11 and 50
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E9 IF Q.E7 = 1)

INSERT "business" IF Q.E1 = 1; OTHERWISE, INSERT "employer"

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET's" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E9. Which category best represents the total number of persons who work for (your/TARGET's) (employer/business)? Would it be...?

- 1 Between 51 and 100
- 2 Between 101 and 500
- 3 Between 501 and 1000
- 4 Over 1000
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E10 IF TESI = 0 AND E1 = 1 – 3)

INSERT “you work/your” IF PERSON ASKING ABOUT IS RESPONDENT

INSERT “TARGET works/their” IF PERSON ASKING ABOUT IS “TARGET PERSON”

E10. Does the place where (you work/TARGET works) at (your/their) (main) job offer health insurance as a benefit to any of its employees? INTERVIEWER: ASK ABOUT PRIMARY EMPLOYER IF HAVE MULTIPLE EMPLOYERS

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK E11 IF E10=1,D,R)

INSERT “Are you” and “in your” IF PERSON ASKING ABOUT IS RESPONDENT

INSERT “Is he/she” and “in his/her” IF PERSON ASKING ABOUT IS “TARGET PERSON”

E11. (Are you /Is TARGET offered health insurance through (your/their) work? (PROBE: Could (you/they) get health insurance through (your/their) work?)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK E12 IF TESI=1 OR IF E11=1, D, R)

(IF TARGET AND TESI=1 AND H1ba=1,D,R “Earlier you mentioned that...” AND

INSERT “you/your” IF PERSON ASKING ABOUT IS RESPONDENT

INSERT “TARGET/their” IF PERSON ASKING ABOUT IS “TARGET PERSON”

(IF TARGET AND TESI=1 AND H1ba=1,D,R OR IF E11=1,D,R, ASK “Could dependents be covered under that health insurance.”)

E12. Earlier you mentioned that (you / TARGET) had health insurance coverage through (your/their) employer. Could dependents be covered under that health insurance?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK IF TAGE OR S6 > 16 or S6a1 = 2

INSERT "Are you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Is TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E13. (Are you/Is TARGET) a veteran of the United States military?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT "Are you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Is TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

E14. (Are you/Is TARGET) currently a full-time student?
(IF NECESSARY: greater than three-fourths time)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ACCESS, USE AND COST

(ASK EVERYONE)

INSERT "your/you/go/are/need" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET's/goes/he/she/is/his/her/needs" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "they/are/need/their" IF PERSON IS TARGET & DO NOT KNOW GENDER

A1. My next questions ask about [your/ TARGET's/this person's] recent health care experiences. Is there a place where [you/ TARGET] usually [go/goes] when [you/(he/she)/they] [are/is] sick or when [you/(he/she)/they] (need/needs) advice about [your/(his/her)/their] health?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A2 IF Q.A1 = 1)

A2. What kind of place is it? Is it....? (READ LIST. ENTER ONE ONLY)

- 1 A doctor's office or private clinic
- 2 A community health center or other public clinic
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center that is not part of a community health center
- 6 Or, some other place
- 7 (DO NOT READ) Doesn't go to one place most often
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

A3. The next questions are about the health care [you/ TARGET/this person] received in the past 12 months. In the past 12 months, how many times did [you/ TARGET/this person] receive care in a hospital emergency room?

(READ LIST IF NECESSARY. ENTER ONE ONLY)

- 0 None
- 1 1 time
- 2 2 times
- 3 3 times
- 4 More than 3 times
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A3a IF Q.A3 = 1-4)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "TARGET's parent IF TAGE<18)

A3a. The last time (you/TARGET/this person) went to a hospital emergency room, was it for a condition that (you/TARGET/TARGET'S parent/this person/this person's parent) thought could have been treated by a regular doctor if he or she had been available?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A3b IF Q.A3a = 1)

INSERT "your/you were" IF Q.S10 = 1

INSERT "TARGET'S/TARGET was/TARGET's parent was/TARGET" IF Q.S10 = 2 AND TAGE <18)

A3b. 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 (your/TARGET's) last visit to a hospital emergency room. (INSERT) Was this an important reason?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. (You were/TARGET was/TARGET's parent was) unable to get an appointment at the doctor's office or clinic as soon as (you/TARGET) thought one was needed
- b. (You/TARGET) needed care after normal operating hours at the doctor's office or clinic
- c. (You/TARGET/TARGET's parent) owed money to the doctor's office or clinic
- d. It was more convenient to go to the hospital emergency room

(ASK EVERYONE)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT
INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"
INSERT "or pediatrician" IF TAGE<18

A5. In the past 12 months, how many times did [you/ TARGET] visit a general doctor who treats a variety of illnesses? For example, a doctor (or pediatrician) in general practice, family medicine or internal medicine. Please do not include care you received when you were hospitalized overnight or in hospital emergency rooms.

(READ LIST IF NECESSARY. ENTER ONE ONLY)

- 0 None
- 1 1 time
- 2 2 times
- 3 3 times
- 4 More than 3 times
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK ALL)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT
INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"
INSERT "Not counting the general doctor visits you've already told me about" if A5=1-4)
INSERT " or midwife" ONLY IF TFEM = 1 AND Q.S6 OR Q.S6(b-j) >=12

A5aa. (Not counting the general doctor visits you've already told me about), How many times did [you/ TARGET] visit a (IF TFEM=0) nurse practitioner or physician's assistant) (IF TFEM=1) nurse practitioner, physician's assistant, [or midwife] in the past 12 months?

(READ LIST IF NECESSARY. ENTER ONE ONLY)

- 0 None
- 1 1 time
- 2 2 times
- 3 3 times
- 4 More than 3 times
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A5a IF Q.A5 = 1-4 or Q.A5aa. = 1-4)

(IF ONLY A5 = 1 OR A5A = 1, INSERT "Was this visit"; IF A5 AND A5aa=1 OR A5=2-4 OR A5aa=2-4 INSERT "Were any of those visits")

INSERT " or midwife" ONLY IF TFEM = 1 AND Q.S6 OR Q.S6(b-j) >=12

A5a. (Was this visit/Were any of those visits) (IF TFEM=0) to a general doctor, nurse practitioner or physician's assistant) (IF TFEM=1) to a general doctor, nurse practitioner, physician's assistant [or midwife]) for a check-up, physical examination or for other preventive care?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(A5b DELETED 2017 MHIS) (ASK EVERYONE)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

A6. In the past 12 months, did [you/ TARGET] visit a specialist? 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 [you/ TARGET] received when [you/ TARGET] were hospitalized overnight or in hospital emergency rooms.

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(A6a DELETED 2017 MHIS)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

A6b. In the past 12 months, did (you/ TARGET]) visit a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(A6bb DELETED 2017 MHIS)

(ASK EVERYONE)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

A7. In the past 12 months, did [you/ TARGET] see a dentist or a dental hygienist?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

A8. In the past 12 months, did [you/ TARGET] take any prescription drugs?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "this person/for themselves" IF DO NOT HAVE NAME/INITIAL FOR TARGET

FOR ITEMS a,b INSERT "for TARGET/TARGET/this person" IF TAGE<18 (SCRAMBLE)

A9. Still thinking about the past 12 months, was there any time that [you/ TARGET/ this person] did (INSERT)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

a. Not fill a prescription for medicine for (you/TARGET/for themselves) because of cost

c. Not get doctor care that (you/TARGET/this person) needed because of cost

d. Not get specialist care that (you/TARGET/this person) needed because of cost (IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

e. Not get mental health care or counseling that (you/TARGET/this person) needed because of cost

f. Not get dental care that (you/TARGET/this person) needed because of cost

g. (NEW FOR 2017) Not get substance abuse care or treatment that (you/TARGET) needed because of cost

(NEW FOR 2017)

ASK A9a if A9=1 TO ANY

A9a Thinking about the last time [you/TARGET/this person] went without needed care because of cost, was it during a time that [you/(he/she) **had** health insurance coverage?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(NEW FOR 2017)

ASK A9aa if A9a=1

A9aa The last time [you/(he/she)] went without needed care because of cost was it because of any of the following? ALLOW MULTIPLE RESPONSES

- 1 The care was not covered by [your/(his/her)] health plan
- 2 The co-payment or co-insurance for the care under [your/(his/her)] health plan was too high
- 3 The care had to be paid for as part of the deductible under [your/(his/her)] health plan
- 4 Something else (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

(IF TAGE<18 OR TAGE2=1 INSERT "TARGET'S parent")

INSERT "You were" "you" "your" IF PERSON ASKING ABOUT IS RESPONDENT
INSERT "TARGET was" "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "this person has/this person/this person was" IF DO NOT HAVE NAME/INITIAL FOR TARGET

(SCRAMBLE)

A9b. Next, I'm going to read you a list of problems some people experience when they try to get health care. Please tell me if (you have/TARGET has/this person has/this person's parent has) had these problems in the past 12 months.

(INSERT). Has this happened to (you/TARGET/this person) in the past 12 months?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

a. (You were/TARGET was/this person was/this person's parent was) unable to get an appointment at a doctor's office or clinic as soon as (you/TARGET/this person/this person's parent) thought one was needed

d. (You were/TARGET was/this person was/this person's parent was) unable to get an appointment with a specialist as soon as (you/TARGET/this person/TARGET's parent/this person's parent) thought one was needed

b. (You were/TARGET was/this person was/TARGET's parent was/this person's parent was) told by a doctor's office or clinic that they weren't accepting patients) [IF TINS=1 with (your/TARGET's) type of health insurance/IF INS=0 without health insurance

c. (You were/TARGET was/This person was/TARGET's parent was/This person's parent was) told by a doctor's office or clinic that they weren't accepting new patients.

(IF TFAM_COUNT>1 INSERT "your family/target's family/was your family/was her family")

(IF TFAM_COUNT=1 INSERT "you/TARGET/were you/was he/she")

A11c. In the past 12 months, did (you/TARGET)/(your family/TARGET's family) have any problems paying or (were you/was he/she)/(was your family/was his/her family) unable to pay any medical bills? This would include doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills, or home care bills.

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A11e IF A11c = 1)

(SCRAMBLE A-F, ASK G LAST)

A11e. What types of medical services led to those medical bills? Was it (INSERT)...

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Emergency care
- b. An on-going treatment for a chronic or long-term health condition or health problem
- c. A medical test or surgical procedure
- d. The birth of a child
- e. Dental care
- f. Prescription drugs
- g. Something else (SPECIFY)

INSERT "Do you and your family" IF Q.S10 = 1 & TFAM_COUNT>1

INSERT "Does TARGET and [his/her/their] family" IF Q.S10 = 2 & TFAM_COUNT>1

INSERT "Do you" IF Q.S10 = 1 & TFAM_COUNT<1

INSERT "Does TARGET" IS Q.S10 = 2 & TFAM_COUNT<1

A11f. (Do you/Does TARGET) (Do you and your family/Does TARGET and [his/her] family) currently have any medical bills that are being paid over time?

This could include medical bills (you are/target is/target's parent is) paying off with your credit card, through personal loans, or bill paying arrangements with hospitals or other providers.

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(NEW 2017)

ASK IF A11f=1

(IF TFAM_COUNT>1 INSERT WORDING FOR FAMILY)

(IF TFAM_COUNT=1 INSERT YOU/TARGET)

A11. Are the medical bills for care that was received when (you and your family/TARGET and [his/her] family), did not have health insurance, when (you and your family/TARGET and [his/her] family) did have health insurance, or are the bills from both when (you and your family/TARGET and [his/her] family) were insured and when (you and your family/TARGET and [his/her] family) were uninsured?

- 1 Did not have health insurance
- 2 Had health insurance
- 3 Both
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK A11g IF A11f = 1)

A11g. How much are the medical bills that are being paid off over time?

PROBE: Your best estimate is fine.

_____ AMOUNT (\$1-\$9999)

- LL \$10,000 or more
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK A11h IF A11g = DD OR RR)

A11h. Was it...?

(READ LIST. ENTER ONE ONLY)

- 1 Less than \$2,000
- 2 \$2,000 to under \$4,000
- 3 \$4,000 to under \$8,000

- 4 \$8,000 to under \$10,000
- 5 \$10,000 or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(NEW 2017)

(ASK A11hc IF A11 = 2 or 3)

(SCRAMBLE)

A11hc. For this question, think about the medical bills that are being paid off over time that are from the period in which [you/TARGET] or a family member had health insurance. Were any of those medical bills for [INSERT ITEM]?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. care that was not covered by [your/(his/her)] health plan
- b. co-payments or co-insurance for care under [your/(his/her)] health plan
- c. care that had to be paid for as part of the deductible under [your/(his/her)] health plan

(ASK A11i if A11f =1)

INSERT "were you and your family/you" IF Q.S10 = 1 & TFAM_COUNT>1

INSERT "was TARGET and [his/her/their] family/they" IF Q.S10 = 2 & TFAM_COUNT>1

INSERT "were you/you" IF Q.S10 = 1 & TFAM_COUNT<1

INSERT "was TARGET/they" IS Q.S10 = 2 & TFAM_COUNT<1

A11i. When (were you/were you and your family/was TARGET/was TARGET and his/her family) first unable to pay the medical bills that (you are/target is/target's parent is) now paying off over time? Was it within the last year, a year to less than 2 years ago, 2 to less than 5 years ago, or 5 years ago or more?

- 1 Within the last year
- 2 A year to less than 2 years ago
- 3 2 to less than 5 years ago
- 4 5 years ago or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A11j IF Q.A11c = 1 OR Q.A11f = 1)

INSERT "have you and your family" IF Q.S10 = 1 & TFAM_COUNT>1

INSERT "was TARGET and [his/her/their] family" IF Q.S10 = 2 & TFAM_COUNT>1

INSERT "have you" IF Q.S10 = 1 & TFAM_COUNT<1

INSERT "has TARGET" IS Q.S10 = 2 & TFAM_COUNT<1

(IF TAGE<18 OR TAGE2=1 INSERT "has Target's parents)

(SCRAMBLE)

A11j. In the past 12 months, (have you/has TARGET/have you and your family/has target and [his/her/their]/has TARGET's parents)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. cut back on savings or had to take money out of savings to pay medical bills
- b. had to borrow or take on credit card debt to pay medical bills
- c. been contacted by a collection agency about owing money for medical bills
- d. had to declare bankruptcy because of medical bills

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "and your family" PERSON ASKING ABOUT IS RESPONDENT AND TFAM_COUNT>1

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "and his/her family IF PERSON ASKING ABOUT IS TARGET PERSON AND TFAM_COUNT>1

A11k. At any time in the past 12 months, did (you/ TARGET) (and your family/and (his/her) family) have any problem paying mortgage, rent or utility bills?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK ALL)

INSERT "you" when respondent is TARGET and TARGET's TFAM_COUNT= 1

INSERT "you and your family" when respondent is TARGET and TARGET's TFAM_COUNT> 1

INSERT "TARGET" when TARGET is not respondent and TARGET's TFAM_COUNT=1

INSERT "TARGET's FAMILY" when TARGET is not respondent and TARGET's

INSERT "your" when respondent is TARGET and TARGET's TFAM_COUNT= 1

INSERT "TARGET and TARGET's family" when respondent is TARGET and TARGET's TFAM_COUNT> 1

A12. People sometimes try different approaches to lower their health care spending, such as using lower cost providers, going without needed care, changing insurance coverage or going without coverage, or trying harder to stay healthy. Over the past year, have [{you/TARGET}/{you and your family}/{TARGET and TARGET's family}] tried to lower [your/TARGET's] health care spending?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK IF Q.A12=1)

RANDOMIZE LIST. ALWAYS SHOW F LAST.

INSERT "you" when respondent is TARGET and TARGET's TFAM_COUNT= 1

INSERT "you and your family/you or someone in your family" when respondent is TARGET and TARGET's TFAM_COUNT> 1

INSERT "TARGET" when TARGET is not respondent and TARGET's TFAM_COUNT=1

INSERT "TARGET's FAMILY/they or someone in their family" when TARGET is not respondent and TARGET's TFAM_COUNT> 1

INSERT "TARGET and TARGET's family" when respondent is TARGET and TARGET's TFAM_COUNT> 1

INSERT "your" when respondent is TARGET and TARGET's TFAM_COUNT= 1

A13. I'm going to read a list of different approaches people sometimes use to try to lower their health care spending. For each one, please tell me whether [you/TARGET]/[you and your family]/[TARGET and TARGET's family] have used that approach over the past year to try to lower health care spending? Did [you/they] (or someone in your family/or someone in their family) (INSERT)...?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

- a. Change to a lower cost doctor or other health care provider
- b. Go without needed health care
- c. Switch to a lower cost health insurance plan
- d. Go without health insurance coverage
- e. Try harder to stay healthy, for example by eating better or exercising more or by stopping smoking
- f. Something else (SPECIFY) _____

(NEW 2017)

(ASK ALL)

A14. Now, I'd like to ask you about medical errors that you or someone in your household or someone in [your/TARGET's) family living outside of your household may have experienced. This would include family members living in another household, in an assisted living facility or nursing home, or someplace else.

Sometimes when people receive medical care, mistakes are made. These mistakes sometimes result in no harm; sometimes, they may result in additional or prolonged treatment, disability, or death. These types of mistakes are called medical errors.

In the past five years, have you [have TARGET] or someone in [your/TARGET's) household or someone in [your/TARGET's) family living outside of [your/TARGET's) household experienced a medical error when receiving medical care, or has that not happened?

- 1 Yes, medical error was made in someone's care
- 2 No, this has NOT happened

- 8 (DO NOT READ) Don't know
- 9 (DO NOT READ) Refused

(NEW 2017)

(ASK A14a IF YES TO A14)

A14a. Was an error made in [your own/TARGET's] care, or the care of someone else living in [your/TARGET'S] household, or the care of someone in [your/TARGET's] family living outside of the household, or all the above? (ALLOW MULTIPLE RESPONSES)

- 1 Error was made in your own care
- 2 Error was made in the care of someone else living in your household
- 3 Error was made in the care of someone in [your/TARGET's] family living outside of the household
- 8 (DO NOT READ) Don't know
- 9 (DO NOT READ) Refused

(NEW 2017)

(ASK A14c IF YES TO A14)

A14c If there was more than one error, please think about the most recent one when answering the next question. Did the error have serious health consequences, minor health consequences, or no health consequences at all for the person who experienced the error?

- 1 Serious health consequences
- 2 Minor health consequences
- 3 No health consequences
- 8 (DO NOT READ) Don't know
- 9 (DO NOT READ) Refused

HEALTH STATUS

My next questions are about (your/TARGET's) health.

(ASK EVERYONE)

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET's" IF PERSON ASKING ABOUT IS "TARGET PERSON"

HS1. Would you say (your / TARGET's) health, in general, is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT "Are you/your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Is TARGET/his/her IF PERSON ASKING ABOUT IS "TARGET PERSON"

HS2. (Are you/ Is TARGET) limited in any way in (your/his/her) activities because of a physical, mental, or emotional problem?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

HEALTH REFORM

BACKGROUND

Now, I'd like to ask a few questions to help us describe the people who participated in our survey.

(ASK EVERYONE)

INSERT "Are you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Is TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

D1. (Are you/IsTARGET) Hispanic or Latino?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGETs" IF PERSON ASKING ABOUT IS "TARGET PERSON"

D2. Which one or more of the following would you say is (your/TARGETs) race?
(READ LIST. ENTER ALL THAT APPLY)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 7 Or some other race (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK D3 IF D2 IS >1 RESPONSE)

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGETS" IF PERSON ASKING ABOUT IS "TARGET PERSON"

D3. Which one of these groups would you say best represents (your/TARGETs) race?

PN: ONLY INCLUDE RESPONSES FROM D2

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 7 Or some other race (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK D4 IF D1=1 OR D2=3 OR D3=3)

(SHOW CODES 01-04, 94, 95, 97 ONLY IF D1=1 AND D2 AND OR D3 DOES NOT EQUAL 3)

(SHOW CODES 05-10, 96, 97 ONLY IF (D2=3 OR D3=3) AND D1 = 2, D, R)

(SHOW ALL CODES IF D1=1 AND (D2=3 OR D3=3))

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGETS" IF PERSON ASKING ABOUT IS "TARGET PERSON"

D4. Which best describes (your/TARGETs) ancestry or heritage? Would you say...

(READ LIST)

- 01 Puerto Rican
- 02 Dominican
- 03 Mexican
- 04 Salvadorian
- 05 Chinese
- 06 Filipino
- 07 Cambodian
- 08 Vietnamese
- 09 Japanese
- 10 Indian (Asian)
- 94 Other Central American (SPECIFY) _____
- 95 Other South American (SPECIFY) _____
- 96 Other Asian (SPECIFY) _____
- 97 Some other ancestry or heritage (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(Q.D5 THRU Q.D9 DELETED IN 2015)

D16. Is the phone number I have reached you on a cell phone number?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

D16a. Excluding cell phone numbers or phone numbers that are strictly used for business purposes how many landline or voice over internet phone numbers can be used to contact your household?

(IF NECESSARY: We need this information to determine whether your household could have been reached on different phone numbers for the survey)

- _____ (0-3)
- 4 four or more
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused

(INSERT "and other adults 18 or older in your household" IF S6(b-j) =>18 OR S6b1=2)

D16b. And how many working cell phones do you (and other adults 18 or older in your household) use?

- _____ (0-9)
- 10 10 or more
 - DD (DO NOT READ) Don't know
 - RR (DO NOT READ) Refused

(ASK EVERYONE)

D10. Next I have a few more questions about your residence. Is this residence?

(INTERVIEWER: READ LIST. ENTER ONE RESPONSE.)

- household
- 1 Owned by or being bought by you or someone in your
 - 2 Rented for cash
 - 3 Occupied without payment of rent
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT "Were you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Was TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

D12. (Were you/Was TARGET) born in the United States?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.D13 IF Q.D12 = 2)

INSERT "Are you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Is TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

D13. (Are you/Is TARGET) a citizen of the United States?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK D12=2,D,R)

INSERT "Do you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "Does TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

D14. [Do you/Does TARGET] speak a language other than English
at home?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF Q.D14=1)

D15. What is that language?

Specify _____

(READ TO EVERYONE)

(PN: Changing all to 2016)

IN1. My next questions are about income. This information is important because it helps the state understand how to make health care more affordable.

(IF TAGE<26 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS MARRIED, READ :)

(IF HH_COUNT IS GREATER THAN TFAM_COUNT INCLUDE VERBIAGE IN PARENS)

I'm interested in your family income, that is your income PLUS the income of your immediate family. (By immediate family I mean your spouse and the children or stepchildren under 26 who are living with you). For these questions, I'd like you to think back to 2016. (During 2016 did you) or any of your family members receive any income from wages or salary?

(IF TAGE<26 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND
RESPONDENT IS NOT MARRIED, READ :)
(IF HH_COUNT IS GREATER THAN TFAM_COUNT INCLUDE VERBIAGE IN
PARENS)

I'm interested in your family income, that is your income PLUS the income of your immediate family. (By immediate family I mean the children or stepchildren under 26 who are living with you). For these questions, I'd like you to think back to 2016. During 2016 did you or any of your family members receive any income from wages or salary?

(IF TAGE <26 & TMARR=0 & TPAR=0 & RESPONDENT IS NOT PARENT &
TFAM_COUNT>1,
READ:)

(IF HH_COUNT IS GREATER THAN TFAM_COUNT INCLUDE VERBIAGE IN
PARENS)

I'm interested in TARGET's family income, that is the income from his/her parents PLUS the income of any immediate family. (By immediate family I mean parents and siblings under 26 who are living with TARGET). For these questions, I'd like you to think back to 2016. During 2016, did any of TARGET's family members receive any income from wages or salary?

(IF TMARR=1 & TFAM_COUNT>2, READ :)

(IF HH_COUNT IS GREATER THAN TFAM_COUNT INCLUDE VERBIAGE IN
PARENS)

INSERT "your/you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET's/his/her/TARGET" IF PERSON ASKING ABOUT IS "TARGET
PERSON"

I'm interested in [your/ TARGET's] family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] immediate family. (By immediate family I mean [your/(his/her)] spouse and the children or stepchildren under 26 who are living with [you/ TARGET]). For these questions, I'd like you to think back to 2016. During 2016, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?

(IF TMARR=1 & TFAM_COUNT = 2, READ :)

INSERT "your/you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET's/his/her/TARGET" IF PERSON ASKING ABOUT IS "TARGET
PERSON"

I'm interested in (your/ TARGET's) family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] spouse. For these questions, I'd like you to think back to 2016. During 2016, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?

(IF TMARR=0 & TPAR=1 & TFAM_COUNT>=2, READ :)

INSERT "your/you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET's/his/her/TARGET" IF PERSON ASKING ABOUT IS "TARGET
PERSON"

I'm interested in [your/TARGET's] family income, that is [your/ TARGET's] income PLUS the income of the children or stepchildren under 26 who are living with [you/

TARGET]. For these questions, I'd like you to think back to 2016. During 2016, did [you/TARGET] or any of [your/(his/her)] family members receive any income from wages or salary?

READ:)

(IF HH_COUNT IS GREATER THAN TFAM_COUNT INCLUDE VERBIAGE IN PARENS)

I'm interested in your family income, that is the income from you and your parent(s) PLUS the income of any immediate family. (By immediate family I mean parents and siblings under 26 who are living with you. For these questions, I'd like you to think back to 2016. During 2016, did any of your family members receive any income from wages or salary?

(IF TFAM_COUNT=1, READ :)

INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET" IF PERSON ASKING ABOUT IS "TARGET PERSON"

For these questions, I'd like you to think back to 2016. During 2016, did [you/TARGET] receive any income from wages or salary?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

(DON'T SCRAMBLE)

INSERT "you/your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET/his/her" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "family members" IF TFAM_COUNT > 1

IN2. During 2016, did [you/ TARGET] (or any of [your/ his/her] family members) receive (INSERT)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Any dividend income or any interest income from bonds, money market accounts, CDs or other investments
- b. Social Security benefits or any type of cash assistance
- c. Income from any other sources, such as self-employment, alimony, child support, contributions from family or others, unemployment compensation, worker's compensation or veteran's payments, pensions, disability benefits, or anything else

INSERT "you/your" IF PERSON ASKING ABOUT IS RESPONDENT
INSERT "TARGET/TARGET"s" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "immediate family" IF TFAM_COUNT > 1

IN3. Thinking about all the different sources of income [you/ TARGET] (and [your/ TARGET's] immediate family) received in 2016, what was the combined total income from all sources before taxes and other deductions?

PROBE: Your best estimate is fine.

_____ AMOUNT (\$1-\$999,999)

00 (DO NOT READ) NO INCOME

LL \$1,000,000 or more

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

NEW 2017

(ASK IN3a if IN3 = DD, RR)

IN3a. Was it under (INSERT AMT5 FOR FAMILY SIZE) or was it (INSERT AMT5 FOR FAMILY SIZE) or more?

PROBE: Your best estimate is fine.

1 Under (INSERT AMT5)

2 (INSERT AMT5) or more

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(ASK Q.IN4 IF Q.IN3a = 1)

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET"s" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "family" IF TFAM_COUNT > 1

IN4. Now, just stop me when I get to the right category. Was [your/ TARGET'S] total (family) income ...?

IF NEEDED: The computer gives me different income values for the question depending on the size of your family. (IF NEEDED, PROBE: Your best estimate is fine)

(READ LIST. ENTER ONE ONLY)

1 Less than (INSERT AMT1)

2 (INSERT AMT1) to under (INSERT AMT1A)

3 (INSERT AMT1A) to under (INSERT AMT2)

4 (INSERT AMT2) to under (INSERT AMT3)

5 (INSERT AMT3) to under (INSERT AMT4)

6 (INSERT AMT4) to under (INSERT AMT5)

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

NOW GO TO Q.IN6

(ASK Q.IN5 IF Q.IN3a = 2)

INSERT "your" IF PERSON ASKING ABOUT IS RESPONDENT

INSERT "TARGET'S" IF PERSON ASKING ABOUT IS "TARGET PERSON"

INSERT "family" IF TFAM_COUNT > 1

IN5. Now, just stop me when I get to the right category. Was [your/
TARGET'S] total (family) income ...?

PROBE: Your best estimate is fine.
(READ LIST. ENTER ONE ONLY)

- 1 (INSERT AMT5) to under (INSERT AMT6)
- 2 (INSERT AMT6) to under (INSERT AMT7)
- 3 (INSERT AMT7) to under (INSERT AMT8)
- 4 (INSERT AMT8) or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

2016 Poverty Guidelines, rounded up to nearest thousand

	100%	139%	150%	200%	250%	300%	400%	500%	600%
FAMSIZE	AMT1	AMT1A	AMT2	AMT3	AMT4	AMT5	AMT6	AMT7	AMT8
1	12000	17000	18000	24000	30000	36000	48000	60000	72000
2	17000	23000	25000	33000	41000	49000	65000	81000	97000
3	21000	28000	31000	41000	51000	61000	81000	101000	121000
4	25000	34000	37000	49000	61000	73000	98000	122000	146000
5	29000	40000	43000	57000	72000	86000	114000	143000	171000
6	33000	45000	49000	66000	82000	98000	131000	163000	196000
7	37000	51000	56000	74000	92000	111000	147000	184000	221000
8	41000	57000	62000	82000	103000	123000	164000	205000	246000
9	46000	63000	68000	91000	113000	136000	181000	226000	271000
10	50000	68000	74000	99000	124000	148000	197000	247000	296000
11	54000	74000	81000	107000	134000	161000	214000	267000	321000
12	58000	80000	87000	116000	144000	173000	231000	288000	346000
13	62000	86000	93000	124000	155000	186000	247000	309000	371000
14	66000	91000	99000	132000	165000	198000	264000	330000	396000
15	71000	97000	106000	141000	176000	211000	281000	351000	421000
16	75000	103000	112000	149000	186000	223000	297000	371000	446000
17	79000	109000	118000	157000	196000	235000	314000	392000	470000

(NEW)
CONSTRUCT INCOME CUT-OFFS FOR QUESTIONS ON OOP SPENDING
RELATIVE TO INCOME:

IF REPORTED ZERO IN IN3: INC=0
IF REPORTED AN AMOUNT IN IN3 INC=REPORTED AMOUNT
IF REPORTED \$1M OR MORE IN IN3 INC=1000000
IF REPORTED RANGE IN IN3a AS UNDER ANY AMTX INC=AMTX
IF REPORTED RANGE IN IN5 AS AMT8 OR MORE INC=AMT8

THEN CUTOFF5=INC*.05 & CUTOFF10=INC*.10

(ASK EVERYONE)

INSERT "you" when respondent is TARGET and TARGET's
TFAM_COUNT= 1
INSERT "your family" when respondent is TARGET and TARGET's
TFAM_COUNT> 1
INSERT "TARGET" when TARGET is not respondent and TARGET's
TFAM_COUNT=1
INSERT "TARGET's FAMILY/and [his/her] family" when TARGET is not
respondent
and TARGET's TFAM_COUNT> 1

IN6. My next question is about the health care costs that [you/(your family)/TARGET/TARGET's family) had in the past 12 months. "Out of pocket" is the amount of money you pay that is not covered by any insurance or special assistance that you might have. It does not include any premiums that you pay for your health insurance or any health care costs that will be reimbursed. Please include costs for prescription medicines, dental and vision care, and all other medical expenses, including for doctors, hospitals, tests and equipment in your estimate. Also include any co-pays and co-insurance and costs that are covered by a flexible spending account. Finally, please include costs that you owe for care received in the past 12 months but have not yet paid. PN: IF INCOME IS ZERO OR UNDETERMINED SKIP TO IN6b AND SHOW ALL RANGES

Was the "out of pocket" spending for health care in the past 12 months for [you/TARGET] (and your family/and [his/her] family) less than [CUTOFF5] or [CUTOFF5] or more?

(IF NECESSARY: Your best guess is fine.)

- 1 Less than [CUTOFF5]
- 2 At [CUTOFF5] or more
- 3 (DO NOT READ) DID NOT USE CARE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(NEW 2017)

(ASK IN6a if IN6=2)

IN6a. Was the "out of pocket" spending for health care less than [CUTOFF10] or [CUTOFF10] or more?

- 1 Less than [CUTOFF10]
- 2 At [CUTOFF10] or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

PN: IF CUTOFF IS LESS THAN \$200 PLEASE GEN IN CODE 1 IN IN6b AND DO NOT ASK. IF CUTOFF IS \$5,000 OR MORE THEN GEN IN CODE 6 IN IN6b AND DO NOT ASK. IF CUTOFF IS \$200 TO \$4,999 ONLY SHOW THE RANGES ARE APPLICABLE.

IF NO CUTOFF SHOW ALL RANGES

(NEW 2017)

IN6b. Was the "out of pocket" spending for health care :
(READ LIST. ENTER ONE ONLY)

(IF NECESSARY: Just your best guess is fine.)

- 1 Less than \$200
- 2 \$200 to under \$500
- 3 \$500 to under \$1,000
- 4 \$1,000 to under \$3,000
- 5 \$3,000 to under \$5,000
- 6 \$5,000 or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(DELETE THIS LEFTOVER PROGRAMMING LANGUAGE 2017)

(ASK Q.IN6 IF TAGE>17 & EVER UNINSURED IN PRIOR YEAR [TINS=0 OR Q.H6 = 0+] OR IF TAGE <18 & TARGET'S PARENTS EVER UNINSURED IN PRIOR YEAR [H1ca OR Q.H4b = 1 AND MINSb-j = 0 OR Q.I5 = 0-12])

INSERT "you/your" IF PERSON ASKING ABOUT IS RESPONDENT

(DELETE IN6 4-3-14)

(Q.IN-7 HIDDEN 4/23/14)

Q.X. We may follow-up with some survey participants to gather more in-depth information on their health care experiences in Massachusetts. Could we contact you again to ask a few more questions?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.X2 IF Q.X1=1)

Q.X2. What would be the best way to reach you in the future?
(RECORD ALL INFORMATION ACCURATELY)

Name: _____

Phone number for recontact: _____

Email for recontact: _____

(EVERYONE :)

FINAL: That was my last question. Do you have any questions for me?

IF NEEDED READ

For more information on health care coverage in Massachusetts, I can give you two customer service numbers:

For MassHealth, call 1-800-841-2900

For Connector Care through the Health Connector, call 1-877-623-6765

FOR INTERVIEWER (CELL PHONE RESPONDENTS ONLY):

INT1. DO NOT READ. Did respondent request money for using their cell phone minutes?

- 1 Yes, requested money
- 2 No, did not request money – GO TO END OF INTERVIEW

(ASK IF INT1 = 1):

That's the end of the interview. We'd like to send you \$5 for your time. Can I please have your full name and a mailing address where we can send you the money?

INTERVIEWER NOTE: If R does not want to give full name, explain we only need it so we can send the \$5 to them personally.

- 1 [ENTER FULL NAME] – INTERVIEWER: PLEASE VERIFY SPELLING
- 2 [ENTER MAILING ADDRESS]
- 3 [City]
- 4 [State]
- 5 CONFIRM ZIP from above
- R (VOL.) Respondent does not want the money

List of created variables:

TSPOUSE –

- 1 if S11=1 Married or 2 Living with partner**
- 0 otherwise**

HH_COUNT – Number of people in household (S4)

TMARR –

- 1 if TARGET is married/partner**
- 0 otherwise**

TPAR –

- 1 if TARGET is parent**
- 0 otherwise**

TAGE – TARGET's age

TAGE2 -

- 1 if TARGET's age S6b1(b-j)=1 Less than 18**
- 2 if TARGET's age S6b1(b-j)=2 18 years of age or older**

TFEM –

- 1 if TARGET is female**
- 0 otherwise**

TFAM_COUNT – Number of people in TARGET's family.

TINS -

1 TARGET is insured (Q.H1a-f = 1 OR Q.H1h-q= 1 OR H2 = 7 OR H3a = 02-06, 08-13, 19-22, 97 OR H4 = 02-06, 08-13, 19-22, 97)
0 NOT insured ([Q.H1 = 2, D, OR R TO ALL AND Q.H2 = 1-4 AND H3 = 2] OR [Q.H3a = 15-18, D, R OR Q.H3c = 2, D, OR R OR Q.H4 = 07 OR 14-18 OR D OR R])

TESI –

- 1 TARGET has insurance through their employer. H1b=1**
- 0 otherwise**