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**Findings from a Pretest of a New Approach
to Measuring Health Insurance
in the Current Population Survey**

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ABSTRACT

This paper presents results from a pretest of an experimental questionnaire on health insurance coverage (the "Redesign"), developed to reduce measurement error in the Current Population Survey (CPS). Research has shown that some respondents ignore the calendar year reference period and instead report on their current status or their most recent spell of coverage, and that those with recent coverage are more likely to report accurately than those with coverage in the more distant past. Nevertheless, providing data on calendar year coverage is a goal of the CPS. Thus the Redesign takes a new approach to questions on time period of coverage, beginning by asking about current coverage status, and then asking about duration of coverage (at the month-level) during the past calendar year. The household-level CPS design has also been shown to risk underreporting for certain household members, and yet a person-level design lengthens the survey, inducing respondent fatigue and underreporting. The Redesign employs a hybrid approach. It begins by asking questions at the person-level and if a particular plan type is identified, questions are asked to determine whether other household members are also covered by that same plan. Subsequent people on the roster are then asked about by name, one at a time, and for those who had been reported as covered under a previously-reported plan, that coverage is simply verified and a question is asked to determine if they had any additional plans. A final problematic feature of the CPS is the way in which plan type is determined – through a series of eight fairly detailed questions on source of coverage. The Redesign takes a different approach, first asking about any coverage at all, then identifying general source (job, government or some other way) and then following up with tailored questions to elicit the necessary detail. Pretest results (n=54) were generally positive, suggesting only minor changes to the questionnaire were needed, and paving the way for a large-scale split-ballot field test in March, 2010.

1. INTRODUCTION

The U.S. health care system is currently a patchwork of private and public health insurance sources and programs. Employer-sponsored coverage is by far the most dominant source, covering 59% of the U.S. population in 2008, followed by Medicare (designed primarily for senior citizens) and Medicaid (geared mainly for low-income people) each covering about 14% of the population. A residual 15% – or some 46 million – was uninsured throughout 2008[1] (DeNavas-Walt et al., 2009). The source for these estimates is the U.S. Census Bureau's Current Population Survey Annual Social and Economic Supplement (commonly called the CPS), which is the most widely cited and used source of estimates on health insurance. Many researchers and policymakers, however, are critical of the CPS; in particular some believe its estimate of the uninsured is too high. One reason for this belief is that other national surveys produce fairly divergent estimates of the uninsured. For example, a comparison of four major national surveys found that estimates of the uninsured throughout calendar year 2002 ranged anywhere from 17% in the CPS to 8% in the Survey of Income and Program Participation (SIPP). Estimates from the National Health Interview Survey (NHIS) and from the Medical Expenditure Panel Survey (MEPS) were in between – 10% and 13% respectively (Davern, 2009). This imprecision obviously compromises serious attempts to evaluate costs of health system reform proposals.

Not enough is understood yet about the relative strengths and weaknesses of these surveys, but not surprisingly, the discrepancy in estimates has fueled an ongoing debate over: (1) what the real number of uninsured is and (2) whether and how appropriate it is to use CPS estimates in policymaking. And new questions are arising regarding the relative data quality across surveys, interpretation of the estimates, and implications for policymaking as the American Community Survey (ACS) is now collecting data on health insurance, and estimates were released for the first time in fall of 2009. In spite of the controversy and the shortcomings of the CPS (and other surveys that measure health coverage), surveys offer the only source of data on the number of uninsured. Given the patchwork nature of the current health care system, there is no centralized database on individuals with health coverage, and thus no way to derive the number of uninsured through such a database. There are administrative records on public plan enrollees; however, there are a number of barriers to gathering records on the private side. First, private plan enrollment databases are generally proprietary. Second, the actual entity that is the keeper of the records is often in flux as various health plans undergo mergers and acquisitions. Third and perhaps most compelling, due to the Employee Retirement Income Security Act of 1974 (ERISA), employers may choose to self-insure, which means their records would not be maintained by an insurance company but by the employers themselves, or a contracted third party. In theory, then, building a complete database of all those covered by private insurance would entail gaining cooperation and comprehensive, timely, accurate data not just from every insurance company in the country, but from every self-insured employer as well – a virtual impossibility. Thus the only way to estimate the uninsured is through surveys, where

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[1]The figures across all categories add up to more than 100% because individuals could have coverage from multiple sources. For example, some people over 65 have both Medicare and a job-sponsored plan, and some low-income people over 65 have both Medicare and Medicaid.

respondents are asked if they have any kind of coverage and those who do not are classified as uninsured.

The good news (arguably) is that several surveys measure health insurance. The bad news is that they were all developed with a different purpose and focus, and have evolved with fundamentally different methodologies.[2] These differences include the context and content of the survey, sample design, weighting and imputation schemes, mode (e.g., in-person, telephone, mail administration), interviewer training routines and the questionnaire. Given this context, perhaps it is less surprising that a precise estimate of the uninsured has proven somewhat elusive. Previous research (discussed in Section 3 below) indicates that much of the variation in the estimates is rooted in subtle differences in the questionnaires. Thus this paper is one piece of a broad effort to dissect the particular methodologies of these surveys, focusing on the questionnaire, and to identify specific design features that are associated with measurement error. The objectives are both to understand the measurement properties of the various surveys in order to better interpret their estimates, and to identify problematic survey design features in order to produce an improved questionnaire.

2. KEY DESIGN FEATURES OF HEALTH INSURANCE QUESTIONNAIRES

One important design feature that varies across surveys that measure health insurance is the "reference period" – that is, the time period specified in the survey question. For example, some surveys ask about current coverage status, while others ask about coverage over a certain time span. The reference period is then intertwined with the definition of the uninsured. For example, the CPS is administered in March[3] and asks respondents if they had coverage "at any time" during the previous calendar year. The uninsured are then defined as those uninsured throughout the entire calendar year. The NHIS and the American Community Survey (ACS), on the other hand, both ask about current coverage and define the uninsured as those without coverage at a particular point in time (i.e., the day of the interview). The SIPP and MEPS, both longitudinal surveys that follow respondents for a number of years, use a reference period somewhere in between (four months in the SIPP and typically two to seven months in the MEPS) and ask about monthly coverage during that time span. The uninsured can then be defined in a number of ways – uninsured in any given month, uninsured throughout the calendar year, or throughout an entire 3-year panel, or any number of months in between.

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[2]The CPS began including health insurance questions in 1980 (and publishing health insurance estimates in 1986), and in 1983 the SIPP was launched. The SIPP's main purpose is to measure the dynamics of economic and social well-being. As such, the focus is on measuring household income and benefits from a comprehensive range of sources (e.g., wages, business profits, stock dividends, food stamps, cash welfare payments), as well as health insurance. The MEPS (sponsored by the Agency for Healthcare Research and Quality), began in 1996 and collects data on the usage, cost and financing of health services, as well as health insurance. The NHIS, sponsored by the Centers for Disease Control, has been fielded since 1957 for the purpose of monitoring the health of the U.S. population, and in 1997 questions on health insurance were added. And finally, the Census Bureau's American Community Survey (ACS), designed to replace the decennial census long form, included questions on health insurance for the first time in 2008.

[3]The vast majority of interviews are conducted in March, though some are conducted in February and April.

Another difference across surveys is the specificity with which household members are asked about. The CPS, MEPS and NHIS ask questions at a general household level (e.g., "...was anyone in this household covered by [plan type]?"). If the answer to this general question is yes, followup questions are asked to determine which household members have the coverage. This is generally referred to as a "household-level" approach. The SIPP and ACS, on the other hand, employ a "person-level" approach and ask about each household member by name (e.g., "Does [name] have [plan type]?").

A third major design feature that varies is the overall structure of the question series. The CPS, MEPS and ACS ask a series of yes/no questions, each on a specific type of health coverage (e.g., employer-sponsored plans, Medicaid). The SIPP is fairly similar, asking specifically about Medicare and Medicaid, but rather than asking individual questions about employer-sponsored and directly-purchased coverage it asks one general question on private coverage and then followup questions determine the type of private coverage. The NHIS takes a different approach and asks a global question about any coverage and, if yes, a single followup question is asked to determine the particular type of coverage.

3.   RESEARCH ON VARIATION IN HEALTH COVERAGE ESTIMATES

For at least two decades researchers have been trying to understand the source of variation in health coverage estimates. For example, Swartz's seminal article in 1986 examined the sampling framework, weighting procedures, adjustments for nonresponse and attrition, and questionnaire design across four different surveys (CPS, SIPP, NHIS and the NMCES, the predecessor to the MEPS). Swartz concluded that the largest contributor to variation in the estimates was differences in the questionnaire, particularly differences in the reference period (Swartz, 1986). Research comparing the calendar-year and current reference periods corroborated the Swartz findings (Rosenbach and Lewis 1998; Pascale 1999), and prompted qualitative research to understand more about measurement error associated with the reference period. Results showed that some respondents do not focus on the reference period stated in the question ("At any time during [calendar year]"), but rather, they report on their current status or spell of coverage (Pascale, 2008/2009). A study on receipt of welfare benefits produced similar findings (Lynch, 2006). And a recent quantitative study matching CPS survey data to Medicaid administrative records showed that the more recent the coverage, the more accurate the survey report (Pascale et al., 2009). An earlier study on receipt of food stamps showed a similar reporting pattern (Resnick et al., 2004). In sum it appears that some respondents simply do not hear or do not focus on the calendar year reference period stated in the question, and instead report on their current situation, and that as the time span between having coverage and being interviewed increases, respondents tend to under-report coverage from the more distant past.

A subtle but potentially important point about the reference period has to do with "lag time." This is the length of time between the interview date and the time period of coverage asked about in the survey question. In surveys with a current reference period (e.g., NHIS and ACS), obviously there is no lag time; the questions are asking about coverage status on the day of the interview and there is no retrospective reporting. But in the CPS there is roughly a three-month lag time, since respondents are asked in March about their coverage during the previous calendar

year. They are not specifically asked about their current status, or their coverage over the past three months. Given the research findings that some respondents focus on their current situation, regardless of what is specified in the question, this could compound the problems with recalling and reporting past coverage. In the MEPS and SIPP respondents are asked about coverage "at any time [since a particular date]" thus the time frame specified spans a number of months up to and including the day of the interview.[4]

These findings are particularly problematic for the CPS, since it is fielded in March and asks about coverage "at any time" during the previous calendar year. Respondents, then, are never anchored in their current day-of-interview situation but are given the task of thinking back over 15 months (from January of the previous year until March of the current year), focusing on the first 12 of those months while "subtracting out" the most recent three months. Furthermore, they are asked about coverage "at any time" during those 12 months which, technically speaking, includes coverage for as little as one day. Thus the relatively long duration of the reference period, the 3-month lag time, and the fact that respondents are not asked about their current situation may all be working against the CPS. However, these design features are more historical artifact than deliberate choice regarding health coverage. The CPS is primarily a labor force survey conducted monthly, and the data are used to produce official statistics on unemployment. Once a year the CPS includes a supplement (the Annual Social and Economic Supplement or ASEC) with questions on income received during the previous calendar year. The purpose of the supplement is to broadly describe economic status, and data from the ASEC are used to produce official estimates of income and poverty in the U.S. In 1980 questions on non-cash benefits, including Medicaid, Medicare and other types of health insurance, were added to the survey to expand this economic portrait. In order to match the unit of measurement used for the income questions, the health insurance questions also employed the calendar year reference period. Over the next two decades the research community came to rely on the CPS for health insurance estimates due to certain advantages, such as it large sample size, high response rate, and rich auxiliary data. But the main asset of the CPS has been its reliable data collection and release schedule (dictated in part by the mandated deadlines for official estimates on income and poverty) which made it possible to produce annual trend data. Thus in spite of any measurement error built in to the annual measure of coverage, the same error would be expected to manifest across years, making trend data meaningful independent of imperfections in the point estimates.

Measurement issues aside for the moment, the choice of reference period also brings up the intertwined definition issues and raises the question: what kind of definition of the uninsured "should" be used? That is, what degree of "uninsured" makes most sense as an analytic category? In the CPS there is no measure of monthly coverage; the only information collected is

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[4]There are slight differences between questions about public versus private coverage in the SIPP. Questions on Medicare and Medicaid employ a screener question, asking if the respondent was covered "At any time" during the past 4 months. If so, a follow up question is asked to determine which of the past five months (including the current month) the respondent had the coverage. Questions on private coverage do no use this type of screener and instead ask if the respondent is currently covered. If so, followup questions determine which of the past four months the respondent was also covered.

whether the respondent had coverage "at any time" during the previous calendar year. Thus the insured are defined as those who had coverage anywhere from one day to 365 days, and the uninsured are defined as those without coverage throughout the year. That is, one day of coverage can separate the insured from the uninsured. This is a rather dubious distinction, since a person who was uninsured for, say, 11 out of 12 months, or who had spells of non-coverage, is likely to have a profile more like a person uninsured throughout the year than someone who was insured for the entire 12 months. A more useful measure might be a snapshot (e.g., an estimate of those uninsured at a given point in time) or some measure of duration of coverage and non-coverage. While this is at its core a substantive analytic issue, it needs to be considered in the context of the measurement approach since the unit of measurement ultimately dictates the range of possibilities for defining the uninsured.

While reference period issues have tended to dominate the literature on health insurance measurement error, as a design feature reference period alone does not explain all the variation observed in the estimate of the uninsured. For example, both the SIPP and the MEPS employ reference periods shorter than the calendar year, yet the differences in their uninsured-throughout-the-year estimates for 2002 was quite striking: 8.1% in the SIPP and 12.9% in the MEPS (Davern, 2009). One of the key differences between these surveys is the household-level approach (used in the MEPS) versus person-level approach (used in the SIPP). Though the household-level design has benefits in terms of respondent burden, there is some evidence that a failure to name each household member individually risks the respondent forgetting about some members, particularly in larger or complex households (Blumberg et al., 2004; Hess et al., 2001). On the other hand, administering the entire series for each household member individually risks respondent fatigue and associated underreporting (Blumberg et al., 2004; Pascale, 2000). Recent research also demonstrated that capitalizing on "shared coverage,"(that is, household members who are covered by the same plan type) results in more accurate reporting (at least for Medicaid). Specifically, respondents are more likely to accurately report the Medicaid coverage of other household members when they (the respondents themselves) also have Medicaid (Pascale et al., 2009). So while there are pros and cons to both approaches it is not entirely clear how the overall estimates are affected across all plan types and across households of various sizes and complexity.

With regard to the general structure of the questionnaire (asking several yes/no questions on specific plan types, as is common to most surveys), a range of reporting problems were identified in the literature (Beatty and Schechter, 1998; Loomis, 2000; Roman et al., 2002; Pascale, 2009a, Pascale, 2008/2009; Willson, 2005). One very basic issue is that these are interviewer-administered surveys and the script does not explain to respondents that a series of questions on eight specific plan types is to be asked. As a result respondents are often unsure whether their coverage fits the description in any given question, and some "pre-report" a plan at the first question that seems somewhat appropriate (even if that plan type is incorrect) (Loomis, 2000; Pascale, 2008/2009). For example, when asked about job-based coverage one respondent in a CPS study reported that he was a policyholder, and when asked if there were any other policyholders he reported his mother. Later in the interview it became apparent he was thinking of his mother as a policyholder of Medicare and that she was not, in fact, a policyholder of a job-based plan (Pascale, 2008/2009). Studies also found that individual items on plan type were

often too detailed and complex for respondents to grasp with confidence, or they failed to tap in to the respondent's understanding of the coverage. For example, the CPS questions on public coverage include a variety of general and state-specific names (e.g., Medicaid, Medi-Cal) but often these names did not resonate with respondents, or they confused respondents. And in many cases respondents knew a plan was government-sponsored but they were unclear on the distinction between Medicaid and Medicare (Loomis, 2000; Roman et al., 2002; Willson, 2005). A split-ballot field test on sequencing effects of Medicare and Medicaid found no main effect, but there were reporting differences for subgroups (Pascale, 2004). It is difficult to gauge the overall magnitude and direction of the effects of these issues in the context of the entire series, but they all have the potential to result in underreporting, double-reporting and misreporting of plan type.

4. A RESEARCH AGENDA

Due to these measurement issues, a comprehensive research agenda has been underway at the Census Bureau for several years to both examine better ways of collecting retrospective data on health insurance coverage and, more generally, to detect other survey design features that could be contributing to measurement error. However, in spite of the mounting evidence that the calendar year reference period (perhaps compounded by the 3-month lag time) is problematic, the CPS is nevertheless still charged with collecting data on the entire calendar year, and it has the constraint of being fielded in March of the subsequent year. Thus the general measurement error research agenda has recently been expanded to explore ways of asking about both current and past calendar year coverage within the same set of questions. The rationale is two-fold: research suggests current status estimates are more accurate than calendar year estimates (at least those generated under current CPS methodology), and it is also hoped that a revised set of retrospective questions could improve on the calendar year estimates. Indeed the new questions on current status may be able to be leveraged in a sense, and serve as an anchor which may help elicit reports of past year coverage more accurately than the standard methodology.

Thus far the overall research tasks have included an extensive and ongoing literature review, several split-ballot experiments, development of a redesigned questionnaire (including both current and calendar year questions), several rounds of cognitive testing, and a pretest of the redesign in March 2009. Preparations are currently underway to conduct a large-scale split-ballot field test in March, 2010, which will compare this redesign to the CPS. Plans include using administrative records to assess the relative accuracy of survey reporting across questionnaire designs. And finally, because the ACS now includes health insurance estimates, released for the first time in the fall of 2009, the field test will also include a third panel (the ACS health insurance questions) to enable a direct comparison of the CPS, ACS, and the redesigned questionnaires, controlling for all other differences in survey conditions.

Results from the first several stages of this research have been reported elsewhere (Pascale, Roemer and Resnick, 2009; Pascale 2008/2009; Hess et al, 2001; Pascale, 2004; Pascale, 2001; Pascale, 1999). The main focus of this report is the pretest stage. However, in order to provide some context for the pretest goals and results, Section 5 first presents a summary of the development of the initial questionnaire used in cognitive testing, and Section 6 presents a

summary of the cognitive test findings and the outstanding issues identified for further examination in the pretest. In Section 7 the pretest methods and results are presented, and in Section 8 plans for the next stage of research are discussed.

5.   EXPERIMENTAL QUESTIONNAIRE DEVELOPMENT AND DESIGN

Before discussing the redesign, a basic overview of the status quo design is presented. In the CPS, a single household respondent reports health insurance status for all household members via a series of eight questions, each on a different type or source of health insurance. Questions on three different sources of private coverage come first (employer-sponsored, directly-purchased, and coverage from someone outside the household). These items are followed by four questions on government-related plans (Medicare, Medicaid, SCHIP, and military plans), followed by a catch-all question about ''any other plan.'' These core questions are asked at the household level – that is: "At any time during [previous calendar year] was anyone in this household covered by [plan type]?" If yes, a follow-up question asks ''Who was that?'' And as noted above regarding the time frame, the questions are administered in March and ask about coverage ''at any time'' during the previous calendar year. A complete set of questions (including follow-up questions about details of the coverage) is available at http://www.census.gov/apsd/techdoc/cps/cpsmar07.pdf.

Several research activities fed in to the development of a first draft of experimental questions to be tested in the cognitive lab. Given the CPS's calendar year reference period, and the 3-month lag time between the end of the target reference period (December) and data collection (March of the following year), a review of relevant general survey methods literature on memory and recall was conducted.[5] As noted above, there is some evidence that respondents tend to report on their current state of affairs even when the question explicitly asks about the prior calendar year, and there is also evidence that events further back in the calendar year are more likely to be underreported than more recent events. Thus there is some rationale for asking respondents about their current situation, since that seems to be their tendency, and the data quality is higher. With regard to retrospective reports, the literature suggested there was some advantage to providing multiple time frames to enhance the accuracy of reporting of past events (Crespi and Swinehart, 1982; Loftus et al., 1990; Martin et al., 2002; Blair and Ganesh, 1991). For example, Loftus et al. (1990) found that the accuracy of reports of physical examinations improved when

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[5] In addition to this general literature search, we examined other national and state surveys that included questions on both current and past coverage. We also consulted with researchers at the State Health Access Data Assistance Center (SHADAC) and various state agencies in order to learn whether staff had findings from any type of data quality assessments of these questions. This was a useful exercise and provided initial guidance on various ways to collect data on both current and past coverage. However, the utility of these efforts was somewhat limited due to major differences in survey designs and goals. For example, in many cases the general structure of the question series varied substantially from the CPS, the time period of past coverage varied (between 12 months and three years), there was no lag time between the field period and the target reference period of retrospective coverage, and in the survey sought data on only one randomly-selected adult (versus all household members). And though in many cases staff had taken steps to assess data quality, we were unable to obtain any rigorous research studies examining the past coverage estimates in particular.

the question on the target reference period was preceded by a question with a shorter reference period.

Based on these findings an approach toward asking about retrospective coverage was developed which involved two time anchors: the date of the interview, and January 1 of the previous calendar year (i.e., roughly 15 months prior to the interview date). Very generally, the series begins by asking about current coverage, and if the respondent does have coverage at the time of the interview, they are asked whether that coverage started before or after January 1 of the previous year. If before, we ask whether the coverage was continuous, and if so we ask no more questions about time frame because we infer that the coverage lasted from at least January 1 through the date of the interview (i.e., all 15 months). If the coverage began after January 1 of the previous year, we ask what month (and year) it began, and then ascertain whether there was any other coverage during the calendar year. If the respondent reports having no coverage at the time of the interview, we ask about coverage at any time during the previous calendar year.

With regard to the household- versus person-level issue, a hybrid approach was developed in an attempt to exploit the advantages of each and minimize their weaknesses. Each person is asked about by name, but whenever a specific plan or plan type is reported a followup question is asked to determine if anyone else in the household is also covered by the plan. This information is then harnessed when subsequent people listed on the roster are asked about, thereby reducing length and burden substantially in households where members share the same plan. More specifically, the first person listed on the roster (ie: the household respondent) is asked to report for him/herself, and if/when he or she reports coverage under a specific plan or plan type a question is asked to determine whether anyone else in the household is also covered by that same plan or plan type. Upon completion of the series for the first person, the series repeats for the second person but the questions are tailored based on whether or not that second person was already reported as covered by the same plan as the first person. For example, if a husband reported himself and his wife on his job-based plan, the series for his wife would start by asking whether she is covered by any plans in addition to her husband's job-based plan. If so, a set of questions on that second plan would be administered; if not the series is complete for her and the next person on the roster is asked about. If the husband had not reported his wife on his job-based plan, the series for her would be administered "from scratch." This hybrid approach allows for questioning on each household member by name, but it avoids repeating the full series for each member (unless, of course, no household members share the same plan or plan type). For all household members (whether they are the first person for whom the plan is reported or subsequent household members on the same plan) followup questions are asked about whether they are covered by any additional plans concurrently, and whether they were covered by any additional plans during the previous calendar year.

Finally, regarding the general questionnaire structure, an alternative design was developed which avoids confronting the respondent with too much detail in any one question on plan type, and to reduce any sequencing effects. The redesign begins with a relatively simple question about whether the respondent has coverage or not, and then asks about specific plan type in a "tiered" fashion. The objective was to make each individual question easier for respondents to understand and answer, and to tap in to the knowledge they did have about plan type by going from general

to specific questions. For example, for respondents who report some kind of coverage, a followup question first determines the general source of coverage (i.e., through a job, the government, or some other way) and tailored questions from each response category obtain the necessary detail. For job-based plans, subsequent questions identify policyholders and dependents. For government plans a followup question asks about type of government plan, presenting both Medicare and Medicaid in the same list of response categories, along with state-specific names of health plans, so that respondents can assess which plan type is closest to their understanding of the coverage they have. For respondents who choose "other" as their general source of coverage, followup questions ask about the plans obtained in somewhat less traditional ways, such as directly-purchased plans, and those provided through unions, business associations, and schools.[6]

The final redesign incorporated all three of these modified design features described above: the dual-time-period routine on reference period, the person-household hybrid design, and the tiered structure of questions on plan type. As a final preparation step, informal testing of this experimental draft was conducted with family, friends and colleagues in order to correct any fatal flaws before conducting cognitive testing with paid respondents. Minor modifications were made, and the resulting draft used in the first round of cognitive testing is shown in Appendix A.

6.   COGNITIVE TESTING

The objective of the cognitive testing was to examine whether the experimental questionnaire "worked" from the respondent's perspective. More specifically, we wanted to learn whether respondents understood the intent of the questions or had any difficulties with comprehension of either the questions, particular terms or phrases, or response options. We also sought to learn whether respondents had difficulty formulating an answer, recalling information, or deciding which response option to choose. And finally, we wanted to learn something about the mental processes respondents used in answering questions on particular themes, mainly on plan type, time period of coverage over the 18 month period (from January, 2007 through June, 2008 when testing was conducted), and the coverage status of other household members.

Testing did not turn up any fatal flaws. However, there were three main issues identified for further testing. The first had to do with dependents. When respondents were asked the first question on general source of coverage (see Appendix A, Q8), which included three response options (employer, government, other), some were a bit reluctant to choose "employer" if it was not actually *their* employer (but a parent's or spouse's employer) that provided the coverage, and so they chose "other." They were then routed to a second question on source (Q14), but the response options were limited (parent/relative, school, direct and other), and did not include a question to identify policyholder. Thus a slightly modified routine was developed to capture who the policyholder was, and whether the plan was job-related or directly purchased (see Appendix

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[6]A version of this modified general structure was meshed with the hybrid person-household design and cognitive testing on the redesign was conducted (Pascale, 2003). This redesign was then evaluated through a split-ballot field test comparing it to the CPS. Results showed that the redesign produced significantly higher rates of Medicare coverage and unspecified "other" coverage, and a non-significant lower rate of uninsured (Pascale, 2007).

B, Q14, Q15 and N1). We also developed an introduction to the first question on source of coverage (Appendix B, Q8) in order to emphasize the concept of *general* source (e.g., an employer) versus specific policyholder/dependent status.

A second issue had to do with months of coverage. When a respondent reported coverage, the routine was to first determine plan type, then months of coverage for the respondent, then whether other household members were also covered. If so we asked if those other household members were covered in the "same months" as the initial respondent (see Appendix A, Q25). We found this wording was flawed in cases where the initial respondent was covered during fewer months than subsequent household members. For example, if the first person interviewed in a household turned 65 during the reference period and had only recently enrolled in Medicare, but her spouse had been on Medicare for the past few years, asking if he was covered during the "same months" as she was would result in under-reporting since he was covered during the same months, *and additional months* during the reference period. Thus the question series was modified somewhat (see Appendix B, Q25, N3) to be more specific about which months the questions referred to.

Lastly, one of the main goals of the test was to evaluate whether the revised questionnaire functioned as intended for people who had transitions in coverage over the 18-month time span of the CPS – either from one plan to another or on and off coverage. While we did have some respondents who had gone through transitions in coverage, and the questionnaire worked smoothly, these respondents may not have been in sufficient numbers, with diverse enough circumstances, to reveal any flaws in the questionnaire.

Thus, on the whole the questionnaire functioned well in a number of different circumstances, but a few flaws were detected and modifications were made that could not be retested in the cognitive lab. Specifically, the routine for respondents who chose "other" as their general source of coverage was modified in an attempt to more accurately capture dependents on job-based plans. Second, the wording of questions on months of coverage was changed in cases where multiple household members were covered by the same plan. And finally, respondents with certain problematic circumstances – particularly those who had changes in their health coverage status or plan type – may not have fallen into our sample. These three areas were highlighted for further testing in the pretest stage. (See Appendix B for a complete display of the post-cognitive-testing version of the questionnaire, and see Pascale 2009b for a full report on the cognitive testing methods and results).

7.   THE PRETEST

For the pretest there were several goals. One objective was to assess the final redesigned instrument that resulted from cognitive testing, focusing on those three areas of the questionnaire that were flagged as requiring further study. We also wanted to assess the questionnaire from a data capture perspective – testing as many "real life" scenarios as possible to make sure the paths throughout the questionnaire were appropriate to capture all the necessary data (specifically: plan type at the month-level for all household members) for a wide range of household circumstances, some of which we could not anticipate. A third goal was to test the general flow

of the questionnaire from a production interviewers' perspective and make improvements along the way. Fourth, we wanted to get a general sense of the length of the survey in order to gauge costs and trade-offs in terms of content for the split-ballot field test. And finally, we hoped to assess the feasibility of acquiring and using administrative records from agencies such as the Centers for Medicare and Medicaid Services (CMS) and private insurers. Of particular interest was the willingness of these agencies to share records for research purposes, mutual standards and protocols for data stewardship, the duration of time between the request for and receipt of records, the time period of enrollment indicated on the records, and the extent of supplemental data (such as demographics and coverage through other sources) available on the records. If records could be acquired for the pretest, an added advantage would be the possibility of selecting respondents based on date of enrollment in order to increase the caseload of respondents who had gone through recent transitions in coverage.

7.1   ADMINISTRATIVE RECORDS

While the split-ballot test planned for March 2010 can indicate differences in overall levels of coverage, it cannot directly address questions of accuracy. Thus the March 2009 pretest was used as an opportunity to do a "dry run" examining the possibility and feasibility of using administrative records on health plan enrollment for the March 2010 field test. If available, these records would enable an analysis of accuracy in reporting in at least two ways. One avenue would be a "reverse record check" study, in which the standard RDD sample would be augmented with "seeded" sample – that is, a list sample of individuals whose health insurance coverage status is known through administrative records. Cases would be randomly assigned to one of the three panels, and then accuracy in reporting the coverage, as well as certain details (such as plan type and months of coverage) could be assessed. A second method of using administrative records would be to match the survey reports to the records post-hoc to see if reported coverage is validated by the records.

The Census Bureau has existing agreements with the Centers for Medicare and Medicaid Services (CMS), so records on both Medicare and Medicaid enrollees were pursued. The national Medicaid file was found to be too far out of date (about two years) to be of use. Medicare records, however, held more promise. In February 2009 the Census Bureau had in-house a file of all Medicare beneficiaries enrolled as of May 24, 2008. While this file would obviously lack very recent enrollees (those enrolled at some point from May 25, 2008 through March 2009), it would otherwise be a complete record of all Medicare enrollees in the country. And because the file contained fields on date of enrollment, it would have provided an opportunity to test out the questionnaire on relatively recent enrollees (specifically, those enrolled at some point from January through May 2008), those enrolled for decades, as well as those enrolled at some point in between. The file also contained a field on "primary payer code" which could indicate private coverage and serve as another data point to assess the accuracy of the survey reports on private coverage.

Regarding private coverage, the Census Bureau approached the research director of a major national private insurer in early January 2009 to discuss both the pretest and the 2010 field test. A meeting was held in early February with the research director and two other staff members.

All were very cooperative and willing to provide enrollee records for research purposes, (pending approval from the Program Integrity Office), and details of the data fields were discussed (see Appendix C), as well as protocols for acquiring and protecting the data. Based on the information we requested on the file, the research staff estimated a two-week turnaround time for their operations unit to produce the file, which would be current up to that point. During the following weeks the research director sought permission from the agency to share their records with us, but in mid-March she informed us that it was not possible for the March 2009 Pretest. The agency was in the process of updating their procedures for sharing data with outside agencies and until those procedures were finalized they were not willing to share their records. We were told that these procedures should be finalized in July 2009, and that discussions could resume at that point to explore whether Census Bureau procedures and standards meet the requirements of the private insurer for the field test in March 2010.

Apart from the availability of records and the willingness of agencies to share those records, the Census Bureau has specific protocols for writing data sharing agreements for both internal and external records. In the pretest case, the Medicare records request was tied to the private insurer request. Because we did not receive word on permission to use the private insurer records until early March, the request for Medicare records was only submitted within the Census Bureau at that time, which was too late to process for the pretest start date of March 23. Thus neither the private insurer nor CMS records were used for the pretest.

Given these experiences, we concluded that use of administrative records is possible for the 2010 field test, but data sharing agreements would need to be pursued earlier in the process, and in slightly different ways. With regard to the private insurer, we recommend that the research director be contacted in early July 2009 to assess the status of their protocols for data sharing for the March 2010 field test. We also suggest decoupling the request for private records from the request for CMS records so that if one falls through for any reason, the other will not be hindered by the delay.

Regarding the use of CMS Medicare records as sample, we suggest determining how much lead time is required for a March 2010 commencement of data collection and beginning preparations as needed. As per a suggestion from OMB during the pretest request for approval, we also recommend exploring the possibility of getting state-level Medicaid records to use as sample for the field test, since these files may be more current than the national CMS Medicaid file. And finally, in combination with other requests for record usage, we recommend including a request to link the 2010 field test data to CMS Medicare and Medicaid records after data collection in order to assess accuracy of survey reports.

7.2   PRETEST METHODS

Overview

The pretest was conducted by telephone interviewers based at the Census Bureau's telephone interviewing facility in Hagerstown, Maryland. A total of five interviewers (three women and two men) were recruited to work on the pretest. They had a range of experience in working on

health surveys at the Census Bureau – from 6 to 18 years – with an average of just under 13 years of experience. One researcher also conducted four interviews. Training and testing was conducted over four consecutive days, from March 23-26, 2009. The goal was to achieve 50 completed interviews, and in the end 54 interviews were conducted averaging 17 minutes each. The number of interviews per interviewer varied from 5 up to 16 (excluding the 4 interviews conducted by the researcher). The majority of the sample was random-digit-dial (RDD), though no effort was made to recontact households once an attempt was made.[7] On the final day of interviewing there was a deficit of respondents in the 25-45 year old age range, so a convenience sample of friends and family was used to boost the case load in this age range. Altogether 7 cases were conducted via the convenience sample and 47 cases via the RDD sample.

Instrument

The questionnaire contained six main topic areas, asked in the following order: demographics, disability, labor force, public benefits, pension and interest earnings, and health insurance. The series on health insurance used the redesign routine discussed above. The remainder of the questions in the instrument were chosen mainly to mimic the content and context of the CPS as much as possible, for several reasons. Questions on demographics and disability were included for substantive analysis, while questions in the labor force, public benefits, pension and interest income sections were included for two purposes: both substantive analysis and "priming" with regard to time period. Priming can occur if questions asked early in a questionnaire prompt a respondent to think in ways that affect reporting in later questions. In the case of the CPS, asking respondents to think about various events over the past calendar year (e.g., working, earnings, and receipt of unearned income) could, in some subtle way, affect their recall of health insurance during that same time period. This could occur in a general way, if the mere act of thinking back over the past calendar year somehow prepared respondents to focus and/or recall their past health insurance situation better. Priming could also occur in a more specific way if, for example, the health insurance was tied to their job, and the act of thinking about their job reminded them of their health insurance situation. And finally, respondent fatigue could be an issue; questions placed later in the series may not receive the same level of attentiveness as earlier questions.

For all these reasons, if the redesigned health insurance questions are to be integrated into the actual CPS in the future, it will be important to know whether any context, priming or fatigue effects are at play. The specific topic areas included to act as primers were chosen to maximize the chances that a broad range of subpopulations would be exposed to at least some priming. For example, the labor force section would prime those currently working, and the pension section would prime those who are retired. The complete questionnaire is displayed in Appendix D.

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[7]In total 3,449 phone numbers were drawn, and 1,624 calls were made. The majority of these calls were made to phone numbers that were not private residences (e.g., businesses, fax machines, etc.).

Implementation

Since there were many unknowns surrounding the difficulty of hard copy administration, an initial training was held with the expectation that followup training could be necessary. It was also expected that debriefings would be held on an ongoing basis (versus just one main debriefing at the close-out of the test). Thus training, retraining, debriefings and interviewing were carried out in small blocks of time, interspersed throughout the four days. On the first day, three researchers (one from the Statistical Research Division (SRD) and two from the Housing and Household Economic Statistics (HHES) branch) conducted an initial 6-hour training, and on the second day one SRD and one HHES staffer continued with a 3-hour hands-on practice training. Production interviewing began in the afternoon of this second day and lasted four hours. On the third and fourth day the SRD staff member continued interviewing supervision and debriefings and spent one hour interviewing (completing four cases).

In total, 9 hours were spent on training, and an additional 2 hours were spent on a combined debriefing/retraining while testing was still going on. The majority of these 11 hours of training/retraining/debriefing was largely devoted to the mechanics of the hard copy instrument. With regard to production interviewing, in total 67.5 person hours were spent on interviewing, and interviewers completed 54 cases, for an average of 1.25 hours per case. Two separate wrap-up debriefings were held at the close-out of the study (due to interviewers' differing schedules), each lasting 30 minutes. The day-by-day schedule was as follows:

Day 1:	10 am - 4 pm	Training and Demonstration Interviews
Day 2:	9 am - 12 pm	Paired Practice
	1 pm - 5 pm	Interviewing (4 hours * 5 interviewers = 20 person hours)
		Completes = 14 (1.43 per hour)
Day 3:	9 am - 11 am	Debriefing and Retraining
	12 pm - 4 pm	Interviewing (4 hours * 5 interviewers = 20 person hours)
		Completes = 15 (1.33 per hour)
Day 4:	11 am - 2:30 pm	Interviewing (3.5 hours * 2 interviewers = 7 person hours)
	2:30 pm - 3 pm	Debriefing with first two interviewers
	1 pm - 7:30 pm	Interviewing (6.5 hours * 3 interviewers = 19.5 person hours + 1 hour researcher interviewing = 20.5 person hrs)
	7:30 pm - 8 pm	Debriefing with remaining three interviewers
		Completes = 25 (1.1 per hour)

7.3   PRETEST RESULTS

Sample Characteristics

Across the 54 households, data were gathered on 126 people – 114 adults (age 15+), and 12 people under age 15. The sample was varied in terms of demographics. The average age was 48.5 years, 57% were female, 6% were Hispanic, and 85% were white. In total 160 health plans were reported for all household members, for an average of 1.3 plans per person. In terms of types of plans reported, the bulk of the plans were job-based dependents (25%), job-based

policyholders (22%), Medicare (23%), Medigap (16%) and Medicaid (6%). See Appendix F for more details on demographics of the sample and plan types reported.

Hard Copy Administration

The hard copy administration of the questionnaire presented a major challenge to interviewers. There were many instances of long pauses while interviewers read through check items and skip patterns and flipped pages to get to the appropriate next question. Interviewers also had a tendency to repeat questions, or series of questions, rather than skip to the appropriate next section. For example, if the respondent reported coverage through a particular plan type, and said it had been continuous throughout the 15-month period, the interviewer was supposed to skip to the end of the questionnaire and ask if there were any additional plans. But many interviewers did not follow this skip (CK26) and instead asked Q26, "And before that plan, were you covered by any other job-sponsored health plan at any time in 2008?" This question was intended for only the rare circumstances where the respondent reported a job-based plan that had begun at some point within the 15-month reference period. In these cases, then, the respondent was being asked a question that clearly did not apply. Furthermore, sometimes when interviewers identified a particular plan and then determined that other household members were also covered by that plan, rather than simply marking those individuals as covered, they would repeat the series of questions that identified particular plan type (e.g., source of coverage, name of policyholder) for each person, which was unnecessary.

Other times interviewers seemed nervous and simply asked the next question in sequence. For example, one of the first questions in the health insurance series (Q3) asks if the respondent has any type of coverage. If the respondent says no, the interviewer should go on to ask a series of individual questions on various plan types that tend to be under-reported (e.g., Medicaid, Medicare and other government plans, Qs 4-6). But if the answer to the basic question is "yes" then the interviewer should skip over these questions on under-reported plans and go straight to Q8 to determine the general source of coverage. Particularly in the beginning of the pretest, interviewers sometimes failed to follow this skip and asked these questions on Medicaid, etc., even if the respondent had just reported that they did have some type of coverage.

And finally, sometimes interviewers skipped questions they should have asked. For example, in at least one instance the interviewer determined that the respondent had coverage but did not follow that with the question on source of coverage (job, government, other way). And in larger households respondents did not always ask about any additional plans household members may have had.

Respondents seemed a bit perplexed with some of these questions, since sometimes they did not apply, or other times they were merely a repeat of what the interviewer had just asked. Some respondents seemed frustrated with the redundancy but most seemed fairly patient. And while clearly the difficulties of negotiating the hard copy instrument made the pretest a less pleasant experience for both interviewers and respondents, it's unclear whether these delays and redundancies impeded our ability to evaluate the question wording and flow. If there were significant effects, it would seem that the challenges of the hard copy instrument would bias

results in the direction of concluding that the questionnaire had *more* problems than it actually did, rather than fewer. And there was some evidence of a learning curve. On the first day, interviewers took an average of 1.43 hours to complete one case; the second day the average was 1.33 hours, and by the last day the average went down to 1.1 hours per case.

These issues of hard copy administration notwithstanding, programming an automated instrument for the pretest was not an option. The field test instrument, however, will be automated and thus all the observed problems with reading check items, following skips and flipping pages should be eliminated.

Health Insurance Section

Identifying Work-related Plans

As noted above, one of the issues identified in the cognitive lab for further testing was dependents on others' job-based plans. When asked if the source was "job, government or other" in many cases respondents found this straightforward, and would choose "job" and then report a spouse or parent as the policyholder. But sometimes dependents chose "other" because it was not *their* job that provided the coverage. The questionnaire had been modified to capture more specific data in these cases. The new routine for people who chose "other" was basically to ask if the coverage was from a parent/spouse, direct purchase, union or school (Q14). All responses (except school) were then routed to a question on policyholder. This routine worked well in the pretest. Though the path was not as direct and required three questions instead of two, it allowed for capture of the necessary information in a way that accommodated respondents' doubt about what it meant to get coverage through "a job," and there was no evidence of respondent confusion or misreporting.

In addition to dependents on job-based plans, we were concerned about how other respondents on less-than-straightforward work-related plans (such as those through a union, trade association, COBRA or former employer) would negotiate the questionnaire. As with dependents, the questionnaire was designed to capture these plans through multiple pathways in order to accommodate respondents who were unsure how to characterize these quasi-work-related plans. More specifically, at the question on general source of coverage (Q8: job, government, other), respondents are likely to waver between "job" or "other" in these somewhat ambiguous circumstances. If they choose "job" they are simply routed down the employer path, where policyholder is established. If they choose "other," as noted above they are routed to Q14, which asks if the source was a parent/spouse, direct purchase, union/business association, school, or other.

In the pretest, interviewers reported that when respondents with these types of plans were asked the question on general source, some would choose job but some, rather than respond "other," would simply volunteer details on the source of their plan – offering statements such as "Well I just buy it on my own," "it's through COBRA," "it's through my union" or "Well it's through a business association." Interviewers would then usually code "other" at Q8 and then at Q14 they would simply verify the respondent's answer, rather than read the entire question verbatim. Then

interviewers would either ask or verify the name of the policyholder (depending on how much detail the respondent had already volunteered). In some cases, though, when respondents volunteered details at Q8 interviewers would probe. For example, one respondent said her husband owned his own small business, which is part of a group that offers health coverage. The interviewer then probed, "So it's through his job?" and the respondent agreed. Policyholder and dependents were then established, which was the goal (but note in this case the "business association" connection was never officially captured in the questionnaire).

In sum, the combination of questionnaire design and interviewer training resulted in capturing the data as intended. That is, respondents either chose an appropriate response at the question on general source of coverage, or they volunteered detail on the plan. Interviewers then either probed or simply coded it as "other" and then at the question on which type of "other" plan, interviewers had no trouble identifying the appropriate response category and verifying it. However, interviewers reported that they rarely actually read out the entire question on which type of "other" source (Q14), since they often had information to just verify. So while no explicit problems were encountered, we recommend shortening Q14 because of the instances where the respondent does *not* volunteer any detail at the question on general source (Q8), but just chooses the "other" response option. In these cases the interviewer would need to read the entire Q14 (not just verify) and it is a rather lengthy question. One possibility would be to include only the most common sources of coverage in Q14, and include an "other" category. Respondents who chose "other" would then be routed to a final question on source, which would list out the less-common sources. For respondents still unable to classify their coverage, this last question could contain an "other/specify" option. These revisions were accepted and the questionnaire was slightly revised for the field test (see Appendix G). The original question on general source (Q8, now called "SRCEGEN") is unchanged, and the followup question for those who choose "other" (Q14, now called "SRCEDEPDIR") was modified to include only three substantive response categories: parent/spouse, direct purchase, and other. The followup for respondents who choose "other" to this question (QN2, now called "SRCEMISC") now includes four substantive response categories (rather than an open-text write-in): former employer, union/business association, school, other. The final followup question if "other" is chosen here ("MISCSPEC") is simply an other/specify write-in.

Respondent Uncertainty

Because we expected that some respondents would have only limited knowledge of other household member's coverage, we designed the questionnaire to ask questions on status and source of coverage that went from general to specific. The objective was both to avoid intimidating the respondent with detailed, complicated questions, and also to capture at least partial information on the coverage if the respondents knowledge is simply limited. The strategy appeared to be effective. In one case the 86-year-old respondent reported her own Medicare and Medicaid, then when asked if her 50-year old daughter had any coverage she first said "don't know." However, she then explained that she knew her daughter had some kind of coverage, through her job, but she didn't know what type of plan. The interviewer then changed the "don't know" to a "yes" and moved on to the next question on general source, which the respondent could confidently answer as "job." The respondent then had no trouble answering the following

questions – that her daughter was the policyholder, covered throughout the entire 15-month period, and there were no dependents on the plan.

In another case, a 23-year-old respondent reported that she had coverage and at the question on general source (Q8) she said "government" and that it was not job-related. This routed her to a question on type of government plan (Q10: Medicare, Medicaid, etc.), where she chose "other," which routed her to a question on whether it was a government assistance type of plan (Q13). She said "don't know," which took her to QN2, an open-ended question ("What type of plan is it?") and she reported "Commonwealth." In this case, though the respondent was uncertain about some details, the questionnaire captured the knowledge she did have. First, based on Q8, the government connection is captured. Then at Q10, though the respondent did not classify the plan as Medicaid, and at Q13 she did not know if it was government assistance, in the open-text question her verbatim description of the plan name was captured and can be later classified as a Massachusetts assistance program. Though this was effective, it was later decided that some efficiencies could be gained for the field test questionnaire by routing respondents who say "other" at the question on type of government plan directly to the question on type of plan (rather than asking if it is a government-assistance plan).

And finally, we had an opportunity to test out the strategy on offering state-specific program names to respondents on an "as-needed" basis. In one case a 49-year-old man said "no" to the question on any coverage (Q3), "no" to Q4 on Medicaid (which contains only generic wording about government plans), and "no" to Q5 Medicare. But at Q6, which offers the names of state-specific government plans (in this case HAWK-I in Iowa) he said "yes."

Plan versus Plan Type

Due to the complexities of using fills within a hard-copy questionnaire, some compromises were made in the design of the pretest instrument. Specifically, once it was established that a household member was covered by a particular plan type (whether private or public) a followup question (Q23) asked "And is anyone else in this household also covered by that plan?" This is somewhat unavoidably vague; "that plan" could refer to the particular policy (e.g., John's plan through his job) or the general plan type (e.g., Medicare). In the case of Medicare and Medicaid, we mean it to refer to general plan type (since obviously Medicare is structured such that each individual has his or her own policy; one person cannot cover another on his Medicare plan). However, the vagueness of the actual printed question confused some interviewers with regard to public coverage. For example, interviewers would ask, "Is anyone else covered by John's Medicare policy?" In one case the respondent reported he was on Medicaid and when asked if others were also covered by Medicaid he said all four children were. The interviewer then verified: "They are all covered by your Medicaid policy?" So it seemed interviewers were sometimes introducing the notion that other household members would be covered by a person's Medicare or Medicaid policy.

Even without interviewers suggesting this, it is possible that respondents also interpreted a phrase such as "anyone else covered by Medicare" as referring to a specific policy, and not the general plan type. A review of the completed questionnaires showed that in several cases two

people in a household were covered by Medicare, but when the first person was asked "Is anyone else also covered by that plan" the answer was "no." The Medicare for the second person was then captured in that second person's interview. So it is difficult to tease out the contribution of interviewers' difficulty with the concept and respondents' interpretation.

We make recommendations along several lines. First, in training it should be stressed that in the case of private plans there is a policyholder/dependent arrangement, but public plans are structured differently. Specifically, each individual is generally covered by his or her own policy (with some possible exceptions for women and children on the same Medicaid account number). However, in the question on whether other household members are also covered by the same plan (Q23), we mean the general plan type when it comes to Medicare and Medicaid, not the specific policy.

Second, in the automated instrument, in questions that ask whether other household members are also covered by "that plan" the instrument should fill the plan name in question. For example, "And is anyone else in this household also covered by Medicare?" This may reinforce to interviewers that we mean general plan type, not a particular policy. This recommendation was accepted and specifications for what to display as "that plan" in this and related items are detailed in Appendix G under "PLANTYPE" fill instructions.

Medicare and Medicaid Misreporting

Though we found no explicit evidence of Medicaid or Medicare misreporting, the questionnaire routine could be modified slightly to target particular subgroups most likely to be covered by these programs. For example, in a household with two spouses over 65 years of age, both covered by Medicare, the wife may report that she is covered by Medicare, and when asked if her husband is "also covered by Medicare" she may say "no" since he is not actually on her policy (in spite of efforts above to clarify this issue). In this case there is still a mechanism for capturing the husband's Medicare. After questions about the wife were complete, there would be a specific series of questions to determine the husband's coverage. If no coverage had yet been reported for him, his series would begin with Q2 (on Medicare) since he is 65+. But if he was reported to have any coverage during the wife's interview (e.g., if she reported him on her job-based Medigap policy), the series would begin with Q27, which would simply ask if he had anything in addition to the Medigap, versus explicitly asking about Medicare. This could risk underreporting. Thus it may be advisable in a situation like this to insert an explicit question on Medicare prior to the more general question on any additional plans, since chances are very good that the person is covered (due to their age). This recommendation was adopted (see Appendix G, "CK-NEXTMEMB" and "MCARE3"). We also recommended a similar routing routine for Medicaid but under slightly different circumstances. In low-income households, or where at least one household member has been reported as covered by Medicaid, we recommend beginning the series on additional plans for subsequent household members with an explicit question on Medicaid, given the increased chances that they are covered, and given Medicaid under-reporting. These suggestions were also adopted (see Appendix G, "CK-NEXTMEMB," "ANYGOVT2" and "ANYGOVT3").

One other finding regarding government assistance plans came from the interviewer debriefing. Interviewers liked the routine in the experimental questionnaire of asking about Medicaid first, using generic language (Q4), followed by a single item with state-specific program name fills (Q6). They felt this was an improvement over the CPS, which often repeats the same state-specific program names multiple times across several items.

Months of Coverage

A second goal of the pretest was to examine the revised wording on months of coverage for household members covered by plans already reported during a previous household member's interview. As noted above there were essentially two different routines for determining time period of coverage, depending on whether the household member was the first person for whom the plan was reported or whether they were reported as a subsequent member on an already-reported plan. For a given person in the household questions were first asked to determine if the person had any coverage, and then to identify the particular plan type. For descriptive purposes we label this person the "initial enrollee." Next, a series of questions on months of coverage for the initial enrollee was asked, starting with a question on whether the coverage began before or after January 1, 2008. If the answer was "before" the next question asked if the coverage was continuous until now. If that answer was yes, then all 15 months of the reference period (January, 2008 through March, 2009) were marked covered for the initial enrollee. The next set of questions determined whether any other household members were also covered by that plan type now, and if so, their months of coverage in 2008:

> 23. And is anyone else in this household also covered by that plan? [if yes] => Q24: Who?
> 25. And [was NAME/were NAMES] also covered all 12 months of 2008?

Thus for subsequent household members covered by the same plan as the initial enrollee, we determined status during all 12 months of 2008, and for March 2009, but technically speaking we did not capture coverage in January and February, 2009. Interviewers noted that this seemed awkward, since the two time frames did not match (the initial enrollee's time frame was the entire 15 months and for subsequent enrollees on the same plan it was only the 12-month calendar year) and yet the question seemed to imply they matched by asking if subsequent enrollees were "also" covered. Given this mismatch, it may in fact be less burdensome to collect data across the entire 15-month time span, not just the 2008 calendar year and the point in time. We therefore recommend that if the initial enrollee was covered during the entire 15-month time span, and other household members are currently covered by that same plan, the question on months of coverage for subsequent household members be modified as follows:

> 25. And [was NAME/were NAMES] also covered from January, 2008 up until now?

This recommendation was adopted.

Transitions in Coverage

A third goal of the pretest was to examine whether the questionnaire functioned well for people

who had gone through transitions in coverage over the 15-month time span. In most cases (all but seven), household members who were reported as having coverage now also had the coverage throughout 2008. But we did encounter seven respondents who had transitions at some point during the past 15 months. In four of these seven cases no problems were detected; in three cases relatively minor problems were detected and recommendations were made.

We first describe the non-problematic cases. In one case, the respondent (age 23) reported current coverage through Commonwealth. When asked if it started before or after January 1, 2008, she said after, and then reported April as the start month. She then reported that prior to April she was covered by her parents, and the coverage started before January 1, 2008 and ran through March of 2008. In another case a 70-year-old respondent had been on Medicare all 15 months and when asked about any additional current plans, he reported a Medigap plan that had begun in February 2009. In a third case, after reporting her Medicare and Medigap plans, and being asked Q28 (about any additional plans) a second time, the respondent explained that she had just completed the paperwork for an additional AARP Medigap plan that would begin in April (about two weeks from the date of the interview). And in a fourth case, the household consisted of a married couple (age 47 and 51) and their 26-year-old son. The wife was the respondent and reported she and her spouse were currently uninsured. At the verification question (Q7) she confirmed they were both uninsured. Then when asked Q28, about any coverage during 2008, she said "yes" and reported her job-based plan, which started prior to January 1, 2008 and ended in October, 2008. The plan also covered her husband during those months. Her son had coverage through his own job the entire 15-month period.

Among the problematic cases, the most consequential case had to do with "churning" on and off the same plan type. The respondent (84 years old) had Medicare the entire 15 months, and currently had Medigap as well. When asked Q20 (on whether the Medigap was continuous) at first she said "yes" then changed her answer to "no" because there had been a gap in coverage. At Q21, on when the "most recent spell" began, she said her current Medigap plan began in January, 2009. At this point the interviewer went off the script and simply determined that prior to January 1, 2008, the respondent had a different Medigap plan which ended in September 2008, and then in January 2009, the new Medigap plan began. If the interviewer had followed the skips, after determining when the current spell began (in this case January 2009), the questionnaire would have looped back to the catch-all questions on any other plans (Q27 and Q28). It is unclear if that routine would have prompted the respondent to report this earlier Medigap plan, since Q27 would have explicitly asked "Other than the Medicare and the Medigap plans, are you NOW covered by any other type of health plan or health coverage?" And then Q28 would have read: "How about during 2008? Other than the Medicare and the Medigap plans, WERE you covered by any other type of health plan or health coverage at any time during 2008?" If the respondent interpreted the phrase "Other than the...Medigap plan" as meaning that she should exclude the first Medigap plan, which ran from January through September 2008, that plan would have gone unreported.

We therefore recommend that if coverage was not continuous (Q20 is "no"), then Q21 (on the month the most recent spell started) should be asked, but then rather than looping back to the more general Q27 and Q28 on coverage through any plans *other* than those already mentioned,

follow up with questions on any other months of coverage during the 15-month time span *by that same plan or plan type.* We also recommend giving careful attention to the fills used for plan or plan type. For example, for Medicaid and other government-assistance plans, it is quite possible for respondents to cycle from one to the other (e.g., from Medicaid to SCHIP) based on fluctuations in income. For data analysis purposes this distinction in not important, since there is so much overlap in the programs and so much ambiguity on the part of respondents regarding which plan they are on. So in the case of government assistance plans, the followup question could ask about any other government coverage in general (not specifically through the plan initially reported). These recommendations were accepted (see Appendix G, "SPELLADD" and fill instructions for "PLANTYPE" and "PLANOR"). The exact wording would depend on the plan type reported, and the start date initially reported for the coverage. Some examples of the way the question would read under various conditions are:

> Example 1: Respondent covered by HAWK-I (Iowa's SCHIP plan) who said coverage started before January 2009, but then said it was not continuous and that the most recent spell started in June, 2009):
> A little earlier you mentioned you were covered by HAWK-I at some point before January 2009, and I've just recorded that you were also covered from June, 2009 until now. Were there any other months between January 2009 and June, 2009 that you were also covered by HAWK-I or any other type of government assistance plan?

> Example 2: Respondent covered by TRICARE who said coverage started in February, 2009, but then said it was not continuous, and that the most recent spell started in June, 2009:
> A little earlier you mentioned you were covered by TRICARE in February, and I've just recorded that you were also covered from June, 2009 until now. Were there any other months between January 2009 and June, 2009 that you were also covered by TRICARE or any other plan related to military service?

> Example 3: Job-based policyholder who said coverage started before January 1, 2009 but then said it was not continuous, and that the most recent spell started in June, 2009:
> A little earlier you mentioned you were covered by a plan through your job at some point before January 2009, and I've just recorded that you were also covered from June, 2009 until now. Were there any other months between January 2009 and June 2009 that you were also covered by a plan through your job?

> Example 4: Direct-purchase dependent who said coverage started in February, 2009, but then said it was not continuous and that the most recent spell started in June, 2009:
> A little earlier you mentioned you were covered by a plan that John Doe purchased directly in February, and I've just recorded that you were also covered from June, 2009 until now. Were there any other months between January 2009 and June, 2009 that you were also covered by a plan that John Doe purchased directly?

A second problematic case had to do with questions on months of coverage for babies born at some point during the 15-month time span. In a pretest case, a respondent reported that his coverage began before January 1, 2008, and was continuous until now. When asked if his wife and baby (born in August, 2008) had also been covered all 12 months of 2008 he said "yes" for his wife but "no" for the baby since the baby was only born in August. We suggest that a slightly modified version of the question on months of coverage could be developed for infants (defined here as those born January 1, 2008 or later): "And has NAME been covered from birth up until now?" This recommendation was partially adopted. The question on whether subsequent household members were covered during the same months is asked collectively for all household

members. Thus it would be somewhat cumbersome to ask two questions – one for infants and one for everyone else. A compromise was made such that if there is only one subsequent household member, and he/she was born on or after January 1, the infant version of the question is asked, but in all other cases the standard version is asked (see Appendix G, SAMEMNTHS1/2).

The third case where we noted a problem was based on a respondent who simply misreported being currently covered by a plan that had in fact ended in October. She had initially reported coverage through her husband's job throughout the 15-month time span, and when asked if she now had any additional plans she reported a plan through her own job that had started prior to January, 2008. When asked if that coverage was continuous until now she corrected herself and said that she was not currently covered, but that the coverage had ended in October. We recommend devising some type of "escape hatch" for this type of misreporting – either through response categories throughout the questionnaire that offer an option such as "plan reported in error," or a more generic function key to bring interviewers back to the beginning of the block of questions. Until the instrument is programmed it is difficult to specify this further. If the instrument cannot be programmed with this type of escape hatch, training should address how to back up and correct misreports.

Other Findings

In some instances respondents volunteered that one plan was the "primary" and the other was "secondary," meaning that health services claims were first submitted to the primary plan for payment, and uncovered costs were then submitted to the secondary plan for reimbursement. This was particularly common among respondents over age 65 who had both Medicare and Medigap. For our purposes we do not need to capture the distinction; however, it will be very important to distinguish comprehensive coverage from single-service plans (e.g., dental and vision plans) that are out-of-scope. We therefore recommend making it clear in training that while there is no need to distinguish which plan among comprehensive plans is the primary or secondary payer, only comprehensive plans are in-scope for the survey.

As noted above, as a result of the cognitive testing we developed an introduction to the first question on general source of coverage (Q8) which reads: "In order to better understand the health care needs of Americans, we'd like to learn more about how you get that coverage. Is it provided through a job, the government, or some other way?" Interviewers liked this introduction and felt it flowed well, and that respondents were receptive to it.

Respondent Debriefing

At the end of the health insurance series there was a set of questions to review the health coverage status of all household members and to assess respondents' confidence levels in their answers. The series went fairly smoothly. In all cases, when interviewers summarized the health insurance situation for the household, the respondent verified that all the information was correct and complete (with the exception of one respondent, who said it did not capture dental plans or long term care insurance). With regard to confidence levels, the question text and the mean score

of responses were:

- How confident are you about the answers you gave for yourself, on a scale of 1 to 5 (1 being not confident and 5 being very confident)? [mean = 4.98]
- How about for other people in the household? (How confident are you about the answers you gave for them?) [mean = 4.85]
- What about the questions on months of coverage? (How confident are you about those answers?) [mean = 4.93]

A few issues arose regarding the wording of the debriefing questions. First, an interviewer suggested we reword the "goals" text slightly; rather than listing them as "A/B/C" she suggested using "first/second/third" since we mention we have three goals. On reexamination, we collapsed the first and second goals into one, and reworded the question to ask about the "first" and "second" goal (see Appendix G, "GOAL").

Second, though the introduction describes the goals of the test, at least one respondent thought the questions applied to the questionnaire as a whole, and not just the health insurance questions. Thus the next question in the series was modified to be explicit about health insurance (see Appendix G, "CONFINE").

Third, one respondent (in her late 70s) noted that the question on months of coverage threw her off because to her the concept of "months" was never discussed explicitly. She reported current coverage through Medicare, then said the coverage started before January 1, 2008, and that the coverage was continuous until now. So there was never any mention of months at all, and since she'd been covered for more than 15 years by the same plan, she had that vague time frame in mind. Several other respondents seemed to have similar experiences. When asked whether the coverage started before or after January 1, 2008, many respondents volunteered that they were thinking back over several years to when the coverage began – not necessarily just back to January 1, 2008. The question was modified to refer to "time period" versus "months" (see Appendix G, "CENTIME")

And finally, interviewers felt that the last question – soliciting open-ended comments – should be dropped. Respondents almost never offered any comments on the actual questionnaire, and often they commented at length on the health system in general. The question was dropped for the field test.

Labor Force, Benefits, Pension and Income Earnings

The main purpose of evaluating the questions on labor force, public benefits, pension and interest earnings in the pretest was to measure the frequency with which respondents reported these events from the past calendar year to get a sense of the degree of priming that occurred for the health insurance questions. Results showed that, across these topic areas, in all but one case the respondent provided data on at least one question about the past calendar year. The topic areas that most often elicited these reports were labor force, Social Security, and pensions. In the labor force section, some type of data on working over the past year (weeks worked, usual hours worked and/or earnings during 2008) was reported for at least one household member in 37 of

the 54 cases (69%). In 29 of the 54 cases, the respondent reported the number of months receiving Social Security and/or the amount received for at least one household member. In 16 cases the respondent reported either pension amounts or number of months of receipt. And finally, in two cases respondents reported Food Stamps receipt for at least one household member, and one respondent reported SSI receipt. With regard to assets and interest earnings, early into the first day of interviewing, interviewers complained that the questions seemed to put off respondents, and indeed missing data on amounts was quite high. These items were thus dropped after the first day of the pretest.

A secondary purpose of evaluating the non-health-insurance questions was to detect any fatal flaws in the questionnaire that would be disruptive or awkward and risk a break-off. We found no such fatal flaws. However, while the disability items posed no problems regarding question wording or comprehension, the series did seem to be rather prolonged, particularly in large households where no one was reported to have any type of disability. We recommended moving from a person-based set of questions to a household-screener, and this was adopted.

Pretest Results Summary

On the whole the questionnaire functioned well. There was no evidence of problems with the refinements made based on results of cognitive testing (which focused on dependents on job-based plans, months of coverage for subsequent household members, and transitions in coverage), and we found further evidence that the questionnaire worked well for respondents who had coverage from a quasi-work-related source (such as a union or business association). The general flow also worked well from the interviewers' perspective, and the respondent debriefing showed that respondents felt the questions accurately captured the health coverage situation for their household. The average length was 17 minutes, which suggests we are in range for the field test target goal (under 15 minutes), and the items included for priming purposes (in the labor force, public benefits and pension sections) were effective. Regarding administrative records, though we failed to acquire records to use as actual sample in the pretest, we established the viability of the concept. That is, we determined that records with the necessary data elements do exist, as do procedures and protocols for acquiring and protecting the data. We built relationships with private insurance data providers and with internal Census Bureau staff who are responsible for writing data sharing agreements and acquiring records, and identified key steps to facilitate the process for the March 2010 field test. These include developing separate data sharing agreements for each agency supplying records, and allowing several months of lead time to develop data sharing agreements.

8.   NEXT STEPS

The pretest revealed no outstanding issues with regard to the wording or flow of the experimental questionnaire, so there is no interim design work planned prior to the field test in March 2010. The main goal of the field test is to compare estimates from the three questionnaire versions (experimental, CPS, and ACS). The experimental questionnaire will produce estimates of monthly coverage throughout the entire 17-month period (January 1, 2009, through May, 2010), which will allow for multiple comparisons. Estimates on coverage "at any time" during

2009 can be produced from the experimental questionnaire and compared directly to the CPS estimates, and the point-in-time estimates from the experimental questionnaire can be compared directly to the ACS estimates. The CPS and ACS estimates, while reflecting two fundamentally different concepts (uninsured throughout the year versus uninsured at a point in time), can be examined with the confidence that all study conditions have been held constant except for the questionnaire manipulation. This could inform comparison of production CPS and ACS data and contribute to our understanding of the respective role of these surveys in policymaking. Apart from these comparisons, the experimental questionnaire will produce additional data that are out-of-scope for both CPS and ACS: duration of coverage (i.e., number of months during 2009, as well as the first few months of 2010), particular months of coverage, and spells of coverage (i.e., churning on-and-off the same plan type or different plan types). Administrative records will be used to assess reporting accuracy across the three questionnaire versions (in terms of status and type of coverage), as well as months of coverage in the experimental questionnaire. Further plans for if and how any modifications will be made to the actual CPS health insurance questions will be made pending results of the field test.

One final aspect of the research agenda extends to topic areas other than health insurance. As noted above, while much of the previous research on underreporting and the calendar year reference period relates to health insurance, there is some associated evidence that public benefits suffer a similar type of underreporting when a calendar year reference period is employed. In order to test the new questionnaire design in stages, the current round of research on an alternative approach to collecting retrospective data only involves health insurance questions. If the general mechanism of asking about current and past year coverage is successful, testing will be expanded to public programs in future rounds of research.

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1	PERSON 1: **These next questions are about health insurance coverage. [IF MULTI-PERSON HOUSEHOLD: First I'd like to ask you about yourself.]** PERSONS 2+: **Next I'd like to ask you about NAME.** => CK2
CK2:	
•	if NAME is 65+ => Q2
•	else go to Q3
2	**Are you covered by Medicare?** □ Yes => Q16 □ No => Q3 □ DK/REF => Q3
3	**Do you have any type of health plan or health coverage?** □ Yes => Q8 □ No => Q4 □ DK/REF => Q4
4	**Are you covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?** □ Yes => Q16 □ No => CK5 □ DK/REF => CK5
CK5:	
•	If Medicare already asked go to Q6
•	else go to Q5
5	**Are you covered by Medicare?** □ Yes => Q16 □ No => Q6 □ DK/REF => Q6
6	**Are you covered by** **IN DC:** **DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan or Medical Charities?** **IN MARYLAND:** **Health Choice or the Maryland Children's Health Program?** **IN VIRGINIA: FAMIS Plus?** □ Yes => Q16 □ No => Q7 □ DK/REF => Q7
7	**OK, I have recorded that you are not covered by any kind of health plan or health coverage. Is that correct?** □ Yes (not covered) => Q28 □ No (covered) => Q8 □ DK/REF => Q28
8	**Is that coverage provided through an employer or union, the government, or some other way?** PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer. PROBE: "Employer/union" coverage includes coverage from someone's own employer or union as well as coverage from a spouse's or parent's employer or union. It also includes coverage through former employers and unions, and COBRA. FR: CHECK ALL THAT APPLY □ Employer, union or business (current or former) => Q15 □ Government => Q9 □ Other => Q14 □ DK/REF => Q13

9	**Is that coverage related to a JOB with the government?**
	□ Yes => Q11
	□ No => Q10
	□ DK/REF => Q10

10	**(ASK OR VERIFY): What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or VA coverage, or something else?**
	READ IF NECESSARY: **Some of the government programs in [STATE] are:**
	IN DC: **DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan and Medical Charities.**
	IN MARYLAND: **Health Choice and the Maryland Children's Health Program.**
	IN VIRGINIA: FAMIS Plus.
	READ IF NECESSARY: **Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children.**
	FR: CHECK ALL THAT APPLY
	□ Medicare => CK16
	□ Medicaid, Medical Assistance or S-CHIP => CK16
	□ Military or VA => Q12
	□ Other => Q13
	□ DK/REF => Q13

11	**(ASK OR VERIFY): Is that plan related to military service in any way?**
	□ Yes => Q12
	□ No => Q15
	□ DK/REF => Q15

12	**[Earlier you reported coverage through a military plan.] (ASK OR VERIFY): Which plan are you covered by? Is it TRICARE, CHAMPVA, VA, military health care, or something else?**
	□ TRICARE
	□ CHAMPVA
	□ VA
	□ Military health care
	□ Other (specify)
	□ DK/REF
	=> CK16

13	**Is it a government assistance-type plan?**
	□ Yes => CK16
	□ No => CK16
	□ DK/REF => Q27

14	**[Earlier you reported coverage through another plan.] How is that coverage provided? Is it through...**
	□ **a parent or other relative**
	□ **a college, university or school or**
	□ **direct purchase from the insurance company or a trade association**
	□ **or some other way?**
	□ DK/REF
	=> CK16

15	**And who is the policyholder?** [include "Someone outside household"]
	Name of policyholder _____
	=> CK16

CK16
- if this is a currently-held plan => Q16
- else if this is a plan not currently held but held at some point in 2007 or Q26=yes =>Q22

16	**Did that coverage start before or after January 1, 2007?** [If this is a **job-based plan** fill: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.] [If this is a **directly-purchased plan** fill: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.] □ Before January 1, 2007 => if Medicare =.> CK23; else => Q20 □ On or after January 1, 2007 => Q18 □ DK/REF => Q17
17	**Did you have the coverage at any time during 2007?** □ Yes => Q22 □ No => CK23 □ DK/REF => CK23
18	**In what month did that coverage start?** □ Month [1-12] in 2007 => Q20 □ Month [1-4] in 2008 => CK26 □ DK/REF => 19
19	**Do you know if it was before or after January 1, 2008?** [If this is a **job-based plan** fill: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.] [If this is a **directly-purchased plan** fill: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.] □ Before January 1, 2008 => Q22 □ On or after January 1, 2008 => CK26 □ DK/REF => Q22
20	**And has it been continuous since then?** □ Yes => CK23 □ No => Q21 □ DK/REF => Q21
21	**In what month did this most recent spell of coverage start?** □ Month [1-12] => CK23 □ Month [1-4] in 2008 => CK26 □ DK/REF => CK23
22	**What months in 2007 were you covered by that plan?** □ Month [1-12] => □ DK/REF => => CK23
CK23:	
•	if single-person household => CK26
•	else => Q23
23	**Is anyone else within this household also covered by [if job-based or directly-purchased fill: your/policyholder's/else fill name of plan (e.g.: that Medicaid, Medicare, VA] plan?** □ Yes => Q24 □ No => CK26 □ DK/REF => CK26
24	**Who?** (Who else is covered by that plan)? => Q25
25	**And [was NAME/were NAMES] covered during the same months in 2007 as you were?** □ Yes, all were covered during same time=> CK26 □ No, DK, REF => Q25a
25a	**What months in 2007 was NAME covered?** [repeat as needed] => CK26

CK26:	
•	If this is a job-based plan and NAME was covered for less than 12 months of 2007 by this plan => Q26
•	else => Q27

26	**Ok now I'd like to ask you about other plans through either [your/NAME's own] or someone else's job. Were there any months in 2007 that [you were/NAME was] covered by a different job-sponsored health plan?**
	□ Yes => Q15
	□ No, DK, REF => Q27

27	**Other than [plan(s)], are you also covered by any other type of health plan or health coverage?**
	PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
	□ Yes => Q8
	□ No => Q28
	□ DK/REF => [Your best estimate is fine] => Q28

28	**How about during 2007? (Other than [plan(s)]) were you covered by any (other) type of health plan or health coverage at any time during 2007?**
	PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
	□ Yes => Q8
	□ No => CK29a
	□ DK/REF => CK29a

CK29a:	
•	If there are more household members on the roster who have not been asked about yet => CK29b
•	else end

CK29b:	
•	If the next person on the roster was reported as having coverage (now or during 2007) during the course of any previous person's interview => Q29 for that person
•	else => Q1 for that person

29	**Now I'd like to ask you about [PERSON 2+]. Other than the [plan(s)] you reported earlier, does [PERSON 2+] have any other type of health plan or health coverage?**
	PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
	□ Yes => Q8
	□ No => Q30
	□ DK/REF => Q30

30	**How about during 2007? Other than the [plan(s)] you reported earlier, did [PERSON 2+] have any other type of health plan or health coverage at any time during 2007?**
	PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
	□ Yes => Q8
	□ No => go back to CK29a
	□ DK/REF => go back to CK29a

APPENDIX B: First Draft of Questionnaire for Pretest
(revisions based on cognitive testing)

1.	PERSON 1: **These next questions are about health insurance coverage.** [IF MULTI-PERSON HOUSEHOLD**: First I'd like to ask you about yourself.**] PERSONS 2+: **Next I'd like to ask you about NAME.** => CK2

CK2:
- if NAME is 65+ => 2
- else go to 3

2.	**Medicare is the health insurance for persons 65 years old and over or persons with disabilities. Are you covered by Medicare?** □ Yes => 16 □ No => 3 □ DK/REF => 3
3.	**Do you have any type of health plan or health coverage?** □ Yes => 8 □ No => 4 □ DK/REF => 4
4.	**Are you covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?** □ Yes => 16 □ No => CK5 □ DK/REF => CK5

CK5:
- If Medicare already asked go to Q6
- else go to Q5

5.	**Medicare is the health insurance for persons 65 years old and over or persons with disabilities. Are you covered by Medicare?** □ Yes => 16 □ No => 6 □ DK/REF => 6
6.	**Are you covered by** **IN DC:** **DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan or Medical Charities?** **IN MARYLAND:** **Health Choice or the Maryland Children's Health Program?** **IN VIRGINIA: FAMIS Plus?** □ Yes => 16 □ No => 7 □ DK/REF => 7
7.	**OK, I have recorded that you are not covered by any kind of health plan or health coverage. Is that correct?** □ Yes (not covered) => 28 □ No (covered) => 8 □ DK/REF => 28

8.	**(ASK OR VERIFY)**
	(In order to better understand the health care needs of Americans, we'd like to learn more about how you get that coverage). Is it provided through a job, the government, or some other way?
	PROBE: "Employer/union" coverage includes coverage from someone's own employer or union as well as coverage from a spouse's or parent's employer or union.
	PROBE: Include coverage through former employers and unions, and COBRA plans.
	PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer.
	PROBE: If this is a military plan (not related to employment) consider it government coverage.
	□ Job (current or former) => 11
	□ Government => 9
	□ Other => 14
	□ DK/REF => 13
9.	**(ASK OR VERIFY)**
	Is or was that coverage related to a JOB with the government?
	PROBE: Include coverage through **former** employers and unions, and COBRA plans.
	□ Yes => 11
	□ No => 10
	□ DK/REF => 10
10.	**(ASK OR VERIFY)**
	What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or Veterans' Administration coverage, or something else?
	READ IF NECESSARY: **Some of the government programs in [STATE] are:**
	IN DC: **DC Healthy Families, DC Healthcare Alliance, the State Child Health Plan and Medical Charities.**
	IN MARYLAND: **Health Choice and the Maryland Children's Health Program.**
	IN VIRGINIA: FAMIS Plus.
	READ IF NECESSARY: **Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children.**
	□ Medicare => 16
	□ Medicaid, Medical Assistance or S-CHIP => circle program name(s) above that were selected by respondent then => 16
	□ Military or Veterans' Administration care => 12
	□ Other => 13
	□ DK/REF => 13
11.	**(ASK OR VERIFY, IF NECESSARY)**
	Is that plan related to military service in any way?
	□ Yes => Q12
	□ No => Q15
	□ DK/REF => Q15
12.	**(ASK OR VERIFY)**
	Which plan are you covered by? Is it TRICARE, CHAMPVA, Veterans Administration care, military health care, or something else?
	□ TRICARE
	□ TRICARE for Life
	□ CHAMPVA
	□ VA
	□ Military health care
	□ Other (specify)
	□ DK/REF
	=> if job-based plan => Q15; else => Q16

13.	**Is it a government assistance-type plan?**
	□ Yes => CK16
	□ No => N2
	□ DK/REF => N2
14.	**(ASK OR VERIFY)**
	How is that coverage provided? Is it through a parent or spouse, direct purchase from the insurance company, a union or business association, a school, or some other way?
	□ **parent or spouse** => Q15
	□ **direct purchase from the insurance company** => Q15
	□ **union or business association** => Q15
	□ **school** => Q16
	□ **some other way?** => QN2
	□ DK/REF => QN2
15.	**And who is the policyholder?** [include "Someone outside household"]
	Name of policyholder _____
	PROBE: What is the name of the person who has the policy?
	=> if Q14=direct => N1; else => Q16
N1.	**And is that coverage provided through their job, direct purchase from the insurance company, or some other way?**
	□ **Job (current or former)** => 16
	□ **Direct purchase** => 16
	□ **some other way** => N2
	□ **DK/REF** => N2
N2.	**What type of plan is this?**
	=> CK16
CK16:	
•	if this is a currently-held plan => Q16
•	else => Q22
16.	**Did that coverage start before or after January 1, 2007?**
	PROBE: Your best estimate is fine.
	[If this is a **job-based plan** fill: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]
	[If this is a **directly-purchased plan** fill: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]
	□ Before January 1, 2008 => Q20
	□ On or after January 1, 2008 => Q18
	□ DK/REF => Q17
17.	**Did you have the coverage at any time during 2008?**
	□ Yes => Q22
	□ No => CK23
	□ DK/REF => CK23
18.	**In what month did that coverage start?**
	□ Month [1-12] => pop-up: (READ IF NECESSARY) And what year was that?
	□ 2008 => Q20
	□ 2009 => CK23
	□ DK/REF => Q19

19.	**Do you know if it was before or after January 1, 2009?**
	[If this is a **job-based plan** fill: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]
	[If this is a **directly-purchased plan** fill: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]
	☐ Before January 1, 2009 => Q22
	☐ On or after January 1, 2009 => CK23
	☐ DK/REF => Q22
20.	**And has it been continuous since then?**
	[If this is a **job-based plan** fill: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.]
	[If this is a **directly-purchased plan** fill: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.]
	☐ Yes => CK23
	☐ No => 21
	☐ DK/REF => 21
21.	**In what month did this most recent spell of coverage start?**
	☐ Month [1-12] =>
	☐ Month [1-4] in 2009
	☐ DK/REF
	=> CK23
22.	**What months in 2008 were you covered by that plan?**
	☐ Month [1-12] => CK23
	☐ None => Q27
	☐ DK/REF => CK23

CK23:
- if single-person household => CK26
- else => Q23

23.	**And is anyone else within this household also covered by that plan?**
	☐ Yes => Q24
	☐ No => CK26
	☐ DK/REF => CK26
24.	**Who?** (Who else [is/was] covered by that plan)? => CK25

CK25
- If the initial enrollee was covered the entire 12 months of 2008 => Q25
- else => QN3

25.	**And [was NAME/were NAMES] also covered all 12 months of 2008?**
	☐ Yes => CK26
	☐ No => QN3
	☐ DK/REF => QN3
N3.	**What months during 2008 was NAME covered?**
	☐ [Months 1-12]
	☐ DK/REF
	[repeat for each person selected in Q24 then => CK26]

CK26:
- If this is a job-based plan and NAME was covered less than 12 months of 2008 by this plan => Q26
- else => Q27

26.	**And before that plan, were you covered by any other job-sponsored health plan at any time in 2008?**
	☐ Yes => Q15
	☐ No, DK, REF => Q27
27.	**Other than [plan(s)], are you also covered by any other type of health plan or health coverage? Do not include plans that cover only one type of care, such as dental or vision plans.**
	☐ Yes => Q8
	☐ No, DK, REF => Q28
28.	**How about during 2008? (Other than [plan(s)]) were you covered by any (other) type of health plan or health coverage at any time during 2008?**
	PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
	☐ Yes => Q8
	☐ No, DK, REF => CK29a

CK29a:
- If there are more household members on the roster who have not been asked about yet => CK29b
- else end

CK29b:
- If the next person on the roster was reported as having coverage (now or during 2008) during the course of any previous person's interview => Q29 for that person
- else => Q1 for that person

29.	**Now I'd like to ask you about [PERSON 2+]. Other than the [plan(s)] you reported earlier, does [PERSON 2+] have any other type of health plan or health coverage?**
	PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
	☐ Yes => Q8
	☐ No => Q30
	☐ DK/REF => Q30
30.	**How about during 2008? Other than the [plan(s)] you reported earlier, did [PERSON 2+] have any other type of health plan or health coverage at any time during 2008?**
	PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
	☐ Yes => Q8
	☐ No => go back to CK29a
	☐ DK/REF => go back to CK29a

APPENDIX C: Data Elements Requested from Private Insurer

A.   Number of Records

For the pretest in March, 2009, we expect to complete 50-100 interviews, depending on the issues we encounter with particular subgroups in administering the questionnaire. Since we will approach this as a quota sample (versus a representative sample), we plan to make one contact attempt per phone number (i.e., record) and if that is unsuccessful, move on to the next phone number on the list. Given the variability of enrollee characteristics we are seeking (see B below), a fairly large initial set of phone numbers may be needed in order to reach the target number of completed interviews. We are assuming a range of 5,000-10,000 records will be sufficient.

B.   Characteristics of Enrollees

Ideally, enrollees would vary on a number of characteristics so that we could examine whether our questionnaire functions as expected under a variety of different circumstances, from very straightforward to quite complex. Scenarios of interest include nuclear families, blended families, multi-generational households, households with unrelated people, and enrollees whose coverage has changed over time (in particular over the past 15 months). While we would like to test our questionnaire on some simple cases (such as single-person households and nuclear families who coverage status has been static over the past several years), the more complex cases – particularly with regard to changes in the past 15 months – will be more informative of whether there are any flaws in our questionnaire, and how they might be repaired.

Based on our understanding of the available fields in your database, below are very rough percentages of the enrollee characteristics we are seeking, in order of priority. In some cases we are unaware of the base number of enrollees (e.g., those new to the FEP plan) so our percentages may be unattainable. And depending on the overlap among categories, these percentages may not be possible. Thus the estimates below are not meant to be precise, but rather to give a general sense of proportion and goals of the pretest. Given our target of 50-100 completed interviews and a database of 5,000-10,000 records, it is likely that the sample could diverge significantly from these benchmarks and still be more than adequate.

1.   Date of enrollment:
- after January 1, 2008 .... 30%
- between January 1 and December 31, 2007 .... 60%
- before January 1, 2007 .... 10%

2.   Number of people covered on the contract:
- single-person .... less than 10%
- two people 30%
- three people 30%
- four or more people 30%

3.   Enrollees who switched from one FEP plan to another in January, 2009 50%

4.   **Enrollees who switched from one FEP plan to another in January, 2008**   50%

5.   **Enrollees new to FEP at some point during the 2008 calendar year** 50%

6.   **Enrollees in FEP as well as Medicare (either or both Part A and B)** 30%

7.   **Enrollees who left FEP at some point after January 1, 2007 (if possible)**   20%

8.   **Enrollees living in Massachusetts** 20%

9.   **State/Region:** we assume a reasonable mix across states and regions will emerge as a default given the characteristics specified above. Attached is a list of US Census Bureau regions and states within them.

APPENDIX D: SHIPP 2009 Pretest Instrument

A. DEMOGRAPHICS				
2. How is NAME related to you? (And how about NAME?) <1> Spouse or unmarried partner <7> Foster child <2> Child <8> Roommate/housemate <3> Grandchild <9> Other non-relative <4> Parent <5> Brother/Sister <99> DK/Ref <6> Other relative	_[self]___ _____ (code)	_____ (code)	_____ (code)	_____ (cod
ASK IF NECESSARY: 3. [Are you/Is NAME] male or female? (And how about NAME?)	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Ma ☐ Fe
4. What is [your/NAME's] age? (And how about NAME?) [WRITE IN COLUMNS OF BACK PAGE]				
5. [Are you/Is NAME] of Hispanic, Latino or Spanish origin? (And how about NAME?)	☐ Yes ☐ No ☐ DK/Ref	☐ Yes ☐ No ☐ DK/Ref	☐ Yes ☐ No ☐ DK/Ref	☐ Ye ☐ No ☐ DI
6. I am going to read you a list of five race categories. Please choose one or more races that (NAME/you) (considers yourself/consider NAME/considers himself/considers herself) to be: White; Black or African American; American Indian or Alaska Native; Asian; OR Native Hawaiian or Other Pacific Islander. (And how about NAME?) Do not probe unless response is Hispanic or a Hispanic origin. Enter all that apply.	☐ White ☐ Black ☐ Am Ind ☐ Asian ☐ Pacific ☐ Other ☐ DK/Ref	☐ White ☐ Black ☐ Am Ind ☐ Asian ☐ Pacific ☐ Other ☐ DK/Ref	☐ White ☐ Black ☐ Am Ind ☐ Asian ☐ Pacific ☐ Other ☐ DK/Ref	☐ W ☐ Bl ☐ Ar ☐ As ☐ Pa ☐ Ot ☐ DI
ASK ONLY FOR PEOPLE AGE 15+ 7. What is the highest degree or level of school [you have/NAME has] COMPLETED? (And how about NAME?) <1> No schooling <8> Associate's degree (AA, AS) <2> Nursery school to 6th grade <9> Bachelor's degree (BA, BS) <3> 7th or 8th grade <10> Some graduate school, but no degree <4> 9th - 11th grade <11> Master's degree (MA, MS, MBA,...) <5> 12th grade, NO DIPLOMA <12> Professional or Doctorate degree (MD...) <6> High school graduate <7> Some college, but no degree <99> DK/Ref	_____ (code)	_____ (code)	_____ (code)	_____ (cod
ASK ONLY FOR PEOPLE AGE 15+ 8. Did [you/NAME] ever serve on active duty in the U.S. Armed Forces? (And how about NAME?)	☐ Yes ☐ No ☐ DK/Ref	☐ Yes ☐ No ☐ DK/Ref	☐ Yes ☐ No ☐ DK/Ref	☐ Ye ☐ No ☐ DI
ASK ONLY FOR PEOPLE AGE 15+ 9. [Are you/Is NAME] now married, widowed, divorced, separated, or never married? (And how about NAME?)	☐ Mar ☐ Wid ☐ Div ☐ Sep ☐ Never ☐ DK/Ref	☐ Mar ☐ Wid ☐ Div ☐ Sep ☐ Never ☐ DK/Ref	☐ Mar ☐ Wid ☐ Div ☐ Sep ☐ Never ☐ DK/Ref	☐ Ma ☐ W ☐ Di ☐ Se ☐ Ne ☐ DI

10. Is [your/the combined] total annual income [of all members of this household] above or below [fill $ based on number of people in hh]? □ Above 1 person: $11,000 4 people: $22,000 □ Below 2 people: $15,000 5 people: $26,000 □ DK/Ref 3 people: $18,000 6+ people: $30,000				
B. DISABILITY [ASK ONLY FOR PEOPLE AGE 15+]				
11. We want to learn about people who have physical, mental, or emotional conditions that cause serious difficulty with their daily activities. [Are you/Is NAME] deaf or [do you/does NAME] have serious difficulty hearing? (And how about NAME?)	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
12. Are you blind or do you have serious difficulty seeing even when wearing glasses? (And how about NAME?)	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
13. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (And how about NAME?)	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
14. Do you have serious difficulty walking or climbing stairs? (And how about NAME?)	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
15. Do you have difficulty dressing or bathing? (And how about NAME?)	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
16. Because of a physical, mental, or emotional condition do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (And how about NAME?)	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI

C. LABOR FORCE [ASK ONLY FOR PEOPLE AGE 15+] ASK ALL QUESTIONS (Q17 - Q25) ABOUT ONE PERSON BEFORE MOVING ON TO THE NEXT PERSON				
17. (First/Now I'd like to ask you about NAME). Did [you/NAME] work at a job or business at any time during 2008? < Yes > => 19 < No > => 18 < DK/Ref > => 18	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
18. Did [you/NAME] do any temporary, part-time, or seasonal work even for a few days during 2008? < Yes > => 19 < No > => 21 < DK/Ref > => 21	Q18 □ Yes □ No □ DK/Ref	Q18 □ Yes □ No □ DK/Ref	Q18 □ Yes □ No □ DK/Ref	Q18 □ Ye □ No □ DI
19. During 2008 in how many weeks did [you/NAME] work even for a few hours? Include paid vacation and sick leave as work.	Q19 _____ weeks	Q19 _____ weeks	Q19 _____ weeks	Q19 _____ week
20. In the weeks that [you/NAME] worked, how may hours did [you/NAME] usually work per week?	_____ hours	_____ hours	_____ hours	_____ hour
CK-21: • If weeks worked (in Q19) is less than 40 => 21 • else => 22				
21. What was the main reason [you/NAME] did not work [if worked some weeks: all year] in 2008? <1> Ill or disabled <4> Going to school <2> Retired <5> Could not find work <3> Taking care of home or family <6> Other <99> DK/Ref	_____ (code)	_____ (code)	_____ (code)	_____ (cod
CK-22 • if Q18 = No/DK/REF => CK-26a • else => 22				
22. How much did [you/NAME] earn from this work before taxes and other deductions during 2008? PROBE: Your best estimate is fine.	$_____	$_____	$_____	$__
READ IF NECESSARY 23. Is this a weekly, every other week, twice a month, monthly, or yearly amount? <1> Weekly <4> Monthly <2> Every other week (bi-weekly) <5> Yearly <3> Twice a month <99> DK/Ref]	_____ (code)	_____ (code)	_____ (code)	_____ (cod
24. Does this amount include all tips, bonuses, overtime pay, or commissions [you/NAME] may have received from this work in 2008? < Yes > => CK-26a < No > => 25 < DK/Ref > => CK-26a	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI

25. How much did [you/NAME] earn in tips, bonuses, overtime pay, or commissions from that work in 2008?	$_____	$_____	$_____	$__
CK-26a • if there are more people age 15+ => 17 • else => CK-26b				

D. PUBLIC BENEFIT PROGRAMS [ASK ONLY FOR PEOPLE AGE 15+]

D1: UNEMPLOYMENT COMPENSATION				
CK-26b: • For Person X, if weeks worked (in Q19) is less than 40 => 26 • else => CK-28				
26. (First/Now I'd like to ask you about NAME). At any time during 2008 did [you/NAME] receive any State or Federal unemployment compensation? < Yes > => 27 < No > => CK-28 < DK/Ref > => CK-28	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
27. How many payments did [you/NAME] receive from State or Federal unemployment compensation during 2008?	_____ payments	_____ payments	_____ payments	____ payn
CK-28 • if there are more people age 15+ => 26 • else => 28				

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D2: SOCIAL SECURITY				
28. During 2008 did (you/anyone in this household) receive any Social Security payments from the U.S. Government? □ Yes => 29 □ No => 34 □ DK/Ref => 34				
29: Who received Social Security payments either for themselves or as combined payments with other family members? PROBE: Anyone else? < if anyone mentioned > => 30 < else > => 34	Q29 □	Q29 □	Q29 □	Q29 □
30. (First/Now I'd like to ask you about NAME). What is the easiest way for you to tell us (name's/your) Social Security payment; monthly, quarterly, or yearly? <Monthly> => 31 <Quarterly> => 31 <Yearly> => 32 <DK/Ref> => CK-33	□ Month □ Quart □ Yearly □ DK/Ref	□ Month □ Quart □ Yearly □ DK/Ref	□ Month □ Quart □ Yearly □ DK/Ref	□ Mo □ Qu □ Ye □ DI
31. For how many (months/quarters) did (name/you) receive Social Security in 2008?	_____ months/ quarters	_____ months/ quarters	_____ months/ quarters	_____ mont quart
32. How much did (you/name) receive in Social Security payments in 2008?	$_____	$_____	$_____	$__
CK-33 • If NAME is 65+ => CK-34 • else => 33				
33. What were the reasons (name/you) (was/were) getting Social Security in 2008? Enter all that apply, separate using the space bar or a comma. Probe: Any Other Reason? <1> Retired <5> Surviving child <2> Disabled <6> Dependent child <3> Widowed <7> On behalf of children <4> Spouse <8> Other <99> DK/Ref	_____ (code)	_____ (code)	_____ (code)	_____ (cod
CK-34 • if there are more people checked in Q29 => 30 • else => 34				
D3: SSI (SUPPLEMENTAL SECURITY INCOME)				
34. During 2008 did (you/anyone in this household) receive any SSI payments, that is, Supplemental Security Income? Note: SSI are assistance payments to low-income aged, blind and disabled persons, and come from state or local welfare offices, the Federal government, or both. □ Yes => 35 □ No => 36 □ DK/Ref => 36				

35: Who received SSI? PROBE: Anyone else? => 36	□	□	□	

D4: TANF CASH ASSISTANCE

36. At any time during 2008, even for one month, did (you/anyone in this household) receive any CASH assistance from a state or county welfare program such as Temporary Assistance for Needy Families program (TANF)? □ Yes => 37 □ No => 41 □ DK/Ref => 41				
37: Who received this cash assistance? PROBE: Anyone else? < if anyone mentioned > => 38 < else > => 41	Q37 □	Q37 □	Q37 □	Q37
38. (First/Now I'd like to ask you about NAME). What is the easiest way for you to tell us (name's/your) CASH assistance payments; weekly, every other week, twice a month, monthly, or yearly? <Weekly> => 39 <Monthly> => 39 <Every Oth Wk> => 39 <Yearly> => 40 <2x/month> => 39 <DK/Ref> => CK-41	□ Weekly □ Oth Wk □ 2x/mth □ Month □ Yearly □ DK/Ref	□ Weekly □ Oth Wk □ 2x/mth □ Month □ Yearly □ DK/Ref	□ Weekly □ Oth Wk □ 2x/mth □ Month □ Yearly □ DK/Ref	□ W □ Ot □ 2x □ M □ Ye □ DI
39. How many (weekly/every other week/etc.) cash assistance payments did (name/you) receive in 2008?	_____ payments	_____ payments	_____ payments	____ payn
40. During 2008, how much CASH assistance did (name/you) receive?	$_____	$_____	$_____	$__
CK-41 • if there are more people checked in Q37 => 38 • else => 41				

D5: FOOD STAMPS

41. Did (you/ anyone in this household) get food stamps or a food stamp benefit card at any time during 2008? □ Yes => 42 □ No => CK-44 □ DK/Ref => CK-44				
42. Which of the people now living here were covered by food stamps during 2008? PROBE: Anyone else? < if anyone mentioned > => 43 < else > => CK-44	Q42 □	Q42 □	Q42 □	Q42
43. (First/Now I'd like to ask you about NAME). How many months were food stamps received in 2008?	_____ months	_____ months	_____ months	____ mont
CK-CK-44 • if there are more people checked in Q42 => 43 • else => CK-44				

CK-44 • if there is at least one female age 15-45 in the household => 44 • else => 46				
D6: WIC				
44. At any time during 2008, (was/were) (you/ anyone in this household) on WIC, the Women, Infants, and Children Nutrition Program? ☐ Yes => 45 ☐ No => 46 ☐ DK/Ref => 46				
45. Who received WIC for themselves or on behalf of a child? PROBE: Anyone else? => 46	☐	☐	☐	

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E. PENSION AND INTEREST INCOME [ASK ONLY FOR PEOPLE AGE 15+]				
E1: PENSION/RETIREMENT INCOME				
46. During 2008 did (you/ anyone in this household) receive any pension or retirement income from a previous employer or union, or any other type of retirement income (other than Social Security)? □ Yes => 47 □ No => 51 □ DK/Ref => 51				
47. Who received pension or retirement income? PROBE: Anyone else? < if anyone mentioned > => 48 < else > => 51	Q47 □	Q47 □	Q47 □	Q47
48. (First/Now I'd like to ask you about NAME). What is the easiest way for you to tell us (name's/your) pension or retirement income; weekly, every other week, twice a month, monthly, or yearly? <Weekly> => 49 <Monthly> => 49 <Every Oth Wk> => 49 <Yearly> => 50 <2x/month> => 49 <DK/Ref> => CK-51	□ Weekly □ Oth Wk □ 2x/mth □ Month □ Yearly □ DK/Ref	□ Weekly □ Oth Wk □ 2x/mth □ Month □ Yearly □ DK/Ref	□ Weekly □ Oth Wk □ 2x/mth □ Month □ Yearly □ DK/Ref	□ W □ Ot □ 2x □ M □ Ye □ DI
49. How many (weekly/every other week/etc.) payments did (name/you) receive in pension or retirement income in 2008?	_____ payments	_____ payments	_____ payments	____ paym
50. How much did (name/you) receive in pension or retirement income in 2008?	$_____	$_____	$_____	$__
CK-51 • if there are more people checked in Q47 => 48 • else => 51				
E2: INTEREST/ASSET INCOME				
51. At anytime during 2008 did (you/ anyone in this household): Have money in any kind of money market fund, interest earning checking account, or savings account? □ Yes □ No □ DK/Ref				
52. At anytime during 2008 did (you/ anyone in this household): Have any savings bonds? □ Yes □ No □ DK/Ref				
53. At anytime during 2008 did (you/ anyone in this household): Have any treasury notes, IRAs, certificates of deposit, or any other investments which pay interest? □ Yes => CK-54 □ No => CK-54 □ DK/Ref => CK-54				
CK-54 • if 51, 52 or 53 = yes => 54 • else => 56				

54. Which members of this household ages 15 and over had any of these investments which pay interest? PROBE: Anyone else? < if anyone mentioned > => 55 < else > => 56	Q54 □	Q54 □	Q54 □	Q54
55. (First/Now I'd like to ask you about NAME). How much did (name/you) receive in interest from these sources during 2008, including even small amounts reinvested or credited to accounts? Only include interest received from U.S. Savings Bonds cashed during 2008. => CK-56	$_____	$_____	$_____	$_
CK-56 • if there are more people checked in Q54 => 55 • else => 56				

F. HEALTH INSURANCE				
56. These next questions are about health insurance coverage. First I'd like to ask you about yourself. [COPY NAMES FROM COLUMNS TO GRID] => CK-57				
56a. Now I'd like to ask you about NAME				
CK-57 • if NAME is 65+ => 57 • else go to 58				
57. Medicare is the health insurance for persons 65 years old and over or persons with disabilities. Are you covered by Medicare? < Yes > => GRID: PLAN NAME (Mcare) => 74 < No > => 58 < DK/Ref > => 58	Q57 □ Yes □ No □ DK/Ref	Q57 □ Yes □ No □ DK/Ref	Q57 □ Yes □ No □ DK/Ref	Q57 □ Ye □ No □ DI
58. Do you have any type of health plan or health coverage? < Yes > => 63 < No > => 59 < DK/Ref > => 59	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
59. Are you covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care? < Yes > => GRID: PLAN NAME (Mcaid) => 74 < No > => CK-60 < DK/Ref > => CK-60	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
CK-60: • If Q57 (on Medicare) was already asked go to 61 • else go to 60				
60. Medicare is the health insurance for persons 65 years old and over or persons with disabilities. Are you covered by Medicare? < Yes > => GRID: PLAN NAME (Mcare) => 74 < No > => 61 < DK/Ref > => 61	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
61. Are you covered by [fill state-specific program names]. < Yes > => GRID: PLAN NAME (Gov specify) => 74 < No > => 62 < DK/Ref > => 62	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
62. OK, I have recorded that you are not covered by any kind of health plan or health coverage. Is that correct? < Yes, not covered > => 87 < No, NAME is covered > => 63 < DK/Ref > => 87	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI

63. ASK OR VERIFY (In order to better understand the health care needs of Americans, we'd like to learn more about how you get that coverage). Is it provided through a job, the government, or some other way? PROBE: "Employer/union" coverage includes coverage from someone's own employer or union as well as coverage from a spouse's or parent's employer or union. PROBE: Include coverage through former employers and unions, and COBRA plans. PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer. PROBE: If this is a military plan (not related to employment) consider it government coverage. < Job (current or former) >=> GRID: PLAN NAME (Job) and NOW column => 66 < Government > => 64 < Other way > => 69 < DK/Ref > => 68	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref
64. Is or was that coverage related to a JOB with the government? PROBE: Include coverage through **former** employers and unions, and COBRA plans. < Yes > => GRID: PLAN NAME (Job) => 66 < No > => 65 < DK/Ref > => 65	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref
65. ASK OR VERIFY What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or Veterans Administration coverage, or something else? READ IF NECESSARY: Some of the government programs in [STATE] are: [fill state-specific program names]. READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children. < Medicare > => GRID: PLAN NAME (Mcare) => 74 < Medicaid, Medical Assistance, SCHIP > => GRID: PLAN NAME (Mcaid) => 74 < Military or Veterans Administration care> => GRID: PLAN NAME (Mil) => 67 < Other > => 68 < DK/Ref > => 68	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref
66. ASK OR VERIFY, IF NECESSARY Is that plan related to military service in any way? < Yes > => GRID: UPDATE PLAN NAME (Job/Mil) => 67 < No > => 73 < DK/Ref > => 73	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref
67. ASK OR VERIFY Which plan are you covered by? Is it TRICARE, CHAMPVA, Veterans Administration care, military health care, or something else? <1> TRICARE <2> TRICARE for Life <3> CHAMPVA <4> Veterans Administration <5> Military health care <6> Other <99> DK/Ref => CK-73	_____ (code)	_____ (code)	_____ (code)	_____ (code)

68. Is it a government assistance-type plan? < Yes >　　　　=> GRID: PLAN NAME (Gov specify)　　=> 74 < No >　　　　　　　　　　　　　　　　=> 72 < DK/Ref >　　　　　　　　　　　　　　=> 72	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK
69. ASK OR VERIFY How is that coverage provided? Is it through a parent or spouse, direct purchase from the insurance company, a union or business association, a school, or some other way? <1> Parent or spouse　　　　GRID: PLAN NAME (prnt/spse)　=> 70 <2> Direct purchase from the ins co =>　GRID: PLAN NAME (direct)　　=> 70 <3> Union or business association　　GRID: PLAN NAME (union/biz)　=> 70 <4> School　　　　　　　GRID: PLAN NAME (school)　　=> 74 <5> Some other way　　　　　　　　　　　　=> 72 <99> DK/Ref　　　　　　　　　　　　　　=> 72	Q69 _____ (code)	Q69 _____ (code)	Q69 _____ (code)	Q69 _____ (cod
70. ASK OR VERIFY Who is the policyholder? <> IF WITHIN HH　　=> GRID: UPDATE PLAN NAME (policyholder)　=> CK-71 <> OUTSIDE HH　　　=> GRID: UPDATE PLAN NAME (out hh) => 74 < DK/Ref >　　　　　　　　　　　　　=> 72	Policy- holder: _____ □out hh	Policy- holder: _____ □out hh	Policy- holder: _____ □out hh	Polic holde _____ □out
CK-71 •　　　if 69=direct => 74 •　　　else => 71				
71. And is that coverage provided through their job, direct purchase from the insurance company, or some other way? < Job (current or former) >=> GRID: UPDATE PLAN NAME (prnt/spse job)　=> 74 < Direct purchase >　　　=> GRID: UPDATE PLAN NAME (prnt/spse dir)　=> 74 < Other way >　　　　　　　　　　　　　　=> 72 < DK/Ref >　　　　　　　　　　　　　　=> 72				
72. What type of plan is this? GRID: PLAN NAME => CK-73	_____	_____	_____	_____
CK-73 •　　　if this is a job-based military plan (Q66=yes)=> 73 •　　　else　　　　　　　　　　　　=>74				
73. ASK OR VERIFY Who is the policyholder? <> IF WITHIN HH　　　　　=> GRID: UPDATE PLAN NAME (policyholder) <> OUTSIDE HH　　　　　=> GRID: UPDATE PLAN NAME (out hh) < DK/Ref >	Policy- holder: _____ □out hh	Policy- holder: _____ □out hh	Policy- holder: _____ □out hh	Polic holde _____ □out

74. Did that coverage start before or after January 1, 2008? PROBE: Your best estimate is fine. PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage. PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.] < Before January 1, 200 8> => GRID: BEFORE COLUMN => 78 < On or after January 1, 2008 > => 76 < DK/REF > => 75	□ Before 1/1/2008 □ On/aft 1/1/2008 □ DK/Ref	□ Before 1/1/2008 □ On/aft 1/1/2008 □ DK/Ref	□ Before 1/1/2008 □ On/aft 1/1/2008 □ DK/Ref	□ Be 1/1/2 □ On 1/1/2 □ DI
75. Did you have the coverage at any time during 2008? < Yes > => 80 < No > => CK-81 < DK/Ref > => CK-81	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
76. In what month did that coverage start? (IF NECESSARY: And what year was that?) < 2008 > => GRID: MONTHS => 78 < 2009 > => GRID: MONTHS => CK-81 < DK/Ref > => 77	Month: Year:	Month: Year:	Month: Year:	Mon Year
77. Do you know if it was before or after January 1, 2009? PROBE: Your best estimate is fine. PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage. PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.] < Before January 1, 2009 > => 80 < On or after January 1, 2009 > => CK-81 < DK/REF > => 80	□ Before 1/1/2009 □ On/after 1/1/2009 □ DK/Ref	□ Before 1/1/2009 □ On/after 1/1/2009 □ DK/Ref	□ Before 1/1/2009 □ On/after 1/1/2009 □ DK/Ref	□ Be 1/1/2 □ On 1/1/2 □ DI
78. And has it been continuous since then? PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage. PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.] < Yes > => GRID: MONTHS => CK-81 < No > => 79 < DK/Ref > => 79	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DI
79. In what month did this most recent spell of coverage start? => GRID: MONTH => CK-81	Month: Year:	Month: Year:	Month: Year:	Mon Year
80. What months in 2008 were you covered by that plan? GRID: MONTHS => CK-81 < NONE > => 86 < DK/Ref > => CK-81	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Mon Year 2008

	Q82	Q82	Q82	Q82

CK-81
- if single-person household => CK-85
- else => 81

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81. And is anyone else in this household also covered by that plan?
- □ Yes   => 82
- □ No   => CK-85
- □ DK/Ref   => CK-85

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82. Who? (Who else is covered by that plan)? PROBE: Anyone else? GRID: PLAN NAME IN EACH PERSON'S ROW => CK-83 < DK/Ref > => CK=83	Q82 □	Q82 □	Q82 □	Q82 □

CK-83
- If the initial enrollee was covered all 12 months of 2008   => 83
- else if the initial enrollee was covered less than 12 months of 2008   => 84
- else if the plan began sometime in 2009   => 84

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83. And [was NAME/were NAMES] also covered all 12 months of 2008? < Yes > => GRID: MONTHS => CK-85 < No > => 84 < DK/Ref > => 84	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref

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84. What months during 2008 [was NAME/were NAMES] covered? GRID: MONTHS => CK-85 < DK/Ref > => CK-85 [REPEAT FOR EACH PERSON MARKED IN Q82]	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008

CK-85
- If this is a job-based plan and NAME was covered less than 12 months of 2008 by this plan => 85
- else => PAGE 17, Q86

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85. And before that plan, were you covered by any other job-sponsored health plan at any time in 2008? < Yes > GRID: PLAN NAME (job) => 73b < No > => PAGE 17, Q86 < DK/Ref > => PAGE 17, Q86	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref

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73b. ASK OR VERIFY Who was the policyholder? ◇ IF WITHIN HH => GRID: UPDATE PLAN NAME (policyholder) ◇ OUTSIDE HH => GRID: UPDATE PLAN NAME (out hh) < DK/Ref >	Policy- holder: _____ □out hh	Policy- holder: _____ □out hh	Policy- holder: _____ □out hh	Policy- holder: _____ □out hh

---

80. What months in 2008 were you covered by that plan? GRID: MONTHS => CK-81 < NONE > => PAGE 17, Q86 < DK/Ref > => CK-81	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008

CK-81
- if single-person household => PAGE 17, Q86
- else => 81

81. And was anyone else in this household also covered by that plan? □ Yes => 82 □ No => PAGE 17, Q86 □ DK/Ref => PAGE 17, Q86				
82. Who? (Who else was covered by that plan)? PROBE: Anyone else? GRID: PLAN NAME IN EACH PERSON'S ROW < DK/Ref >	Q82 □	Q82 □	Q82 □	Q82
84. What months during 2008 [was NAME/were NAMES] covered? GRID: MONTHS => PAGE 17, Q86 < DK/Ref > => PAGE 17, Q86 [REPEAT FOR EACH PERSON MARKED IN Q82]	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Mon Year 2008

86. Other than [plan(s)], are you also covered by any other type of health plan or health coverage? Do not include plans that cover only one type of care, such as dental or vision plans. < Yes > => PAGE 19 (2ⁿᵈ PLAN CURRENT) < No > => 87 < DK/Ref > => 87	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ ti □ Ye □ No □ DI 2ⁿᵈ ti □ Ye □ No □ DI
87. How about during 2008? (Other than [plan(s)] were you covered by any (other) type of health plan or health coverage at any time during 2008? PROBE: Do not include plans that cover only one type of care, such as dental or vision plans. < Yes > => PAGE 25 (2ⁿᵈ PLAN PAST) < No > => CK-88a < DK/Ref > => CK-88a	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ ti □ Ye □ No □ DI 2ⁿᵈ ti □ Ye □ No □ DI

CK88a:
- If there are more household members on the roster who have not been asked about yet => CK-88b
- else => 90

CK88b:
- If the next person on the roster was reported as having coverage (now or during 2008) during the course of any previous person's inter
- else => back to PAGE 10, Q56a for that person

88. Now I'd like to ask you about NAME. Other than the [plan(s)] you reported earlier], does NAME have any other type of health plan or health coverage? PROBE: Do not include plans that cover only one type of care, such as dental or vision plans. < Yes > => PAGE 19 (2ⁿᵈ PLAN CURRENT) < No > => 89 < DK/Ref > => 89	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ ti □ Ye □ No □ DI 2ⁿᵈ ti □ Ye □ No □ DI
89. How about during 2008? Other than the [plan(s)] you reported earlier, did NAME have any other type of health plan or health coverage at any time during 2008? PROBE: Do not include plans that cover only one type of care, such as dental or vision plans. < Yes > => PAGE 25 (2ⁿᵈ PLAN PAST) < No > => CK-88a < DK/Ref > => CK-88a	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ time: □ Yes □ No □ DK/Ref 2ⁿᵈ time: □ Yes □ No □ DK/Ref	1ˢᵗ ti □ Ye □ No □ DI 2ⁿᵈ ti □ Ye □ No □ DI
90. An important factor in evaluating a person's or family's health insurance situation is their current health status and/or the current health status of other family members. Would you say (name's/your) health in general is excellent, very good, good, fair, or poor? REPEAT FOR EACH HH MEMBER THEN => 91	□ Exclent □ V good □ Good □ Fair □ Poor □ DK/Ref	□ Exclent □ V good □ Good □ Fair □ Poor □ DK/Ref	□ Exclent □ V good □ Good □ Fair □ Poor □ DK/Ref	□ Ex □ V □ Go □ Fa □ Po □ DI
91. Since this is a test, and we're trying to learn how to improve our survey, now I'd like to ask you a few questions about the questionnaire we just completed. => 92				

92. There are three main goals of the questionnaire:
a. To determine whether anyone in the household has health insurance coverage now;
b. To determine what months during 2008 they may have also had that coverage; and
c. To determine the type of coverage (through a job, Medicaid, etc.)
[summarize health coverage status of all hh members]
Does that accurately capture all the health insurance coverage of everyone who lives here?
□ Yes => probe:
   ●   How confident are you about the answers you gave for yourself?
   Not confident   □ 1   □ 2   □ 3   □ 4   □ 5   Very confident
 	
   ●   How about for other people in the household? (How confident are you about the answers you gave for them?)
   Not confident   □ 1   □ 2   □ 3   □ 4   □ 5   Very confident
 	
   ●   What about the questions on months of coverage? How confident are you about those answers?
   Not confident   □ 1   □ 2   □ 3   □ 4   □ 5   Very confident
 	
□ No => probe:
●   What did we get wrong?
● Can you help me figure out how I got that wrong?				

93. [review hard copy for any questions flagged as problematic during survey; probe as necessary]				
94. And finally, can I just ask if you have any other general comments, reactions or suggestions?				
95. Thank you very much for helping us with this survey today!				

2nd PLAN (CURRENT)

63. ASK OR VERIFY Is that coverage provided through a job, the government, or some other way? PROBE: "Employer/union" coverage includes coverage from someone's own employer or union as well as coverage from a spouse's or parent's employer or union. PROBE: Include coverage through former employers and unions, and COBRA plans. PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer. PROBE: If this is a military plan (not related to employment) consider it government coverage. < Job (current or former) >=> GRID: PLAN NAME (Job) and NOW column => 66 < Government > => 64 < Other way > => 69 < DK/Ref > => 68	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref
64. Is or was that coverage related to a JOB with the government? PROBE: Include coverage through **former** employers and unions, and COBRA plans. < Yes > => GRID: PLAN NAME (Job) => 66 < No > => 65 < DK/Ref > => 65	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref

	Col 1	Col 2	Col 3	Col 4
65. ASK OR VERIFY What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or Veterans Administration coverage, or something else? READ IF NECESSARY: Some of the government programs in [STATE] are: [fill state-specific program names]. READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children. < Medicare > => GRID: PLAN NAME (Mcare) => 74 < Medicaid, Medical Assistance, SCHIP > => GRID: PLAN NAME (Mcaid) => 74 < Military or Veterans Administration care> => GRID: PLAN NAME (Mil) => 67 < Other > => 68 < DK/Ref > => 68	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref
66. ASK OR VERIFY, IF NECESSARY Is that plan related to military service in any way? < Yes > => GRID: UPDATE PLAN NAME (Job/Mil) => 67 < No > => 73 < DK/Ref > => 73	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref
67. ASK OR VERIFY Which plan [are you/IS NAME] covered by? Is it TRICARE, CHAMPVA, Veterans Administration care, military health care, or something else? <1> TRICARE <2> TRICARE for Life <3> CHAMPVA <4> Veterans Administration <5> Military health care <6> Other <99> DK/Ref => CK-73	_____ (code)	_____ (code)	_____ (code)	_____ (code)
68. Is it a government assistance-type plan? < Yes > => GRID: PLAN NAME (Gov specify) => 74 < No > => 72 < DK/Ref > => 72	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref
69. ASK OR VERIFY How is that coverage provided? Is it through a parent or spouse, direct purchase from the insurance company, a union or business association, a school, or some other way? <1> Parent or spouse GRID: PLAN NAME (prnt/spse) => 70 <2> Direct purchase from the ins co => GRID: PLAN NAME (direct) => 70 <3> Union or business association GRID: PLAN NAME (union/biz) => 70 <4> School GRID: PLAN NAME (school) => 74 <5> Some other way => 72 <99> DK/Ref => 72	Q69 _____ (code)	Q69 _____ (code)	Q69 _____ (code)	Q69 _____ (code)
70. ASK OR VERIFY Who is the policyholder? <> IF WITHIN HH => GRID: UPDATE PLAN NAME (policyholder) => CK-71 <> OUTSIDE HH => GRID: UPDATE PLAN NAME (out hh) => 74 < DK/Ref > => 72	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh
CK-71 • if 69=direct => 74 • else => 71				

71. And is that coverage provided through their job, direct purchase from the insurance company, or some other way? < Job (current or former) >=> GRID: UPDATE PLAN NAME (prnt/spse job) => 74 < Direct purchase > => GRID: UPDATE PLAN NAME (prnt/spse dir) => 74 < Other way > => 72 < DK/Ref > => 72				
72. What type of plan is this? GRID: PLAN NAME => CK-73	_____	_____	_____	_____
CK-73 • if this is a job-based military plan (Q66=yes)=> 73 • else =>74				
73. ASK OR VERIFY Who is the policyholder? <> IF WITHIN HH => GRID: UPDATE PLAN NAME (policyholder) <> OUTSIDE HH => GRID: UPDATE PLAN NAME (out hh) < DK/Ref >	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Polic-hold _____ □out
74. Did that coverage start before or after January 1, 2008? PROBE: Your best estimate is fine. PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage. PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.] < Before January 1, 200 8> => GRID: BEFORE COLUMN => 78 < On or after January 1, 2008 > => 76 < DK/REF > => 75	□ Before 1/1/2008 □ On/aft 1/1/2008 □ DK/Ref	□ Before 1/1/2008 □ On/aft 1/1/2008 □ DK/Ref	□ Before 1/1/2008 □ On/aft 1/1/2008 □ DK/Ref	□ Be 1/1/2 □ On 1/1/2 □ DK
75. Did [you/NAME] have the coverage at any time during 2008? < Yes > => 80 < No > => CK-81 < DK/Ref > => CK-81	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Ye □ No □ DK
76. In what month did that coverage start? (IF NECESSARY: And what year was that?) < 2008 > => GRID: MONTHS => 78 < 2009 > => GRID: MONTHS => CK-81 < DK/Ref > => 77	Month: Year:	Month: Year:	Month: Year:	Mon Year
77. Do you know if it was before or after January 1, 2009? PROBE: Your best estimate is fine. PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage. PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.] < Before January 1, 2009 > => 80 < On or after January 1, 2009 > => CK-81 < DK/REF > => 80	□ Before 1/1/2009 □ On/after 1/1/2009 □ DK/Ref	□ Before 1/1/2009 □ On/after 1/1/2009 □ DK/Ref	□ Before 1/1/2009 □ On/after 1/1/2009 □ DK/Ref	□ Be 1/1/2 □ On 1/1/2 □ DK

78. And has it been continuous since then? PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage. PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.] < Yes > => GRID: MONTHS => CK-81 < No > => 79 < DK/Ref > => 79	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK
79. In what month did this most recent spell of coverage start? [RECORD MONTH AND YEAR IN BLANKS] => GRID: MONTH => CK-81	Month: Year:	Month: Year:	Month: Year:	Mon Year
80. What months in 2008 [were you/was NAME] covered by that plan? GRID: MONTHS => CK-81 < NONE > => 86 < DK/Ref > => CK-81	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Mon Year 2008
CK-81 • if single-person household => CK-85 • else => 81				
81. And is anyone else in this household also covered by that plan? □ Yes => 82 □ No => CK-85 □ DK/Ref => CK-85				
82. Who? (Who else is covered by that plan)? PROBE: Anyone else? GRID: PLAN NAME IN EACH PERSON'S ROW => CK-83 < DK/Ref > => CK=83	Q82 □	Q82 □	Q82 □	Q82 □
CK-83 • If the initial enrollee was covered all 12 months of 2008 => 83 • else if the initial enrollee was covered less than 12 months of 2008 => 84 • else if the plan began sometime in 2009 => 84				
83. And [was NAME/were NAMES] also covered all 12 months of 2008? < Yes > => GRID: MONTHS => CK-85 < No > => 84 < DK/Ref > => 84	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK
84. What months during 2008 [was NAME/were NAMES] covered? GRID: MONTHS => CK-85 < DK/Ref > => CK-85 [REPEAT FOR EACH PERSON MARKED IN Q82]	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Mon Year 2008
CK-85 • If this is a job-based plan and NAME was covered less than 12 months of 2008 by this plan => 85 • else => PAGE 17				
85. And before that plan, [were you/was NAME] covered by any other job-sponsored health plan at any time in 2008? < Yes > GRID: PLAN NAME (job) => 73b < No > => PAGE 17, Q86 (for R); Q88 (for NAME) < DK/Ref > => PAGE 17, Q86 (for R); Q88 (for NAME)	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK

	Policy-holder: _____ ☐out hh	Policy-holder: _____ ☐out hh	Policy-holder: _____ ☐out hh	Polic-holde _____ ☐out
73b. ASK OR VERIFY Who was the policyholder? ◇ IF WITHIN HH => GRID: UPDATE PLAN NAME (policyholder) ◇ OUTSIDE HH => GRID: UPDATE PLAN NAME (out hh) < DK/Ref >				
80. What months in 2008 [were you/was NAME] covered by that plan? GRID: MONTHS => CK-81 < NONE > => PAGE 17, Q86 (for R); Q88 (for NAME) < DK/Ref > => CK-81	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Mon Year 2008
CK-81 • if single-person household => CK-85 • else => 81				
81. And was anyone else in this household also covered by that plan? ☐ Yes => 82 ☐ No => PAGE 17, Q86 (for R); Q88 (for NAME) ☐ DK/Ref => PAGE 17, Q86 (for R); Q88 (for NAME)				
82. Who? (Who else was covered by that plan)? PROBE: Anyone else? GRID: PLAN NAME IN EACH PERSON'S ROW < DK/Ref >	Q82 ☐	Q82 ☐	Q82 ☐	Q82
84. What months during 2008 [was NAME/were NAMES] covered? GRID: MONTHS < DK/Ref > [REPEAT FOR EACH PERSON MARKED IN Q82] => PAGE 17, Q86 (for R); Q88 (for NAME)	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Mon Year 2008

63. ASK OR VERIFY Was that coverage provided through a job, the government, or some other way? PROBE: "Employer/union" coverage includes coverage from someone's own employer or union as well as coverage from a spouse's or parent's employer or union. PROBE: Include coverage through former employers and unions, and COBRA plans. PROBE: If this coverage is provided through employment with the government or the military, consider that coverage through an employer. PROBE: If this is a military plan (not related to employment) consider it government coverage. < Job (current or former) >=> GRID: PLAN NAME (Job) column => 66 < Government > => 64 < Other way > => 69 < DK/Ref > => 68	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref	□ Job □ Govt □ Other □ DK/Ref
64. Was that coverage related to a JOB with the government? PROBE: Include coverage through **former** employers and unions, and COBRA plans. < Yes > => GRID: PLAN NAME (Job) => 66 < No > => 65 < DK/Ref > => 65	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref
65. ASK OR VERIFY What type of government plan was it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or Veterans Administration coverage, or something else? READ IF NECESSARY: Some of the government programs in [STATE] are: [fill state-specific program names]. READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children. < Medicare > => GRID: PLAN NAME (Mcare) => 74 < Medicaid, Medical Assistance, SCHIP > => GRID: PLAN NAME (Mcaid) => 74 < Military or Veterans Administration care> => GRID: PLAN NAME (Mil) => 67 < Other > => 68 < DK/Ref > => 68	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref	□ Mcare □ Mcaid □ Military □ Other □ DK/Ref
66. ASK OR VERIFY, IF NECESSARY Was that plan related to military service in any way? < Yes > => GRID: UPDATE PLAN NAME (Job/Mil) => 67 < No > => 73 < DK/Ref > => 73	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref	Q66 □ Yes □ No □ DK/Ref
67. ASK OR VERIFY Which plan [were you/Was NAME] covered by? Was it TRICARE, CHAMPVA, Veterans Administration care, military health care, or something else? <1> TRICARE <2> TRICARE for Life <3> CHAMPVA <4> Veterans Administration <5> Military health care <6> Other <99> DK/Ref => CK-73	 _____ (code)	 _____ (code)	 _____ (code)	 _____ (code)
68. Was it a government assistance-type plan? < Yes > => GRID: PLAN NAME (Gov specify) => 74 < No > => 72 < DK/Ref > => 72	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref

69. ASK OR VERIFY How was that coverage provided? Was it through a parent or spouse, direct purchase from the insurance company, a union or business association, a school, or some other way? <1> Parent or spouse GRID: PLAN NAME (prnt/spse) => 70 <2> Direct purchase from the ins co => GRID: PLAN NAME (direct) => 70 <3> Union or business association GRID: PLAN NAME (union/biz) => 70 <4> School GRID: PLAN NAME (school) => 74 <5> Some other way => 72 <99> DK/Ref => 72	Q69 _____ (code)	Q69 _____ (code)	Q69 _____ (code)	Q69 _____ (code)
70. ASK OR VERIFY Who was the policyholder? <> IF WITHIN HH => GRID: UPDATE PLAN NAME (policyholder) => CK-71 <> OUTSIDE HH => GRID: UPDATE PLAN NAME (out hh) => 74 < DK/Ref > => 72	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh
CK-71 • if 69=direct => 74 • else => 71				
71. And was that coverage provided through their job, direct purchase from the insurance company, or some other way? < Job (current or former) >=> GRID: UPDATE PLAN NAME (prnt/spse job) => 74 < Direct purchase > => GRID: UPDATE PLAN NAME (prnt/spse dir) => 74 < Other way > => 72 < DK/Ref > => 72				
72. What type of plan was this? GRID: PLAN NAME => CK-73	_____	_____	_____	_____
CK-73 • if this was a job-based military plan (Q66=yes) => 73 • else =>74				
73. ASK OR VERIFY Who was the policyholder? <> IF WITHIN HH => GRID: UPDATE PLAN NAME (policyholder) <> OUTSIDE HH => GRID: UPDATE PLAN NAME (out hh) < DK/Ref >	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh
80. What months in 2008 [were you/was NAME] covered by that plan? GRID: MONTHS => CK-81 < NONE > => PAGE 17, Q87 (for R); Q89 (for NAME) < DK/Ref > => CK-81	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008
CK-81 • if single-person household => CK-85 • else => 81				
81. And was anyone else in this household also covered by that plan? □ Yes => 82 □ No => CK-85 □ DK/Ref => CK-85				
82. Who? (Who else was covered by that plan)? PROBE: Anyone else? GRID: PLAN NAME IN EACH PERSON'S ROW => CK-83 < DK/Ref > => CK=83	Q82 □	Q82 □	Q82 □	Q82 □

CK-83 • If the initial enrollee was covered all 12 months of 2008 => 83 • else if the initial enrollee was covered less than 12 months of 2008 => 84 • else if the plan began sometime in 2009 => 84				
83. And [was NAME/were NAMES] also covered all 12 months of 2008? < Yes > => GRID: MONTHS => CK-85 < No > => 84 < DK/Ref > => 84	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref
84. What months during 2008 [was NAME/were NAMES] covered? GRID: MONTHS => CK-85 < DK/Ref > => CK-85 [REPEAT FOR EACH PERSON MARKED IN Q82]	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008
CK-85 • If this was a job-based plan and NAME was covered less than 12 months of 2008 by this plan => 85 • else => PAGE 17, Q87 (for R); Q89 (for NAME)				
85. And before that plan, [were you/was NAME] covered by any other job-sponsored health plan at any time in 2008? < Yes > GRID: PLAN NAME (job) => 73b < No > => PAGE 17, Q87 (for R); Q89 (for NAME) < DK/Ref > => PAGE 17, Q87 (for R); Q89 (for NAME)	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref	□ Yes □ No □ DK/Ref
73b. ASK OR VERIFY Who was the policyholder? <> IF WITHIN HH => GRID: UPDATE PLAN NAME (policyholder) <> OUTSIDE HH => GRID: UPDATE PLAN NAME (out hh) < DK/Ref >	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh	Policy-holder: _____ □out hh
80. What months in 2008 [were you/was NAME] covered by that plan? GRID: MONTHS => CK-81 < NONE > => 86 < DK/Ref > => CK-81	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008
CK-81 • if single-person household => CK-85 • else => 81				
81. And was anyone else in this household also covered by that plan? □ Yes => 82 □ No => PAGE 17, Q87 (for R); Q89 (for NAME) □ DK/Ref => PAGE 17, Q87 (for R); Q89 (for NAME)				
82. Who? (Who else was covered by that plan)? PROBE: Anyone else? GRID: PLAN NAME IN EACH PERSON'S ROW < DK/Ref >	Q82 □	Q82 □	Q82 □	Q82 □
84. What months during 2008 [was NAME/were NAMES] covered? GRID: MONTHS < DK/Ref > [REPEAT FOR EACH PERSON MARKED IN Q82] => PAGE 17, Q87 (for R); Q89 (for NAME)	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008	Month: Year: 2008

SHIPP GRID

Person	Plan name	Before Jan. 1, 2008	2008												2009		
			jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	dec	jan	feb	now
1																		
2																		
3																		
4																		
5																		
6																		

1. What are the names of all persons living or staying here? Let's start with you. [write names in column headers] (What is the name of the next person living or staying here?)						
	_____ age	_____ age	_____ age	_____ age	_____ age	_____ age

Appendix E: State fills for Medicaid, SCHIP and Other Government Programs

State	Full state name	Program names
AK	Alaska	• Denali KidCare • CAMA • Alaska Comprehensive Health Insurance Association
AL	Alabama	• ALL Kids program
AR	Arkansas	• ARKids First A and B • Connect Care • TEFRA • ARHealthNetworks
AZ	Arizona	• KidsCare program • Arizona Health Care Cost Containment System (AHCCCS) pronounced "access" • Arizona Long Term Care System • Health Care Group of Arizona
CA	California	• Healthy Families Program • Medi-Cal
CO	Colorado	• Child Health Plan Plus or CHP+ program • Old Age Pension and Medical • Adult Foster Care plan • Colorado Indigent Care Program
CT	Connecticut	• HUSKY Part A and B • Connecticut Home Care • SAGA Medical • Charter Oak • ConnPace • Connecticut AIDS Drug Assistance Program
DC	District of Columbia	• DC Healthy Families • DC Healthcare Alliance Program
DE	Delaware	• Delaware Healthy Children Program • Diamond State Health Plan
FL	Florida	• Florida KidCare • MediKids • Health Kids • Children's Medical Services Network
GA	Georgia	• PeachCare for Kids • Amerigroup • Peach State Health Plan • WellCare
HI	Hawaii	• QUEST program • Medicaid Fee-for-Service
IA	IA	• Healthy and Well Kids in Iowa (HAWK-I) program • IowaCare
ID	Idaho	• Idaho Health Plan • Idaho Children's Health Insurance Program (CHIP) • Healthy Connections • Children's Access Card • Access to Health Insurance
IL	Illinois	• All Kids or KidCare • FamilyCare • Public Aid medical • Breast and Cervical Cancer Treatment • Medical from the state • HBWD • Veterans Care • A medical card • A white, yellow card, green, pink or blue card • MediPlan card

State	Full state name	Program names
		• Illinois Healthy Women • Illinois Cares Rx
IN	Indiana	• Hoosier Healthwise program • Medicaid Select • Care Select • Healthy Indiana Plan • Assistance to Residents in County Homes (ARCH) plan
KS	Kansas	• Healthwave • Kansas Medical Assistance Program • MediKan
KY	Kentucky	• KCHIP (Kentucky Children's Health Insurance Program) • KyHealth Choices • Passport
LA	Louisiana	• LaCHIP • LaCHIP Affordable Plan • CommunityCARE
MA	Massachusetts	• MassHealth • Commonwealth Care
MD	Maryland	• Maryland Children's Health Program (MCHP) • Maryland Medical Assistance • HealthChoice • Subsidized Adoption (SA) • Primary Adult Care (PAC) plan
ME	Maine	• Cub Care • MaineCare • Foster Care plan
MI	Michigan	• Healthy Kids, Under 21, • MIChild (pronounced My Child) program • Adult Benefits Waiver or Adult Medical Program • Maternal Outpatient Medical Services (MOMS) plan
MN	Minnesota	• MinnesotaCare program • Minnesota Medical Assistance Program • General Assistance Medical Care plan
MO	Missouri	• MO HealthNet for Kids • MO HealthNet Managed Care • Healthy Children and Youth
MS	Mississippi	• Mississippi Children's Health Insurance Program (CHIP) • Health Benefits program
MT	Montana	• Montana Children's Health Insurance Plan (CHIP) • Montana Medicaid
NC	North Carolina	• N.C. Health Choice for Children program • Health Check
ND	North Dakota	• Healthy Steps program • General Assistance Medical plan
NE	Nebraska	• Kids Connection program

State	Full state name	Program names
NH	New Hampshire	• NH Healthy Kids Silver • Family Assistance Program • NH Healthy Kids Gold
NJ	New Jersey	• NJ FamilyCare program • Work First New Jersey • General Public Assistance plan
NM	New Mexico	• New Mexikids • SALUD! • New Mexico State Coverage Insurance
NV	Nevada	• Nevada Check Up program
NY	New York	• Child Health Plus program • Family Health Plus program • Healthy NY
OH	Ohio	• Healthy Start • Healthy Families • Breast and Cervical Cancer Project • Medicaid Buy-In for Workers with Disabilities • Alien Emergency Assistance Medicare Premium Assistance • QMB, SLMB, QI-1, or QWDI • Medicaid for Older Adults and People with Disabilities • Home and Community-Based Waiver Services • Disability Medical Assistance • Children's Buy-In • Refugee Medical Assistance
OK	Oklahoma	• SoonerCare • Insure Oklahoma • O-EPIC • Oklahoma High Risk Plan
OR	Oregon	• Oregon Health Plan
PA	Pennsylvania	• Children's Health Insurance Program (CHIP) • AdultBasic
RI	Rhode Island	• RIte Care • Rhode Island Medical Assistance Program • General Public Assistance Program • RIte Share
SC	South Carolina	• Healthy Connections Kids • Healthy Connections
SD	South Dakota	• South Dakota Children's Health Insurance Program (CHIP) • South Dakota Medical Assistance Managed Care Program • Chronic Renal Program • County Poor Relief plan
TN	Tennessee	• CoverKids program • TennCare
TX	Texas	• Texas CHIP • SKIP (State Kids Insurance Program) • Indigent Health Care Program
UT	Utah	• Utah Children's Health Insurance Program (CHIP) • Utah Primary Care Network
VA	Virginia	• FAMIS program • State/Local Hospitalization plan
VT	Vermont	• Green Mountain Care • Dr. Dynasaur • Vermont Health Access Plan (VHAP) • Catamount Health • ESI Premium Assistance • Prescription Assistance

State	Full state name	Program names
WA	Washington	• Premium-based Apple Health for Kids • Apple Health for Kids • First Steps • Washington Basic Health Plus • Family Medical • SSI/SSI-related Medical • Alien Emergency Medical • Medicare Savings Plan • Healthcare for Workers with Disabilities • General Assistance Unemployable (GAU) • Alcohol & Drug Addiction Treatment Act (ADATSA) • Children's Health Program (CHP) • Washington Basic Health plan
WI	Wisconsin	• BadgerCare Plus
WV	West Virginia	• West Virginia Children's Health Insurance Program (CHIP) • WV CHIP • Physician Assured Access System (PAAS) • Mountain Health Trust • State Foster Care plan • Adult Protective Services plan
WY	Wyoming	• KidCare CHIP • EqualityCare • Minimum Medical Program • Adult and child plan • State License Shelter Care plan • State Foster Care Children plan • Residential Treatment Centers plan

APPENDIX F: Pretest Sample Characteristics

Table 1: Household Completed Interviews

Households	54
People	126
Plans	160
Plans/person	1.3
Average length	17 minutes
Interviewer Caseload	
Interviewer A	10
Interviewer B	5
Interviewer C	11
Interviewer D	8
Interviewer E	16
Interviewer F	4

Table 2: Demographics of Sample

Age	%	n
Adults (age 15+)	90.5%	114
Children (under 15	9.5%	12
Average age	48.5 yrs	
Sex	**%**	**n**
Male	43%	54
Female	57%	72
Hispanic	5.6%	7
Race	**%**	**n**
White	85%	107
Black	3%	4
Asian	2.4%	3
American Indian	3%	4
Biracial	4.8%	6
Other	1.6%	2
Education (adults only)	**%**	**n**
Nursery school - 6th grade	18%	2
7th - 8th grade	2.6%	3
9th - 11th grade	4.4%	5
High school grad	35.1%	40
Some college, no degree	13.2%	15
Associated degree	4.4%	5
Bachelors degree	14.9%	17
Some grad, no degree	0.9%	1
Masters degree	12.3%	14
Professional degree	5.3%	6
Missing	5.3%	6
Served in Armed Forces (adults only)	15%	19
Marital Status (adults only)	**%**	**n**
Married	66.7%	76
Divorced	3.5%	4
Separated	0.9%	1
Widowed	9.6%	11
Never married	19.3%	22
At least 1 disability (adults only)	12.3%	14
Poverty Threshold (HH-level)	**%**	**n**
Above	79.6%	43
Below	13.0%	7
Missing	7.0%	4
Health Status	**%**	**n**
Excellent	23.0%	29
Very Good	25.4%	32
Good	27.0%	34
Fair	7.1%	9
Poor	3.2%	4
Missing	14.3%	18

Table 3: Health Plan Type

Plan Type	%	n
Medicare	23.1%	37
Medicaid	5.6%	9
Other government plan	1.3%	2
Job/policyholder	22.5%	36
Job/dependent	26.3%	42
Direct/policyholder	1.3%	2
Union or business association	0.6%	1
Military	1.9%	3
Medigap	16.3%	26
School	0.6%	1
Other	0.6%	1
Uninsured	na	(2)
TOTAL	100%	160

APPENDIX G: Final Redesigned Questionnaire for March 2010 Field Test
(revisions based on pretest)

Section Overview:
The purpose of this section is to capture health coverage status (covered or not), type of plan, and months of coverage (from January 1, 2009 until the date of interview in March/April/May, 2010) for all household members.

Household Respondent: The series begins by asking whether the household respondent has coverage now and, if so, the type of coverage. We then ask whether that coverage started before or after January 1, 2009. If before, we ask whether the coverage was continuous, and if so we infer that the coverage lasted from at least January, 2009 through the date of the interview. If the coverage began on or after January 1, 2009, we ask what month it began, and whether it was continuous until now. Regardless of when the coverage started, we then determine whether any other household members are also on that same plan and, if so, whether they were covered during the same months as the household respondent.

If the plan started at some point after January 1, 2009, we ask about any other coverage during the gap between January 1, 2009 and the start of the reported plan. If the respondent was covered at any point during that time span, we use the same routine described above – first determine plan type, then months of coverage, then whether other household members were also on that plan and for what months.

We ask two final questions to determine whether the respondent has any coverage in addition to that already reported (we ask two separate questions – one for current coverage and one for coverage at any time during 2009). If so the same routine on plan type, months, etc. is followed.

Other Household Members: Once the entire series is administered for the household respondent, we move on to Person 2. If this person was mentioned as having any coverage during the course of the household respondent's interview, we simply ask the two wrap-up questions – whether Person 2 has or had any coverage in addition to any plans already reported by the household respondent. If so the same routine is followed to determine plan type, months of coverage, and whether any other household members are also covered under that plan. If Person 2 was not mentioned during the household respondent's interview as being covered, the series begins from the first basic question on any type of coverage, plan type, months of coverage, etc. The series then repeats in this fashion for Persons 3+, until all household members (regardless of age) have been asked about explicitly.

Fills: use the following specifications to fill "PLANTYPE" and "PLANOR" throughout the instrument, and to fill the labels in the FR grid on health insurance status of all household members.

PLANTYPE
- if plan is job-related (SRCEGEN=job OR JOBCOV=yes OR SRCEMISC=former employer or union/business assn) and NAME was selected in POLHOLDER fill:
  - "by a plan through your job" in questionnaire items
  - "NAME's job" in FR grid label
- if plan is job-related (SRCEGEN=job OR JOBCOV=yes OR SRCEMISC=former employer or union/business assn) and a name was selected in POLHOLDER but it was NOT NAME fill:
  - "by a plan through [policyholder]'s job" in questionnaire items
  - "NAME's job" in FR grid label
- if plan is job-related (SRCEGEN=job OR JOBCOV=yes OR SRCEMISC=former employer or union/business assn) and POLHOLDER=DK or REF fill:
  - "by a plan through someone's job" in questionnaire items
  - "Job" in FR grid label
- if plan is directly-purchased (SRCEDEPDIR=direct purchase) and NAME was selected in POLHOLDER fill:
  - "by a plan you purchased directly" in questionnaire items
  - "NAME's direct" in FR grid label
- if plan is directly-purchased (SRCEDEPDIR=direct purchase and a name was selected in POLHOLDER but it was NOT NAME fill:
  - "by a plan that [policyholder] purchased directly" in questionnaire items
  - "NAME's direct" in FR grid label
- if plan is directly-purchased (SRCEDEPDIR=direct purchase and POLHOLDER=DK or REF fill:
  - "by a plan that someone purchased directly" in questionnaire items

- "Direct" in FR grid label
- if POLHOLDER="Outside HH" fill:
  - "by a plan of someone outside the household" in questionnaire items
  - "Outside HH" in FR grid label
- if (MCARE1 or MCARE2 = yes) OR GOVTYPE=Medicare fill:
  - "by Medicare" in questionnaire items
  - "Medicare" in FR grid label
- fills for government plans (ie: if OTHGOVT=yes or if GOVTYPE=Medicaid/Medical Assistance/SCHIP):
  - if GOVPLAN=1 thru 11 fill "by [response category selected in GOVPLAN]"
  - else if GOVPLAN=12 (other government plan) fill:
    - "by a government plan" in questionnaire items
    - "Govt plan" in FR grid label
  - else if GOVPLAN=13 (other/specify) fill:
    - "by [open-text write-in from GOVSPEC]" in questionnaire items
    - "[Write-in from GOVSPEC]" in FR grid label
- fills for military plans:
  - if MILTYPE =1 thru 5 fill:
    - "by [plan type selected in MILTYPE]" in questionnaire items
    - "Military" in FR grid label
  - else if MILTYPE=6, DK or REF fill:
    - "by a military plan" in questionnaire items
    - "Military" in FR grid label
- if SRCEMISC=school fill:
  - "by a school plan" in questionnaire items
  - "School" in FR grid label
- if SRCEMISC=other fill:
  - "by [open-text write-in from MISCSPEC]" in questionnaire items
  - "[open-text write-in from MISCSPEC" in FR grid label
- if SRCEMISC=DK/Ref fill:
  - "" in questionnaire items
  - "Plan" in FR grid label

PLANOR:
- if GOVPLAN=1 thru 11 fill: "or any other type of government assistance plan"
- if MILTYPE=1 thru 5 fill: "or any other plan related to military service"

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A. COVERAGE STATUS

Section Overview:
The purpose of this section is to identify whether household members have any type of coverage at all. For those aged 65+ or disabled, the series begins with a question on Medicare. For all others the series begins with a basic question on whether the person is covered or not. If they are covered, they immediately skip to the next section (Section B: Plan Type) in order to identify the particular type of coverage. If they say "no" to this initial question on coverage, there is a series of follow up questions which explicitly prompt the respondent with certain plan types that are often underreported (e.g., Medicare and Medicaid). So if these explicit followup questions prompt a report of coverage, then the particular plan type is identified. However, it is in the next section (Section B: Plan Type) that plan type is identified for most people.

HINTRO
[First time read fill: These next questions are about health insurance. I'll be asking you about coverage from January, 2009 up until now.] [First time read fill: First I'd like to ask you about yourself/Second time read fill: Now I'd like to ask you about NAME.]
=> CK-MCARE1

CK-MCARE1
•   if NAME is 65+ or at least one of the six questions on disability is yes => MCARE1
•   else go to ANYCOV

MCARE1
Medicare is the health insurance for persons 65 years old and over or persons with disabilities. [Are you/Is NAME] NOW covered by Medicare?
< Yes > => Store (1) in O_MCARE, column of interview month => BEFORAFT
< No >   => ANYCOV
< DK/Ref >   => ANYCOV

ANYCOV
[Do you/Does NAME] NOW have any type of health plan or health coverage?
< Yes >   => SRCEGEN
< No >   => MCAID
< DK/Ref >   => MCAID

MCAID
[Are you/Is NAME] NOW covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?
< Yes >   => GOVPLAN
< No >   => CK-MCARE2
< DK/Ref >   => CK-MCARE2

CK-MCARE2:
•   If MCARE1 was already asked => OTHGOVT
•   else => MCARE2

MCARE2
Medicare is the health insurance for persons 65 years old and over or persons with disabilities. [Are you/Is NAME] NOW covered by Medicare?
< Yes > => Store (1) in O_MCARE, column of interview month => BEFORAFT
< No >   => OTHGOVT
< DK/Ref >   => OTHGOVT

OTHGOVT

[Are you/Is NAME] NOW covered by any kind of plan, such as [fill state-specific PLAN NAME 1 thru PLAN NAME n, separated by commas, and "or" before the final plan name]?

< Yes >   => GOVPLAN
< No >   => VERIFY
< DK/Ref >   => VERIFY

VERIFY

OK, I have recorded that [you are/NAME is] not covered by any kind of health plan or health coverage. Is that correct?

< Yes, not covered >   => Store (1) in O_UNINSURED, column of interview month => ADDLASTP
< No, NAME is covered > => SRCEGEN
< DK/Ref >   => ADDLASTP

B.   PLAN TYPE: LEADERS

Section Overview:
The purpose of this section is to identify the plan type (e.g., Medicare, military, job-based policyholder, etc.) for all "leaders" – that is, the first person for whom a given plan was identified in Section B. Answers in Section B will be used to create variables for the 14 plan types described in the "Output Overview" document. The specifications below refer to these variables specifically whenever possible, but when an instruction applies to any of the 14 plan types the generic O_PLANTYPE is used.

SRCEGEN
ASK OR VERIFY
(In order to better understand the health care needs of Americans, we'd like to learn more about how [you get/NAME gets] that coverage). Is it provided through a job, the government, or some other way?
PROBE: "Job" includes coverage from someone's own job as well as coverage from a spouse's or parent's job.
PROBE: Include coverage through former employers and unions, and COBRA plans.
PROBE: If this coverage is provided through a job with the government or the military, consider that coverage through a job.
< Job (current or former) > => MILPLAN
< Government >   => JOBCOV
< Other way >   => SRCEDEPDIR
< DK/Ref >   => GOVASST

GOVASST
Is it a government assistance-type plan?
< Yes >   => GOVTYPE
< No/DK/Ref >   => SRCEDEPDIR

JOBCOV
Is or was that coverage related to a JOB with the government?
PROBE: Include coverage through FORMER employers and unions, and COBRA plans.
< Yes >   => MILPLAN
< No >   => GOVTYPE
< DK/Ref >   => GOVTYPE

GOVTYPE
ASK OR VERIFY
What type of government plan is it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or Veterans Administration coverage, or something else?
READ IF NECESSARY: [Some examples of government programs/An example of a government program] in [STATE] is/are: [fill names in STATE from attachment "state plan names 07-14-09."].
READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children.
< Medicare >
                 => Store (1) in O_MCARE, column of interview month => BEFORAFT
< Medicaid, Medical Assistance, SCHIP> => GOVPLAN
< Military or Veterans Administration care>
                 => Store (1) in O_MIL, column of interview month => MILTYPE
< Other >   => GOVPLAN
< DK/Ref >   => GOVPLAN

GOVPLAN
ASK IF NECESSARY
What do you call the program?
(1) < Medicaid >
(2) < Medical Assistance >
(3) < SCHIP >
(4) < PLAN NAME 1>
(5) < PLAN NAME 2>
(6) < PLAN NAME 3>
(7) < PLAN NAME 4>
(8) < PLAN NAME 5>
(9) < PLAN NAME 6>
(10) < PLAN NAME 7>
(11) < PLAN NAME 8>
(12) < other government plan >
(13) < other/specify > **GOVSPEC** [allow 65 characters]
< DK, REF>
=> If "Medicaid" or "Medical Assistance" store (1) in O_MCAID, column of interview month; else Store (1) in O_OTHGOVT, column of interview month => BEFORAFT

MILPLAN
READ IF NECESSARY
Is that plan related to military service in any way?
< Yes >   => Store (1) in O_MIL, column of interview month => MILTYPE
< No/DK/Ref >   => POLHOLDER

MILTYPE
ASK OR VERIFY
Which plan [Are you/Is NAME] covered by? Is it TRICARE, TRICARE for Life, CHAMPVA, Veterans Administration care, military health care, or something else?
<1>   TRICARE
<2>   TRICARE for Life
<3>   CHAMPVA
<4>   Veterans Administration
<5>   Military health care
<6>   Other
<99>   DK/Ref
=> POLHOLDER

SRCEDEPDIR
ASK OR VERIFY
How is that coverage provided? Is it through a parent or spouse, direct purchase from the insurance company, or some other way?
PROBE: If a parent/spouse purchases the coverage directly (both 1 and 2), then code <2> for direct purchase.
<1> Parent or spouse   => POLHOLDER
<2> Direct purchase from the insurance company   => POLHOLDER
<3> Some other way   => SRCEMISC
<99> DK/Ref   => SRCEMISC

SRCEMISC

ASK OR VERIFY

Is it provided through a former employer, a union or business association, a school, or some other way?

<1> Former employer   => POLHOLDER

<2> Union or business association => POLHOLDER

<3> School =>Store (1) in O_SCHOOL, column of interview month => BEFORAFT

<4> Some other way (specify) => **MISCSPEC** [allow 65 characters]

      => Store (1) in O_OTHER, column of interview month => BEFORAFT

<99> DK/Ref => Store (1) in O_OTHER, column of interview month => BEFORAFT

POLHOLDER

ASK OR VERIFY

Who is the policyholder?

< display household roster >   => CK-SRCEPTSP

<> Someone living outside the household   => CK-SRCEPTSP

< DK/Ref >   => CK-SRCEPTSP

Output specs:

<> if plan is job-related (SRCEGEN=job OR JOBCOV=yes OR SRCEMISC=former employer or union/business assn) and the name selected as policyholder is NAME:

      => Store (1) in O_JOBPOL, column of interview month

<> if plan is job-related and the name selected as policyholder is within the hh but NOT NAME:

      => Store (1) in O_JOBDEP, column of interview month

<> if plan is job-related and policyholder=DK/Ref:

      => Store (1) in O_JOBDK, column of interview month

<> if plan is directly-purchased (SRCEDEPDIR=direct purchase) and the name selected as policyholder is NAME:

      => Store (1) in O_DIRPOL, column of interview month

<> if plan is directly-purchased and the name selected as policyholder is within the household but NOT the same person as NAME:

      => Store (1) in O_DIRDEP, column of interview month

<> if plan is directly-purchased and policyholder=DK/Ref:

      => Store (1) in O_DIRDK, column of interview month

< > if name selected as policyholder is outside the household:

      => Store (1) in O_OUT, column of interview month

CK-SRCEPTSP

•   if SRCEDEPDIR=parent/spouse => SRCEPTSP

•   else =>BEFORAFT

SRCEPTSP

ASK OR VERIFY

And is that coverage provided through their job, direct purchase from the insurance company, or some other way?

< Job (current or former) > => Store (1) in O_JOBDEP, column of interview month

< Direct purchase from the insurance company > => Store (1) in O_DIRDEP, column of interview month

< Some other way > => Store (1) in O_OTHER, column of interview month

< DK/Ref > => Store (1) in O_OTHER, column of interview month

ALL ABOVE => BEFORAFT

C.   MONTHS OF COVERAGE: LEADERS

Section Overview:
The purpose of this section is to identify the months of coverage (from January, 2009 up thru the interview month)
for all leaders.

BEFORAFT
Did that coverage start before or after January 1, 2009?
PROBE: Your best estimate is fine.
If PLANTYPE for NAME=jobpol or jobdep or jobdk display: PROBE: When we say "that coverage" we mean any
coverage through [your/policyholder's] employer. So if [you/policyholder] switched plans offered by the employer,
or even switched employers, we still consider this all the same coverage.
If PLANTYPE for NAME=dirpol or dirdep or dirdk display: PROBE: When we say "that coverage" we mean any
coverage [you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-
purchased, we still consider this all the same coverage.
< Before January 1, 2009 >   => CNTCOV
< On or after January 1, 2009 >   => MNTHBEG1
< DK/REF >   => ANYTHIS

MNTHBEG1
In what month did that coverage start?
PROBE: Your best estimate is fine.
If PLANTYPE for NAME=jobpol or jobdep display: PROBE: When we say "that coverage" we mean any coverage
through [your/policyholder's] employer. So if [you/policyholder] switched plans offered by the employer, or even
switched employers, we still consider this all the same coverage.
If PLANTYPE for NAME=dirpol or dirdep display: PROBE: When we say "that coverage" we mean any coverage
[you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-purchased,
we still consider this all the same coverage.
< MONTH 1-12 >   => CK-YEARBEG1
< DK/Ref >   => ANYTHIS

CK-YEARBEG1
•   if MNTHBEG1 is January, February, March (or month of interview) => YEARBEG1
•   else store 2009 in YEARBEG1 and =>CNTCOV

YEARBEG1
ASK IF NECESSARY: And what year was that?
< 2009 >   => CNTCOV
< 2010 >   => CNTCOV
< DK/Ref >   => ANYTHIS

ANYTHIS
Did you have the coverage at any time THIS YEAR (2010)?
If PLANTYPE for NAME=jobpol or jobdep display: PROBE: When we say "that coverage" we mean any coverage
through [your/policyholder's] employer. So if [you/policyholder] switched plans offered by the employer, or even
switched employers, we still consider this all the same coverage.
If PLANTYPE for NAME=dirpol or dirdep display: PROBE: When we say "that coverage" we mean any coverage
[you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-purchased,
we still consider this all the same coverage.
< Yes >   => WHATMNTHS1
< No >   => ANYLAST
< DK >   => ANYLAST
< Ref >   => ANYLAST

ANYLAST

Did you have the coverage at any time LAST YEAR (2009)?

If PLANTYPE for NAME=jobpol or jobdep display: PROBE: When we say "that coverage" we mean any coverage through [your/policyholder's] employer. So if [you/policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.

If PLANTYPE for NAME=dirpol or dirdep display: PROBE: When we say "that coverage" we mean any coverage [you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-purchased, we still consider this all the same coverage.

< Yes >	=> WHATMNTHS2
< No >	=> CK-OTHMEMB
< DK>	=> CK-OTHMEMB
<Ref >	=> CK-OTHMEMB

CNTCOV

And has it been continuous since then?

If PLANTYPE for NAME=jobpol or jobdep display: PROBE: When we say "that coverage" we mean any coverage through [your/policyholder's] employer. So if [you/policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.

If PLANTYPE for NAME=dirpol or dirdep display: PROBE: When we say "that coverage" we mean any coverage [you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-purchased, we still consider this all the same coverage.

< Yes > => If BEFORAFT=before store (1) in O_PLANTYPE, column 1 up through the column of interview month
=> else store (1) in O_PLANTYPE columns starting with month and year reported in MNTHBEG1 and YEARBEG1 and ending with interview month
=> CK-OTHMEMB

< No > => MNTHBEG2

< DK > => MNTHBEG2

< REF > => WHATMNTHS1

MNTHBEG2

In what month did this most recent spell of coverage start?

PROBE: Your best estimate is fine.

If PLANTYPE for NAME=jobpol or jobdep display: PROBE: When we say "that coverage" we mean any coverage through [policyholder's] employer. So if [policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.

If PLANTYPE for NAME=dirpol or dirdep display: PROBE: When we say "that coverage" we mean any coverage directly purchased by you or another policyholder. So if you/NAME switched plans but they were all directly-purchased, we still consider this all the same coverage.

< MONTH 1-12 >	=> CK-YEARBEG2
< DK/Ref >	=> WHATMNTHS1

CK-YEARBEG2

- if MNTHBEG2 is January, February, March (or month of interview) => YEARBEG2
- else store 2009 in YEARBEG2
    => Store (1) in O_PLANTYPE columns, starting with the column for the month/year reported in MNTHBEG2/YEARBEG2 and ending with column of interview month then => SPELLADD

YEARBEG2

ASK IF NECESSARY: And what year was that?

< 2009 >	=> SPELLADD
< 2010 >	=> SPELLADD

=> Store (1) in O_PLANTYPE columns, starting with the column for the month/year reported in MNTHBEG2/YEARBEG2 and ending with column of interview month

< DK/Ref >	=> WHATMNTHS1

SPELLADD

A little earlier you mentioned you were covered [PLANTYPE] [if BEFORAFT=before fill: "at some point before January 2009"; else fill "in [month/year selected in MNTHBEG1/YEARBEG1]], and I've just recorded that you were also covered from [fill month/year reported in MNTHBEG2/YEARBEG2] until now. Were there any other months between January 2009 and [fill month/year reported in MNTHBEG2/YEARBEG2] that you were also covered [if GOVPLAN=1 thru 11 or if MILTYPE=1 thru 5 fill PLANOR; else fill PLANTYPE]?

< Yes > => WHATMNTHS1
< No > => CK-OTHMEMB
< DK> => CK-OTHMEMB
<Ref > => CK-OTHMEMB

Example 1: Job-based policyholder who said coverage started before January 1, 2009 (in BEFORAFT) but then said it was not continuous (in CNTCOV), and said that the most recent spell started in June, 2009 (in MNTHBEG2/YEARBEG2):
A little earlier you mentioned you were covered by a plan through your job at some point before January 2009, and I've just recorded that you were also covered from June, 2009 until now. Were there any other months between January 2009 and June, 2009 that you were also covered by a plan through your job?

Example 2: Direct-purchase dependent who said coverage started after January 1, 2009 (in BEFORAFT) and said it started in February, 2009 (in MNTHBEG1/YEARBEG1), but then said it was not continuous (in CNTCOV), and said that the most recent spell started in June, 2009 (in MNTHBEG2/YEARBEG2):
A little earlier you mentioned you were covered by a plan that John Doe purchased directly in February, and I've just recorded that you were also covered from June, 2009 until now. Were there any other months between January 2009 and June, 2009 that you were also covered by a plan that John Doe purchased directly?

Example 3: Respondent covered by HAWK-I (Iowa's SCHIP plan) who said coverage started before January 2009 (in BEFORAFT), but then said it was not continuous (in CNTCOV), and said that the most recent spell started in June, 2009 (in MNTHBEG2/YEARBEG2):
A little earlier you mentioned you were covered by HAWK-I at some point before January 2009, and I've just recorded that you were also covered from June, 2009 until now. Were there any other months between January 2009 and June, 2009 that you were also covered by HAWK-I or any other type of government assistance plan?

Example 4: Respondent covered by TRICARE who said coverage started after January 1, 2009 (in BEFORAFT) and said it started in February, 2009 (in MNTHBEG1/YEARBEG1), but then said it was not continuous (in CNTCOV), and said that the most recent spell started in June, 2009 (in MNTHBEG2/YEARBEG2):
A little earlier you mentioned you were covered by TRICARE in February, and I've just recorded that you were also covered from June, 2009 until now. Were there any other months between January 2009 and June, 2009 that you were also covered by TRICARE or any other plan related to military service?

WHATMNTHS1

What [if SPELLADD asked fill: other] months [if ANYTHIS=1 fill: between January 2010 and now; else fill: between January 2009 and now] were you covered [PLANTYPE]?
< MONTHS 0-16 >
        => Store (1) in O_PLANTYPE columns for months/years selected
        => if ANYTHIS =1 => WHATMNTHS2; else CK-OTHMEMB
< DK/Ref >   => CK-OTHMEMB

WHATMNTHS2

What months during 2009 were you [if ANYTHIS=1 fill: also] covered [PLANTYPE]?
< MONTHS 1-12 >
        => Store (1) in O_PLANTYPE columns for months/year selected => CK-OTHMEMB
< DK/Ref >   => CK-OTHMEMB

CK-OTHMEMB
•   if single-person household => CK-ADDGAP1
•   else => OTHMEMB

D.   FOLLOWERS COVERED BY LEADER'S PLAN

Section Overview:
The purpose of this section is to determine whether anyone in addition to the leader also has that same type of coverage and, if so, what months they had the coverage. Household members other than the leader who were also covered on the same plan are called "followers."

OTHMEMB
And is anyone else in this household also covered by [PLANTYPE] [or any other type of government assistance plan/or any other plan related to military service]?
< Yes >   => COVWHO
< No >   => CK-ADDGAP1
< DK/Ref >   => CK-ADDGAP1

COVWHO
Who? (Who else is covered by [PLANTYPE] [or any other type of government assistance plan/or any other plan related to military service])?
PROBE: Anyone else?
< display household roster >
              => Store (1) in O_PLANTYPE, column of interview month for each person selected
              => CK-SAMEMNTHS
< DK/Ref >   => CK-ADDGAP1

CK-SAMEMNTHS
*   if leader was covered from January 2009 up to the interview date (BEFORAFT=before and CNTCOV=yes)
        => SAMEMNTHS1
*   else if leader's coverage started after January, 2009 and was continuous (BEFORAFT=on/after and
        CNTCOV=yes) => SAMEMNTHS2
*   else => WHATMNTHS3

SAMEMNTHS1
And [was/were] [fill NAME(s) selected in COVWHO] [if multiple names selected in COVWHO, or if NAME selected was born before January 1, 2009 fill: also] covered from [if only one person selected in COVWHO and that person was born on or after January 1, 2009 fill: birth/else fill: January 2009] up until now?
< Yes, all covered same months >
              => Store (1) in O_PLANTYPE, column 1 thru column of interview date for each person selected
              in COVWHO => CK-ADDGAP1
< No, at least one person was not covered same months as leader > => WHATMNTHS3
< DK/Ref >   => WHATMNTHS3

Example 1: One other person (over age 1) was covered by the leader's plan:
And was NAME also covered from January 2009 up until now?

Example 2: Two other people (both over age 1) were covered by the leader's plan:
And were NAME1 and NAME2 also covered from January 2009 up until now?

Example 3: One other people (under age 1) was covered by the leader's plan:
And was NAME covered from birth up until now?

Example 4: Two other people (one over age 1 and one under age 1) were covered by the leader's plan:
And were NAME1 and NAME2 also covered from January 2009 up until now?
[Note this is the same wording as Example 2]

SAMEMNTHS2

And [was/were] [fill NAME(s) selected in COVWHO] [if multiple names selected in COVWHO, or if NAME selected was born before January 1, 2009 fill: also] covered from [if only one person selected in COVWHO and that person was born on or after January 1, 2009 fill: birth/else fill: MNTHBEG1/YEARBEG1] up until now?

< Yes, all covered same months >

> => Store (1) in O_PLANTYPE, starting with MNTHBEG1/YEARBEG1 and ending with column of interview date for each person selected in COVWHO
>
> => ADDGAP1

< No, at least one person was not covered same months as leader >

> => WHATMNTHS3

< DK/Ref >   => WHATMNTHS3

WHATMNTHS3

Person 1: What months between January 2009 and now was [NAME from COVWHO] covered?

Persons 2+: How about NAME? (What months between January 2009 and now was [NAME from COVWHO] covered?)

< MONTHS 0-16 >   => Store (1) in O_PLANTYPE columns for months/years selected for each person asked about => ADDGAP1

< DK/Ref >   => ADDGAP1

[REPEAT FOR EACH PERSON SELECTED IN COVWHO]

E.   LEADER: Additional current and past plans

E.1   Gaps in Coverage

Item Overview: If the leader was covered by any plan or plans for every month (from January, 2009 up to now), they skip to Section G on any additional past coverage. For any leader who had a gap in coverage, the purpose of this section is to determine whether they had any other coverage during those gaps (ADDGAP1). If coverage during a gap is reported, we ask "PAST LOOP." This is basically a repeat of Sections B thru D, but with minor modifications. All questions are asked in the past tense, and this is the only change to Section B (on plan type). In Section C (on months covered), rather than asking the full series (before/after January 1, 2009, etc.), we ask just one question on months of coverage. In Section D (on followers) the only modification is that there is one version of SAMEMNTHS (rather than two). See PAST LOOP for full specifications.

CK-ADDGAP1
- if no gaps in coverage => CK-ADDTHISP
- else => ADDGAP1

ADDGAP1
Earlier I recorded you/NAME was/were covered by [PLANTYPE] [in MONTH/YEAR; from MONTH/YEAR until now/MONTH/YEAR] [and by PLANTYPE in MONTH/YEAR, etc.]. What about [months not covered]? Were you covered by any type of health plan or health coverage in those months?
< Yes >   => PAST LOOP then => CK-ADDGAP2
< No >   => CK-ADDTHISP
< DK/Ref >   => CK-ADDTHISP

CK-ADDGAP2
- if NAME had any gap in coverage => ADDGAP2
- else => CK-ADDTHISP

ADDGAP2
Earlier I recorded you/NAME was/were covered by [PLANTYPE] [in MONTH/YEAR; from MONTH/YEAR until now/MONTH/YEAR] [and by PLANTYPE in MONTH/YEAR, etc.]. What about [months not covered]? Were you covered by any type of health plan or health coverage in those months?
< Yes >   => GAPMNTHSP
< No >   => CK-ADDTHISP
< DK/Ref >   => CK-ADDTHISP

GAPMNTHSP
What months between January 2009 and now was/were you/NAME covered?
< MONTHS 0-16 >   => Store (1) in O_OTHER in columns for months/years selected => CK-ADDTHISP
< DK/Ref >   => CK-ADDTHISP

E.2   Additional Current Plans

Item Overview: The purpose of this section is to determine, for those currently covered, whether they have an additional, concurrent plan (ADDTHISP). We allow for data collection of only two concurrent plans for the interview month. Hence, respondents for whom we already have recorded at least two concurrent plans are also skipped out. (Note that those without any current coverage would have skipped over this section entirely, from VERIFY to ADDLASTP). If the leader does have a second concurrent plan, we repeat Sections B thru D above and collect data on plan type, months of coverage, other household members covered, and months they were covered.

CK-ADDTHISP
- if currently covered by 2+ plans => CK-ADDLASTP
- else => ADDTHISP

ADDTHISP
OK other than [fill PLANTYPE for O_PLANTYPE of interview month], are you NOW also covered by any other type of health plan or health coverage? Do not include plans that cover only one type of care, such as dental or vision plans.
< Yes > => [repeat Sections B thru D above] then => CK-ADDLASTP
< No >   => CK-ADDLASTP
< DK/Ref >   => CK-ADDLASTP

E.3   Additional Past Plans

Item Overview: The purpose of this section is to determine whether there were any additional plans held at any time in 2009. All leaders get this question. If past coverage was reported during the course of questioning on current plans we fill "Other than those plans..."

CK-ADDLASTP
- If ADDGAP1=(No, DK or REF) or ADDGAP2=(No, DK or REF) => CK-NEXTMEMB
- else => ADDLASTP

ADDLASTP
And how about during 2009? [If O_PLANTYPE=1 for any plan type for any month fill: Other than [fill all plans held at any time during 2009],] WERE you covered by any [if covered by any plan in any month fill: other] type of health plan or health coverage AT ANY TIME between January 2009 and now?
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
< Yes >   => PAST LOOP then => CK-NEXTMEMB
< No >   => CK-NEXTMEMB
< DK/Ref >   => CK-NEXTMEMB

ROUTING INSTRUCTIONS FOR ADDITIONAL HOUSEHOLD MEMBERS

CK-NEXTMEMB
- If all household members have been asked about explicitly (that is, at least one of the following questions was asked for each household member: MCARE1, ANYCOV, MCARE3, ANYGOVT2, ADDTHISS, ANYGOVT3, ADDLASTS) => HEALTHSTAT
- else go to next person on roster
  - if O_PLANTYPE=blank for all plan types and all months => HINTRO for that person
  - else if O_PLANTYPE=1 for at least one plan type (ie: this person is a follower) then:
    - if NAME is 65+ and Medicare was not reported for him/her for any period of time => MCARE3
    - else if O_PLANTYPE=1 for at least one plan type and Medicaid was not reported for NAME for any period of time but either: Medicaid WAS reported for any other household member for any period of time (O_MCAID=1 or O_OTHGOVT=1 for any other person for any month) OR this is a low-income household (HHINC=2) => ANYGOVT2
    - else if NAME is currently covered by 2+ plans => CK-ANYGOVT3
    - else => CK-ADDTHISS

**F.		FOLLOWER: Additional current and past plans**

**F.1		Additional Current Plans**

Item Overview: The purpose of this section is to explicitly prompt respondents about plans that are commonly underreported when the circumstances warrant such prompting. Household members are routed to this loop because coverage has already been reported for them for at least one month. In most cases these followers will skip to a simple question on any other coverage now (ADDTHISS), and then go on to a question on any other past coverage (ADDLASTS). But in the case of Medicare, if a household member is 65+ but Medicare was not yet reported for that person, we want to explicitly ask about Medicare since the person is very likely covered and we want to reduce the risk of underreporting. For Medicaid and other government plans, it is often the case that multiple household members are covered. So if Medicaid has been reported for others, but not this person, we explicitly ask about it – again to reduce the chance of underreporting.

Under-reported Plans (for certain subgroups)

MCARE3
Ok now I'd like to ask you about NAME. Medicare is the health insurance for persons 65 years old and over or persons with disabilities. Is NAME NOW covered by Medicare?
< Yes >	=> Store (1) in O_MCARE, column of interview month
			=> [repeat Sections C-D] then => CK-ADDTHISS2
< No >		=> CK-ADDTHISS
< DK/Ref >	=> CK-ADDTHISS

ANYGOVT2
Ok now I'd like to ask you about NAME. Is NAME NOW covered by Medicaid, Medical Assistance, S-CHIP, or any other kind of government assistance program that helps pay for health care?
< Yes >	=> [repeat Section B-D, starting at GOVTYPE] then => CK-ADDTHISS2
< No >	=> CK-ADDTHISS
< DK >	=> CK-ADDTHISS
< Ref >	=> CK-ADDTHISS

Any Plans (for all respondents)

CK-ADDTHISS
•		if currently covered by 2+ plans => CK-ANYGOVT3
•		else => ADDTHISS

ADDTHISS
[Fill unless MCARE3 or ANYGOVT2 asked: Ok now I'd like to ask you about NAME.] [If O_PLANTYPE=1 for any plan type for any month fill: Other than [fill all plan(s) covered by] do/does you/NAME NOW have any (other) type of health plan or health coverage?
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
< Yes >		=> [repeat Sections B thru D above] then => CK-ADDTHISS2
< No >		=> CK-ANYGOVT3
< DK/Ref >	=> CK-ANYGOVT3

CK-ADDTHISS2
•		if NAME is currently covered by 2+ plans => CK-ANYGOVT3
•		else => ADDTHISS2

ADDTHISS2
[Fill unless MCARE3 or ANYGOVT2 asked: Ok now I'd like to ask you about NAME.] [If O_PLANTYPE=1 for any plan type for any month fill: Other than [fill all plan(s) covered by] do/does you/NAME NOW have any (other) type of health plan or health coverage?
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
< Yes >		=> [repeat Sections B thru D above] then => CK-ANYGOVT3
< No >		=> CK-ANYGOVT3
< DK/Ref >	=> CK-ANYGOVT3

F.3   Additional Past Plans

CK-ANYGOVT3
- if ANYGOVT2 was asked => ANYGOVT3
- else => ADDLASTS

ANYGOVT3
And how about at any time from January 2009 up until now? (Was NAME covered by any kind of government assistance program at any time from January 2009 up until now)?
< Yes >   => [PASTLOOP, starting with GOVTYPE] then => CK-ADDGAP3
< No >   => ADDLASTS
< DK/Ref >   => ADDLASTS

ADDLASTS
And how about [if ANYGOVT3 asked fill: any other plans] during 2009? [If O_PLANTYPE=1 for any plan type for any month fill: Other than [fill all plans held at any time during 2009],] WERE you covered by any [if covered by any plan in any month fill: other] type of health plan or health coverage AT ANY TIME between January 2009 and now?
PROBE: Do not include plans that cover only one type of care, such as dental or vision plans.
< Yes >   => PAST LOOP then => CK-ADDGAP3
< No >   => CK-NEXTMEMB
< DK/Ref >   => CK-NEXTMEMB

CK-ADDGAP3
- if ADDLASTS=(No, DK or REF) or no gaps in coverage => CK-NEXTMEMB
- else => ADDGAP3

ADDGAP3
Earlier I recorded you/NAME was/were covered by [PLANTYPE] [in MONTH/YEAR; from MONTH/YEAR until now/MONTH/YEAR] [and by PLANTYPE in MONTH/YEAR, etc.]. What about [months not covered]? Were you covered by any type of health plan or health coverage in those months?
< Yes >   => PAST LOOP then => CK-ADDGAP4
< No >   => CK-NEXTMEMB
< DK/Ref >   => CK-NEXTMEMB

CK-ADDGAP4
- if no gaps in coverage => CK-NEXTMEMB
- else => ADDGAP4

ADDGAP4
Earlier I recorded you/NAME was/were covered by [PLANTYPE] [in MONTH/YEAR; from MONTH/YEAR until now/MONTH/YEAR] [and by PLANTYPE in MONTH/YEAR, etc.]. What about [months not covered]? Were you covered by any type of health plan or health coverage in those months?
< Yes >   => GAPMNTHSS
< No >   => CK-NEXTMEMB
< DK/Ref >   => CK-NEXTMEMB

GAPMNTHSS
What months between January 2009 and now was/were you/NAME covered?
< MONTHS 0-16 >   => Store (1) in O_OTHER in columns for months/years selected
< DK/Ref >   => CK-NEXTMEMB

PAST LOOP

Section B: Plan Type

SRCEGEN-**PST**
ASK OR VERIFY
Was that coverage provided through a job, the government, or some other way?
PROBE: "Job" includes coverage from someone's own job as well as coverage from a spouse's or parent's job.
PROBE: Include coverage through former employers and unions, and COBRA plans.
PROBE: If this coverage is provided through a job with the government or the military, consider that coverage through a job.
< Job (current or former) >=> MILPLAN-PST
< Government >   => JOBCOV-PST
< Other way >   => SRCEDEPDIR-PST
< DK/Ref >   => GOVASST-PST

GOVASST-PST
Was it a government assistance-type plan?
< Yes >   => GOVTYPE-PST
< No/DK/Ref >   => SRCEDEPDIR-PST

JOBCOV-PST
Was that coverage related to a JOB with the government?
PROBE: Include coverage through FORMER employers and unions, and COBRA plans.
< Yes >   => MILPLAN-PST
< No >   => GOVTYPE-PST
< DK/Ref >   => GOVTYPE-PST

GOVTYPE-PST
ASK OR VERIFY
What type of government plan was it – Medicare, Medicaid, Medical Assistance or S-CHIP, military or Veterans Administration coverage, or something else?
READ IF NECESSARY: [Some examples of government programs/An example of a government program] in [STATE] is/are: [fill names in STATE from attachment "state plan names 07-14-09."].
READ IF NECESSARY: Medicare is for people 65 years old and older or people with certain disabilities; Medicaid is for low-income families, disabled and elderly people who require nursing home care; and S-CHIP is for low-income families and children.
< Medicare >
        => Store (1) in O_MCARE, column of interview month => WHATMNTHS-PST
< Medicaid, Medical Assistance, SCHIP> => GOVPLAN-PST
< Military or Veterans Administration care>
        => Store (1) in O_MIL, column of interview month => MILTYPE-PST
< Other > => Store (1) in O_OTHGOVT, column of interview month => WHATMNTHS-PST
< DK/Ref > => Store (1) in O_OTHGOVT, column of interview month => WHATMNTHS-PST

GOVPLAN-PST
ASK IF NECESSARY
What did you call the program?
(1) < Medicaid >
(2) < Medical Assistance >
(3) < SCHIP >
(4) < PLAN NAME 1>
(5) < PLAN NAME 2>
(6) < PLAN NAME 3>
(7) < PLAN NAME 4>
(8) < PLAN NAME 5>
(9) < PLAN NAME 6>
(10) < PLAN NAME 7>
(11) < PLAN NAME 8>
(12) < other government plan >
(13) < other/specify > **GOVSPEC-PST** [allow 65 characters]
< DK, REF>
        => If "Medicaid" or "Medical Assistance" store (1) in O_MCAID, column of interview month; else Store
        (1) in O_OTHGOVT, column of interview month
=> WHATMNTHS-PST

MILPLAN-PST
READ IF NECESSARY
Was that plan related to military service in any way?
< Yes >   => Store (1) in O_MIL, column of interview month
                => MILTYPE-PST
< No/DK/Ref > => POLHOLDER-PST

MILTYPE-PST
ASK OR VERIFY
Which plan [were you/was NAME] covered by? Was it TRICARE, TRICARE for Life, CHAMPVA, Veterans
Administration care, military health care, or something else?
<1>   TRICARE
<2>   TRICARE for Life
<3>   CHAMPVA
<4>   Veterans Administration
<5>   Military health care
<6>   Other
<99>   DK/Ref
=> POLHOLDER-PST

SRCEDEPDIR-PST
ASK OR VERIFY
How was that coverage provided? Was it through a parent or spouse, direct purchase from the insurance company,
or some other way?
PROBE: If a parent/spouse purchases the coverage directly (both 1 and 2), then code <2> for direct purchase.
<1> Parent or spouse   => POLHOLDER-PST
<2> Direct purchase from the insurance company   => POLHOLDER-PST
<3> Some other way   => SRCEMISC-PST
<99> DK/Ref   => SRCEMISC-PST

SRCEMISC-PST
ASK OR VERIFY
Was it provided through a former employer, a union or business association, a school, or some other way?
<1> Former employer   => POLHOLDER-PST
<2> Union or business association => POLHOLDER-PST
<3> School   =>Store (1) in O_SCHOOL, column of interview month => WHATMNTHS-PST
<4> Some other way (specify) => **MISCSPEC**-PST [allow 65 characters]
                => Store (1) in O_OTHER, column of interview month => WHATMNTHS-PST
<99> DK/Ref   => Store (1) in O_OTHER, column of interview month => WHATMNTHS-PST

POLHOLDER-PST
ASK OR VERIFY
Who was the policyholder?
< display household roster >   => CK-SRCEPTSP-PST
<> Someone living outside the household   => CK-SRCEPTSP-PST
< DK/Ref >   => CK-SRCEPTSP-PST
Output specs:
<> if plan is job-related (SRCEGEN=job OR JOBCOV=yes OR SRCEMISC=former employer or union/business
assn) and the name selected as policyholder is NAME:
         => Store (1) in O_JOBPOL, column of interview month
<> if plan is job-related and the name selected as policyholder is within the hh but NOT NAME:
         => Store (1) in O_JOBDEP, column of interview month
<> if plan is job-related and policyholder=DK/Ref:
         => Store (1) in O_JOBDK, column of interview month
<> if plan is directly-purchased (SRCEDEPDIR=direct purchase) and the name selected as policyholder is NAME:
         => Store (1) in O_DIRPOL, column of interview month
<> if plan is directly-purchased and the name selected as policyholder is within the household but NOT the same
person as NAME:
         => Store (1) in O_DIRDEP, column of interview month
<> if plan is directly-purchased and policyholder=DK/Ref:
         => Store (1) in O_DIRDK, column of interview month
< > if name selected as policyholder is outside the household:
         => Store (1) in O_OUT, column of interview month

CK-SRCEPTSP-PST
•   if SRCEDEPDIR=parent/spouse => SRCEPTSP-PST
•   else => WHATMNTHS-PST

SRCEPTSP-PST
ASK OR VERIFY
And was that coverage provided through their job, direct purchase from the insurance company, or some other way?
< Job (current or former) > => Store (1) in O_JOBDEP, column of interview month
< Direct purchase from the insurance company > => Store (1) in O_DIRDEP, column of interview month
< Some other way > => Store (1) in O_OTHER, column of interview month
< DK/Ref > => Store (1) in O_OTHER, column of interview month
ALL ABOVE   => WHATMNTHS-PST

Section C: Months of Coverage (Leader)

WHATMNTHS-PST
What months between January 2009 and now were you covered by [PLAN-PST]?
< MONTHS 0-16 > => Store (1) in O_PLANTYPE columns for months/years selected
< DK/Ref >
<all responses>   =>
if single-person hh => [pick up where you left off; see flow chart]
else => OTHMEMB-PST

Section D: Followers

OTHMEMB-PST
And was anyone else in this household also covered by [PLANTYPE]?
< Yes >   => COVWHO-PST
< No >   => [pick up where you left off; see flow chart]
< DK/Ref >   => [pick up where you left off; see flow chart]

COVWHO-PST
Who? (Who else was covered by [PLANTYPE])?
PROBE: Anyone else?
< display household roster > => CK-SAMEMNTHS-PST
< DK/Ref >   => [pick up where you left off; see flow chart]

SAMEMNTHS-PST
And [was/were] [fill NAME(s) selected in COVWHO] also covered the same months as you were?
< Yes, all covered same months >
                    => Store (1) in O_PLANTYPE, column 1 thru column of interview date for each person selected
                    in COVWHO => [pick up where you left off; see flow chart]
< No, at least one person was not covered same months as leader > => WHATMNTHS3-PST
< DK/Ref >   => WHATMNTHS3-PST

WHATMNTHS3-PST
Person 1: What months between January 2009 and now was [NAME from COVWHO] covered?
Persons 2+: How about NAME? (What months between January 2009 and now was [NAME from COVWHO]
covered?)
< MONTHS 0-16 >   => Store (1) in O_PLANTYPE columns for months/years selected for each person asked
                    about

< DK/Ref >
[REPEAT FOR EACH PERSON SELECTED IN COVWHO]
<all responses>
=> [pick up where you left off; see flow chart]