WI Family Health Survey
2018 Questionnaire

Q #	QUESTION	DATA VALUES & LABELS
	MODULE 2: HOUSEHOLD ROSTER	
C2_1	**How many persons live in your household, counting all adults and children and including yourself?**	1, ONE PERSON 2, TWO PERSONS 3-15, (OTHER HH MEMBERS)
roster_intro	Our survey has different questions for people of different age groups. So, in order to ask the right questions about the people in your household, would you please tell me just the first name (or initials, or some other way to refer back to each person,) age, and sex of all of the people living in your household. Let's start with you.	1, RESPONDENT 2, SPOUSE 3, SON, DAUGHTER 4, STEP-SON, STEP-DAUGHTER 5, PARENT
C2_3	**(FOR A SINGLE PERSON HH:)** **Our survey has different questions for people of different age groups.** **So, in order to ask you the right questions, would you please tell me your age**	6, OTHER RELATIVE BY BLOOD, MARRIAGE OR ADOPTION. INCLUDES BROTHER, SISTER, SIBLING, GRANDPARENT, GRANDCHILD, COUSIN, UNCLE, AUNT, NEPHEW, NIECE, PARENT-IN-LAW, CHILD-IN-LAW, BROTHER-IN-LAW, SISTER-IN-LAW, ETC. 7, BOY/GIRLFRIEND, PARTNER 8, OTHER NON-RELATIVE INCLUDES ROOMMATE, HOUSEMATE, LODGER, BOARDER, EMPLOYEE, FRIEND, FOSTER CHILD. 77, DON'T KNOW
C2_5	**What is your age?** **Please tell me HH member's age.** (INTERVIEWER: IF LESS THAN ONE YEAR OLD, ENTER '0') Code as reported by respondent	0, LESS THAN ONE YEAR 1 - 120 777, DON'T KNOW 999, REF
C2_7	**What is your sex?** **Please tell me HH member's sex.** (Code as reported by respondent.)	1, MALE 2, FEMALE 7, DON'T KNOW 9, REF
AGE_RANGE@1	**Are you/Is HH member between 18 and 44 years old?**	1, YES 2, NO 7, DON'T KNOW 8, INAPP 9, REFUSED
AGE_RANGE@2	**Are you/Is HH member between 45 and 64 years old?**	1, YES 2, NO 7, DON'T KNOW 8, INAPP 9, REFUSED
AGE_RANGE@3	**Are you/Is HH member 65 or over?**	1, YES 2, NO 7, DON'T KNOW 8, INAPP 9, REFUSED
AGE_RANGE@4	**Then HH member is under 18, is that correct?**	1, YES 2, NO 7, DON'T KNOW 8, INAPP 9, REFUSED
HH Check	**Just to confirm, you are the only person living in this household and your name is _____. Is that correct?** **Just to confirm, there are ___ people living in your household, whose names are _____, and you and _____ are married. Is this correct?**	1, CORRECT 2, DELETE PERSON 3, ADD PERSON

MODULE 3: HEALTH STATUS AND ACTIVITY LIMITATIONS

C3_1	**I would like you to rate your health/ the general health of each person in your household.** **In general, would you say your/HH member's health is excellent, very good, good, fair or poor?**	1, EXCELLENT 2, VERY GOOD 3, GOOD 4, FAIR 5, POOR 7, DON'T KNOW 9, REFUSED
C3_7	**Does your physical health/the physical health of any of the adults in your household keep you/them from working at a job, doing work around the house, or going to school?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_8	**Whose physical health prevents them from working at a job, doing work around the house, or going to school?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_10	**Do you/Do any of the adults in your household have trouble eating, dressing, bathing, or using the toilet because of a physical health problem?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_11	**Who has trouble eating, dressing, bathing or using the toilet because of a physical health problem?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_13	**Do you/Does any of the adults in your household have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical health condition?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_14	**Who has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical health condition?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_16	**Now I would like to ask you some questions about difficulties that you/persons 18 and over in your household may have doing certain activities because of a mental or emotional condition.** **Do you/Do any of the adults in your household have serious difficulty concentrating, remembering, making decisions or have periods of confusion?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_17	**Who in your household has serious difficulty concentrating, remembering making decisions or have periods of confusion?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_19	**Does your emotional or mental health/the emotional or mental health of any of the adults in your household keep you/them from working at a job, doing work around the house, or going to school?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_20	**Whose mental or emotional health prevents them from working at a job, doing work around the house, or going to school?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_22	**Do you/Do any of the adults in your household have trouble eating, dressing, bathing, or using the toilet because of a mental or emotional health condition?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_23	**Who has trouble eating, dressing, bathing or using the toilet because of a mental or emotional health condition?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_25	**Do you/Does any of the adults in your household have difficulty doing errands alone such as visiting a doctor's office or shopping because of a mental or emotional health condition?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C3_26	**Who has difficulty doing errands alone such as visiting a doctor's office or shopping because of a mental or emotional health condition?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED

C3_28	**In the past 12 months, did you/anyone in your household provide regular unpaid care or assistance to an adult friend or family member who has a health condition, disability or difficulty caring for him or herself?**	1, YES 2, NO 7, DK 9, REFUSED
	INTERVIEWER: If at any time in this module the respondent says that the caregiver cares for more than one person, say: "Please refer to the person to whom you/HH member give/s the most care".	
	If at any time in this module, the respondent says that the person the caregiver cared for has	
C3_29	**Who in the household provided this care?**	1, CAREGIVER 7, DK 8, INAPP/NOT CAREGIVER
	(INTERVIEWER: ENTER "1" FOR HH MEMBER WHO IS PROVIDING CARE AND ENTER 8 FOR HH MEMBER WHO DID NOT PROVIDE CARE; PROBE WITH "Is there anyone else?")	9, REFUSED
C3_30	**Is the person you/HH member care/s for your/his/her parent, spouse, son or daughter, or someone else?**	1, PARENT/PARENT IN-LAW 2, SPOUSE, PARTNER, BOY/GIRLFRIEND 3, SON OR DAUGHTER
	INTERVIEWER: Parent, step-parent, or parent-in-law and should be coded 1. Spouse, wife, husband, partner, boy/girlfriend should be coded 2. Step/child, step/son, step/daughter should be coded 3, Someone else: specify:	4. SOMEONE ELSE (SPECIFY) 7, DK 9, REFUSED
C3_31	**At this time, does the person you/HH member care/s for live in the household?**	1, YES 2, NO 7, DK 8. INAPP 9. REFUSED
C3_32	**Does the person you/HH member care/s for have serious difficulty concentrating, remembering, making decisions, or have periods of confusion?**	1, YES 2, NO 7, DK 8. INAPP 9. REFUSED
C3_33	**In the past 12 months, did you/HH member ever help the person with personal care such as feeding, bathing, dressing, or using the toilet?**	1, YES 2, NO 7, DK 8. INAPP 9. REFUSED
C3_34	**In the past 12 months, did you/HH member ever help the person by preparing meals, cleaning the house, managing money, or assisting with transportation?**	1, YES 2, NO 7, DK 8. INAPP 9. REFUSED
C3_35	**In the past 12 months, did you/HH member ever help coordinate the person's healthcare by scheduling medical appointments or communicating with healthcare providers?**	1, YES 2, NO 7, DK 8. INAPP 9. REFUSED
C3_36	**In the past 12 months, did you/HH member ever provide medical care by giving medications, caring for wounds, or operating medical equipment?**	1, YES 2, NO 7, DK 8. INAPP 9. REFUSED

MODULE 4: HEALTH CARE UTILIZATION

C4_1	**Is there one particular clinic, health center, doctor's office or other place that you yourself usually go to/HH member usually goes to if you are/he/she is sick or need/needs advice about your/his/her health?** (INTERVIEWER: THIS IS A YES OR NO QUESTION.)	1, YES 2, NO 3, RESPONDENT VOLUNTEERS EVERYONE GOES TO THE SAME USUAL PLACE 7, DON'T KNOW 9, REFUSED
C4_1_1	**Would you say there is more than one place or that there is no place that you usually go to/HH member usually goes to?** (INTERVIEWER: ADD "If they are sick and need advice about their health" IF RESPONDENT IS CONFUSED.)	1, MORE THAN ONE PLACE 2, NO PLACE 3, RESPONDENT VOLUNTEERS EVERYONE GOES TO MORE THAN ONE PLACE 4, RESPONDENT VOLUNTEERS EVERYONE HAS NO USUAL PLACE 7, DON'T KNOW 8, INAPP 9, REFUSED

C4_1_2	Which one of the following places do you/does HH member go to most often? Would you say (INTERVIEWER: PLEASE READ RESPONSE CHOICES)? (INTERVIEWER: IF NECESSARY SAY: When you say "hospital" do you mean a hospital emergency room or a clinic within a hospital?) (INTERVIEWER: IF RESPONDENT SAYS A COMPANY NAME SUCH AS "AURORA", ASK THEM TO BE MORE SPECIFIC)	1, A COMMUNITY OR NEIGHBORHOOD HEALTH CENTER 2, A DOCTOR'S OFFICE OR CLINIC 3, A HOSPITAL EMERGENCY ROOM 4, URGENT CARE 5, A VA HOSPITAL OR CLINIC 6, SOME OTHER KIND OF PLACE (SPECIFY) 7, DON'T KNOW 8, INAPP 9, REFUSED
C4_2	When you/HH member last made a medical appointment for an illness, injury, or other unanticipated health concern, how long did it take to get in to see the doctor/medical provider? In other words, how much time passed between making the appointment and going to the appointment?	1, A DAY OR LESS 2, TWO TO FOUR DAYS 3, FIVE TO SIX DAYS 4, ONE TO TWO WEEKS 5, TWO TO FOUR WEEKS 6, A MONTH OR MORE 7, DON'T KNOW 9, REFUSED
C4_3	Is it difficult for you/HH member to get to medical appointments due to a lack of reliable transportation?	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C4_4	Now I'd like to ask about your health care/the health care of household members over the past 12 months, that is since mm/dd/yyyy. Have you/has HH member received medical care from a medical doctor, a nurse practitioner or a physician assistant during the past 12 months?	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C4_5	Approximately how many times have you/has HH member received medical care from a medical doctor, a nurse practitioner or a physician assistant during the past 12 months?	0, 0, NO VISITS 1, ONCE IN YEAR 2, TWICE IN YEAR 3, 3+ IN YEAR 7, DON'T KNOW 9, DON'T KNOW/REFUSED
C4_9	Thinking about your last visit for medical care, what kind of health professional did you see? Did you see a primary care doctor, a specialist, a nurse practitioner, a physician assistant, or someone else? How about HH member? (INTERVIEWER: THIS DOES NOT INCLUDE A DENTAL VISIT)	1, GENERAL DOCTOR 2, SPECIALIST 3, NURSE PRACTITIONER 4, PHYSICIAN ASSISTANT 5, SOMEONE ELSE, SPECIFY 7, DON'T KNOW 9, REFUSED
C4_10	The next few questions are about the health care children in your household have received in the past 12 months. During the past 12 months, how often did HH member's doctors or other health providers: Spend enough time with HH member?	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN 7, DON'T KNOW 8, INAPP 9, REFUSED
C4_10_1	How often did HH member's doctors or other health providers: Listen carefully to you?	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN 7, DON'T KNOW 8, INAPP 9, REFUSED
C4_10_2	Show sensitivity to your family's values and customs?	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN 7, DON'T KNOW 8, INAPP 9, REFUSED
C4_10_3	Provide the specific information you needed concerning HH member's health?	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN 7, DON'T KNOW 8, INAPP 9, REFUSED

C4_10_4	Help you feel like a partner in HH member's care?	1, NEVER
		2, RARELY
		3, SOMETIMES
		4, VERY OFTEN
		5, EXTREMELY OFTEN
		7, DON'T KNOW
		8, INAPP
		9, REFUSED
C4_11	Many adults and children get a general physical examination or check-up once in a while.	0, NEVER
		1, IN PAST 12 MONTHS
	About how long has it been since you/HH member visited a doctor for a routine physical exam? And how about HH member?	2, 1 TO 2 YEARS AGO
		3, 2 TO 3 YEARS AGO
		4, 3 TO 5 YEARS AGO
		5, MORE THAN 5 YEARS AGO
		7, DON'T KNOW
		9, REFUSED
C4_13	Have you/has anyone in your household stayed overnight in a hospital during the past 12 months, that is since mm/dd/yyyy? / This does NOT include staying overnight in the hospital after a birth or for childbirth.	1, YES
		2, NO
		7, DON'T KNOW
		9, REFUSED
C4_13_1	In the past 12 months, who in your household has stayed overnight in a hospital?	1, YES
		2, NO
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO VISITED; PROBE WITH "Is there anyone else?")	
C4_15	Have you/has anyone in your household been treated at a hospital emergency room during the past 12 months, that is since mm/dd/yyyy?	1, YES
		2, NO
		7, DON'T KNOW
		9, REFUSED
	(INTERVIEWER: A HOSPITAL EMERGENCY ROOM IS NOT A WALK-IN CLINIC OR AN URGENT CARE CENTER. IT IS ALSO DIFFERENT THAN AN INPATIENT CLINIC THAT OPERATES WITHIN A HOSPITAL.)	
C4_15_1	In the past 12 months, who in your household has been treated at a hospital emergency room?	1, YES
		2, NO
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO VISITED; PROBE WITH "Is there anyone else?")	
C4_15_2	About how many times in the past 12 months have you/has HH member been treated in an emergency room?	0, NONE
		1 to 69, 1 to 69 TIMES
		70, 70+ TIMES
		77, DON'T KNOW
		88, INAPP
		99, REFUSED
C4_15_4	Thinking about your/hh member's last visit to the emergency room, which would you say best describes the reason that you/hh member went to the emergency room? You/he/she gets most of your care at the emergency room, the emergency room was your closest provider, the problem was too serious for the doctor's office or clinic, your regular clinic was closed, or some other reason?	1, GETS MOST CARE AT THE EMERGENCY ROOM
		2, THE ER IS THE CLOSEST PROVIDER
		3, PROBLEM WAS TOO SERIOUS FOR THE DOCTOR'S OFFICE OR CLINIC
		4, REGULAR CLINIC WAS CLOSED
		5, SOME OTHER REASON (SPECIFY)
		7, DON'T KNOW
		8, INAPP
		9, REFUSED
C4_15_5	Thinking about your/hh member's last visit to the emergency room, which would you say best describes the problem that caused you/hh member to get treatment?	1, AN INJURY
		2, A HEART PROBLEM
		3, A BREATHING PROBLEM
		4, A MENTAL HEALTH PROBLEM
		5, SOME OTHER REASON (SPECIFY)
		7, DON'T KNOW
		8, INAPP
		9, REFUSED
C4_17	Sometimes people have problems getting medical care or surgery when they need it. During the last 12 months, was there any time when you/anyone in your household needed medical care or surgery but did not get it?	1, YES
		2, NO
		7, DON'T KNOW
		9, REFUSED
C4_17_1	In the past 12 months, who in your household needed medical care or surgery, but did not get it?	1, YES
		2, NO
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER; PROBE WITH "Is there anyone else?")	

Code	Question	Responses
C4_17_2	**What was the MAIN REASON you/HH member didn't get the care you/s/he needed?**	1, COULDN'T AFFORD IT 2, INADEQUATE INSURANCE (IF R MENTIONS INSURANCE) 3, COULDN'T GET APPOINTMENT OR GET IN 4, TRANSPORTATION/DISTANCE PROBLEM 5, COULDN'T TAKE THE TIME TO DO IT 6, SOMETHING ELSE (SPECIFY) 7, DON'T KNOW 8, INAPP 9, REFUSED
C4_25	**Now I'd like you to think about dental care.** **How long ago did you/HH member last visit the dentist or other dental care provider?** (INTERVIEWER: A DENTAL CARE PROVIDER INCLUDES ANY KIND OF DENTAL CARE PROVIDER, e.g., DENTAL HYGIENIST, ENDODONTIST, PERIODONTIST, ORTHODONTIST, MAXILLO-FACIAL SURGEON, ETC.)	0, NEVER 1, WITHIN PAST YEAR (1-12 MONTHS AGO) 2, WITHIN PAST 2 YEARS (13-24 MONTHS AGO) 3, WITHIN PAST 5 YEARS (2-5 YEARS AGO) 4, MORE THAN 5 YRS AGO 7, DON'T KNOW 8, INAPP, AGE 0
C4_27	**Are you/Is anyone in your household covered by any kind of insurance that pays for all or some of your/their routine dental care, including dental insurance, prepaid plans such as HMOs or government plans such as BadgerCare, BadgerCare Plus, or Medicare?** (INTERVIEWER: IF R HAS HEALTHY START, MEDICAL ASSISTANCE, TITLE 19, OR FORWARDHEALTH, INCLUDE THESE WITH BADGERCARE PLUS.)	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C4_27_1	**Who in your household has any insurance coverage for dental care?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO HAS INSURANCE; PROBE WITH "Is there anyone else?")	1, YES 2, NO
C4_29	Now I would like you to think about mental health. **In the past 12 months, have you/has anyone in your household received any mental health counseling, therapy or other mental health services (including medication), from a doctor, psychologist, psychiatrist, other mental health professional, social worker or case worker?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C4_29_1	**In the past 12 months, who in your household received mental health counseling or other mental health services from a doctor, psychologist, psychiatrist, other mental health professional, social worker or case worker?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO RECEIVED MENTAL CARE; PROBE WITH "Is there anyone else?")	1, YES 2, NO
C4_29_2	**From whom did you/ HH member receive mental health services? (Choose all that apply)**	1, PRIMARY CARE DOCTOR 2, PSYCHOLOGIST/THERAPIST 3, PSYCHIATRIST 4, URGENT CARE 5, EMERGENCY ROOM 6, SCHOOL COUNSELOR/PSYCHOLOGIST 7, OTHER (PLEASE SPECIFY) 77, DON'T KNOW 88 INAPPROPRIATE
C4_30	**Overall, how satisfied were you/was HH member with the mental health services received?**	1, SATISFIED 2, SOMEWHAT SATISFIED 3, NEITHER SATISIFIED OR DISSATISFIED 4, SOMEWHAT DISSATISFIED 5, VERY DISSATISFIED 7, DON'T KNOW
C4_33	**Do you/does anyone in your household have any insurance that covers mental health counseling or other mental health services?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C4_33_1	**Who in your household has any insurance that covers mental health counseling or other mental health services?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO HAS MENTAL INSURANCE; PROBE WITH "Is there anyone else?")	1, YES 2, NO
C4_35	**Was there a time during the past 12 months when you/anyone in your household needed mental health counseling or other mental health services, but did not get it?**	1, YES 2, NO 7, DK 9, REFUSED
C4_35_1	**Who in your household needed mental health care, but did not get it?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO NEED MENTAL CARE BUT DIDN'T GET IT ; PROBE WITH "Is there anyone else?")	1, YES 2, NO

C4_35_2	**What was the MAIN REASON you/HH member didn't get the care you/s/he needed?**	1, COULDN'T AFFORD IT
		2, INADEQUATE INSURANCE (IF R MENTIONS INSURANCE)
		3, COULDN'T GET APPOINTMENT OR GET IN
		4, TRANSPORTATION/DISTANCE PROBLEM
		5, UNCOMFORTABLE ASKING FOR THESE SERVICES
		6, PROFESSIONAL NOT AVAILABLE
		7, SOMETHING ELSE (SPECIFY)
		77, DON'T KNOW
		88, INAPP
		99, REFUSED

MODULE 5: HEALTH LITERACY

C5_1	Health information from a doctor, nurse, pharmacist, or other health provider can be complicated and hard to understand. The following questions are about different ways people may receive information about their health. **How difficult is it for you/HH member to:** **fill out medical forms by yourself/by him/herself?**	1, NOT AT ALL DIFFICULT 2, A LITTLE DIFFICULT 3, SOMEWHAT DIFFICULT 4, VERY DIFFICULT 5, EXTREMELY DIFFICULT 6, DON'T/DOESN'T DO THIS ACTIVITY 7, DON'T KNOW 8, INAPP
C5_2	**understand instructions or other written information about your/HH member's health?**	1, NOT AT ALL DIFFICULT 2, A LITTLE DIFFICULT 3, SOMEWHAT DIFFICULT 4, VERY DIFFICULT 5, EXTREMELY DIFFICULT 6, DON'T/DOESN'T DO THIS ACTIVITY 7, DON'T KNOW 8, INAPP
C5_3	**understand the information printed on medicine bottles or packages?**	1, NOT AT ALL DIFFICULT 2, A LITTLE DIFFICULT 3, SOMEWHAT DIFFICULT 4, VERY DIFFICULT 5, EXTREMELY DIFFICULT 6, DON'T/DOESN'T DO THIS ACTIVITY 7, DON'T KNOW 8, INAPP
C5_4	**understand advice about your/HH member's health during an office visit or phone call?**	1, NOT AT ALL DIFFICULT 2, A LITTLE DIFFICULT 3, SOMEWHAT DIFFICULT 4, VERY DIFFICULT 5, EXTREMELY DIFFICULT 6, DON'T/DOESN'T DO THIS ACTIVITY 7, DON'T KNOW 8, INAPP
C5_5	**ask additional questions when information from a doctor or health provider isn't explained clearly?**	1, NOT AT ALL DIFFICULT 2, A LITTLE DIFFICULT 3, SOMEWHAT DIFFICULT 4, VERY DIFFICULT 5, EXTREMELY DIFFICULT 6, DON'T/DOESN'T DO THIS ACTIVITY 7, DON'T KNOW 8, INAPP

MODULE 6: HEALTH CONDITIONS

C6_1	**Now I'm going to ask you about certain health conditions. For each one, please tell me whether you/anyone in your household has ever been told by a doctor or other health professional that they had it.** **First, have you/has anyone in your household ever been told by a doctor or other health professional that you/they had DIABETES?** (INTERVIEWER: DO NOT INCLUDE DIABETES DURING PREGNANCY. THIS APPLIES TO	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C6_1_1	**Who in your household has ever been told by a doctor or other health professional that they had DIABETES?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO 7, DON'T KNOW 9, REFUSED

C6_2	**Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had HEART DISEASE?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY.)	
C6_2_1	**Who in your household has ever been told by a doctor or other health professional that they had HEART DISEASE?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	
C6_3	**Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had a STROKE?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY.)	
C6_3_1	**Who in your household has ever been told by a doctor or other health professional that they had a STROKE?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	
C6_4	**Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had CANCER?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY.)	
C6_4_1	**Who in your household has ever been told by a doctor or other health professional that they had CANCER?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	
C6_5	**Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had ARTHRITIS?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY.)	
C6_5_1	**Who in your household has ever been told by a doctor or other health professional that they had ARTHRITIS?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	
C6_6	**Have you/has anyone in your household ever been told by a doctor or other health care professional that you/they had ALZHEIMER'S DISEASE OR SOME OTHER FORM OF DEMENTIA?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C6_6_1	**Who in your household has ever been told by a doctor or other health professional that they had ALZHEIMER'S DISEASE OR SOME OTHER FORM OF DEMENTIA?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	
C6_7	**Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had ASTHMA?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY)	
C6_7_1	**Who in your household has ever been told by a doctor or other health professional that you/they had ASTHMA?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	
C6_13R	**Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had DEPRESSION?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C6_13R_1	**Who in your household has ever been told by a doctor or other health professional that you/they had DEPRESSION?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	
C6_14R	**Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had an ANXIETY DISORDER?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY)	
C6_14R_1	**Who in your household has ever been told by a doctor or other health professional that you/they had an ANXIETY DISORDER?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	

MODULE 7: HEALTH INSURANCE

C7_1   **Now I have some questions about health insurance coverage.**

     At this time, are you/is anyone in your household enrolled in Medicare, the health insurance for people 65 and older and people with certain disabilities?

1, YES, SOMEONE IS IN MEDICARE
2, NO
7, DON'T KNOW
9, REFUSED

C7_2   **Who is that?**

(INTERVIEWER: ENTER "1" FOR HH MEMBER WHO IS ENROLLED AND ENTER 8 FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH "Is there anyone else?")

2, ENROLLED
7, DON'T KNOW
8, NOT ENROLLED
9, REFUSED

C7_3   **Have you/has HH member been enrolled in Medicare for less than 12 months or more than 12 months?**

(INTERVIEWER: PROBE WITH: "Did you/HH member have Medicare coverage before current month, 2017 or not?

1, LESS THAN 12 MONTHS
2, MORE THAN 12 MONTHS
7, DON'T KNOW
8, INAPPROPRIATE
9, REFUSED

C7_4   **At this time, are you/is <u>household member</u> enrolled in Medicare's prescription drug coverage plan, called Medicare Part D?**

(INTERVIEWER: ENTER "2" FOR HH MEMBER WHO IS ENROLLED AND ENTER 3 FOR HH MEMBER WITHOUT COVERAGE.)

2, ENROLLED
3, NOT ENROLLED
7, DON'T KNOW
8, INAPPROPRIATE
9, REFUSED

C7_5a   **Wisconsin has a prescription drug assistance program called, SeniorCare. Which of the following best describes your/HH member's SeniorCare enrollment status? Would you say you are/HH member is currently enrolled in SeniorCare, used to be enrolled in SeniorCare, or have/has never been enrolled in SeniorCare?**

1, CURRENTLY ENROLLED
2, USED TO BE ENROLLED
3, NEVER ENROLLED
7, DK
8, INAPP
9, REFUSED

C7_5b   **Overall, how satisfied are you/ is HH member with SeniorCare? Would you say very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?**

1, VERY SATISFIED
2, SOMEWHAT SATISFIED
3, NEITHER SATISIFIED OR DISSATISFIED
4, SOMEWHAT DISSATISFIED
5, VERY DISSATISFIED
7, DON'T KNOW
8, INAPP
9, REFUSED

C7_5c   **What is the reason you are /HH member is no longer enrolled in SeniorCare?**

1, ENROLLED IN MEDICARE PART D
2, HAVE OTHER COVERAGE
3, NOT ENOUGH PRESCRIPTIONS TO BENEFIT
4, DID NOT LIKE THE PROGRAM
6, OTHER [SPECIFY]
7, DK
8. INAPP
9, REFUSED

C7_5d   **What is the reason you haven't/<u>HH member</u> hasn't enrolled in SeniorCare?**

1, NEVER HEARD OF IT
2, DON'T KNOW WHERE OR
    HOW
3, DON'T WANT/NEED
4, INCOME TOO HIGH TO BENEFIT
5, ENROLLMENT FEE
6, OTHER [SPECIFY]
7, DK
8, INAPP
9, REFUSED

C7_6   **At this time, are you/is anyone in your household covered by a health insurance plan that was purchased using the Health Insurance Marketplace, sometimes also called the Exchange?**

(INTERVIEWER: If they say they used healthcare.gov, enter this as a YES)

1, YES, SOMEONE IS COVERED
2, NO
7, DON'T KNOW
9, REFUSED

C7_7   **Whose name is on the insurance policy?**

(INTERVIEWER: ENTER ONLY ONE PERSON; PROBE WITH: "Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Who is the policyholder named on this insurance plan?"

1-15 ROSTER NUMBER OF POLICYHOLDER
77, DON'T KNOW
88, INAPP/NOT COVERED
99, REFUSED
66, PERSON OUTSIDE OF HH HOLDS POLICY

C7_8   **At this time, in addition to you/<u>policyholder</u>, who else is covered by this plan?**

(INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?)

1, POLICYHOLDER
2, COVERED
7, DON'T KNOW
8, INAPPROPRIATE/NOT COVERED
9, REFUSED

C7_8a   **Have you/has policyholder been enrolled in this plan for less than 12 months or more than 12 months?**

(INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH member have this insurance before current month, 2017 or not?)

1, LESS THAN 12 MONTHS
2, MORE THAN 12 MONTHS
7, DON'T KNOW
8, INAPPROPRIATE
9, REFUSED

C7_9	Before being enrolled in insurance purchased from the Health Insurance Marketplace, what kind of insurance did you/HH member have?	1, INSURANCE FROM A CURRENT OR FORMER EMPLOYER OR UNION; COBRA 2, INSURANCE BOUGHT DIRECTLY FROM AN INSURANCE COMPANY 3, BADGERCARE PLUS, MEDICAID, BADGERCARE, HEALTHY START, MEDICAL ASSISTANCE, TITLE 19, FORWARDHEALTH 4, TRICARE, CHAMPUS, CHAMP-VA, VA, OTHER MILITARY INSURANCE 5, INDIAN HEALTH SERVICE 6, SOME OTHER TYPE, SPECIFY 7, DID NOT HAVE INSURANCE 77, DON'T KNOW 88, INAPPROPRIATE 99, REFUSED
C7_10	Is anyone in your household covered by any other health insurance plan that was purchased using the Health Insurance Marketplace, sometimes also called the Exchange?	1, YES, SOMEONE IS COVERED 2, NO 7, DON'T KNOW 9, REFUSED
C7_10a	Whose name is on the insurance policy? (INTERVIEWER: ENTER ONLY ONE PERSON; PROBE WITH: "Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Who is the policyholder named on this insurance plan?"	1-15 ROSTER NUMBER OF POLICYHOLDER 77, DON'T KNOW 88, INAPP/NOT COVERED 99, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY
C7_10b	At this time, in addition to you/<u>policyholder</u>, who else is covered by this plan? (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")	1, POLICYHOLDER 2, COVERED 7, DON'T KNOW 8, INAPPROPRIATE/NOT COVERED 9, REFUSED
C7_10bb	Have you/has policyholder been enrolled in this plan for less than 12 months or more than 12 months? (INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH member have this insurance before current month, 2017 or not?)	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_10c	Before being enrolled in insurance purchased from the Health Insurance Marketplace, what kind of insurance did you/HH member have?	1, INSURANCE FROM A CURRENT OR FORMER EMPLOYER OR UNION; COBRA 2, INSURANCE BOUGHT DIRECTLY FROM AN INSURANCE COMPANY 3, BADGERCARE PLUS, MEDICAID, BADGERCARE, HEALTHY START, MEDICAL ASSISTANCE, TITLE 19, FORWARDHEALTH 4, TRICARE, CHAMPUS, CHAMP-VA, VA, OTHER MILITARY INSURANCE 5, INDIAN HEALTH SERVICE 6, SOME OTHER TYPE, SPECIFY 7, DID NOT HAVE INSURANCE 77, DON'T KNOW 88, INAPPROPRIATE 99, REFUSED
C7_11	At this time, are you/is anyone in your household covered by a health insurance plan provided through a current or former employer or union? (INTERVIEWER: PROBE WITH: "Does anyone have health insurance that you/they got through their job?)	1, YES, SOMEONE IS COVERED 2, NO 7, DON'T KNOW 9, REFUSED
C7_13F	Whose employer or union provides this plan? (INTERVIEWER: ENTER ONLY ONE PERSON; PROBE WITH: "Who has insurance payment deducted from their paycheck? Who is the policyholder for this plan? Whose name is on the policy?)	1-15 ROSTER NUMBER OF POLICYHOLDER 77, DON'T KNOW 88, INAPP/NOT COVERED 99, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY
C7_15	At this time, in addition to you/<u>policyholder</u>, who else is covered by this plan? (INTERVIEWER: ENTER "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")	1, POLICYHOLDER 2, COVERED 7, DON'T KNOW 8, INAPPROPRIATE/NOT COVERED 9, REFUSED
C7_17	Have you/has policyholder been enrolled in this plan for less than 12 months or more than 12 months? (INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH member have this insurance before current month, 2017 or not?)	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_21	Is anyone in your household covered by any other health insurance plan provided through a current or former employer or union? (INTERVIEWER: PROBE WITH: "Who has health insurance that they got through their job?")	1, YES, SOMEONE IS COVERED 2, NO 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED

C7_23F	Whose employer or union provides this plan? (INTERVIEWER: ENTER ONLY ONE PERSON; PROBE WITH: "Who has insurance payment deducted from their paycheck? Who is the policyholder for this plan? Whose name is on the policy?)	1-15 ROSTER NUMBER OF POLICYHOLDER 77, DON'T KNOW 88, INAPP/NOT COVERED 99, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY
C7_25	**At this time, in addition to you/policyholder, who else is covered by this plan?** (INTERVIEWER: ENTER "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?)	1, POLICYHOLDER 2, COVERED 7, DON'T KNOW 8, INAPPROPRIATE/NOT COVERED 9, REFUSED
C7_27	**Have you/policyholder been enrolled in this plan for less than 12 months or more than 12 months?** **(INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH member have this insurance before current month, 2017 or not?)**	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
NONE	INTERVIEWER: If respondent mentions a third employer-provided health insurance plan that covers anyone in the household, please write a summary in the interview notes, including the roster numbers for the policyholder and for any others covered by the plan	1, RESPONDENT MENTIONS 3RD PROVIDER (SPECIFY) 2, RESPONDENT DID NOT MENTION A 3RD PROVIDER 8, INAPP
C7_28	**Are you/is anyone in your household covered by a Medicare supplement or Medigap insurance plan at this time?** (INTERVIEWER: PROBE WITH "These are privately bought plans that pay for health care costs that Medicare doesn't pay for."	1, YES, SOMEONE IS COVERED 2, NO 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_29	**Who is that?** (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; YOU MUST PICK A HH MEMBER; PROBE WITH: "Is there anyone else?)	2, ENROLLED 7, DON'T KNOW 8, NOT ENROLLED 9, REFUSED
C7_30	**Have you/has HH member been enrolled in the Medicare supplement or Medigap plan for less than 12 months or more than 12 months?** **(INTERVIEWER: PROBE WITH: "Did you/HH member have Medicare supplement or Medigap coverage before current month, 2017 or not?**	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_31	**At this time, are you/is anyone in your household covered by a health insurance plan that was bought directly from an insurance agent or insurance company?** (INTERVIEWER: Do not include insurance provided through an employer or insurance purchased via the marketplace/exchange.)	1, YES, SOMEONE IS COVERED 2, NO 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_33F	**Whose name is on the insurance policy? Are you the policyholder or is someone else?** (INTERVIEWER: ENTER ONLY ONE PERSON; PROBE WITH: "Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Who is the policyholder named on this insurance plan?"	1-15 ROSTER NUMBER OF POLICYHOLDER 77, DON'T KNOW 88, INAPP/NOT COVERED 99, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY
C7_35	**At this time, in addition to you/policyholder, who else is covered by this plan?** (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?)	1, POLICYHOLDER 2, COVERED 7, DON'T KNOW 8, INAPPROPRIATE/NOT COVERED 9, REFUSED
C7_37	**Have you/has HH member been enrolled in this plan for less than 12 months or more than 12 months?** **(INTERVIEWER: CODE "2" FOR HH MEMBERS UNDER ONE YEAR OLD IF THEY WERE COVERED BY PLAN SINCE BIRTH. PROBE WITH: "Did you have this insurance before current month 2017, or not?)**	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_41	**At this time, are you/is anyone in your household covered by any other health insurance plan bought directly from an insurance agent or insurance company?**	1, YES, SOMEONE IS COVERED 2, NO 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_43F	**Whose name is on the insurance policy?** (INTERVIEWER: ENTER ONLY ONE PERSON; PROBE WITH: "Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Who is the policyholder named on this insurance plan?"	1-15 ROSTER NUMBER OF POLICYHOLDER 77, DON'T KNOW 88, INAPP/NOT COVERED 99, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY
C7_45	**At this time, in addition to you/policyholder, who else is covered by this plan?** (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?)	1, POLICYHOLDER 2, COVERED 7, DON'T KNOW 8, INAPPROPRIATE/NOT COVERED 9, REFUSED

C7_47	Have you/has HH member been enrolled in this plan for less than 12 months or more than 12 months? (INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH member have this insurance before current month, 2017 or not?	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_51	At this time, are you/is anyone in your household covered by a health insurance plan of someone who does not live in this household?	1, YES, SOMEONE IS COVERED BY A PERSON OUTSIDE THE HH 2, NO 7, DON'T KNOW 8, INAPP 9, REFUSED
C7_53	Just so we can refer to this person, could you give his/her first name only? (INTERVIEWER: PROBE WITH: In other words, in whose name is the health plan held?)	
C7_55	At this time, in addition to policyholder, which household members are covered by this plan? (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?)	2, COVERED 7, DON'T KNOW 8, INAPPROPRIATE/NOT COVERED 9, REFUSED
C7_54F	Is this insurance from policyholder's current or former employer or union, insurance purchased from the health care marketplace, insurance that he/she bought directly from an insurance agent or insurance company, or something else?	1, CURRENT OR FORMER EMPLOYER OR UNION 2, BOUGHT FROM AGENT OR COMPANY 3, BOUGHT FROM MARKETPLACE 4, SOMETHING ELSE (PLEASE SPECIFY) 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_57	Have you/has policyholder been enrolled in this plan for less than 12 months or more than 12 months? (INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH member have this insurance before current month, 2017 or not?)	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_71	At this time, are you/is anyone in your household covered by military health care? This includes TRICARE, CHAMPUS, CHAMP-VA or VA.	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C7_74	Who is that? Is there anyone else? (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?)	2, ENROLLED 7, DON'T KNOW 8, NOT ENROLLED 9, REFUSED
C7_76	Which type of coverage do you/does HH member have? (INTERVIEWER: READ ANSWER CATEGORIES IF NEEDED.)	1, CHAMPUS; TRICARE 2, CHAMP-VA 3, VA; OTHER MILITARY CARE 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_77	Have you/has HH member been enrolled in this plan for less than 12 months or more than 12 months? (INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH member have this insurance before current month, 2017 or not?)	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_81	There are a number of government programs that pay for health care for low-income people and working families. You might know them as BadgerCare, BadgerCare Plus or Medicaid. At this time, are you/is anyone in your household enrolled in any of these BadgerCare, BadgerCare Plus or Medicaid programs? (Is anyone in your HH enrolled in BadgerCare, BadgerCare Plus, ForwardHealth, or any other Medicaid program?) (INTERVIEWER: PROBE WITH "Each person enrolled in these programs will have a plastic "Forward" or "ForwardHealth" ID card." Program names include BadgerCare, Medicaid, or	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C7_85	Who is that? Anyone else? (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?)	2, ENROLLED 7, DON'T KNOW 8, NOT ENROLLED 9, REFUSED

C7_87	**Have you/has <u>HH member</u> been enrolled in this plan for less than 12 months or more than 12 months?** (INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH)	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_91	**There are other government health insurance programs such as the Indian Health Service.** **At this time, are you/is anyone in your household covered by Indian Health Service, or any other health insurance that we haven't yet mentioned?**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C7_95	**Who is that? Anyone else?** (INTERVIEWER: ENTER "1" FOR HH MEMBER WITH COVERAGE AND ENTER "8" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?)	2, ENROLLED 7, DON'T KNOW 8, NOT ENROLLED 9, REFUSED
C7_96	**Which type of insurance coverage does <u>HH member</u> have?**	1, INDIAN HEALTH SERVICE 2, OTHER (PLEASE SPECIFY) 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_97	**Have you/has <u>HH member</u> been enrolled in this plan for less than 12 months or more than 12 months?** (INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH)	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_101	**According to the information I have so far, you do/<u>HH member</u> does not have health care coverage at this time. Is that correct?**	1, YES. CORRECT. IS NOT INSURED. 2, NO. NOT CORRECT. IS INSURED. 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_103	**At this time, what type of health care coverage do you/HH member have?** **Is it insurance from a current or former employer or union, insurance bought on the health care marketplace/exchange, insurance bought directly from an insurance agent or company, Medicare, BadgerCare, BadgerCare Plus, Medicaid, ForwardHealth, or some other type?**	1, INSURANCE FROM CURRENT OR FORMER EMPLOYER OR UNION 2, INSURANCE FROM MARKETPLACE 3, INSURANCE PURCHASED FROM INSURANCE COMPANY 4, MEDICARE 5, BADGERCARE PLUS, MEDICAID, BADGERCARE, TITLE 19, MEDICAL ASSISTANCE, HEALTHY START, FORWARDHEALTH 7, SOME OTHER TYPE (PLEASE SPECIFY) 77, DON'T KNOW 88, INAPPROPRIATE 99, REFUSED)
C7_105f	**Whose name is on the insurance policy for this plan? Are you the policyholder or is someone else?** (INTERVIEWER: ENTER ONLY ONE PERSON; PROBE WITH "In other words, in whose name is the health plan held? (if employment related): Whose employer provides this insurance?)	1-12 ROSTER NUMBER OF POLICYHOLDER 66, PERSON OUTSIDE OF HH HOLDS POLICY 77, DON'T KNOW 88, INAPP/NOT COVERED 99, REFUSED
C7_107	**Have you/has HH member been enrolled in this plan for less than 12 months or more than 12 months?** **(INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH member have this insurance before current month, 2017 or not?)**	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_108AT	**You said that you/policyholder currently has health insurance bought from health care marketplace and that HH member(s) is/are also covered by this plan.** **Does this health plan have a deductible of $1,300/$2,600 or more?** **(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")** **If there is a separate deductible for drugs, hospitalization, etc., do not include those**	1, YES 2, NO 7, DON'T KNOW 8, INAPPROPRIATE/NOT ASKED QUESTION 9, REFUSED
C7_109AT	**You said that you/policyholder currently has health insurance bought from health care marketplace and that HH member(s) is/are also covered by this plan.** **Does this health plan have a deductible of $1,300/$2,600 or more?** **(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")** **If there is a separate deductible for drugs, hospitalization, etc., do not include those**	1, YES 2, NO 7, DON'T KNOW 8, INAPPROPRIATE/NOT ASKED QUESTION 9, REFUSED

C7110_AT   You said that you/policyholder currently has health insurance from an employer and that HH member(s) is/are also covered by this plan.

       Does this health plan have a deductible of $1,300/$2,600 or more?

       (INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")

       If there is a separate deductible for drugs, hospitalization, etc., do not include those

1, YES
2, NO
7, DON'T KNOW
8, INAPPROPRIATE/NOT ASKED QUESTION
9, REFUSED

C7109_BT   You said that you/policyholder currently has health insurance from an employer and that HH member(s) is/are also covered by this plan.

       Does this health plan have a deductible of $1,300/$2,600 or more?

       (INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")

       If there is a separate deductible for drugs, hospitalization, etc., do not include those

1, YES
2, NO
7, DON'T KNOW
8, INAPPROPRIATE/NOT ASKED QUESTION
9, REFUSED

C7109_CT   You said that you/policyholder currently has health insurance from an insurance company and that HH member(s) is/are also covered by this plan.

       Does this health plan have a deductible of $1,300/$2,600 or more?

       (INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")

       If there is a separate deductible for drugs, hospitalization, etc., do not include those

1, YES
2, NO
7, DON'T KNOW
8, INAPPROPRIATE/NOT ASKED QUESTION
9, REFUSED

C7109_DT   You said that you/policyholder currently has health insurance from an insurance company and that HH member(s) is/are also covered by this plan.

       Does this health plan have a deductible of $1,300/$2,600 or more?

       (INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")

       If there is a separate deductible for drugs, hospitalization, etc., do not include those

1, YES
2, NO
7, DON'T KNOW
8, INAPPROPRIATE/NOT ASKED QUESTION
9, REFUSED

C7_109ET   You said that you/HH member is covered by an insurance plan provided by policyholder outside HH

       Does this health plan have a deductible of $2,600 or more? If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.

       (Assume this policy covers more than one person, which is why the $2,600 is used.)

       (INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")

1, YES
2, NO
7, DON'T KNOW
8, INAPPROPRIATE/NOT ASKED QUESTION
9, REFUSED

C7109_FT   You said that you/policyholder currently have/has health insurance and that HH member(s) is/are also covered by this plan.

       Does this health plan have a deductible of $1,300/$2,600 or more?

       (INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")

       If there is a separate deductible for drugs, hospitalization, etc., do not include those

1, YES
2, NO
7, DON'T KNOW
8, INAPPROPRIATE/NOT ASKED QUESTION
9, REFUSED

C7_141   [Earlier you said that you had/HH member have no health insurance at this time.]

       Were you/was HH member covered by health insurance at any time during the last 12 months, that is, since current month 2017?

1, YES
2, NO
7, DON'T KNOW
8, INAPPROPRIATE
9, REFUSED

C7_142	**What is the main reason you have/<u>HH member</u> has no health insurance?**	1, LOST JOB (OR SPOUSE OR PARENT LOST JOB) 2, OTHER EMPLOYMENT ISSUES: NO COVERAGE OFFERED, COVERAGE CHANGED, BECAME PART TIME, COBRA ENDED 3, LIFE CHANGES: DIVORCE, DEATH OF POLICYHOLDER, CHILD TURNED AGE 26, ETC. 4, PREMIUMS TOO EXPENSIVE/ CAN'T AFFORD PREMIUMS 5, APPLIED/ IN PROCESS OF GETTING INSURANCE, WAITING FOR A RESPONSE 6, SOMETHING ELSE (SPECIFY OTHER IN DETAIL) 77, DON'T KNOW 88, INAPPROPRIATE 99, REFUSED
C7_143	**For how many of the past 12 months did you/<u>HH member</u> have health insurance?**	1-12 MONTHS 77, DON'T KNOW 88, INAPPROPRIATE 99, REFUSED
C7_145	**What kind of health insurance did you/<u>HH member</u> have during the time you/he/she was insured?** **Was it insurance from a current or former employer or union, insurance bought directly from an insurance company, BadgerCare, BadgerCare Plus, Medicaid, ForwardHealth, or something else?** (INTERVIEWER: CODE ALL TYPES MENTIONED. RECORD "8" IF NO SECOND TYPE MENTIONED.)	1, INSURANCE FROM A CURRENT OR FORMER EMPLOYER OR UNION; COBRA 2, INSURANCE BOUGHT DIRECTLY FROM AN INSURANCE COMPANY 3, BADGERCARE PLUS, MEDICAID, BADGERCARE, HEALTHY START, MEDICAL ASSISTANCE, TITLE 19, FORWARDHEALTH 4, TRICARE, CHAMPUS, CHAMP-VA, VA, OTHER MILITARY INSURANCE 5, INDIAN HEALTH SERVICE 6, SOME OTHER TYPE, SPECIFY 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_145a	**What kind of health insurance did you/<u>HH member</u> have during the time you/he/she was insured?** **Was it insurance from a current or former employer or union, insurance bought directly from an insurance company, BadgerCare, BadgerCare Plus, Medicaid, ForwardHealth, or something else?** (INTERVIEWER: CODE ALL TYPES MENTIONED. RECORD "8" IF NO SECOND TYPE MENTIONED.)	1, INSURANCE FROM A CURRENT OR FORMER EMPLOYER OR UNION; COBRA 2, INSURANCE BOUGHT DIRECTLY FROM AN INSURANCE COMPANY 3, BADGERCARE PLUS, MEDICAID, BADGERCARE, HEALTHY START, MEDICAL ASSISTANCE, TITLE 19, FORWARDHEALTH 4, TRICARE, CHAMPUS, CHAMP-VA, VA, OTHER MILITARY INSURANCE 5, INDIAN HEALTH SERVICE 6, SOME OTHER TYPE, SPECIFY 7, DON'T KNOW 8, INAPPROPRIATE
C7_147	**What was the main reason your/<u>HH member</u> health insurance coverage stopped?**	1, LOST OR CHANGED JOBS; LAID OFF; QUIT JOB; RETIRED; CHANGED EMPLOYERS; TOOK NEW JOB; RELOCATED OR MOVED FOR NEW JOB 2, SPOUSE OR PARENT LOST OR CHANGED JOBS, TOOK NEW JOB 3, EMPLOYER STOPPED OFFERING INSURANCE; EMPLOYER STOPPED COVERING DEPENDENT 4, BECAME PART-TIME; NO LONGER ELIGIBLE FOR COVERAGE 5, BENEFITS FROM EMPLOYER RAN OUT; COBRA ENDED 6, GOT DIVORCED OR SEPARATED 7, DEATH OF SPOUSE OR PARENT 8, LEFT SCHOOL; BECAME A PART-TIME STUDENT; GRADUATED 9, BECAME INELIGIBLE TO BE COVERED BY PARENT DUE TO AGE 10, COULDN'T AFFORD TO PAY PREMIUMS; COST OF INSURANCE OR PREMIUMS WAS INCREASED 11, DROPPED INSURANCE VOLUNTARILY; DIDN'T NEED INSURANCE 12, INSURANCE COMPANY REFUSED COVERAGE; DROPPED BY INSURANCE COMPANY 13, SOMETHING ELSE (SPECIFY OTHER IN DETAIL) 77, DON'T KNOW 88, INAPPROPRIATE 99, REFUSED
C7_147a	**What was the main reason your/<u>HH member</u> insurance coverage stopped?**	1, GOT ANOTHER TYPE OF INSURANCE 2, INCOME INCREASED 3, DIDN'T COMPLETE PAPERWORK OR ELIG. REVIEW 4, CHILD NO LONGER ELIGIBLE (TOO OLD OR MOVED OUT) 5, NO LONGER QUALIFY DUE TO CHANGE IN ELIGIBILITY RULES 6, OTHER REASON (SPECIFY) 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED

Code	Question	Response options
C7_151	You said earlier that you/HH member had some health insurance for less than 12 months. Were you/was HH member UNinsured at some time during the past 12 months, that is, since current month 2017?	1, YES, UNINSURED SOME TIME DURING PAST 12 MONTHS 2, NO, HAD INSURANCE DURING ALL PAST 12 MONTHS 7, DON'T KNOW 8, INAPPROPRIATE 9, REFUSED
C7_153	For how many of the past 12 months were you/was <u>HH member</u> UNinsured?	1-12 MONTHS 77, DON'T KNOW 88, INAPPROPRIATE 99, REFUSED
C7_200	Over the last 12 months, have you had to pay any money "out of pocket" for medical expenses? This includes everyone in your household, for expenses such as health insurance premiums, co-payments, deductibles, fees for doctors and tests, dental bills, eyeglasses, prescription drugs, and all other out-of-pocket costs not covered by insurance.	1, YES 2, NO 7, DON'T KNOW 9, REFUSED
C7_200a	For everyone in your household, about how much did you spend ("out of pocket" for medical expenses in the last 12 months)? (Interviewer prompt: Your best guess is fine.) (IF NEEDED: Would you say you had no expenses; or the total amount was less than 500 dollars; 500 to 1,000; 1,000 to 2,000; 2,000 to 3,000; 3,000 to 5,000; or more than 5,000 dollars?	0, NONE 1, LESS THAN $500 2, $500-$999 3, $1,000-$1,999 4, $2,000-$2,999 5, $3,000-$4,999 6, $5,000 OR MORE 7, DK 9, REFUSED
C7_202	Would you say that this amount is affordable, somewhat affordable, somewhat difficult to pay, or very difficult to pay?	1, AFFORDABLE 2, SOMEWHAT AFFORDABLE 3, SOMEWHAT DIFFICULT TO PAY 4, VERY DIFFICULT TO PAY 5, NEITHER 7, DK 9, REFUSED
C7_203	Do you/Does anyone in your household currently have any medical bills that are being paid off over time, or have any medical bills that you are unable to pay at all?	1, YES 2, NO 7, DON'T KNOW 9, REFUSED

MODULE 8: EMPLOYMENT

Code	Question	Response options
C8_1	And now, I have some questions about employment. Last week did you/<u>HH member</u> do any work, either full-time or part-time, for pay or profit? (INTERVIEWER: THIS INCLUDES BEING SELF-EMPLOYED, RUNNING A BUSINESS, OR DOING ANY WORK FOR COMPENSATION. DOES NOT INCLUDE UNPAID WORK IN A FAMILY BUSINESS.)	1, YES 2, NO 7, DON'T KNOW 8, INAPP 9, REFUSED
C8_2	Do you/<u>HH member</u> have a job from which you were temporarily absent last week? (INTERVIEWER: EXAMPLES OF TEMPORARY ABSENCE: VACATION, ILLNESS, MATERNITY LEAVE.)	1, YES 2, NO 7, DON'T KNOW 8, INAPP 9, REFUSED
C8_4	Last week, did you/<u>HH member</u> have a second job or business, in addition to your /<u>HH member's</u> main job or business?	1, YES (HAS A SECOND JOB OR BUSINESS) 2, NO 3, YES (HAS 3 OR MORE JOBS/BUSINESSES, VOLUNTEERED) 7, DON'T KNOW 8, INAPP 9, REFUSED
C8_6	{Let's talk about your/<u>HH member's</u> main job - the job where you/<u>HH member</u> worked the most hours last week.} (INTERVIEWER: THE "MAIN" JOB IS THE ONE WITH THE MOST HOURS. IF R/HH MEMBER WORKS SAME NUMBER OF HOURS AT TWO JOBS, ASK ABOUT JOB WITH HIGHER EARNINGS.)	1, EMPLOYER 2, SELF EMPLOYED 3, BOTH 7, DON'T KNOW 8, INAPP 9, REFUSED
C8_7	Were you/HH member working for an employer, self-employed, or both? Was your/<u>HH member's</u> (main) employer the government, a privately-owned company or business, a non-profit organization, or something else?	1, GOVERNMENT (FEDERAL, STATE, COUNTY, CITY, VILLAGE, TOWN, PUBLIC SCHOOL, TRIBAL GOVERNMENT) 2, PRIVATE COMPANY, BUSINESS 3, NON-PROFIT ORGANIZATION 4, OTHER (SPECIFY) (INCLUDES WORKING FOR OTHER INDIVIDUAL OR FAMILY BESIDES OWN) 7, DON'T KNOW 8, INAPP 9, REFUSED

C8_11	**Would you say that you/HH member usually work/works less than 30 hours per week, or more than 30 hours per week?**	1, LESS THAN 30 HOURS PER WEEK 2, 30 HOURS PER WEEK OR MORE 7, DON'T KNOW 8, INAPP 9, REFUSED
C8_12	**Has this employer or the union offered you/HH member health insurance?**	1, YES 2, NO 7, DON'T KNOW 8, INAPP 9, REFUSED
C8_20	**Would you say that you/HH member usually work/works less than 30 hours per week, or more than 30 hours per week at your/his/her self-employment or business?**	1, LESS THAN 30 HOURS PER WEEK 2, 30 HOURS PER WEEK OR MORE 7, DON'T KNOW 8, INAPP 9, REFUSED

MODULE 9: DEMOGRAPHICS

C9_1	**Now I'd like to know about you/HH member in particular.** **What is the highest grade or level in school or college you have/HH member has completed?**	0, 8TH GRADE OR LESS 1, 9-11TH GRADE 2, HS GRADUATE OR HAS G.E.D. 3, SOME TECHNICAL SCHOOL OR VOCATIONAL TRAINING 4, TECHNICAL SCHOOL OR VOCATIONAL TRAINING GRADUATE 5, SOME COLLEGE OR ASSOCIATE DEGREE 6, COLLEGE GRADUATE 7, POST-GRADUATE OR PROFESSIONAL DEGREE 8, INAPP 9, DK/REFUSED
C9_2	**Are you/Is HH member now married, widowed, divorced, separated, never married, or living with a partner?**	1, MARRIED 2, WIDOWED 3, DIVORCED 4, SEPARATED 5, NEVER MARRIED 6, LIVING WITH A PARTNER 7, DON'T KNOW 8, INAPP 9, REFUSED
C9_3	**Are you/Is anyone in your household Hispanic or Latino?**	1, YES 2, NO (NO ONE) 7, DON'T KNOW 9, REFUSED
C9_3_1	**Including you, who else/who in your household is Hispanic or Latino?** (INTERVIEWER: YOU MUST PICK A HH MEMBER; "1" FOR HH MEMBER THAT IS HISPANIC. PROBE WITH "Is there anyone else?")	1, YES HISPANIC 2, NO 7, DON'T KNOW 9, REFUSED
C9_3_2	**What is your/HH member's Hispanic or Latino origin? Is it Mexican American, Puerto Rican, or something else?**	1, MEXICAN AMERICAN 2, PUERTO RICAN 4, OTHER HISPANIC OR LATINO (SPECIFY) 7, DON'T KNOW 8, INAPP 9, REFUSED
C9_4	**Which one or more of the following is your/HH member's race: American Indian, Asian, Black or African American, Pacific Islander, White, or something else?** *(INTERVIEWER: PROBE WITH: "Would you say that you are/HH member is Latino/Hispanic and American Indian, Latino/Hispanic and Asian, Latino/Hispanic and Black, Latino/Hispanic and Pacific Islander, Latino/Hispanic and White, or something else?)	1, AMERICAN INDIAN 2, ASIAN 3, BLACK OR AFRICAN AMERICAN 4, PACIFIC ISLANDER 5, WHITE 6, OTHER (SPECIFY) 7, DON'T KNOW 9, REFUSED 0, (IF VOLUNTEERED) ALL IN HH ARE SAME RACE
NONE	**Which one or more of the following is your/HH member's race: American Indian, Asian, Black or African American, Pacific Islander, White, or something else?** *(INTERVIEWER: PROBE WITH: "Would you say that you are/HH member is Latino/Hispanic and American Indian, Latino/Hispanic and Asian, Latino/Hispanic and Black, Latino/Hispanic and Pacific Islander, Latino/Hispanic and White, or something else?)	1, AMERICAN INDIAN 2, ASIAN 3, BLACK OR AFRICAN AMERICAN 4, PACIFIC ISLANDER 5, WHITE 6, OTHER (SPECIFY) 7, DON'T KNOW 9, REFUSED 0, (IF VOLUNTEERED) ALL IN HH ARE SAME RACE

NONE	**Which one or more of the following is your/<u>HH member's</u> race: American Indian, Asian, Black or African American, Pacific Islander, White, or something else?** *(INTERVIEWER: PROBE WITH: "Would you say that you are/HH member is Latino/Hispanic and American Indian, Latino/Hispanic and Asian, Latino/Hispanic and Black, Latino/Hispanic and Pacific Islander, Latino/Hispanic and White, or something else?")	1, AMERICAN INDIAN 2, ASIAN 3, BLACK OR AFRICAN AMERICAN 4, PACIFIC ISLANDER 5, WHITE 6, OTHER (SPECIFY) 7, DON'T KNOW 9, REFUSED
NONE	**Which one or more of the following is your/<u>HH member's</u> race: American Indian, Asian, Black or African American, Pacific Islander, White, or something else?** *(INTERVIEWER: PROBE WITH: "Would you say that you are/HH member is Latino/Hispanic and American Indian, Latino/Hispanic and Asian, Latino/Hispanic and Black, Latino/Hispanic and Pacific Islander, Latino/Hispanic and White, or something else?")	1, AMERICAN INDIAN 2, ASIAN 3, BLACK OR AFRICAN AMERICAN 4, PACIFIC ISLANDER 5, WHITE 6, OTHER (SPECIFY) 7, DON'T KNOW 9, REFUSED
NONE	**Which one or more of the following is your/<u>HH member's</u> race: American Indian, Asian, Black or African American, Pacific Islander, White, or something else?** *(INTERVIEWER: PROBE WITH: "Would you say that you are/HH member is Latino/Hispanic and American Indian, Latino/Hispanic and Asian, Latino/Hispanic and Black, Latino/Hispanic and Pacific Islander, Latino/Hispanic and White, or something else?")	1, AMERICAN INDIAN 2, ASIAN 3, BLACK OR AFRICAN AMERICAN 4, PACIFIC ISLANDER 5, WHITE 6, OTHER (SPECIFY) 7, DON'T KNOW 9, REFUSED
C9_5	(INTERVIEWER: ENTER "1" HERE IF RESPONDENT VOLUNTEERS THAT EVERYONE IS SAME RACE AS RESPONDENT)	1, R VOLUNTEERS ALL HOUSEHOLD MEMBERS ARE OF THE SAME RACE 2. R DID NOT VOLUNTEER THIS INFORMATION
C9_6	**In what county is this residence located?** (INTERVIEWER: "WHAT COUNTY DO YOU LIVE IN NOW?")	01, ADAMS 02, ASHLAND 03, BARRON 04, BAYFIELD 05, BROWN 06, BUFFALO 07, BURNETT 08, CALUMET 09, CHIPPEWA 10, CLARK 11, COLUMBIA 12, CRAWFORD 13, DANE 14, DODGE 15, DOOR 16, DOUGLAS 17, DUNN 18, EAU CLAIRE 19, FLORENCE 20, FOND DU LAC 21, FOREST 22, GRANT 23, GREEN 24, GREEN LAKE 25, IOWA 26, IRON 27, JACKSON 28, JEFFERSON 29, JUNEAU 30, KENOSHA 31, KEWAUNEE 32, LA CROSSE 33, LAFAYETTE 34, LANGLADE 35, LINCOLN 36, MANITOWOC 37, MARATHON
C9_7	**Is this residence in the city of Milwaukee?**	1, YES 2, NO 7, DK 8, INAPP,NOT MILW CO 9. REFUSED
C9_8	**What is your ZIP code?**	Enter 5-digit Wisconsin Zip 7, DK 9. REFUSED
C9_9	**What city, village, or town do you live in?**	
C9_11	**Is your home rented by someone in your household, or does someone in your household own it, or is there some other arrangement for the place where you live?**	1, RENT 2, OWNED/BUYING/HAVE MORTGAGE 3, OTHER ARRANGEMENT – SPECIFY 7, DK 9. REFUSED

C9_12	**How long have you/ has HH member lived at your current address?**	0, LESS THAN ONE YEAR 1-65 YEARS 77, DON'T KNOW 88, INAPP 99, REFUSED
C9_13	**How many times have you/ has HH member moved in the last 12 months?**	1, ONCE 2, TWO TIMES 3, THREE TIMES 4, FOUR OR MORE TIMES 7, DON'T KNOW 9, REFUSED
C9_14	**In the last 12 months, was there ever a time when you/HH member did not have a place of your own to live? This includes staying with friends/family because you did not have a place of your own.**	1, YES 2, NO 7, DON'T KNOW 9, REFUSED

MODULE 11: POVERTY STATUS

C11_1	**Thinking of the total income for everyone in your household from all sources, before taxes in 2017...was that income less than $12,000, between $12,000 and $24,000, or greater than $24,000?**	1, LESS THAN $12,000 2, BETWEEN $12,000 AND $23,999 3, $24,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT A HOUSEHOLD OF ONE 9, REFUSED
C11_1a	**Was your total household income in 2017 less than $17,000 or greater than $17,000?**	1, LESS THAN $17,000 2, $17,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_1b	**Was your total household income in 2017 less than $36,000, between $36,000 and $48,000, or greater than $48,000?**	1, LESS THAN $36,000 2, BEWEEN $36,000 AND $47,999 3, $48,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_2	**Thinking of the total income for everyone in your household from all sources, before taxes in 2017...was that income less than $16,000, between $16,000 and $31,999, or greater than $32,000?**	1, LESS THAN $16,000 2, BETWEEN $16,000 AND $31,999 3, $32,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT A HOUSEHOLD OF TWO 9, REFUSED
C11_2a	**Was your total household income in 2017 less than $22,000 or greater than $22,000?**	1, LESS THAN $22,000 2, $22,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_2b	**Was your total household income in 2017 less than $49,000, between $49,000 and $65,000, or greater than $65,000?**	1, LESS THAN $49,000 2, BETWEEN $49,000 AND $64,999 3, $65,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_3	**Thinking of the total income for everyone in your household from all sources, before taxes, in 2017...was that income less than $20,000, between $20,000 and $41,000, or greater than $41,000?**	1, LESS THAN $20,000 2, BETWEEN $20,000 AND $40,999 3, $41,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT A HOUSEHOLD OF THREE 9, REFUSED
C11_3a	**Was your total household income in 2017 less than $28,000 or greater than $28,000?**	1, LESS THAN $28,000 2, $28,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED

C11_3b	**Was your total household income in 2017 less than $61,000, between $61,000 and $82,000, or greater than $82,000?**	1, LESS THAN $61,000 2, BETWEEN $61,000 AND $81,999 3, $82,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_4	**Thinking of the total income for everyone in your household from all sources, before taxes, in 2017...was that income less than $25,000, between $25,000 and $49,000, or greater than $49,000?**	1, LESS THAN $25,000 2, BETWEEN $25,000 AND $48,999 3, $49,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT A HOUSEHOLD OF FOUR 9, REFUSED
C11_4a	**Was your total household income in 2017 less than $34,000 or greater than $34,000?**	1, LESS THAN $34,000 2, $34,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_4b	**Was your total household income in 2017 less than $74,000, between $74,000 and $98,000, or greater than $98,000?**	1, LESS THAN $74,000 2, BETWEEN $74,000 AND $97,999 3, $98,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAP, NOT ASKED 9, REFUSED
C11_5	**Thinking of the total income for everyone in your household from all sources, before taxes, in 2017...was that income less than $29,000, between $29,000 and $58,000, or greater than $58,000?**	1, LESS THAN $29,000 2, BETWEEN $29,000 AND $57,999 3, $58,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT A HOUSEHOLD OF FIVE 9, REFUSED
C11_5a	**Was your total household income in 2017 less than $40,000 or greater than $40,000?**	1, LESS THAN $40,000 2, $40,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_5b	**Was your total household income in 2017 less than $86,000, between $86,000 and $115,000, or greater than $115,000?**	1, LESS THAN $86,000 2, BETWEEN $86,000 and $114,999 3, $115,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_6	**Thinking of the total income for everyone in your household from all sources, before taxes, in 2017...was that income less than $33,000, between $33,000 and $66,000, or greater than $66,000?**	1, LESS THAN $33,000 2, BETWEEN $33,000 AND $65,999 3, $66,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT A HOUSEHOLD OF SIX 9, REFUSED
C11_6a	**Was your total household income in 2017 less than $45,000 or greater than $45,000?**	1, LESS THAN $45,000 2, $45,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_6b	**Was your total household income in 2017 less than $99,000, between $99,000 and $132,000, or greater than $132,000?**	1, LESS THAN $99,000 2, BETWEEN $99,000 AND $131,999 3, $132,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT ASKED 9, REFUSED
C11_7	**Thinking of the total income for everyone in your household from all sources, before taxes, in 2017...was that income less than $37,000, between $37,000 and $74,000, or greater than $74,000?**	1, LESS THAN $37,000 2, BETWEEN $37,000 AND $73,999 3, $74,000 OR GREATER 5, EXACT HH INCOME 7, DON'T KNOW 8, INAPP, NOT A HOUSEHOLD OF SEVEN 9, REFUSED

C11_7a	Was your total household income in 2017 less than $51,000 or greater than $51,000?	1, LESS THAN $51,000
		2, $51,000 OR GREATER
		5, EXACT HH INCOME
		7, DON'T KNOW
		8, INAPP, NOT ASKED
		9, REFUSED
C11_7b	Was your total household income in 2017 less than $111,000, between $111,000 and $149,000 or greater than $149,000?	1, LESS THAN $111,000
		2, BETWEEN $111,000 and $148,999
		3, $149,000 OR GREATER
		5, EXACT HH INCOME
		7, DON'T KNOW
		8, INAPP, NOT ASKED
		9, REFUSED
C11_8	Thinking of the total income for everyone in your household from all sources, before taxes, in 2017 … about how much was your total income?	ENTER 1 TO SPECIFY RESPONSE AS A WHOLE NUMBER; NO DECIMAL PLACE.
		7, DON'T KNOW
		8, INAPP
		9, REFUSED
C11_9	Would you say that your household's total income from all sources, before taxes in 2017 was less than $30,000 or greater than $30,000?	1, LESS THAN $30,000
		2, $30,000 OR GREATER
		5, EXACT HH INCOME
		7, DON'T KNOW
		8, INAPP, NOT ASKED
		9, REFUSED

MODULE 12: CLOSING OF INTERVIEW

C12_1	Is this a residential landline, a cell phone, a business landline, or some other kind of telephone number?	1, RESIDENTIAL
		2, CELL PHONE
		3, BUSINESS
		7, DON'T KNOW
		9, REFUSED
C12_5	How many RESIDENTIAL landline telephone numbers do you have?	0, NONE/ZERO
		1-9, ONE THROUGH NINE+
	(INTERVIEWER: Define landline phones as having a wire coming into the home, and working only in or near the home. Includes cordless landline phones. Note that nine or more phones coded as "9.")	77, DON'T KNOW
		99, REFUSED
C12_5	How many CELL or WIRELESS telephone numbers do you have in your household?	0, NONE/ZERO
		1-9, ONE THROUGH NINE+
	(INTERVIEWER: Note that nine or more phones coded as "9.")	77, DON'T KNOW
		99, REFUSED
C12_5x	Of all the phone calls that your household receives, about how many are received on a cell phone? Would you say all or most calls, more than half, less than half, or very few or none?	1, ALL OR MOST ALL CALLS
		2, MORE THAN HALF
		3, LESS THAN HALF
		4, VERY FEW OR NONE
		7, DON'T KNOW
		9, REFUSED
C12_6	How do you/does HH member primarily access the internet?	1, SMARTPHONE/ CELLPHONE
		2, HOME PERSONAL COMPUTER/LAPTOP
		3, TABLET/ IPAD
		4, AT WORK
		5, AT SCHOOL
		6, LIBRARY
		7, USE FRIEND OR RELATIVE'S COMPUTER
		9, DON'T USE THE INTERNET
		77, DON'T KNOW
		88, INAPP
C12_7	In the past 12 months, have you/has HH member used the internet to search for information about a disease, injury, treatment, or other health information?	1, YES
		2, NO
		7, DON'T KNOW
		8, INAPP
		9, REFUSED
C12_8	In the past 12 months, have you/has HH member used the internet to contact a doctor or health provider, to schedule an appointment, or to view test results?	1, YES
		2, NO
		7, DON'T KNOW
		8, INAPP
		9, REFUSED

C12_9	PROGRAMMER: SHOW PARENTHETICAL IF NUMHSHLD IS > 1.	1, NOT AT ALL
		2, A LITTLE
	The final set of questions is a bit different. We would like your opinion on a few important issues.	3, SOMEWHAT
	(You will not be asked to answer the questions for the other members of your household.)	4, QUITE A BIT
		5, A GREAT DEAL
		7, DON'T KNOW
		8, INAPP
	Sometimes children have experiences that are traumatic or very distressing. For example, traumatic childhood experiences may include being emotionally or physically abused or neglected, living with someone who has substance abuse or mental health issues, or living with parents who divorce.	9, REFUSED
	How much do you think traumatic childhood experiences can negatively affect a person's health and well-being throughout life?	
	INTERVIEWER: If a respondent is unclear at any time what is meant by "traumatic childhood experience", refer back to the list of examples in the introductory text. If respondent asks if a specific event counts as a "traumatic childhood experience" interviewer should say, "These questions are not asking about any particular traumatic childhood experience, but rather your	
C12_9a	**A child may have a single traumatic childhood experience or they may have multiple traumatic childhood experiences.**	1, MORE EFFECT
		2, LESS EFFECT
	Compared to a single traumatic childhood experience, do you think multiple traumatic childhood experiences are likely to have more, less, or the same effect on a person's health and well-being throughout life?	3, SAME EFFECT
		7, DON'T KNOW
		8, INAPP
		9, REFUSED
C12_9b	(PROGRAMMER: PLEASE RANDOMIZE THE ORDER OF THE HEALTH CONDITION ASKED ABOUT IN THE NEXT 6 QUESTIONS (c12_9b-c12_9g) WHICH ASK "How likely do you think it is that traumatic childhood experiences would increase the risk of…".)	1, NOT AT ALL LIKELY
		2, A LITTLE LIKELY
		3, SOMEWHAT LIKELY
		4, VERY LIKELY
	(PROGRAMMING: READING THE RESPONSE CATEGORIES IS OPTIONAL STARTING WITH THE 3RD QUESTION IN THE 6 QUESTION SERIES.)	5, EXTREMELY LIKELY
		7, DON'T KNOW
		8, INAPP
	The next questions ask how likely you think it is that traumatic childhood experiences would increase the risk of different health conditions throughout life.	9, REFUSED
	How likely do you think it is that traumatic childhood experiences would increase the risk	
C12_9c	**How likely do you think it is that traumatic childhood experiences would increase the risk of substance abuse?**	1, NOT AT ALL LIKELY
		2, A LITTLE LIKELY
		3, SOMEWHAT LIKELY
		4, VERY LIKELY
	(IF NECESSARY: Substance abuse includes the abuse of drugs, both illegal and legal, and alcohol.)	5, EXTREMELY LIKELY
		7, DON'T KNOW
		8, INAPP
C12_9d	**How likely do you think it is that traumatic childhood experiences would increase the risk of heart disease?**	1, NOT AT ALL LIKELY
		2, A LITTLE LIKELY
		3, SOMEWHAT LIKELY
		4, VERY LIKELY
		5, EXTREMELY LIKELY
		7, DON'T KNOW
		8, INAPP
C12_9e	**(How likely do you think it is that traumatic childhood experiences would increase the risk of …)**	1, NOT AT ALL LIKELY
		2, A LITTLE LIKELY
		3, SOMEWHAT LIKELY
	...high blood pressure?	4, VERY LIKELY
		5, EXTREMELY LIKELY
		7, DON'T KNOW
		8, INAPP
C12_9f	**(How likely do you think it is that traumatic childhood experiences would increase the risk of …)**	1, NOT AT ALL LIKELY
		2, A LITTLE LIKELY
		3, SOMEWHAT LIKELY
	…sleep disturbances?	4, VERY LIKELY
		5, EXTREMELY LIKELY
		7, DON'T KNOW
		8, INAPP

C12_9g   (How likely do you think it is that traumatic childhood experiences would increase the risk of …)

…cancer?

1, NOT AT ALL LIKELY
2, A LITTLE LIKELY
3, SOMEWHAT LIKELY
4, VERY LIKELY
5, EXTREMELY LIKELY
7, DON'T KNOW
8, INAPP
9, REFUSED

C12_10   (PROGRAMMING: RANDOMIZE THE ORDER OF ITEMS C12_10 - C12_10e)
(PROGRAMMING: READING THE RESPONSE CATEGORIES IS OPTIONAL STARTING WITH THE 3RD QUESTION IN THE 6 QUESTION SERIES. IF POSSIBLE, AFTER THE SECOND QUESTION, SWITCH THE QUESTION STEM FROM "How likely do you think it is that [INSERT ITEM] would help a child heal from a traumatic childhood experience?" TO "How about [INSERT ITEM]?")

The next questions ask how likely you think it is that the following factors would help a child <u>heal from</u> a traumatic childhood experience?

How likely do you think it is that <u>having at least one supportive parent in a child's life</u> would help a child heal from a traumatic childhood experience?

1, NOT AT ALL LIKELY
2, A LITTLE LIKELY
3, SOMEWHAT LIKELY
4, VERY LIKELY
5, EXTREMELY LIKELY
7, DON'T KNOW
8, INAPP
9, REFUSED

C12_10a   **How likely do you think it is that <u>having a supportive adult in a child's life other than a parent</u> would help a child heal from a traumatic childhood experience?**

1, NOT AT ALL LIKELY
2, A LITTLE LIKELY
3, SOMEWHAT LIKELY
4, VERY LIKELY
5, EXTREMELY LIKELY
7, DON'T KNOW
8, INAPP
9, REFUSED

C12_10b   **How about <u>having a healthy diet and getting regular exercise</u>?**

1, NOT AT ALL LIKELY
2, A LITTLE LIKELY
3, SOMEWHAT LIKELY
4, VERY LIKELY
5, EXTREMELY LIKELY
7, DON'T KNOW
8, INAPP
9, REFUSED

C12_10c   **How about <u>feeling a sense of belonging at school</u>?**

1, NOT AT ALL LIKELY
2, A LITTLE LIKELY
3, SOMEWHAT LIKELY
4, VERY LIKELY
5, EXTREMELY LIKELY
7, DON'T KNOW
8, INAPP
9, REFUSED

C12_10d   **How about <u>living in a safe community</u>?**

1, NOT AT ALL LIKELY
2, A LITTLE LIKELY
3, SOMEWHAT LIKELY
4, VERY LIKELY
5, EXTREMELY LIKELY
7, DON'T KNOW
8, INAPP
9, REFUSED

C12_10e   **How about <u>participating in therapy</u>?**

1, NOT AT ALL LIKELY
2, A LITTLE LIKELY
3, SOMEWHAT LIKELY
4, VERY LIKELY
5, EXTREMELY LIKELY
7, DON'T KNOW
8, INAPP
9, REFUSED

C12_11   **Finally, is there something I haven't asked about your household's health or health insurance that you think is important for the Wisconsin Department of Health Services to know?**

1, YES
2, NO COMMENT

C12_13   **What is that?**   INTERVIEWER RECORD R COMMENT VERBATIM

C12_14   **Just to check, we sent the letter about this study to {address}. Is that still your address?**

1, YES
2, NO
9. REFUSED

C12_14a   **Was that your address anytime in the last six months?**

1, YES
2, NO
9. REFUSED