

WI Family Health Survey

2023 Questionnaire

MODULE 2: HOUSEHOLD ROSTER	1
MODULE 3: HEALTH STATUS AND ACTIVITY LIMITATIONS	3
MODULE 4: HEALTH CARE UTILIZATION	7
MODULE 5: HEALTH LITERACY	15
MODULE 6: HEALTH CONDITIONS	17
MODULE 7: HEALTH INSURANCE	20
MODULE 8: EMPLOYMENT	36
MODULE 9: DEMOGRAPHICS	39
MODULE 11: POVERTY STATUS	44
MODULE 12: CLOSING OF INTERVIEW	45

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 C2_3	<p>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 gender of all of the people living in your household. Let's start with you.</p> <p>(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.</p>	1, RESPONDENT 2, SPOUSE 3, SON, DAUGHTER 4, STEP-SON, STEP-DAUGHTER 5, PARENT 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. -1, DON'T KNOW -2, REFUSED
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 -1, DON'T KNOW -2, REFUSED
C2_7	What is your gender? Please tell me HH member's gender. (Code as reported by respondent.)	1, MALE 2, FEMALE -1, DON'T KNOW -2, REFUSED
AGE_RANGE@1	Are you/Is HH member between 18 and 44 years old?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
AGE_RANGE@2	Are you/Is HH member between 45 and 64 years old?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
AGE_RANGE@3	Are you/Is HH member 65 or over?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
AGE_RANGE@4	Then HH member is under 18, is that correct?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
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	<p>I would like you to rate your health/ the general health of each person in your household.</p> <p>In general, would you say your/ <u>HH member's</u> health is excellent, very good, good, fair or poor?</p>	<p>1, EXCELLENT 2, VERY GOOD 3, GOOD 4, FAIR 5, POOR -1, DON'T KNOW -2, REFUSED</p>
C3_7	<p>Does your <u>physical health/the physical health</u> 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?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C3_8	<p>Whose physical health prevents them from working at a job, doing work around the house, or going to school?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C3_10	<p>Do you/Do any of the adults in your household have trouble eating, dressing, bathing, or using the toilet because of a <u>physical health problem</u>?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C3_11	<p>Who has trouble eating, dressing, bathing or using the toilet because of a physical health problem?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C3_13	<p>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 <u>physical health condition</u>?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C3_14	<p>Who has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical health condition?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>

C3_16	<p>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 <u>mental or emotional condition</u>.</p> <p>Do you/Do any of the adults in your household have serious difficulty concentrating, remembering, making decisions or have periods of confusion?</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C3_17	<p>Who in your household has serious difficulty concentrating, remembering making decisions or have periods of confusion?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C3_19	<p>Does your <u>emotional or mental health/the emotional or mental health</u> 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?</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C3_20	<p>Whose mental or emotional health prevents them from working at a job, doing work around the house, or going to school?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C3_22	<p>Do you/Do any of the adults in your household have trouble eating, dressing, bathing, or using the toilet because of a <u>mental or emotional health condition</u>?</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C3_23	<p>Who has trouble eating, dressing, bathing or using the toilet because of a mental or emotional health condition?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C3_25	<p>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 <u>mental or emotional health condition</u>?</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED

C3_26	<p>Who has difficulty doing errands alone such as visiting a doctor's office or shopping because of a mental or emotional health condition?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C3_28	<p>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?</p> <p>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".</p> <p>If at any time in this module, the respondent says that the person the caregiver cared for has passed away, please ask the remainder of the caregiver questions in the past tense</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C3_29	<p>Who in the household provided this care?</p> <p>(INTERVIEWER: ENTER "1" FOR HH MEMBER WHO IS PROVIDING CARE AND ENTER -3 FOR HH MEMBER WHO DID NOT PROVIDE CARE; PROBE WITH "Is there anyone else?")</p>	<p>1, CAREGIVER -1, DON'T KNOW -3, INAPP/NOT CAREGIVER -2, REFUSED</p>
C3_30	<p>Is the person you/HH member care/s for your/his/her parent, spouse, son or daughter, or someone else?</p> <p>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.</p>	<p>1, PARENT/PARENT IN-LAW 2, SPOUSE, PARTNER, BOY/GIRLFRIEND 3, SON OR DAUGHTER 4. SOMEONE ELSE (SPECIFY) -1, DON'T KNOW -2, REFUSED</p>
C3_31	<p>At this time, does the person you/HH member care/s for live in the household?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP</p>

C3_37	How old is the person you/HH member care/s for?	1, 18-44 2, 45-59 3, 60-74 4, 75+ -1, DON'T KNOW -2, REFUSED -3, INAPP
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 -1, DON'T KNOW -2, REFUSED -3, INAPP
C3_33	In the past 12 months, did you/HH member ever help the person by assisting with feeding, bathing, dressing, or using the toilet?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
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 -1, DON'T KNOW -2, REFUSED -3, INAPP
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 -1, DON'T KNOW -2, REFUSED -3, INAPP
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 -1, DON'T KNOW -2, REFUSED -3, INAPP

MODULE 4: HEALTH CARE UTILIZATION

C4_1	<p>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?</p> <p>(INTERVIEWER: THIS IS A YES OR NO QUESTION.)</p>	<p>1, YES 2, NO 3, RESPONDENT VOLUNTEERS EVERYONE GOES TO THE SAME USUAL PLACE -1, DON'T KNOW -2, REFUSED</p>
C4_1_1	<p>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?</p> <p>(INTERVIEWER: ADD "If they are sick and need advice about their health" IF RESPONDENT IS CONFUSED.)</p>	<p>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 -1, DON'T KNOW -3, INAPP -2, REFUSED</p>
C4_2	<p>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?</p>	<p>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 -1, DON'T KNOW -2, REFUSED</p>
C4_3	<p>Is it difficult for you/HH member to get to medical appointments due to a lack of reliable transportation?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C4_4	<p>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?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C4_5	<p>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?</p>	<p>0, 0, NO VISITS 1, ONCE IN YEAR 2, TWICE IN YEAR 3, 3+ IN YEAR -1, DON'T KNOW -2, REFUSED -3, INAPP</p>

C4_10	<p>The next few questions are about the health care children in your household have received in the past 12 months.</p> <p>During the past 12 months, how often did HH member's doctors or other health providers:</p> <p>Spend enough time with HH member?</p>	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN -1, DON'T KNOW -2, REFUSED -3, INAPP
C4_10_1	<p>How often did HH member's doctors or other health providers:</p> <p>Listen carefully to you?</p>	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN -1, DON'T KNOW -2, REFUSED -3, INAPP
C4_10_2	<p>Show sensitivity to your family's values and customs?</p>	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN -1, DON'T KNOW -2, REFUSED -3, INAPP
C4_10_3	<p>Provide the specific information you needed concerning HH member's health?</p>	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN -1, DON'T KNOW -2, REFUSED -3, INAPP
C4_10_4	<p>Help you feel like a partner in HH member's care?</p>	1, NEVER 2, RARELY 3, SOMETIMES 4, VERY OFTEN 5, EXTREMELY OFTEN -1, DON'T KNOW -2, REFUSED -3, INAPP

C4_11	Many adults and children get a general physical examination or check-up once in a while. About how long has it been since you/HH member visited a doctor for a routine physical exam? And how about HH member?	0, NEVER 1, IN PAST 12 MONTHS 2, 1 TO 2 YEARS AGO 3, 2 TO 3 YEARS AGO 4, 3 TO 5 YEARS AGO 5, MORE THAN 5 YEARS AGO -1, DON'T KNOW -2, 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 -1, DON'T KNOW -2, REFUSED
C4_13_1	In the past 12 months, who in your household has stayed overnight in a hospital? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO VISITED; PROBE WITH "Is there anyone else?")	1, YES 2, NO
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? (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.)	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C4_15_1	In the past 12 months, who in your household has been treated at a hospital emergency room? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO VISITED; PROBE WITH "Is there anyone else?")	1, YES 2, NO
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 -1, DON'T KNOW -2, REFUSED -3, INAPP

C4_15_4	<p>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 instead of another place?</p> <p>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?</p>	<p>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) -1, DON'T KNOW -2, REFUSED -3, INAPP</p>
C4_15_5	<p>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?</p>	<p>1, AN INJURY 2, A HEART PROBLEM 3, A COVID-19 RELATED PROBLEM 4, A BREATHING OR RESPIRATORY PROBLEM (NON-COVID-19 RELATED) 5, A KIDNEY, BLADDER, OR OTHER URINARY PROBLEM 6, A MENTAL HEALTH PROBLEM 7, SOME OTHER REASON (SPECIFY) -1, DON'T KNOW -2, REFUSED -3, INAPP</p>
C4_17	<p>Sometimes people have problems getting medical care or surgery when they need it.</p> <p>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?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C4_17_1	<p>In the past 12 months, who in your household needed medical care or surgery, but did not get it? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER; PROBE WITH "Is there anyone else?")</p>	<p>1, YES 2, NO</p>

C4_17_2	<p>What was the MAIN REASON you/HH member didn't get the care you/s/he needed?</p>	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) -1, DON'T KNOW -2, REFUSED -3, INAPP
C4_25	<p>Now I'd like you to think about dental care.</p> <p>How long ago did you/HH member last visit the dentist or other dental care provider?</p> <p>(INTERVIEWER: A DENTAL CARE PROVIDER INCLUDES ANY KIND OF DENTAL CARE PROVIDER, e.g., DENTAL HYGIENIST, ENDODONTIST, PERIODONTIST, ORTHODONTIST, MAXILLO-FACIAL SURGEON, ETC.)</p>	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 -1, DON'T KNOW -3, INAPP, AGE 0 -2, REFUSED
C4_27	<p>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?</p> <p>(INTERVIEWER: IF R HAS HEALTHY START, MEDICAL ASSISTANCE, TITLE 19, OR FORWARDHEALTH, INCLUDE THESE WITH BADGERCARE PLUS.)</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C4_27_1	<p>Who in your household has any insurance coverage for dental care?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO HAS INSURANCE; PROBE WITH "Is there anyone else?")</p>	1, YES 2, NO
C4_29	<p>Now I would like you to think about mental health.</p> <p>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?</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED

C4_29_1	<p>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?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO RECEIVED MENTAL CARE; PROBE WITH "Is there anyone else?")</p>	<p>1, YES 2, NO</p>
C4_29_2	<p>From whom did you/ HH member receive mental health services? (Choose all that apply)</p>	<p>1, PRIMARY CARE DOCTOR 2, PSYCHOLOGIST/THERAPIST 3, PSYCHIATRIST 4, URGENT CARE 5, EMERGENCY ROOM 6, SCHOOL COUNSELOR/PSYCHOLOGIST 7, OTHER (PLEASE SPECIFY) -1, DON'T KNOW -3 INAPPROPRIATE -2, REFUSED</p>
C4_30	<p>Overall, how satisfied were you/was HH member with the mental health services received?</p>	<p>1, SATISFIED 2, SOMEWHAT SATISFIED 3, NEITHER SATISFIED OR DISSATISFIED 4, SOMEWHAT DISSATISFIED 5, VERY DISSATISFIED -1, DON'T KNOW -2, REFUSED</p>
C4_33	<p>Do you/does anyone in your household have any insurance that covers mental health counseling or other mental health services?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C4_33_1	<p>Who in your household has any insurance that covers mental health counseling or other mental health services?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO HAS MENTAL INSURANCE; PROBE WITH "Is there anyone else?")</p>	<p>1, YES 2, NO</p>
C4_35	<p>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?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C4_35_1	<p>Who in your household needed mental health care, but did not get it?</p>	<p>1, YES 2, NO</p>

	(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?")	
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) -1, DON'T KNOW -3, INAPP -2, REFUSED
C4_36	Now I would like to ask you a few questions about substance use. In the past 12 months, have you/has anyone in your household received any treatment or other help for problems with alcohol or drug use?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C4_36_1	In the past 12 months, who in your household received treatment or other help for problems with alcohol or drug use? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO RECEIVED SUSBTANCE USE CARE; PROBE WITH "Is there anyone else?")	1, YES 2, NO -1, DON'T KNOW
C4_37	Please tell us whether or not you/HH member received alcohol or drug use related treatment from each of the following sources: Primary Care Doctor	1, YES 2, NO -1, DON'T KNOW -3, INAPP -2, REFUSED
C4_38	A psychologist, psychiatrist, or therapist	1, YES 2, NO -1, DON'T KNOW -3, INAPP -2, REFUSED

C4_39	Urgent Care or the Emergency Room	1, YES 2, NO -1, DON'T KNOW -3, INAPP -2, REFUSED
C4_40	An inpatient treatment program or facility	1, YES 2, NO -1, DON'T KNOW -3, INAPP -2, REFUSED
C4_41	An outpatient treatment program or facility	1, YES 2, NO -1, DON'T KNOW -3, INAPP -2, REFUSED
C4_42	Methadone clinic	1, YES 2, NO -1, DON'T KNOW -3, INAPP -2, REFUSED
C4_43	Drug Court	1, YES 2, NO -1, DON'T KNOW -3, INAPP -2, REFUSED
C4_44	Other (please specify)	1, YES 2, NO -1, DON'T KNOW -3, INAPP -2, REFUSED
C4_45	Do you/does anyone in your household have any health insurance that covers part or all of the cost of alcohol or drug use treatment services?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C4_45_1	Who in your household has any insurance that covers part or all of the cost of alcohol or drug use treatment services? (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_46	Was there a time during the past 12 months when you/anyone in your household needed treatment or help for problems with alcohol or drug use, but did not get it?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C4_46_1	Who in your household needed treatment or help for problems with alcohol or drugs, but did not get it? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WHO NEEDED SUBSTANCE USE HELP BUT DIDN'T GET IT.; PROBE WITH "Is there anyone else?")	1, YES 2, NO
C4_46_2	What was the MAIN REASON you/HH member didn't get the care you/s/he needed? Was is that you couldn't afford it, you had inadequate insurance, you couldn't get an appointment or spot in a facility, you had transportation problems, you were uncomfortable asking for services, you couldn't take time off of work, or some other reason?	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, COULDN' T TAKE TIME FROM WORK 7, SOMETHING ELSE (SPECIFY) -1, DON'T KNOW -3, INAPP -2, 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 -1, DON'T KNOW -3, INAPP -2, REFUSED
C5_1a	Is this difficulty due to a language barrier?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, 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 -1, DON'T KNOW -3, INAPP -2, REFUSED
C5_2a	Is this difficulty due to a language barrier?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, 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 -1, DON'T KNOW -3, INAPP -2, REFUSED
C5_3a	Is this difficulty due to a language barrier?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, 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 -1, DON'T KNOW -3, INAPP -2, REFUSED
C5_4a	Is this difficulty due to a language barrier?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, 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 -1, DON'T KNOW -3, INAPP -2, REFUSED
C5_5a	Is this difficulty due to a language barrier?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
MODULE 6: HEALTH CONDITIONS		
C6_1	<p>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.</p> <p>First, have you/has anyone in your household ever been told by a doctor or other health professional that you/they had DIABETES?</p> <p>(INTERVIEWER: DO NOT INCLUDE DIABETES DURING PREGNANCY. THIS APPLIES TO CURRENT HH MEMBERS ONLY)</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_1_1	<p>Who in your household has ever been told by a doctor or other health professional that they had DIABETES?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_2	<p>Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had HEART DISEASE?</p> <p>(INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY.)</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
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

	(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	-1, DON'T KNOW -2, REFUSED
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? (INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY.)	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_3_1	Who in your household has ever been told by a doctor or other health professional that they had a STROKE? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_4	Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had CANCER? (INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY.)	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_4_1	Who in your household has ever been told by a doctor or other health professional that they had CANCER? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_5	Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had ARTHRITIS? (INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY.)	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_5_1	Who in your household has ever been told by a doctor or other health professional that they had ARTHRITIS? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
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	1, YES 2, NO -1, DON'T KNOW -2, REFUSED

	DISEASE OR SOME OTHER FORM OF DEMENTIA?	
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? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_7	Have you/Has anyone in your household ever been told by a doctor or other health professional that you/they had ASTHMA? (INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY)	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C6_7_1	Who in your household has ever been told by a doctor or other health professional that you/they had ASTHMA? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
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 -1, DON'T KNOW -2, REFUSED
C6_13R_1	Who in your household has ever been told by a doctor or other health professional that you/they had DEPRESSION? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
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? (INTERVIEWER: THIS APPLIES TO CURRENT HH MEMBERS ONLY)	1, YES 2, NO -1, DON'T KNOW -2, REFUSED

C6_14R_1	<p>Who in your household has ever been told by a doctor or other health professional that you/they had an ANXIETY DISORDER?</p> <p>(INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER WITH PROBLEM; PROBE WITH "Is there anyone else?")</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
MODULE 7: HEALTH INSURANCE		
C7_1	<p>Now I have some questions about health insurance coverage.</p> <p>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?</p>	<p>1, YES, SOMEONE IS IN MEDICARE 2, NO -1, DON'T KNOW -2, REFUSED</p>
C7_2	<p>Who is that?</p> <p>(INTERVIEWER: ENTER "1" FOR HH MEMBER WHO IS ENROLLED AND ENTER -3 FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH "Is there anyone else?")</p>	<p>2, ENROLLED -1, DON'T KNOW -3, NOT ENROLLED -2, REFUSED</p>
C7_3	<p>Have you/has HH member been enrolled in Medicare for less than 12 months or more than 12 months?</p> <p>(INTERVIEWER: PROBE WITH: "Did you/HH member have Medicare coverage before current month, 2022 or not?)</p>	<p>1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>
C7_4	<p>At this time, are you/is <u>household member</u> enrolled in Medicare's <u>prescription drug coverage plan</u>, called Medicare Part D?</p> <p>(INTERVIEWER: ENTER "2" FOR HH MEMBER WHO IS ENROLLED AND ENTER 3 FOR HH MEMBER WITHOUT COVERAGE.)</p>	<p>2, ENROLLED 3, NOT ENROLLED -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>
C7_5a	<p>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?</p>	<p>1, CURRENTLY ENROLLED 2, USED TO BE ENROLLED 3, NEVER ENROLLED -1, DON'T KNOW -2, REFUSED -3, INAPP</p>

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 SATISFIED OR DISSATISFIED 4, SOMEWHAT DISSATISFIED 5, VERY DISSATISFIED -1, DON'T KNOW -2, REFUSED -3, INAPP
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] -1, DON'T KNOW -2, REFUSED -3, INAPP
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] -1, DON'T KNOW -2, REFUSED -3, INAPP 10, HAVE OTHER COVERAGE
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 -1, DON'T KNOW -2, 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 -1, DON'T KNOW -3, INAPP/NOT COVERED -2, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY

C7_8	<p>At this time, in addition to you/<u>policyholder</u>, who else is covered by this plan?</p> <p>(INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")</p>	1, POLICYHOLDER 2, COVERED -1, DON'T KNOW -3, INAPPROPRIATE/NOT COVERED -2, REFUSED
C7_8a	<p>Have you/has policyholder been enrolled in this plan for less than 12 months or more than 12 months?</p> <p>(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, 2022 or not?")</p>	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED
C7_9	<p>Before being enrolled in insurance purchased from the Health Insurance Marketplace, what kind of insurance did you/HH member have?</p>	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 -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED
C7_10	<p>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?</p>	1, YES, SOMEONE IS COVERED 2, NO -1, DON'T KNOW -2, REFUSED
C7_10a	<p>Whose name is on the insurance policy?</p> <p>(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?")</p>	1-15 ROSTER NUMBER OF POLICYHOLDER -1, DON'T KNOW -3, INAPP/NOT COVERED -2, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY

C7_10b	<p>At this time, in addition to you/<u>policyholder</u>, who else is covered by this plan?</p> <p>(INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")</p>	1, POLICYHOLDER 2, COVERED -1, DON'T KNOW -3, INAPPROPRIATE/NOT COVERED -2, REFUSED
C7_10bb	<p>Have you/has policyholder been enrolled in this plan for less than 12 months or more than 12 months?</p> <p>(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, 2022 or not?")</p>	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED
C7_11	<p>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?</p> <p>(INTERVIEWER: PROBE WITH: "Does anyone have health insurance that you/they got through their job?")</p>	1, YES, SOMEONE IS COVERED 2, NO -1, DON'T KNOW -2, REFUSED
C7_13F	<p>Whose employer or union provides this plan?</p> <p>(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?")</p>	1-15 ROSTER NUMBER OF POLICYHOLDER -1, DON'T KNOW -3, INAPP/NOT COVERED -2, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY
C7_15	<p>At this time, in addition to you/<u>policyholder</u>, who else is covered by this plan?</p> <p>(INTERVIEWER: ENTER "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")</p>	1, POLICYHOLDER 2, COVERED -1, DON'T KNOW -3, INAPPROPRIATE/NOT COVERED -2, REFUSED
C7_17	<p>Have you/has policyholder been enrolled in this plan for less than 12 months or more than 12 months?</p> <p>(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, 2022 or not?")</p>	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED

C7_21	<p>Is anyone in your household covered by any other health insurance plan provided through a current or former employer or union?</p> <p>(INTERVIEWER: PROBE WITH: "Who has health insurance that they got through their job?")</p>	<p>1, YES, SOMEONE IS COVERED 2, NO -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>
C7_23F	<p>Whose employer or union provides this plan?</p> <p>(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?")</p>	<p>1-15 ROSTER NUMBER OF POLICYHOLDER -1, DON'T KNOW -3, INAPP/NOT COVERED -2, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY</p>
C7_25	<p>At this time, in addition to you/<u>policyholder</u>, who else is covered by this plan?</p> <p>(INTERVIEWER: ENTER "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")</p>	<p>1, POLICYHOLDER 2, COVERED -1, DON'T KNOW -3, INAPPROPRIATE/NOT COVERED -2, REFUSED</p>
C7_27	<p>Have you/<u>policyholder</u> been enrolled in this plan for less than 12 months or more than 12 months?</p> <p>(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, 2022 or not?")</p>	<p>1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>
NONE	<p>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.</p>	<p>1, RESPONDENT MENTIONS 3RD PROVIDER (SPECIFY) 2, RESPONDENT DID NOT MENTION A 3RD PROVIDER -3, INAPP</p>
C7_28	<p>Are you/is anyone in your household covered by a Medicare supplement or Medigap insurance plan at this time?</p> <p>(INTERVIEWER: PROBE WITH "These are privately bought plans that pay for health care costs that Medicare doesn't pay for.")</p>	<p>1, YES, SOMEONE IS COVERED 2, NO -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>

C7_29	Who is that? (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; YOU MUST PICK A HH MEMBER; PROBE WITH: "Is there anyone else?")	2, ENROLLED -1, DON'T KNOW -3, NOT ENROLLED -2, 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, 2022 or not?")	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, 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 -1, DON'T KNOW -3, INAPPROPRIATE -2, 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 -1, DON'T KNOW -3, INAPP/NOT COVERED -2, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY
C7_35	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 "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")	1, POLICYHOLDER 2, COVERED -1, DON'T KNOW -3, INAPPROPRIATE/NOT COVERED -2, 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 2022, or not?")	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, 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 -1, DON'T KNOW -3, INAPPROPRIATE -2, 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 -1, DON'T KNOW -3, INAPP/NOT COVERED -2, REFUSED 66, PERSON OUTSIDE OF HH HOLDS POLICY
C7_45	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 "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")	1, POLICYHOLDER 2, COVERED -1, DON'T KNOW -3, INAPPROPRIATE/NOT COVERED -2, 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, 2022 or not?"	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, 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 -1, DON'T KNOW -2, REFUSED -3, INAPP
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 <u>policyholder</u>, which household members are covered by this plan? (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")	2, COVERED -1, DON'T KNOW -3, INAPPROPRIATE/NOT COVERED -2, REFUSED

C7_54F	Is this insurance from <u>policyholder's</u> 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) -1, DON'T KNOW -3, INAPPROPRIATE -2, 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, 2022 or not?")	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, 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 -1, DON'T KNOW -2, REFUSED
C7_74	Who is that? Is there anyone else? (INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")	2, ENROLLED -1, DON'T KNOW -3, NOT ENROLLED -2, REFUSED
C7_76	Which type of coverage do you/does <u>HH member</u> have? (INTERVIEWER: READ ANSWER CATEGORIES IF NEEDED.)	1, CHAMPUS; TRICARE 2, CHAMP-VA 3, VA; OTHER MILITARY CARE -1, DON'T KNOW -3, INAPPROPRIATE -2, 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 2022 or not?")	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED

C7_81	<p>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.</p> <p>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?)</p> <p>(INTERVIEWER: PROBE WITH "Each person enrolled in these programs will have a plastic "Forward" or "ForwardHealth" ID card." Program names include BadgerCare, Medicaid, or ForwardHealth. Read programs again if necessary.)</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C7_85	<p>Who is that? Anyone else?</p> <p>(INTERVIEWER: "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")</p>	<p>2, ENROLLED -1, DON'T KNOW -3, NOT ENROLLED -2, REFUSED</p>
C7_87	<p>Have you/has <u>HH member</u> been enrolled in this plan for less than 12 months or more than 12 months?</p> <p>(INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH)</p>	<p>1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>
C7_91	<p>There are other government health insurance programs such as the Indian Health Service.</p> <p>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?</p>	<p>1, YES 2, NO -1, DON'T KNOW -2, REFUSED</p>
C7_95	<p>Who is that? Anyone else?</p> <p>(INTERVIEWER: ENTER "1" FOR HH MEMBER WITH COVERAGE AND ENTER "-3" FOR HH MEMBER WITHOUT COVERAGE; PROBE WITH: "Is there anyone else?")</p>	<p>2, ENROLLED -1, DON'T KNOW -3, NOT ENROLLED -2, REFUSED</p>
C7_96	<p>Which type of insurance coverage does <u>HH member</u> have?</p>	<p>1, INDIAN HEALTH SERVICE 2, OTHER (PLEASE SPECIFY) -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>

C7_97	<p>Have you/has <u>HH member</u> been enrolled in this plan for less than 12 months or more than 12 months?</p> <p>(INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH)</p>	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED
C7_101	<p>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?</p>	1, YES. CORRECT. IS NOT INSURED. 2, NO. NOT CORRECT. IS INSURED. -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED
C7_103	<p>At this time, what type of health care coverage do you/HH member have?</p> <p>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?</p>	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) -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED)
C7_105f	<p>Whose name is on the insurance policy for this plan? Are you the policyholder or is someone else?</p> <p>(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?)</p>	1-12 ROSTER NUMBER OF POLICYHOLDER 66, PERSON OUTSIDE OF HH HOLDS POLICY -1, DON'T KNOW -3, INAPP/NOT COVERED -2, REFUSED
C7_107	<p>Have you/has HH member been enrolled in this plan for less than 12 months or more than 12 months?</p> <p>(INTERVIEWER: ENTER "2" FOR HH MEMBERS UNDER ONE YEAR OLD, IF THEY WERE COVERED BY PLAN SINCE BIRTH; PROBE WITH: "Did you/HH</p>	1, LESS THAN 12 MONTHS 2, MORE THAN 12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED

	member have this insurance before current month, 2022 or not?)	
C7_108AT	<p>You said that you/policyholder currently has health insurance bought from the health care marketplace and that HH member(s) is/are also covered by this plan.</p> <p>Does this health plan have a deductible of \$1,500/\$3,000 or more? If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.</p> <p>(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")</p>	1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE/NOT ASKED QUESTION -2, REFUSED
C7_109AT	<p>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.</p> <p>Does this health plan have a deductible of \$1,500/\$3,000 or more? If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.</p> <p>(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")</p>	1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE/NOT ASKED QUESTION -2, REFUSED
C7110_AT	<p>You said that you/policyholder currently has health insurance from an employer and that HH member(s) is/are also covered by this plan.</p> <p>Does this health plan have a deductible of \$1,500/\$3,000 or more? If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.</p> <p>(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")</p>	1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE/NOT ASKED QUESTION -2, REFUSED

C7109_BT	<p>You said that you/policyholder currently has health insurance from an employer and that HH member(s) is/are also covered by this plan.</p> <p>Does this health plan have a deductible of \$1,500/\$3,000 or more? If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.</p> <p>(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")</p>	<p>1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE/NOT ASKED QUESTION -2, REFUSED</p>
C7109_CT	<p>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.</p> <p>Does this health plan have a deductible of \$1,500/\$3,000 or more? If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.</p> <p>(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")</p>	<p>1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE/NOT ASKED QUESTION -2, REFUSED</p>
C7109_DT	<p>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.</p> <p>Does this health plan have a deductible of \$1,500/\$3,000 or more? If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.</p> <p>(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")</p>	<p>1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE/NOT ASKED QUESTION -2, REFUSED</p>
C7_109ET	<p>You said that you/HH member is covered by an insurance plan provided by policyholder outside HH</p> <p>Does this health plan have a deductible of \$3,000 or more? If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.</p> <p>(Assume this policy covers more than one person, which is why the \$3,000 is used.)</p>	<p>1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE/NOT ASKED QUESTION -2, REFUSED</p>

	(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")	
C7109_FT	<p>You said that you/policyholder currently have/has health insurance and that HH member(s) is/are also covered by this plan.</p> <p>Does this health plan have a deductible of \$1,500/\$3,000 or more?</p> <p>(INTERVIEWER: If needed, say: "A deductible is the amount you have to pay before your plan begins to pay for your medical care.")</p> <p>If there is a separate deductible for drugs, hospitalization, etc., do not include those amounts.</p>	<p>1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE/NOT ASKED QUESTION -2, REFUSED</p>
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 2022?	<p>1, YES 2, NO -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>
C7_142	What is the main reason you have/<u>HH member</u> has no health insurance?	<p>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) -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>

C7_143	<p>For how many of the past 12 months did you/<u>HH member</u> have health insurance?</p>	<p>1-12 MONTHS -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>
C7_145	<p>What kind of health insurance did you/<u>HH member</u> have during the time you/he/she was insured?</p> <p>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?</p> <p>(INTERVIEWER: CODE ALL TYPES MENTIONED. RECORD "-3" IF NO SECOND TYPE MENTIONED.)</p>	<p>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 -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>
C7_145a	<p>What kind of health insurance did you/<u>HH member</u> have during the time you/he/she was insured?</p> <p>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?</p> <p>(INTERVIEWER: CODE ALL TYPES MENTIONED. RECORD "8" IF NO SECOND TYPE MENTIONED.)</p>	<p>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 -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED</p>

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) -1, DON'T KNOW -3, INAPPROPRIATE -2, 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) -1, DON'T KNOW -3, INAPPROPRIATE -2, REFUSED
C7_151	<p>You said earlier that you/HH member had some health insurance for less than 12 months.</p> <p>Were you/was HH member UNinsured at some time during the past 12 months, that is, since current month 2022?</p>	<p>1, YES, UNINSURED SOME TIME DURING PAST 12 MONTHS</p> <p>2, NO, HAD INSURANCE DURING ALL PAST 12 MONTHS</p> <p>-1, DON'T KNOW</p> <p>-3, INAPPROPRIATE</p> <p>-2, REFUSED</p>
C7_153	For how many of the past 12 months were you/was <u>HH member</u> UNinsured?	<p>1-12 MONTHS</p> <p>-1, DON'T KNOW</p> <p>-3, INAPPROPRIATE</p> <p>-2, REFUSED</p>
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.	<p>1, YES</p> <p>2, NO</p> <p>-1, DON'T KNOW</p> <p>-2, REFUSED</p>
C7_200a	<p>For everyone in your household, about how much did you spend ("out of pocket" for medical expenses in the last 12 months)?</p> <p>(Interviewer prompt: Your best guess is fine.)</p> <p>(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?)</p>	<p>0, NONE</p> <p>1, LESS THAN \$500</p> <p>2, \$500-\$999</p> <p>3, \$1,000-\$1,999</p> <p>4, \$2,000-\$2,999</p> <p>5, \$3,000-\$4,999</p> <p>6, \$5,000 OR MORE</p> <p>-1, DON'T KNOW</p> <p>-2, REFUSED</p>

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 -1, DON'T KNOW -2, 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 -1, DON'T KNOW -2, REFUSED
MODULE 8: EMPLOYMENT		
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 -1, DON'T KNOW -2, REFUSED -3, INAPP
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 -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_4	Last week, did you/<u>HH member</u> have a second job or business, in addition to your /<u>HH member</u>'s main job or business?	1, YES (HAS A SECOND JOB OR BUSINESS) 2, NO 3, YES (HAS 3 OR MORE JOBS/BUSINESSES, VOLUNTEERED) -1, DON'T KNOW -2, REFUSED -3, INAPP

C8_6	<p>{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.}</p> <p>(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.)</p> <p>Were you/<u>HH member</u> working for an employer, self-employed, or both?</p>	1, EMPLOYER 2, SELF EMPLOYED 3, BOTH -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_7	<p>Was your/<u>HH member's</u> (main) employer the government, a privately-owned company or business, a non-profit organization, or something else?</p>	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) -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_11	<p>Would you say that you/<u>HH member</u> usually work/works less than 30 hours per week, or more than 30 hours per week?</p>	1, LESS THAN 30 HOURS PER WEEK 2, 30 HOURS PER WEEK OR MORE -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_12	<p>Has this employer or the union offered you/<u>HH member</u> health insurance?</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_20	<p>Would you say that you/<u>HH member</u> usually work/works less than 30 hours per week, or more than 30 hours per week at your/his/her self-employment or business?</p>	1, LESS THAN 30 HOURS PER WEEK 2, 30 HOURS PER WEEK OR MORE -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_26	<p>I'd like to know whether you/<u>HH member</u> can take paid sick leave from your/<u>their</u> job.</p> <p>Can you/<u>HH member</u> take paid time off from work for your/<u>their</u> own illness or medical care?</p>	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP

C8_27	Can you/<u>HH member</u> take paid time off from work for the illness or medical care of another family member (such as spouse, child, or parent)?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_31	And now, I have some questions about volunteer work. During the past 12 months, did you or any other adult in your household spend time volunteering for any organization or association?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_31_1	In the past 12 months, who in your household spent time volunteering for any organization or association? (INTERVIEWER: YOU MUST PICK A HH MEMBER; ENTER "1" FOR HH MEMBER; PROBE WITH "Is there anyone else?")	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_31_2	How often did you/<u>HH member</u> volunteer last year?	1, ALMOST EVERY DAY 2, A FEW TIMES A WEEK 3, A FEW TIMES A MONTH 4, ONCE A MONTH 5, LESS THAN ONCE A MONTH -1, DON'T KNOW -2, REFUSED -3, INAPP
C8_31_3	Which type of organization or association did you/<u>HH member</u> volunteer with most often?	1, OLDER ADULT SERVICES 2, RELIGIOUS ORGANIZATION 3, SCHOOLS OR OTHER YOUTH SERVICE 4, HOUSING AND HOMELESS SERVICE 5, OTHER -1, DON'T KNOW -2, REFUSED -3, INAPP

C8_31_4	<p>Which of the following is the main reason why you/<u>HH member</u> did not volunteer last year?(INTERVIEWER: YOU MUST PICK A HH MEMBER)</p>	1, DID NOT WANT TO 2, NOT ENOUGH TIME DUE TO WORK 3, NOT ENOUGH TIME DUE TO CAREGIVING RESPONSIBILITIES 4, DIFFICULTY WITH TRANSPORTATION 5, LACK OF ACCESSIBLE VOLUNTEERING OPTIONS 6, THE POSSIBILITY OF GETTING SICK WITH COVID-19 7, RESTRICTIVE COVID-19 REQUIREMENTS (E.G., MASKING, VACCINATION) 8, SOME OTHER REASON -1, DON'T KNOW -2, REFUSED -3, INAPP
MODULE 9: DEMOGRAPHICS		
C9_1	<p>Now I'd like to know about you/<u>HH member</u> in particular.</p> <p>What is the highest grade or level in school or college you have/<u>HH member</u> has completed?</p>	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 -1, DON'T KNOW -2, REFUSED -3, INAPP
C9_2	<p>Are you/Is <u>HH member</u> now married, widowed, divorced, separated, never married, or living with a partner?</p>	1, MARRIED 2, WIDOWED 3, DIVORCED 4, SEPARATED 5, NEVER MARRIED 6, LIVING WITH A PARTNER -1, DON'T KNOW -2, REFUSED -3, INAPP

C9_3	Are you/Is anyone in your household Hispanic or Latino?	1, YES 2, NO (NO ONE) -1, DON'T KNOW -2, 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 -1, DON'T KNOW -2, REFUSED
C9_3_2	What is your/<u>HH member's</u> 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) -1, DON'T KNOW -3, INAPP -2, REFUSED
C9_4	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) -1, DON'T KNOW -2, 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) -1, DON'T KNOW -2, 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, ASIAN3, BLACK OR AFRICAN AMERICAN4, PACIFIC ISLANDER5, WHITE6, OTHER (SPECIFY) -1, DON'T KNOW-2, REFUSED0, (IF VOLUNTEERED) ALL IN HH ARE SAME RACE

NONE	<p>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?</p> <p>*(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?)</p>	1, AMERICAN INDIAN 2, ASIAN 3, BLACK OR AFRICAN AMERICAN 4, PACIFIC ISLANDER 5, WHITE 6, OTHER (SPECIFY) -1, DON'T KNOW -2, REFUSED 0, (IF VOLUNTEERED) ALL IN HH ARE SAME RACE
NONE	<p>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?</p> <p>*(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?)</p>	1, AMERICAN INDIAN 2, ASIAN 3, BLACK OR AFRICAN AMERICAN 4, PACIFIC ISLANDER 5, WHITE 6, OTHER (SPECIFY) -1, DON'T KNOW -2, REFUSED 0, (IF VOLUNTEERED) ALL IN HH ARE SAME RACE
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	<p>In what county is this residence located?</p> <p>(INTERVIEWER: "WHAT COUNTY DO YOU LIVE IN NOW?")</p>	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
		38, MARINETTE
		39, MARQUETTE
		40, MENOMINEE
		41, MILWAUKEE
		42, MONROE
		43, OCONTO
		44, ONEIDA
		45, OUTAGAMIE
		46, OZAUKEE
		47, PEPIN
		48, PIERCE
		49, POLK
		50, PORTAGE
		51, PRICE
		52, RACINE
		53, RICHLAND
		54, ROCK
		55, RUSK
		56, ST. CROIX
		57, SAUK
		58, SAWYER
		59, SHAWANO
		60, SHEBOYGAN
		61, TAYLOR
		62, TREMPLEAU
		63, VERNON
		64, VILAS
		65, WALWORTH
		66, WASHBURN
		67, WASHINGTON
		68, WAUKESHA
		69, WAUPACA
		70, WAUSHARA
		71, WINNEBAGO
		72, WOOD
		77, DK
		99, REFUSED

C9_7	Is this residence in the city of Milwaukee?	1, YES 2, NO -1, DON'T KNOW -3, INAPP,NOT MILW CO -2, REFUSED
C9_8	What is your ZIP code?	Enter 5-digit Wisconsin Zip -1, DON'T KNOW -2, 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 -1, DON'T KNOW -2, REFUSED
C9_12	How long have you/ has HH member lived at your current address?	0, LESS THAN ONE YEAR 1-65 YEARS -1, DON'T KNOW -2, REFUSED -3, INAPP
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 -1, DON'T KNOW -2, REFUSED
C9_14	At any time in the last 12 months, was there a time when you/HH member did not have a place of your/their own to live? This includes temporarily staying with friends or family because you/they did not have a place of your/their own.	1, YES 2, NO -1, DON'T KNOW -2, REFUSED
C9_15	In the last 12 months, did anyone in the household ever give money to help support someone who does not live with you? This does not include donations to charity. Interviewer note: Types of supports that count as "yes" include giving money to friends or family outside the household to help them in any way, sending money to family in another country, supporting an adult child at college, court mandated child support/alimony, etc.	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP

C9_15a	Was giving this money part of a formal agreement such as court mandated child support or alimony?	1, YES 2, NO -1, DON'T KNOW -2, REFUSED -3, INAPP
MODULE 11: POVERTY STATUS		
C11_X	Thinking of the total income for everyone in your household from all sources, before taxes, in 2022...was that income less than \$[fill povlev100],000, between \$[fill povlev100],000 and \$[fill povlev200],000, or greater than \$[fill povlev200],000?	1, LESS THAN \$[fill povlev100],000 2, BETWEEN \$[fill povlev100],000 AND \$[fill povlev200min1],999 3, \$[fill povlev200],000 OR GREATER 5, EXACT HH INCOME -1, DON'T KNOW -3, INAPP, NOT A HOUSEHOLD OF SEVEN -2, REFUSED
C11_Xa	Was your total household income in 2022 less than \$[fill povlev138],000 or greater than \$[fill povlev138],000?	1, LESS THAN \$[fill povlev138],000 2, \$[fill povlev138],000 OR GREATER 5, EXACT HH INCOME -1, DON'T KNOW -3, INAPP, NOT A HOUSEHOLD OF SEVEN -2, REFUSED
C11_Xb	Was your total household income in 2022 less than \$[fill povlev300],000, between \$[fill povlev300],000 and \$[fill povlev400],000 or greater than \$[fill povlev400],000?	1, LESS THAN \$[fill povlev300],000 2, BETWEEN \$[fill povlev300],000 and \$[fill povlev400min1],999 3, \$[fill povlev400],000 OR GREATER 5, EXACT HH INCOME -1, DON'T KNOW -3, INAPP, NOT A HOUSEHOLD OF SEVEN -2, REFUSED
C11_8	Thinking of the total income for everyone in your household from all sources, before taxes, in 2022 ... about how much was your total income?	ENTER 1 TO SPECIFY RESPONSE AS A WHOLE NUMBER; NO DECIMAL PLACE. -1, DON'T KNOW -3, INAPP -2, REFUSED

C11_9	Would you say that your household's total income from all sources, before taxes in 2022 was less than \$30,000 or greater than \$30,000?	1, LESS THAN \$30,000 2, \$30,000 OR GREATER 5, EXACT HH INCOME -1, DON'T KNOW -3, INAPP, NOT ASKED -2, 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 -1, DON'T KNOW -2, REFUSED
C12_5	How many RESIDENTIAL landline telephone numbers do you have? (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.")	0, NONE/ZERO 1-9, ONE THROUGH NINE+ -1, DON'T KNOW -2, REFUSED
C12_5	How many CELL or WIRELESS telephone numbers do you have in your household? (INTERVIEWER: Note that nine or more phones coded as "9.")	0, NONE/ZERO 1-9, ONE THROUGH NINE+ -1, DON'T KNOW -2, 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 -1, DON'T KNOW -2, 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 -1, DON'T KNOW -2, REFUSED -3, 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 -1, DON'T KNOW -2, REFUSED -3, INAPP
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 -1, DON'T KNOW -2, REFUSED -3, INAPP
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 -2, REFUSED
C12_14a	Was that your address anytime in the last six months?	1, YES 2, NO -2, REFUSED