

M. HEALTH INSURANCE PAGE

Read to respondent(s):
 Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. Show card.

1a. Is anyone in this family, that is (read names), now covered by Medicare? Yes No (4) DK
 b. Is — now covered? Mark box in person's column.

Ask for each person with "Covered" in 1b:
 2a. Is — now covered by the part of Social Security Medicare which pays for hospital bills? Mark box in person's column.

b. Is — now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which — or some agency must pay a certain amount each month. Mark box in person's column.

Ask for each person with "DK" in 2a and/or b:
 3. May I please see the Social Security Medicare card(s) for — (and —) to determine the type of coverage? Transcribe the information from the card or mark the "Card N.A." box.

We are interested in all kinds of health insurance plans except those which pay only for accidents.
 4a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? Yes No (M)

b. What is the name of the plan? Record in Table H.I.

c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's or surgeon's bill? Yes (Reask 4b and c) No (5)

TABLE H.I.

PLAN 1	6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	7. Is — covered under this (name) plan? Mark box in person's column.	7.
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 3 <input type="checkbox"/> DK (6)	b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK		1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	7. Is — covered under this (name) plan? Mark box in person's column.	7.
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 3 <input type="checkbox"/> DK (6)	b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK		1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	6a. Does this plan pay any part of hospital expenses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	7. Is — covered under this (name) plan? Mark box in person's column.	7.
5a. Was this (name) plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (6) 3 <input type="checkbox"/> DK (6)	b. Does this plan pay any part of doctor's or surgeon's bills for operations? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK		1 <input type="checkbox"/> Covered (NP) 2 <input type="checkbox"/> Not covered (NP)
b. Is it now carried through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK			

M1 Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not Covered."

Ask for each person "Not Covered" in M1. If "Not covered 65 and over," include "or Medicare."
 Many people do not carry health insurance for various reasons. Hand Card N.

8a. Which of these statements describes why — is not covered by any health insurance (or Medicare)? Any other reasons? Circle all reasons given.

Mark box if only one reason. If "Not covered 65 and over," in M1, include "or Medicare."
 b. What is the MAIN reason — is not covered by any health insurance (or Medicare)?

FORM HHS-1 (1967) 14-6-67

M. HEALTH INSURANCE PAGE, Continued		
9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" Program, sometimes called "AFDC" or "ADC"? <input type="checkbox"/> Yes <input type="checkbox"/> No (10) <input type="checkbox"/> DK (10)		
b. Which (other) family members are included in the AFDC assistance payment? Mark "AFDC" box in person's column.		9b. 1 <input type="checkbox"/> AFDC
c. Are any other family members included in this program? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No		
10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" gold-colored check? <input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11)		
b. Who (also) receives this check? Mark "SSI" box in person's column.		10b. 1 <input type="checkbox"/> SSI
c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No		
11a. There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called (name)). During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))? <input type="checkbox"/> Yes <input type="checkbox"/> No (12) <input type="checkbox"/> DK (12)		
b. Who was this? Mark "Medicaid" box in person's column.		11b. 1 <input type="checkbox"/> Medicaid
c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No		
12a. Does anyone in the family now have a Medicaid (or (name)) card which looks like this? Show Medicaid card. <input type="checkbox"/> Yes <input type="checkbox"/> No (13) <input type="checkbox"/> DK (13)		
b. Who is this? Mark "Card" box in person's column.		12b. 1 <input type="checkbox"/> Card
c. Anyone else? <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No		
d. Ask for each person with "Card" in 12b: May I please see — (and —) card(s)? Mark appropriate box(es) in person's column.		12d. <input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 4 <input type="checkbox"/> Other card seen Specify _____
13a. Is anyone in the family now covered by any other public assistance program that pays for health care? <input type="checkbox"/> Yes <input type="checkbox"/> No (Next page) <input type="checkbox"/> DK (Next page)		
b. Who is this? Mark "Other PA" box in person's column.		13b. 1 <input type="checkbox"/> Other PA
c. Anyone else? <input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No		

FORM HIS-7 (1982) 10-6-82

M. HEALTH INSURANCE PAGE, Continued

<p>14a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans Administration? Do not include VA disability compensation. <input type="checkbox"/> Yes <input type="checkbox"/> No (15) <input type="checkbox"/> DK (15)</p>		
<p>b. Who is this? Mark "Mil. ret./VA pen." box in person's column.</p>	14b.	1 <input type="checkbox"/> Mil. ret./VA pen.
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No</p>		
<p>Ask for each person with "Mil. ret./VA pen." in 14b: d. Which does -- receive -- the Armed Forces retirement, the VA pension or both?</p>	d.	1 <input type="checkbox"/> Armed Forces 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Both
<p>15a. Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No (16) <input type="checkbox"/> DK (16)</p>		
<p>b. Who is this? Mark "CHAMP-VA" box in person's column.</p>	15b.	1 <input type="checkbox"/> CHAMP-VA
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 15a and b) <input type="checkbox"/> No</p>		
<p>16a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? <input type="checkbox"/> Yes <input type="checkbox"/> No (M2) <input type="checkbox"/> DK (M2)</p>		
<p>b. Who is this? Mark "Health Care" box in person's column.</p>	16b.	1 <input type="checkbox"/> Health Care
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 16a and b) <input type="checkbox"/> No</p>		
<p>M2 Refer to "AF" box above person's column.</p>	M2	1 <input type="checkbox"/> AF box marked (17) 2 <input type="checkbox"/> Other (NP)
<p>17a. Does -- have a disability related to -- service in the Armed Forces of the United States?</p>	17a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)
<p>b. Does -- now receive compensation for this disability from the Veterans Administration?</p>	b.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p>FOOTNOTES</p>		

FORM HIS-1 (1082) (4-6-82)