

LOUIS HARRIS AND ASSOCIATES INC.
111 FIFTH AVENUE
NEW YORK, N.Y. 10003

FOR OFFICE USE ONLY

Questionnaire No: _____
(1 - 5)

STUDY NO.: 528037/952022
(109-114)

Card Number (6 - 7) _____

March 3, 1997
FINAL

Sample Point No. / / / / / / / / / /
(128-134)

NEW YORK CITY HEALTH CARE
DATASHEETED QUESTIONNAIRE

Time Started: _____ A.M. / P.M.

Interviewer: _____

Area Code: _____ Telephone No.: _____

Hello, I'm _____ from Louis Harris and Associates, the national survey research firm in New York. We are conducting an important survey of New York City residents about their experiences and access to health care in order to help improve the health care system. I'd like to speak to the youngest (male/female) adult in this household 18 or over who is at home now. (IF NECESSARY: We are doing this survey for The Commonwealth Fund, a foundation dedicated to improving health and the quality of life in New York and in the nation. The survey asks about your experiences with doctors, hospitals, and health insurance, and your views and concerns.) BE SURE TO GET YOUNGEST ADULT AVAILABLE

Continue (208(____ -1

FROM OBSERVATION: Respondent sex

Q. Sex

Male (209(46 - 1

Female 54 - 2

Q. Language

English (210(92 - 1

Spanish 8 - 2

SECTIONS:

- A. INTRODUCTORY QUESTIONS
- B. HEALTH STATUS
- BB. ACCESS TO CARE
- C. PREVENTIVE CARE
- CC. REGULAR SOURCE OF CARE AND SATISFACTION
- D. HEALTH INSURANCE COVERAGE
- E. EXPERIENCES WITH INSURANCE PLAN
- G. CHANGES AND CHOICE OF PLAN
- J. CHILDREN'S CARE
- K. EVALUATING THE HOSPITAL SYSTEM
PRIVATIZATION; PRIMARY LANGUAGE
FACTUALS

PRE WEIGHT (564-569)

LOW INCOME EXCHANGE / LOW INCOME

ADULT WEIGHT = (574-580)

CHILDREN WEIGHT = (674-680)

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A. INTRODUCTORY QUESTIONS

BASE: ASK EVERYONE

A1. Please tell me, including yourself, how many family members, including adults and children, live in this home? Please include anyone who is temporarily in the hospital, in a nursing home or away at school.
(RANGE: 1-15)

___ / ___ / ___	Person(s)	Mean .....	.2
(211-212)		Median .....	.2
	Not sure.....(211(___ -&		

ASK Q.A2 IF MORE THAN 1 IN Q.A1 -- ALL OTHERS SKIP TO Q.B1

BASE: 2 OR MORE PEOPLE IN HOUSEHOLD

A2. Please tell me how many (READ EACH ITEM) live in your household?

	(RANGE: 0-15)	Not Sure	
Children under age 3	___ / ___ / ___ (213-214)	(213(___ * -&	Mean..... 0.1
Children 3 years to less than 18 years	___ / ___ / ___ (215-216)	(215(___ * -&	Mean..... 0.6

B. HEALTH STATUS

(Q.1, 844010; Q.A1, 932017; Q.II, 932028)

BASE: ASK EVERYONE

B1. In general, how would you describe your own health -- excellent, good, fair or poor?

Excellent.....(217(28 -1
 Good..... 44 -2
 Fair..... 21 -3
 Poor..... 7 -4
 Not sure..... * -5

BASE: ASK EVERYONE

B2. Have you had a serious illness, chronic condition, injury or disability that has required a lot of medical care in the last 12 months, or not?

Yes, have had serious illness.....(218(16 -1
 No, have not had serious illness..... 83 -2
 Not sure..... 1 -3

ASK Q. B3 AND Q.B34a IN SEQUENCE – IF Q.A1 IS “ONE” PERSON, DO NOT ASK Q.B3a

BASE: ASK EVERYONE

B3. Have you ever been told by a doctor that you suffered from (READ EACH ITEM), or not?

BASE: 2 OR MORE PEOPLE IN HOUSEHOLD (Q.A1)

B3a. Has a family member who lives with you ever been told by a doctor that they suffered from (READ EACH ITEM), or not?

	Q.B3			Q.B3a		
	Have	Have	Not	Have	Have	Not
	Been	Not	Sure	Been	Not	Sure
ROTATE – START AT “X”	Told	Not	Sure	Told	Not	Sure
() 1. Heart disease.....	(219(8 - 1	91 - 2	1 - 3	(222(7 - 1	92 - 2	1 - 3
() 2. Asthma.....	(220(10 - 1	89 - 2	* - 3	(223(13 - 1	86 - 2	* - 3
() 3. Diabetes.....	(221(7 - 1	93 - 2	* - 3	(224(8 - 1	92 - 2	* - 3
DO NOT ROTATE						
4. HIV or AIDS.....	(225(1 - 1	98 - 2	* - 3	(226(1 - 1	99 - 2	1 - 3

ASK Q.B4 IF ANSWERED “HAVE BEEN TOLD” TO Q.B3a/2 -- OTHERS SKIP TO INSTRUCTIONS ABOVE Q.B4b

BASE: OTHER FAMILY MEMBER HAS ASTHMA (Q.B3a-2/1)

B4. Is the family member who suffers from asthma younger than 18 years of age, an adult between 18 and 64 years of age, or an adult 65 years or older? (MULTIPLE RECORD IF MORE THAN ONE FAMILY MEMBER WITH THIS CONDITION)

One child younger than 18 years of age.....(608(47 - 1 (ASK Q.B4a)
 More than one child younger than 18 years of age.....(609(6 - 2 (Ask Q.B4a)
 One adult between 18 and 64 years of age.....(610(48 - 3 (SKIP TO INSTRUCTIONS ABOVE Q.B4b)
 More than one adult between 18 and 64.....(611(6 - 4 (SKIP TO INSTRUCTIONS ABOVE Q.B4b)
 One adult 65 years or older.....(612(5 - 5 (SKIP TO INSTRUCTIONS ABOVE Q.B4b)
 More than one adult 65 years or older.....(613(* - 6 (SKIP TO INSTRUCTIONS ABOVE Q.B4b)
 Not sure.....(614(* - 7 SP

227Z

E: IF YOUNGER THAN 18 YEARS OF AGE WITH ASTHMA (Q.B4/1,2)

B4a. How old (is this child/are these children)?

Mean	9	<u> </u> / <u> </u> / <u> </u>	(RANGE = 0-17)	(228-229)	Not sure	(228(<u> </u> - &	<u> </u> / <u> </u> / <u> </u>	(RANGE = 0-17)	(230-231)	Not sure	(230(<u> </u> * - &	Mean.....	8

ASK Q.B4b IF ANSWERED "HAVE BEEN TOLD" TO Q.B3a-3/1 -- OTHERS SKIP TO Q.BB1

BASE: OTHER FAMILY MEMBER SUFFERS FROM DIABETES (Q.B3a-3/1)

B4b. Is the family member who suffers from diabetes younger than 18 years of age, an adult between 18 and 64 years of age, or an adult 65 years or older?(MULTIPLE RECORD IF MORE THAN ONE FAMILY MEMBER WITH THIS CONDITION)

One child younger than 18 years of age.....(232(- 1
 More than one child younger than 18 years of age - 2

One adult between 18 and 64 years of age 46 - 3
 More than one adult between 18 and 64..... 10 - 4
 One adult 65 years or older..... 40 - 5
 More than one adult 65 years or older 2 - 6
 Not sure 1 - 7

CONTINUE TO QBB1

BB. ACCESS TO CARE

BASE: ASK EVERYONE

BB1. Altogether, how many visits to a doctor's office or clinic have you, yourself, made in the last 12 months.

(RANGE = 0-99)
 ___/___/___ Visits
 (233-234) Mean 5
 Median 2
 Not sure (233(___ - &

ASK Q.BB1a OF WOMEN ONLY WHO ANSWERED ONE OR MORE VISITS IN Q.BB1 -- ALL OTHERS SKIP TO Q.BB1b

BASE: WOMEN WHO VISITED DOCTOR'S OFFICE/CLINIC IN LAST 12 MONTHS (Q.BB1=1 OR MORE)

BB1a. (How many of these visits were/Was that visit) related to a pregnancy?

(RANGE = 0-99)
 ___/___/___
 (235-236) Mean 1
 Median -
 Not sure (235(1 - &

BASE: ASK EVERYONE

BB1b. Overall, how difficult is it for you to get medical care when you need it -- extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?

Extremely difficult (237(6 - 1
 Very difficult 6 - 2
 Somewhat difficult 11 - 3
 Not too difficult 25 - 4
 Not at all difficult 48 - 5
 Not sure 5 - 6

BASE: ASK EVERYONE

BB1c. How long do you usually have to wait to get a medical appointment when you are sick? (READ LIST IF NECESSARY)

Less than one day (238(36 - 1
 One day to less than three days 21 - 2
 Three days to less than a week 8 - 3
 One week to less than two weeks 9 - 4
 Two weeks or more 9 - 5
 Go to emergency room (Vol.) 5 - 6
 Not applicable (Vol.) 9 - 7
 Not sure 3 - 8

(Q.H4, 932017; Q.D1, 932028)

BASE: ASK EVERYONE

BB1d. In the past 12 months, was there a time when you needed medical care but did not get it, or not?

Yes, needed and did not get (239(10 - 1
 No such occasion 90 - 2
 Not sure 1 - 3

(Q.H6, 932017; Q.D3, 932028)

BASE: ASK EVERYONE

BB2. In the past 12 months, have you ever put off or postponed seeking health care which you felt you needed, or not?

Yes, put off or postponed getting health care(240(23 - 1 (ASK Q.BB3)
 No, did not put off or postpone..... 76 - 2 (SKIP TO Q.BB4)
 Not sure 1 - 3 (SKIP TO INSTRUCTIONS ABOVE Q.BB3)

ASK Q.BB3 IF ANSWERED "Yes" IN Q.BB1d OR Q.BB2 -- (Q.BB1d/1 OR Q.BB2/1)
 ALL OTHERS SKIP TO Q.BB4

BASE: DID NOT GET OR POSTPONED SEEKING MEDICAL HELP IN PAST 12 MONTHS

BB3. How serious would you say were the consequences to you of not receiving medical care when you thought you needed it -- were they very serious, somewhat serious, or not very serious?

Very serious.....(241(18 - 1
 Somewhat serious 23 - 2
 Not very serious..... 56 - 3
 Not sure 3 - 4

BASE: ASK EVERYONE

BB4. Have you (or any other family member in your household) gone to an emergency room for medical care in the last 12 months, or not?

Yes, have gone to the emergency room(242(30 -1 (ASK Q.BB4a)
 No, have not gone to the emergency room 69 -2 (SKIP TO Q.C1)
 Not sure * -3 (SKIP TO Q.C1)

BASE: HOUSEHOLD MEMBER WENT TO EMERGENCY ROOM IN LAST 12 MONTHS (OBB4/1)

BB4a. Was it you or another family member who went to the emergency room?

Respondent(243(47 - 1
 Another family member 46 - 2
 Both (vol.) 7 - 3
 Not sure - - 4

BASE: HOUSEHOLD MEMBER WENT TO EMERGENCY ROOM IN LAST 12 MONTHS (O.BB4/1)

BB5. What is the name of the hospital where you (or a family member) went most recently for emergency care?

Not sure (244/245(4 - &

245/246Z

Municipal/Public.....24%
 Major teaching (voluntary)11%
 Other teaching (voluntary).....12%
 Other voluntary31%
 For profit.....3%
 Other19%

C. PREVENTIVE CARE

BASE: ASK EVERYONE

ASK EVERYONE

C1. How old are you?

(RANGE = 18-99) Mean 44
 _____ Median 40
 (256-257)

Not sure(256(1 - &

C2. In the past 12 months, that is, since (DATE ONE YEAR AGO), have you had a (READ EACH ITEM), or not?

<u>ROTATE -- START AT "X"</u>	<u>Yes, Have</u>	<u>No, Have Not</u>	<u>Not Sure</u>
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ASK C2-1 AND C2-2 OF WOMEN ONLY (Q.SEX/2) - -
 MALE RESPONDENTS SKIP TO INSTRUCTIONS ABOVE Q.C2-4

BASE: WOMEN ONLY

() 1. Breast examination by a health care professional.....	(258(<u>59</u> - 1	<u>41</u> - 2	<u>*</u> - 3
() 2. Pap smear.....	(259(<u>61</u> - 1	<u>37</u> - 2	<u>2</u> - 3

ASK Q.C2-3 OF WOMEN 50 YEARS AND OVER (Q.SEX/2 AND QC1=>50) - -
 OTHERWISE SKIP TO QCC1

BASE: WOMEN 50 YEARS OLD + OVER ONLY

() 3. Mammogram.....	(260(<u>59</u> - 1	<u>39</u> - 2	<u>2</u> - 3
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ASK Q.C2-4 OF MEN 50 YEARS AND OVER (Q.SEX/1 AND QC1=>50)

BASE: MEN 50 YEARS OLD + OVER ONLY

() 4. Prostate examination.....	(261(<u>51</u> - 1	<u>48</u> - 2	<u>1</u> - 3
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CC. REGULAR SOURCE OF CARE AND SATISFACTION WITH CARE

(Q.23, 844010)

ASK EVERYONE

CC1. Overall, how would you rate the health care services that you (and your family) used in the last 12 months -- excellent, good, fair or poor?

Excellent.....(262(25 - 1
 Good..... 45 - 2
 Fair..... 18 - 3
 Poor..... 6 - 4
 Have not used (vol.)..... 6 - 5
 Not sure..... * - 6

BASE: ASK EVERYONE

CC2. Do you have a particular doctor or other health professional you usually go to when you are sick or want medical advice, or not?

Yes, have particular doctor or health professional.....(263(65 - 1 (ASK Q.CC2a)
 No, don't have..... 35 - 2 (SKIP TO Q.CC2b)
 Not sure..... 1 - 3 (SKIP TO Q.CC2b)

BASE: HAVE PARTICULAR DOCTOR OR HEALTH PROFESSIONAL USUALLY GO TO (OCC2/1)

CC2a. How long have you been receiving care from this doctor/health professional?

Less than 1 year.....(264(11 - 1
 1 to less than 2 years..... 14 - 2
 2 to less than 3 years..... 14 - 3
 3 to less than 5 years..... 19 - 4
 5 years to less than 10 years..... 18 - 5
 10 years or more..... 22 - 6
 Not sure..... 1 - 7

SKIP TO Q.CC3

BASE: DOES NOT HAVE PARTICULAR DOCTOR OR HEALTH PROFESSIONAL TO GO TO OR "NOT SURE" (O.CC2/2,3)

CC2b. Do you have a particular place where you usually go to when you are sick or need health care, or not?

Yes, have particular place to go.....(265(43 - 1 (ASK Q.CC3)
 No, do not..... 56 - 2 (SKIP TO Q.CC4)
 Not sure..... 1 - 3 (SKIP TO Q.CC4)

(Q.A1, 932028; Q.6a, 814009

BASE: HAS A PARTICULAR DOCTOR OR PARTICULAR PLACE (Q.CC2B/1)

CC3. Where do you usually go to get medical care? (READ LIST -- SINGLE RECORD)

- Doctor's office (266(56 -1
- Clinic or health center..... 27 -2
- Family planning clinic 1 -3
- Hospital emergency room..... 5 -4
- Hospital outpatient department..... 9 -5
- Herbalist or Botanica..... * -6
- Urgent care center..... * -7
- Nowhere (vol.)..... * -8
- Not sure * -9
- Other (SPECIFY)

..... (267(1 -0

268-270Z

ASK Q.CC4 IF Q.BB1=1 OR MORE --
OTHERS SKIP TO Q.CC4a

BASE: RESPONDENT MADE ONE OR MORE VISITS TO THE DOCTOR IN PAST 12 MONTHS (Q.BB1=>1)

CC4. How would you rate the care you have received from your doctor(s) in the past 12 months? Would you say that (READ EACH ITEM) is excellent, good, fair, or poor?

	Excellent	Good	Fair	Poor	Not Applicable (Vol.)	Not Sure
READ FIRST						
1. Your doctor overall.....	(271(<u>38</u> - 1	<u>44</u> - 2	<u>14</u> - 3	<u>2</u> - 4	<u>1</u> - 5	<u>*</u> - 6
ROTATE -- START AT "X"						
() 2. How much your doctor cares about you and your family	(272(<u>34</u> - 1	<u>40</u> - 2	<u>18</u> - 3	<u>5</u> - 4	<u>1</u> - 5	<u>1</u> - 6
() 3. The amount of time you must wait to get appointments	(273(<u>26</u> - 1	<u>41</u> - 2	<u>22</u> - 3	<u>9</u> - 4	<u>2</u> - 5	<u>*</u> - 6
() 4. The amount of time you must wait at the doctor's office or clinic	(274(<u>17</u> - 1	<u>39</u> - 2	<u>25</u> - 3	<u>17</u> - 4	<u>1</u> - 5	<u>1</u> - 6
() 5. The amount of time that your doctor spends with you.....	(275(<u>31</u> - 1	<u>44</u> - 2	<u>19</u> - 3	<u>5</u> - 4	<u>1</u> - 5	<u>*</u> - 6

BASE: ASK EVERYONE

CC4a. How would you rate your doctor on the job he or she is doing in (READ EACH ITEM)? Would you say he or she is doing an excellent, good, fair, or poor job on this?

	Excellent	Good	Fair	Poor	Not Sure
() 1. Making sure you understand what you've been told.....	(276(<u>40</u> - 1	<u>40</u> - 2	<u>14</u> - 3	<u>4</u> - 4	<u>3</u> - 5
() 2. Treating you with dignity and respect.....	(277(<u>47</u> - 1	<u>38</u> - 2	<u>10</u> - 3	<u>3</u> - 4	<u>3</u> - 5
() 3. Listening to you carefully	(278(<u>40</u> - 1	<u>40</u> - 2	<u>14</u> - 3	<u>4</u> - 4	<u>3</u> - 5

NEW YORK CITY HEALTH CARE

D. INSURANCE COVERAGE

(Q.22, 844010)

BASE: ASK EVERYONE

D1. Now I'd like to talk to you about different kinds of health plans or health insurance that some people have, including those provided by the government. As I read each of the following health plans, please tell me whether you are covered by it, or not. (READ LIST -- MULTIPLE RECORD)

	Yes, Covered	No, Not Covered	Not Sure
DO NOT ROTATE			
() 1. Medicaid, or Medical Assistance (PROBE: Medicaid is a public program funded on a state level that helps people pay medical bills when they can't afford medical care.)	(279(<u>19</u> - 1	<u>80</u> - 2	<u>1</u> - 3
() 2. Medicare, (PROBE: a government plan that pays health care bills for people aged 65 and over and for some disabled people).....	(280(<u>18</u> - 1	<u>81</u> - 2	<u>1</u> - 3
() 3. Health insurance through your or someone else's work or union.....	(308(<u>46</u> - 1	<u>53</u> - 2	<u>1</u> - 3
() 4. Health insurance bought directly by you or your family	(309(<u>18</u> - 1	<u>80</u> - 2	<u>1</u> - 3
READ LAST			
5. Any other form of health insurance (INTERVIEWER: Includes CHAMPAS and VA)	(310(<u>6</u> - 1	<u>93</u> - 2	<u>1</u> - 3

ASK Q.D1a IF ANSWERED "No" OR "NOT SURE" TO ALL ITEMS IN Q.D1 - ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.D1b

BASE: NOT COVERED BY ANY FORM OF HEALTH INSURANCE WHEN PREVIOUSLY ASKED (Q.D1-1,2,3,4,5/2 OR 3)

D1a. Do you have any health insurance, or not?

Yes, have insurance (answered Q.D1 incorrectly)(311(3 - 1 (ASK Q.D1b)

No, do not 97 - 2 (SKIP TO Q.D1d)

Not sure 1 - 3

ASK Q.D1b IF ANSWERED ("Yes" TO ONE OR MORE ITEMS IN Q.D1) OR ("Yes" TO Q.D1a) AND ANSWERED "No" TO MEDICARE IF "Yes" TO MEDICARE (Q.D1-2/1) SKIP TO INSTRUCTIONS ABOVE Q.D1C

BASE: RESPONDENT HAS HEALTH INSURANCE, BUT NOT MEDICARE

D1b.

IF "Yes" TO ONLY ONE ITEM IN Q.D1, OR IF "YES" TO Q.D1a. ASK:

What is the name of your health plan? (IF HESITANT ASK: Please read the name of your health plan from your insurance card, if available.)

IF "Yes" TO ONE OR MORE ITEMS IN Q.D1, ASK

What is the name of your main health plan that you rely on to cover hospital and doctor costs? (IF HESITANT, ASK: Please read the name of your health plan from your insurance card, if available.)

INTERVIEWER NOTE: THE HMO OR PPO DESIGNATION INDICATES THAT THE CORRESPONDING HEALTH PLAN OFFERS HMP/PPO PLANS BUT MAY OFFER OTHER TYPES OF PLANS AS WELL.

Q.D1b (continued)

Aetna Health Plans of New York, Inc. (HMO/PPO)	(312(	4 - 1
Blue Cross/Blue Shield.....		10 - 2
Bronx Health Plan (HMO).....		* - 3
Catholic Health Services Plan (HMO).....		- - 4
Center Care.....		1 - 5
Cigna Healthcare of New York (HMO/PPO)		3 - 6
CNA Managed Care (PPO).....		* - 7
Choice Care-Long Island (HMO).....		* - 8
Elderplan Inc. (HMO).....		- - 9
Empire Blue Cross & Blue Shield Healthnet (HMO).....	(313(	3 - 0
Empire Blue Choice.....		* - 1
Empire Blue Choice (PPO)		* - 2
Fidelis Care (HMO)		* - 3
Group Health Inc. (PPO)		7 - 4
Guardian Life Insurance		2 - 5
Health First (HMO)		1 - 6
Health Insurance Plan of Greater NY (HMO)		9 - 7
Health Insurance Plan New York (HMO)		1 - 8
Health Plus.....		* - 9
Healthbase (HMO).....	(314(	* - 0
Healthnet (HMO)		* - 1
HealthWays (HMO)		- - 2
John Hancock		* - 3
Kaiser Health Plan of NY (HMO)		- - 4
Lutheran Medical Center/Health Care Plans (HMO)		* - 5
Magna Care (PPO)		1 - 6
Managed Health Care of NY (HMO)		* - 7
Managed Health, Inc. (HMO)		* - 8
Manhattan PHSP (HMO)		- - 9
Metlife Healthcare Network of NY, Inc. (HMO/PPO).....	(315(	- - 0
Metroplus Health Plan (HMO)		1 - 1
Metropolitan Health Plans (HMO)		* - 2
Metropolitan Life Insurance Co.		* - 3
Multiplan, Inc. (PPO)		* - 4
National Health Plan Corporation		* - 5
National Preferred Provider Network, Inc (PPO).		- - 6
New York Life Insurance Co.		1 - 7
Oxford Health Plans (HMO)		9 - 8
PCMS-Magnacare.....		- - 9
Physician Health of NY, Inc (HMO).....	(316(	- - 0
Premier Preferred Care (PPO)		* - 1
Prime Care (HMO)		- - 2
Prime Care Queens (HMO)		* - 3
Private Healthcare Systems, Inc.		* - 4
Prucare of New York or Prudential HC of NY (HMO/PPO)		1 - 5
Prudential.....		1 - 6
Qualified Healthcare Systems, Inc.....		* - 7
Sanus Health Plan of Greater New York/New Jersey (HMO)		1 - 8
Select Providers, Inc.		- - 9
Total Health Systems (HMO).....	(317(	* - 0
Travelers Health Network of NY (HMO)		- - 1
U.S. Healthcare (New York) (HMO)		7 - 2
32-BJ		- - 3
1199 (Health and Welfare Fund)		2 - 4
Not sure		12 - 5
Other (Specify)		8 - 6

Medicaid 10%

318-320Z

ASK Q.D1b2 IF (Q.D1-1/2,3 AND Q.D1-2/2,3) AND (Q/D1-4/1 OR D1-5/1) AND ANSWERED ONE OF THE FOLLOWING HEALTH PLANS IN Q.D1b: Bronx Health Plan, Center Care, Fidelis, Health First, Health Insurance Plan of Greater NY, Health Plus, Managed Health Care of NY, Metroplus Health Plan, Oxford Health Plans, or U.S. Health Care.

BASE: NOT COVERED BY MEDICAID OR MEDICARE BUT COVERED BY HEALTH INSURANCE BOUGHT DIRECTLY OR ANY OTHER FORM OF HEALTH INSURANCE (Q.D1-4/1 OR Q.D1-5/1)

D.1b2. Is this health plan a Medicaid or Medical Assistance plan funded by the state, or not?

Yes, Medicaid or Medical Assistance plan.....(321(12 -1

No, not a Medicaid or Medical Assistance plan 65 -2

Not sure 23 -3

BASE: RESPONDENT HAS HEALTH INSURANCE (Q.D1-1,2,3,4 OR 5/1 OR Q.D1a/1)

D1c. Was there any time in the past 24 months when you were completely without any health plan or medical insurance coverage, or not?

Yes, was such a time.....(322(10 -1 (ASK Q.D1d)

No, no such time..... 90 -2 (SKIP TO INSTRUCTIONS ABOVE Q.D1e)

Not sure 1 -3 (SKIP TO INSTRUCTIONS ABOVE Q.D1e)

BASE: RESPONDENT WAS/IS WITHOUT HEALTH INSURANCE DURING PAST 24 MONTHS

ASK Q.D1d IF ANSWERED "Yes" TO Q.D1c OR "No" TO Q.D1a

D1d. For how many of the last 24 months have you been without health insurance?

(Range: 1-24) Mean..... 18

___ / ___ / Months Median..... 24

(323-324)

Not sure (323(5 - &

ASK Q.D1e (IF "Yes" TO Q.D1, ITEMS = 2, 3, 4 OR 5 OR "Yes" TO Q.D1a) AND "No" TO Q.D1-1; IF "Yes" TO Q.D1, ITEM = 1, SKIP TO Q.D1f -- IF UNINSURED (Q.D1a/2,3) SKIP TO INSTRUCTIONS ABOVE Q.D1g

BASE: RESPONDENT HAS HEALTH INSURANCE BUT NOT MEDICAID

D1e. Was there a time in the past 24 months when you received your health insurance through Medicaid, or not?

Yes, received insurance through Medicaid.....(325(3 -1 (ASK Q.D1f)

No, did not..... 96 -2 (SKIP TO INSTRUCTIONS ABOVE Q.D2)

Not sure 1 -3 (SKIP TO INSTRUCTIONS ABOVE Q.D2)

ASK Q.D1f IF "YES" TO Q.D1, ITEM 1 OR "Yes" TO Q.D1e

BASE: CURRENTLY OR ANYTIME IN PAST 24 MONTHS IS/WAS COVERED BY MEDICAID

D1f. How long (have you been/were you) covered by Medicaid?

Months.....(326(___ - 1

Mean (in months).....85

Years..... ___ - 2

Median (in months).....59

Not sure 5 - 3

___ / ___ / months (327-328)

OR

___ / ___ / years (329-330)

SKIP TO Q.D8 IF UNINSURED (Q.D1a/2)
 ASK Q.D2 IF INSURED AND ANSWERED "No" OR "Not Sure" TO MEDICARE (Q.D1-2/2,3)
 IF MEDICARE SKIP TO Q.D4

BASE: RESPONDENT IS INSURED (Q.D1-1,3,4,5/1 OR Q.D1a/1) BUT NOT COVERED BY MEDICAID (Q.D1-2/2,3)

D2. Does your plan require you to choose from a list of doctors or clinics in order to be fully covered for care and services, or not?

Yes, list of doctors.....(342(54 - 1 (SKIP TO Q.D3a)
 No, do not belong to such a plan 42 - 2 (ASK Q.D3)
 Not sure 5 - 3 (ASK Q.D3)

BASE: RESPONDENT IS INSURED BUT NOT BY MEDICARE AND DOES NOT BELONG TO PLAN THAT REQUIRES CHOOSING FROM LIST OF DOCTORS OR "Not Sure" (Q.D2/2,3)

D3. Is your health plan an HMO or PPO or is it a fee-for-service plan that pays for all or part of the cost for most doctors or hospitals you choose? (IF NECESSARY: An HMO is a health maintenance organization and a PPO is a preferred provider organization.)

HMO..... (343(15 - 1 (ASK Q.D3a)
 PPO 6 - 2 (ASK Q.D3a)
 Fee-for-service..... 39 - 3 (SKIP TO INSTRUCTIONS ABOVE Q.D5)
 Not sure 40 - 4 (ASK Q.D3a)

BASE: RESPONDENT INSURED, BUT NOT BY MEDICARE AND PLAN IS HMO, PPO, OR REQUIRES DOCTORS FROM LIST (Q.D3/1,2 OR 4) OR Q.D2/1)

D3a. Other than in an emergency, does your plan pay for any of your medical expenses when you see a doctor who is not on your plan's list, or not?

Does pay for medical expenses.....(344(47 - 1
 Does not..... 33 - 2
 Only pays if plan refers (Vol.)..... 21 - 3
 Not sure 18 - 4

SKIP TO INSTRUCTIONS ABOVE Q.D4c

BASE: RESPONDENT HAS MEDICARE (Q.D1-2/1)

D4. Are you in basic Medicare or a Medicare HMO? (READ IF NECESSARY: An HMO or Health Maintenance Organization is an organization that, for a prepaid fee, provides a full range of health care services and generally requires you to use the plan's doctors and hospitals.)

Basic Medicare (345(62 - 1 (SKIP TO Q.D7)
Medicare HMO..... 20 - 2 (ASK Q.D4a)
Not sure 18 - 3 (SKIP TO Q.D7)

BASE: ENROLLED IN MEDICARE HMO (Q.D4/2)

D4a. What is the name of your Medicare HMO plan?

_____ CODES FOR Q.D4a
Not sure (346(21 - & Oxford 33%
HIP 28%
US Healthcare 4%
Others 14%

347-348Z

BASE: RESPONDENT IN MEDICARE HMO

D4b. How long have you been enrolled in your Medicare HMO?

Months.....(349(- 1 Mean (in mos.) 85
Years..... - 2 Median (in mos.) 27
Not sure 4 - 3

RANGE 1-11 RANGE 1-99
 / / Months OR / / Years
(350-351) (352-353)

SKIP TO D7

ASK Q.D4c IF Q.D2/1 OR Q.D3/1 OR 2 OR HEALTH PLAN NAME IS AN HMO OR PPO IN Q.D1b -- ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.D5

(Q.II, 932017)

BASE: RESPONDENT IS INSURED BY HMO, PPO, OR PLAN REQUIRES DOCTOR FROM LIST

D4c. In the past 12 months, other than an emergency, have you (or another family member covered by your health plan) chosen to go to a doctor or facility outside your plan even though you had to pay more to do this, or not?

Yes, have gone outside plan (354(21 - 1 (ASK Q.D4d)
No, have not gone outside plan..... 77 - 2 (SKIP TO INSTRUCTIONS ABOVE Q.D5)
Not sure 2 - 3 (SKIP TO INSTRUCTION ABOVE Q.D5)

BASE: RESPONDENT WENT OUTSIDE HEALTH PLAN IN PAST 12 MONTHS

D4d. How many times have you (or other family members covered by your health plan) gone to a doctor or facility that was not on your plan's list in the past 12 months?

 / / Mean 5
(355-357) Median 2
Not sure (355(* - &

BASE: RESPONDENT WENT OUTSIDE HEALTH PLAN IN PAST 12 MONTHS

D4e. Why did you go to a doctor or facility outside your plan? (MULTIPLE RECORD)

- To see another doctor (629(34 - 1
- Dissatisfied with doctor or care (630(6 - 2
- To go to a different hospital (631(1 - 3
- Convenience (632(10 - 4
- Delay for appointment (633(3 - 5
- Service not covered (634(9 - 6
- Familiar with doctor (635(19 - 7
- Second opinion (636(6 - 8
- Regular doctor is not on list (637(9 - 9
- Not sure (638(3 - 0 SP
- Other (Specify)

..... (639(6 - 1

358-362Z

ASK IF ANSWERED ("Yes" TO Q.D1, ITEMS 1,3,4, 5) OR ("YES" TO Q.D1a) AND "No" TO MEDICARE -- IF "Yes" TO MEDICARE SKIP TO Q.D7

(Q.B3d, 932017)

BASE: RESPONDENT HAS HEALTH INSURANCE, BUT NOT MEDICARE

D5. When you joined your health plan, were you given a choice of plans, or were you assigned to a plan, or neither?

- Given choice of plans..... (363(45 -1 (ASK Q.D5a)
- Assigned to a plan..... 28 -2 (SKIP TO Q.D6)
- Neither 18 -3 (SKIP TO Q.D6)
- Not sure..... 9 -4 (SKIP TO Q.D6)

BASE: RESPONDENT HAS HEALTH INSURANCE BUT NOT MEDICARE, AND WAS OFFERED CHOICE OF PLANS WHEN THEY JOINED

D5a. What was the main reason for selecting your current health plan? (DO NOT READ LIST -- MULTIPLE RECORD)

- Better doctors/choice of doctors(364(29 - 1
- Cost/less expensive 17 - 2
- Dental benefits 1 - 3
- Doctor participated/suggested it 7 - 4
- Employer benefits counselor suggested 5 - 5
- Family change (divorce, marriage, etc.) * - 6
- Family/friend suggested it 7 - 7
- Good/Better benefits 20 - 8
- Information provided by plan at social services office * - 9
- Information provided by plan in door-to-door marketing(365(* - 0
- Job change 1 - 1
- Offered gift - 2
- Saw advertising * - 3
- Social services worker suggested * - 4

- Have not changed(654(2 - 5
- Not sure(655(8 - 6
- Other (Specify)

.....(656(4 - 7

364-368z

BASE: RESPONDENT HAS HEALTH INSURANCE BUT NOT MEDICARE

D6. Did you feel you were pressured in any way to join your current health plan, or not?

- Yes, was pressured(369(9 - 1
- No, was not 89 - 2
- Not sure 2 - 3

BASE: RESPONDENT HAS HEALTH INSURANCE

D7. When you joined your health plan, were you given information that was accurate, or not?

- Yes, was given accurate information(370(82 - 1
- No, was not 9 - 2
- Not sure 9 - 3

BASE: ASK EVERYONE

D8. In the past 12 months, was there a time when you had a problem paying medical bills, or not?

Yes, had problem.....	(371(	<u>17</u>	- 1	(ASK Q.D8a)
No, did not.....		<u>82</u>	- 2	(SKIP TO Q.D8b)
Not sure		<u>1</u>	- 3	(SKIP TO Q.D8b)

BASE: RESPONDENT HAD A PROBLEM PAYING MEDICAL BILLS IN PAST 12 MONTHS

D8a. Overall, would you say the problems you have paying medical bills are very serious, somewhat serious, or not very serious?

Very serious.....	(372(	<u>42</u>	- 1
Somewhat serious.....		<u>34</u>	- 2
Not very serious.....		<u>22</u>	- 3
Not sure		<u>2</u>	- 4

ASK EVERYONE

D8b. In the past year, about how much have you (and your family) had to pay out-of-pocket for medical bills which were not covered by insurance? (READ LIST IF HESITANT)

None	(373(	<u>36</u>	- 1
Under \$200.....		<u>20</u>	- 2
\$200 - \$500.....		<u>16</u>	- 3
\$501 - \$1,000.....		<u>9</u>	- 4
\$1,001 - \$2,000.....		<u>5</u>	- 5
\$2,001 or more		<u>6</u>	- 6
Not sure		<u>7</u>	- 7

E. EXPERIENCES WITH INSURANCE PLAN

BASE: ASK EVERYONE

E1a. Now I'm going to ask you some questions about how you would rate the health care services you have received. How would you rate the (READ EACH ITEM)? Would you say that it is excellent, good, fair, or poor?

	Excellent	Good	Fair	Poor	Not Applicable (Vol.)	Not Sure
ROTATE -- START AT "X"						
ASK EVERYONE						
* () 1. Access to specialists when needed.....(374(	<u>21</u> - 1	<u>39</u> - 2	<u>16</u> - 3	<u>8</u> - 4	<u>15</u> - 5	<u>2</u> - 6
* () 2. Availability of medical advice by phone.....(375(	<u>14</u> - 1	<u>31</u> - 2	<u>15</u> - 3	<u>12</u> - 4	<u>25</u> - 5	<u>3</u> - 6
* () 3. Ease of getting care at night or on weekends.....(376(	<u>11</u> - 1	<u>26</u> - 2	<u>19</u> - 3	<u>16</u> - 4	<u>25</u> - 5	<u>3</u> - 6
* () 4. Access to emergency care when needed.....(377(	<u>17</u> - 1	<u>34</u> - 2	<u>17</u> - 3	<u>11</u> - 4	<u>19</u> - 5	<u>2</u> - 6

ASK Q.E1b IF ANSWERED "Yes" TO ANY ITEMS IN Q.D1 OR "Yes" TO Q.D1a
OTHERS SKIP TO INSTRUCTIONS ABOVE Q.J1

BASE: RESPONDENT IS INSURED (Q.D1-1,2,3,4 OR 5/1 OR Q.D1a/1)

E1b. Next I'd like to ask some questions about your health plan or health insurance. How would you rate (READ EACH ITEM)? Would you say that it is excellent, good, fair or poor?

	Excellent	Good	Fair	Poor	Not Applicable (Vol.)	Not Sure
ASK FIRST						
* 1. Your health insurance plan overall.....(378(	<u>22</u> - 1	<u>52</u> - 2	<u>17</u> - 3	<u>6</u> - 4	<u>1</u> - 5	<u>1</u> - 6
ROTATE -- START AT "X"						
* () 2. Your health plan's choice of doctors.....(379(	<u>25</u> - 1	<u>43</u> - 2	<u>16</u> - 3	<u>6</u> - 4	<u>8</u> - 5	<u>3</u> - 6
* () 3. The ease of changing doctors in your health plan.....(380(	<u>21</u> - 1	<u>35</u> - 2	<u>12</u> - 3	<u>6</u> - 4	<u>21</u> - 5	<u>6</u> - 6
* () 4. The reasonableness of fees you must pay yourself, out of your own pocket, when you need services including co-payments and deductibles.....(408(	<u>16</u> - 1	<u>33</u> - 2	<u>25</u> - 3	<u>11</u> - 4	<u>11</u> - 5	<u>3</u> - 6
() 5. The amount of paperwork for filing claims.....(409(	<u>18</u> - 1	<u>33</u> - 2	<u>17</u> - 3	<u>8</u> - 4	<u>19</u> - 5	<u>4</u> - 6

(* Q.B5, 932017)

(Q.B7, 932017)

BASE: RESPONDENT IS INSURED (O.D-1,2,3,4 OR 5/1 OR O.D1a/1)

E2. In your current plan, have you had major problems, minor problems, no problems, or no experience with (READ EACH ITEM)?

<u>ROTATE -- START AT "X"</u>	<u>Major Problems</u>	<u>Minor Problems</u>	<u>No Problems</u>	<u>No Experience</u>	<u>Not Sure</u>
() 1. Your plan not covering treatment you or your doctor thought was necessary (410(<u>5</u> - 1	<u>10</u> - 2	<u>58</u> - 3	<u>26</u> - 4	<u>1</u> - 5	
() 2. Your plan delaying care while you waited for approval..... (411(<u>3</u> - 1	<u>8</u> - 2	<u>60</u> - 3	<u>27</u> - 4	<u>2</u> - 5	
() 3. Having to deal with rules that were confusing and complex (412(<u>4</u> - 1	<u>14</u> - 2	<u>57</u> - 3	<u>24</u> - 4	<u>2</u> - 5	
() 4. Your plan delaying payment for services..... (413(<u>5</u> - 1	<u>11</u> - 2	<u>60</u> - 3	<u>23</u> - 4	<u>1</u> - 5	

ASK Q.G3a IF ANSWERED "Yes" TO Q.G3 -- ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.J1

BASE: RESPONDENT IS ENROLLED IN HEALTH PLAN (BUT NOT BASIC MEDICARE) FOR LESS THAN TWO YEARS (Q.G1/1,2 OR Q.D4/2) AND HAD TO CHANGE DOCTOR (Q.G3/1)

G3a. How much of a problem was it for you to change doctors -- a major problem, a minor problem, or not a problem at all?

Major problem.....	(421(15 -1
Minor problem.....	21 -2
Not a problem at all.....	62 -3
Not sure.....	5 -4

J. CHILDREN'S CARE

ASK SECTION J IF ANY CHILDREN IN Q.A2 -- IF NONE IN Q.A2, SKIP TO INSTRUCTIONS ABOVE Q.K1

BASE: HOUSEHOLD WITH CHILDREN (Q.A2)

J1. Earlier you told me there (is/are) (a child/children) who lives in your household. I would like to ask you some questions about (this child/one of your children). (IF MORE THAN 1 IN Q.A2: MOST IMPORTANT: SELECT CHILD OF WHOM RESPONDENT IS PARENT/GUARDIAN - SELECT CHILD WITH MOST RECENT BIRTHDAY IF RESPONDENT IS PARENT/GUARDIAN OF MORE THAN 1 CHILD. 2ND MOST IMPORTANT: IF NOT A PARENT/GUARDIAN, SELECT CHILD WITH MOST RECENT BIRTHDAY.) How old is this child?

(Range 0-17) Mean.....8
___/___/___ years Median.....7
(422-423)
Not sure (422(1 - &

ASK Q.J1a IF ANSWER IS NOT KNOWN - IF KNOWN, RECORD ANSWER BUT DO NOT ASK QUESTION (CODE STEPPARENT AS PARENT/GUARDIAN)

BASE: HOUSEHOLD WITH CHILDREN (Q.A2)

J1a. Are you this child's parent or guardian, or not?

Yes, parent/guardian.....(2209(83 -1
No, not parent/guardian..... 14 -2
Not sure * -3

BASE: HOUSEHOLD WITH CHILDREN (Q.A2)

J2. In general, how would you describe this child's health -- excellent, good, fair or poor?

Excellent.....(424(51 -1
Good..... 38 -2
Fair 9 -3
Poor 3 -4
Not sure 1 -5

BASE: HOUSEHOLD WITH CHILDREN (Q.A2)

J3. Has this child received care from a doctor or health professional in the last 12 months, or not?

Yes, received care.....(425(82 - 1
No, has not received care..... 16 - 2
Not sure 2 - 3

BASE: HOUSEHOLD WITH CHILDREN (Q.A2)

J4. Has this child had a serious illness, chronic condition, injury or disability that has required a lot of medical care in the last 12 months, or not?

Yes, has had a serious illness/condition.....(426(11 -1
No, has not had 88 -2
Not sure 1 -3

(Q.G1d, 932017)

BASE: HOUSEHOLD WITH CHILDREN (Q.A2)

J5. Is this child covered by any form of health insurance or not?

Yes, child covered(427(76 - 1 (GO TO INSTRUCTIONS ABOVE Q.J5a)
 No, child not covered 22 - 2 (SKIP TO Q.J6)
 Not sure 3 - 3 (SKIP TO Q.J6)

ASK Q.J5a IF "Yes" TO Q.J5 AND "Yes" TO ANY ITEM IN Q.D1 OR "Yes" TO Q.D1a
 IF "No" TO ALL ITEMS IN Q.D1 AND "No" TO Q.D1a (UNINSURED) SKIP TO Q.J5b

BASE: CHILD AND RESPONDENT ARE INSURED (Q.J5/1 AND Q.D1-1,2,3,4 OR 5/1 OR Q.D1a/1)

J5a. Is this child covered by the same source of health insurance as you are, or not?

Yes, same.....(428(86 - 1 (SKIP TO Q.J6)
 No, not the same 14 - 2 (ASK Q.J5b)
 Not sure * - 3 (ASK Q.J5b)

BASE: CHILD IS NOT COVERED BY SAME INSURANCE AS RESPONDENT (Q.J5a/2 OR 3)

J5b. Is this child on Medicaid, Child Health Plus, private insurance, or some other source of insurance?

Medicaid.....(429(46 - 1
 Child Health Plus..... 5 - 2
 Private insurance 19 - 3
 Some other source 21 - 4
 Not sure 9 - 5

BASE: HOUSEHOLD WITH CHILDREN (Q.A2)

J6. Do you have a particular doctor or health professional for this child that you usually take (him/her) to when (he/she) is sick or needs medical attention, or not?

Yes, have a particular doctor/health professional .. (430(80 - 1
 No, don't have 17 - 2
 Not sure 2 - 3

BASE: HOUSEHOLD WITH CHILDREN (O.A2)

17. At what type of health care facility does this child usually receive medical care? (Is it a doctor's office, a clinic or health center, HMO, a hospital emergency room, a hospital outpatient department, a school clinic, or some other place?) (MULTIPLE RECORD)

Doctor's office	(431(41 -1
Clinic or health center.....	(662(38 -2
HMO.....	4 -3
Hospital emergency room.....	6 -4
Hospital outpatient department.....	8 -5
School clinic	2 -6
Urgent care center (vol.).....	* -7
Herbalist, botanica (vol.).....	- -8
None (vol.).....	* -9
Not sure	(432(3 -0
Other (SPECIFY):	1 -1

431-435Z

BASE: HOUSEHOLD WITH CHILDREN (O.A2)

(Q.D8, 932017)

J8. How would you rate this child's doctor or health professional overall on the job he or she is doing? Would you say he or she is doing an excellent, good, fair or poor job?

Excellent	(436(49 -1
Good	37 -2
Fair	9 -3
Poor	1 -4
Not sure	3 -5

BASE: HOUSEHOLD WITH CHILDREN (O.A2)

J9. In the past twelve months, that is, since (DATE ONE YEAR AGO), has this child seen a doctor for a routine check-up or immunization when (he/she) was not feeling sick?

Did see a doctor for routine checkup/immunization.....	(437(81 -1 (ASK Q.J9a)
Did not see a doctor.....	15 -2 (SKIP TO Q.J10)
Not sure	4 -3 (SKIP TO Q.J10)

BASE: CHILDREN INSURED AND WENT FOR ROUTINE CHECKUP OR IMMUNIZATION

J9a. Did this child's insurance plan pay for this care, or not?

Yes, plan paid for care.....	(438(94 - 1
No, did not.....	4 - 2
Not sure	2 - 3

BASE: HOUSEHOLD WITH CHILDREN (O.A2)

J10. In the past 12 months was there a time when this child needed medical care but did not get it, or not?

Yes, needed but did not get(439(5 - 1 (ASK QJ10a)
 No such occasion.....93 - 2 (SKIP TO QJ11)
 Not sure2 - 3 (SKIP TO QJ11)

BASE: CHILDREN NEEDED MEDICAL CARE BUT DID NOT GET IT

J10a. How serious would you say were the consequences to this child of not receiving medical care when they needed it -- very serious, somewhat serious, or not very serious?

Very serious.....(440(12 - 1
 Somewhat serious11 - 2
 Not very serious.....71 - 3
 Not sure6 - 4

BASE: HOUSEHOLD WITH CHILDREN (O.A2)

J11. Overall, how difficult is it for this child to get medical care when he or she needs it -- extremely difficult, very difficult, somewhat difficult, not too difficult, or not at all difficult?

Extremely difficult.....(441(3 - 1
 Very difficult2 - 2
 Somewhat difficult.....7 - 3
 Not too difficult26 - 4
 Not at all difficult59 - 5
 Not sure3 - 6

K. EVALUATING THE HOSPITAL SYSTEM

(Q.S5a-1, 844010)

BASE: ASK EVERYONE

K1. In the past twelve months, that is, since (DATE ONE YEAR AGO), have you been a patient overnight in the hospital, or not?

Yes, hospitalized.....(442(12 -1 (ASK Q.K1a)
 No, not hospitalized..... 88 -2 (SKIP TO Q.M1)
 Not sure * -3 (SKIP TO Q.M1)

BASE: RESPONDENT HOSPITALIZED IN LAST 12 MONTHS

K1a. Was your most recent admission planned or was it an emergency?

Planned(443(34 - 1
 Emergency 65 - 2
 Not sure * - 3

ASK Q.K1b OF WOMEN ONLY -- OTHERS SKIP TO Q.K1c

BASE: WOMEN HOSPITALIZED IN LAST 12 MONTHS

K1b. Was your admission for childbirth, or not?

Yes, admission for childbirth.....(444(24 - 1
 No, was not..... 76 - 2
 Not sure 1 - 3

BASE: RESPONDENT HOSPITALIZED IN LAST 12 MONTHS

K1c. Is this hospital located in New York City, or not?

Located in New York City.....(445(94 - 1 (ASK Q.K2)
 Not located in New York City 6 - 2 (SKIP to Q.M1)
 Not sure - - 3 (ASK Q.K2)

BASE: RESPONDENT HOSPITALIZED IN NYC HOSPITAL IN LAST 12 MONTHS

K2. What is the name of this hospital?

- Municipal/Public.....22
- Major teaching (voluntary)16
- Other teaching (voluntary).....16
- Other voluntary34
- For profit.....2
- Other10
- Not sure.....1

455-457Z

ASK Q.K3 IF HOSPITAL IS LOCATED IN NEW YORK CITY (Q.K1c/1) AND ADMISSION WAS PLANNED (QK1a/1) -- OTHERS SKIP TO Q.K4

BASE: RESPONDENT HAD PLANNED HOSPITAL STAY IN NYC IN LAST 12 MONTHS

K3. When you were admitted to the hospital, how important to you was (READ EACH ITEM) -- very important, somewhat important, or not very important?

<u>ROTATE – START AT “X”</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Very Important</u>	<u>Not Sure</u>
() 1. Whether or not it is a teaching hospital.....	(458(<u>37</u> - 1	<u>17</u> - 2	<u>36</u> - 3	<u>9</u> - 4
() 2. Feeling welcomed and accepted.....	(459(<u>69</u> - 1	<u>18</u> - 2	<u>10</u> - 3	<u>2</u> - 4

(Q.43, 844010)

BASE: RESPONDENT HOSPITALIZED IN NYC IN LAST 12 MONTHS (OK1/1 AND OK1c/1)

K4. Considering the condition for which you were hospitalized, do you think that the time spent in (HOSPITAL MENTIONED IN Q.K2) was about right, was it too short a time, or was it too long a time?

About right..... (460(60 - 1
 Too short 19 - 2
 Too long 13 - 3
 Not sure 3 - 4

(Q.D10, 884027)

BASE: RESPONDENT HOSPITALIZED IN NYC IN LAST 12 MONTHS (OK1/1 AND OK1c/1)

K5. Was there one particular doctor who was in charge of your care in the hospital, or not?

Yes, one doctor in charge (461(64 - 1
 No, there was not..... 25 - 2
 Not sure 5 - 3

(Q.L1, 90276)

BASE: RESPONDENT HOSPITALIZED IN NYC IN LAST 12 MONTHS (OK1/1 AND OK1c/1)

K6. How would you rate the availability of nurses during your hospital stay -- excellent, good, fair, or poor?

Excellent..... (462(30 - 1
 Good 39 - 2
 Fair 12 - 3
 Poor 12 - 4
 Not sure * - 5

(Q.D3, 884027)

BASE: RESPONDENT HOSPITALIZED IN NYC IN LAST 12 MONTHS (OK1/1 AND OK1c/1)

K7. Consider important questions about your care that you wanted to ask your doctor. Did you get answers you could understand, or not?

Yes, got answers I understood..... (463(77 - 1
 No, did not get answers I understood 14 - 2
 Didn't have any questions (vol.)..... 2 - 3
 Not sure 1 - 4

(K11, 90276)

BASE: RESPONDENT HOSPITALIZED IN NYC IN LAST 12 MONTHS (OK1/1 AND OK1c/1)

K8. Were you told what you should or should not do when you got home, or not?

Yes, was told (464(82 - 1
 No, was not told..... 11 - 2
 Not sure 1 - 3

BASE: RESPONDENT HOSPITALIZED IN NYC IN LAST 12 MONTHS (OK1/1 AND OK1c/1)

K9. Would you recommend this hospital to your friends or family, or not?

Would recommend	(465	<u>78</u>	- 1
Would not recommend		<u>13</u>	- 2
Not sure		<u>3</u>	- 3

M. PRIVATIZATION; PRIMARY LANGUAGE

BASE: ASK EVERYONE

M1. If a few public hospitals in New York City were to be sold to private companies or closed, would this be a good thing for New Yorkers, a bad thing, or do you think it doesn't matter very much?

Good thing for New Yorkers(466(12 - 1
 Bad thing 58 - 2
 Doesn't matter very much..... 19 - 3
 Not sure 11 - 4

ASK Q.M2 IF Q. LANGUAGE IS ENGLISH -- ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.M3

BASE: RESPONDENT DOES SURVEY IN ENGLISH

M2. Is your primary language English, or not?

Yes, English.....(467(81 - 1 (SKIP TO Q.F1)
 No, not English..... 17 - 2 (ASK Q.M3)
 Yes, English is one of my primary languages (vol.) 2 - 3 (SKIP TO Q.F1)
 Not sure - 4 (ASK Q.M3)

ASK Q.M3 IF Q. LANGUAGE IS SPANISH OR "NO, NOT ENGLISH" OR "NOT SURE" IN Q.M2 (Q.M2/2 OR 4) AND INSURED (Q.D1-1,2,3,4 OR 5/1 OR Q.D1a/1)

BASE: RESPONDENT (DOES SURVEY IN SPANISH OR PRIMARY LANGUAGE IS NOT ENGLISH) AND IS INSURED)

M3. Does your health plan have physicians or other health professionals who speak your language, or not?

Yes, plan has physicians who speak my language(468(56 - 1 (SKIP TO Q.F1)
 No, plan does not..... 18 - 2 (ASK Q.M4)
 Not sure 6 - 3 (SKIP TO Q.F1)

BASE: NON-ENGLISH SPEAKING RESPONDENT WITH HEALTH INSURANCE WITH DOCTORS WHO DON'T SPEAK HIS/HER LANGUAGE

M4. Is it a problem for you that your health plan does not have health professionals who speak your language, or not? (IF "Yes" ASK: IS IT A MAJOR PROBLEM OR A MINOR PROBLEM FOR YOU?)

Yes, major problem (469(9 - 1
 Yes, minor problem 15 - 2
 No, not a problem 77 - 3
 Not sure * - 4

F. FACTUALS

Now I'd like to ask you a few questions to classify your answers.

BASE: ASK EVERYONE

F1. Are you presently single, married, living with someone as a couple, divorced, separated, or widowed?

Single.....	(470(	<u>36</u>	-1
Married.....		<u>34</u>	-2
Living with someone as a couple.....		<u>8</u>	-3
Divorced.....		<u>7</u>	-4
Separated.....		<u>6</u>	-5
Widowed.....		<u>8</u>	-6
Not sure.....		<u>*</u>	-7

BASE: ASK EVERYONE

F2. What is the highest level of school you have completed or the highest degree you have received? (PROBE: IF RESPONDENT SAYS JUST "HIGH SCHOOL": What was the highest grade you completed? IF 12th GRADE, CODE "GRADUATE". IF 11th GRADE OR LESS, CODE "LESS THAN".)

Less than high school (grades 1-11, grade 12 but no diploma).....	(471(	<u>26</u>	-1
High School Graduate or equivalent (e.g. GED).....		<u>31</u>	-2
Some college but no degree (incl. 2 year occupational or vocational programs).....		<u>20</u>	-3
College graduate (e.g. BA, AB, BS).....		<u>15</u>	-4
Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, Dds, DVM, LLB, JD, PhD, EdD).....		<u>8</u>	-5
Not sure / refused.....		<u>*</u>	-6

BASE: ASK EVERYONE

F3a. Are you currently employed full-time, part-time, self-employed, retired, or are you not employed?

Employed full-time.....	(472(	<u>38</u>	-1
Employed part-time.....		<u>10</u>	-2
Self-employed.....		<u>8</u>	-3
Retired.....		<u>15</u>	-4
Not employed.....		<u>24</u>	-5
Homemaker (vol.).....		<u>2</u>	-6
Disabled (vol.).....		<u>3</u>	-7
Worker's Compensation (vol.).....		<u>*</u>	-8
Not sure.....		<u>*</u>	-9

ASK Q.F3b IF ANSWERED Q.F1, ITEMS = 2, 3, 4, 5, 6, OR 7 AND Q.F3a = 5, 6, 7, 8 or 9 AND Q.A1 = 2 OR MORE -- OTHERS SKIP TO Q.F4

BASE: RESPONDENT NOT SINGLE, NOT EMPLOYED, AND LIVING WITH OTHERS IN HOUSEHOLD

F3b. Is any other adult in your household employed or not?

Employed.....	(473(	<u>51</u>	-1
Not employed.....		<u>41</u>	-2
No other adult (vol.).....		<u>7</u>	-3
Not sure.....		<u>*</u>	-4

ASK EVERYONE

F4. Which of the following income categories best describes your total 1995 household income? Just stop me when I get to the right category.

READ INCOME CATEGORIES IN COLUMN UNDERNEATH NUMBER FROM Q.A1 AND RECORD. CATEGORIES CAN BE READ ONE AT A TIME UNTIL RESPONDENT INDICATES.

480Z

NUMBER IN FAMILY IN Q.A1

* INCOME CATEGORIES AT OR BELOW THIS AMOUNT ARE DEFINED AS LOW INCOME CATEGORIES

\$7,500 or less.....	17%
\$7,501-\$10,000.....	7%
\$10,001-\$12,500.....	7%
\$12,501-\$15,000.....	6%
\$15,001-\$20,000.....	7%
\$20,001-\$25,000.....	9%
\$25,001-\$30,000.....	7%
\$30,001-\$35,000.....	5%
\$35,001-\$45,000.....	7%
\$45,001-\$60,000.....	7%
\$60,001-\$100,000.....	6%
Above \$100,000.....	4%
No answer.....	11%

BASE: ASK EVERYONE

F5. Are you of Hispanic origin or descent, or not?

- Yes, of Hispanic origin..... (520(25 -1 (ASK Q.F6a)
- No, not of Hispanic origin..... 74 -2 (SKIP TO Q.F7)
- Latino/a (Vol.)..... * -3 (ASK Q.F6a)
- Not sure..... 1 -4 (ASK Q. F6a)

BASE: HISPANIC, LATINO/A OR NOT SURE (Q.F5/1.3.4)

F6a. Do you consider yourself Mexican, Puerto Rican, Cuban, Dominican, Costa Rican, or from some other Spanish speaking country? (MULTIPLE RECORD)

- Mexican.....(708(5 - 1
- Puerto Rican.....(709(48 - 2
- Cuban.....(710(4 - 3
- Dominican.....(711(20 - 4
- Costa Rican.....(712(* - 5
- Spaniard (vol.).....(713(1 - 6
- Not sure.....(714(4 - 7
- Other (Specify)

.....(715(4 - 8

521-524Z

BASE: ASK EVERYONE

F7. Do you consider yourself white, (ROTATE: Black or African American), Asian, Native American, mixed race, or some other race?

- White..... (525(43 -1 (ASK Q.F7a)
- Black..... 16 -2 (ASK Q.F7a)
- African American..... 11 -3 (ASK Q.F7a)
- Asian or Pacific Islander..... 9 -4 (ASK Q.F7b)
- Native American or Alaskan native..... 1 -5 (SKIP TO Q.F7c)
- Mixed race..... 7 -6 (SKIP TO Q.F7a)
- Some other race..... 8 -7 (SKIP TO Q.F7a)
- Not sure..... 5 -8 (SKIP TO Q.F7a)

BASE: WHITE, BLACK/AFRICAN AMERICAN/ MIXED RACE, SOME OTHER RACE OR NOT SURE (Q.F7/1.2.3.5.6.7)

F7a. Are you of Caribbean heritage, or not?

- Yes, Caribbean.....(526(27 - 1
- No, not Caribbean..... 71 - 2
- Not sure..... 2 - 3

ASK Q.F7b IF ASIAN, PACIFIC ISLANDER, MIXED RACE OR SOME OTHER RACE - -
OTHERS SKIP TO Q.F7C

BASE: ASIAN OR PACIFIC ISLANDER OR MIXED RACE OR SOME OTHER RACE (Q.F7/4.6.7)

F7b. Are you of Chinese, Vietnamese, Korean, Japanese, Filipino, or other Asian heritage? (MULTIPLE RECORD)

Chinese (725(11 - 1
 Vietnamese (726(1 - 2
 Korean (727(5 - 3
 Japanese (728(3 - 4
 Filipino (729(4 - 5
 Not sure (739(15 - 6
 Other (Specify)

..... (731(14 - 7

527-530Z

BASE: ASK EVERYONE

F7c. Were you born in the United States (or Puerto Rico), or not?

Yes, born in the United States (531(58 - 1
 Yes, born in Puerto Rico 7 - 2
 No, not born in the United States (or Puerto Rico)..... 35 - 3
 Not sure * - 4

ASK Q.F8 IF INCOME IS AT OR BELOW 250% OF POVERTY LEVEL IN Q.F4, QF4a/=<5 or Q.F4b=<6 OR Q.F4c=<7 OR Q.F4d=<9 OR Q.F4e=<9 OR Q.F4f=<513/0 OR Q.F4g=<515/0 OR Q.F4h=<517/0 OR Q.F4i=<519/1 OTHERS SKIP TO Q.F9

BASE: RESPONDENT HOUSEHOLD INCOME AT OR BELOW 250% OF POVERTY LEVEL

F8. Do you receive (READ EACH ITEM), or not?

ROTATE -- START AT "X"

	Yes	No	Not Sure
() 1. Food stamps (532(<u>21</u> - 1	<u>79</u> - 2	<u>*</u> - 3	
() 2. AFDC -- Aid for Families With Dependent Children (533(<u>8</u> - 1	<u>92</u> - 2	<u>1</u> - 3	
() 3. SSI -- Supplemental Security Income (534(<u>11</u> - 1	<u>89</u> - 2	<u>1</u> - 3	

DO NOT ROTATE

4. Any other form of welfare payments from the state or local welfare office (535(6 - 1 93 - 2 * - 3

SKIP TO Q.N1 IF RESPONDENT ANSWERED "Have been told" TO Q.B3, ITEMS 2 OR 3 AND UNDER 65 YEARS OF AGE IN Q.C1 AND MEETS LOW INCOME DEFINITION IN Q.F4

SKIP TO THE INSTRUCTIONS ABOVE Q.P1 IF RESPONDENT ANSWERED "Have not" TO Q.B3, ITEMS 2 AND 3 AND "Have been told" TO Q.B3a, ITEMS 2 OR 3 AND ANSWERED ONE OR MORE ADULTS UNDER 65 YEARS OF AGE IN Q.B4 OR Q.B4b AND MEETS LOW INCOME DEFINITION IN Q.F4

SKIP TO THE INSTRUCTIONS ABOVE Q.R1 IF RESPONDENT ANSWERED "Have not" TO Q.B3, ITEMS 2 AND 3 AND "Have been told" TO Q.B3a, ITEM 2 AND ANSWERED "Younger than 18 years" IN Q.B4 AND MEETS LOW INCOME DEFINITION IN Q.F4

ALL OTHERS -- SKIP TO Q.F9

BASE: DID NOT DO TACK-ON

F9. Thank you for taking the time to complete this interview. We may be interested in talking about these topics in further detail with some people who have completed this interview. Would you be willing to do this, or not?

- Yes, willing to talk more..... (536(59 - 1 (GO TO Q.F10)
- No, not willing to..... 36 - 2 (GO TO END OF INTERVIEW)
- Not sure 5 - 3

F10. RECORD NAME: _____

537-539Z

Interviewer Note:

Please indicate below whether respondent has an interesting story about health care, or not.

- Interesting Story..... (540(16 -1
- Not an interesting story 63 -2

Please indicate whether respondent appeared to have language difficulties.

- Experienced language difficulties..... (541(8 - 1
- Did not..... 81 - 2

THAT COMPLETES THE INTERVIEW. THANK YOU VERY MUCH FOR YOUR COOPERATION

TIME ENDED: _____ A.M./P.M.

542-573Z

CARD 6Z
CARD 7Z