

Q11-A [Q11-A]

INTERVIEWER: ENTERING SECTION 11: HEALTH.

Lead In: R55227.[Default] R56163.[Default]

Default Next Question: R56165.

R56165. [Q11-2]

[Was R working or in the military in week before survey?];

/* This function checks result of the calendar check and sets a 1-0 value. */

1 CONDITION APPLIES (Go To R56167.)
0 CONDITION DOES NOT APPLY

Lead In: Q11-A[Default]

Default Next Question: R56166.

R56166. [Q11-3]

Would your health keep you from working ON A JOB FOR PAY NOW?

1 YES (Go To R56169.)
0 NO

Lead In: R56165.[Default]

Default Next Question: R56167.

R56167. [Q11-4]

(Are you/Would you be) limited in the KIND of work you (could) do on a job for pay because of your health?

1 YES
0 NO

Lead In: R56166.[Default] R56165.[1:10]

Default Next Question: R56168.

R56168. [Q11-5]

(Are you/Would you be) limited in the AMOUNT of work you (could) do because of your health?

1 YES
0 NO

Lead In: R56167.[Default]

Default Next Question: R56169.

R56169. [Q11-5A]

([Q11-3]=1) | ([Q11-4]=1) | ([Q11-5]=1) ;

/* Check if R has reported a health limitation. */

1 CONDITION APPLIES (Go To R56170.)
0 CONDITION DOES NOT APPLY

Lead In: R56168.[Default] R56166.[1:1]
Default Next Question: R56175.

R56170. [Q11-5B]

([Gender of the respondent]=1);

/* Is respondent male? */

1 CONDITION APPLIES (Go To R56173.)
0 CONDITION DOES NOT APPLY

Lead In: R56169.[1:1]
Default Next Question: R56171.

R56171. [Q11-5C]

([Q9-61B]=1) & ([Q9-61Ca]<=9);

/* Is R currently pregnant? */

1 CONDITION APPLIES (Go To R56172.)
0 CONDITION DOES NOT APPLY

Lead In: R56170.[Default]
Default Next Question: R56173.

R56172. [Q11-6]

Is your limitation ENTIRELY due to your current pregnancy?

1 YES (Go To R56175.)
0 NO

Lead In: R56171.[1:1]
Default Next Question: R56173.

R56173. [Q11-7]

Since what month and year have you had this limitation (other than your pregnancy)?

1 SELECT TO ENTER DATE (Go To R56174.)
0 IF VOLUNTEERED: 'ALL MY LIFE'

Lead In: R56171.[Default] R56172.[Default] R56170.[1:1]
Default Next Question: R56175.

R56174.00- [Q11-8]

R56174.01

INTERVIEWER: ENTER DATE FROM WHICH R HAS HAD THIS LIMITATION.

ENTER MONTH |__| ENTER YEAR |____|

Lead In: R56173.[1:1]

Default Next Question: R56175.

R56175. [Q11-9]

How much do you weigh?

(ENTER POUNDS)

|__|

Lead In: R56169.[Default] R56173.[Default] R56174.[Default] R56172.[1:1]

Default Next Question: R56176.

R56176. [Q11-10]

[Total number of employers reported];

/* Check number of employers on the roster. */

1- 9 (Go To R56177.)

Lead In: R56175.[Default]

Default Next Question: R56234.

R56177. [Q11-11]

Now, I would like to ask you a few questions about any injuries and illnesses you might have received or gotten WHILE you were working on a job.

Lead In: R56176.[1:10]

Default Next Question: R56178.

R56178. [Q11-12B]

First, since [Date of last interview], have you had an incident at any job we previously discussed that resulted in an injury or illness to you?

1 YES (Go To R56179.)

0 NO

Lead In: R56177.[Default]

Default Next Question: R56234.

R56179. [Q11-13]

What is the name of the employer you were working for when the MOST RECENT

incident that resulted in an injury or illness to you occurred?

(INTERVIEWER: MOVE OR TO THE EMPLOYER R HAS NAMED AND PRESS <ENTER>. IF THERE IS NO MATCH, ASK R WHICH EMPLOYER LISTED IS THE SAME AS THE ONE FOR WHICH R IS REPORTING A WORK-RELATED INJURY OR ILLNESS.)

Lead In: R56178.[1:1]
Default Next Question: Q11-15

Q11-15 [Q11-15]

INTERVIEWER: YOU HAVE SELECTED THE EMPLOYER LISTED BELOW AS THE SAME ONE R IS REPORTING A WORK-RELATED INJURY OR ILLNESS FOR. IF THIS IS NOT CORRECT, RETURN TO THE PREVIOUS QUESTION BY PRESSING THE <PAGE-UP> KEY AND SELECT THE CORRECT EMPLOYER.

EMPLOYER: [Employer for whom respondent was working when most recent incident resulting in illness/injury occurred (includes those for whom no match was made with employer worked for since last interview)].

Lead In: R56179.[Default]
Default Next Question: R56180.

Q11-15A [Q11-15A]

INTERVIEWER: NO EMPLOYER MATCH WAS FOUND. RECORD THE EMPLOYER FOR WHICH R IS REPORTING A WORK RELATED ILLNESS.

Lead In: R56179.[1:1]
Default Next Question: R56180.

R56180.00- [Q11-17]
R56180.01

In what month and year did the most recent incident occur that resulted in an injury or illness to you?

ENTER MONTH |_|_| ENTER YEAR |_|_|_|_|

Lead In: Q11-15A[Default] Q11-15[Default]
Default Next Question: R56181.

R56181. [Q11-18]

(HAND CARD DD) Which one category on this card best describes the activity you were engaged in at the time of the incident? (CODE ONE ONLY).

- 1 Employer-directed travel
- 2 Employer-directed training
- 3 Meal break
- 4 Rest break
- 5 Personal business
- 6 Normal work activity
- 7 Other activity (SPECIFY)

Lead In: R56180.[Default]

Default Next Question: R56182.

R56182. [Q11-19]

Did the incident result in an injury or an illness?

- 1 injury
- 2 illness

Lead In: R56181.[Default]
Default Next Question: R56183.

R56183. [Q11-20]

What part of the body was hurt or affected?

(RECORD VERBATIM.)

Lead In: R56182.[Default]
Default Next Question: R56184.

R56184. [Q11-21]

(PROBE:) What other part of the body was hurt or affected?

- 1 SELECT TO ENTER VERBATIM (Go To R56185.)
- 0 NO OTHER PART OF THE BODY WAS HURT OR AFFECTED

Lead In: R56183.[Default]
Default Next Question: R56188.

R56185. [Q11-22]

INTERVIEWER: ENTER BELOW THE SECOND PART OF THE BODY THAT WAS HURT OR AFFECTED.

Lead In: R56184.[1:1]
Default Next Question: R56186.

R56186. [Q11-23]

(PROBE:) What other part of the body was hurt or affected?

- 1 SELECT TO ENTER VERBATIM (Go To R56187.)
- 0 NO OTHER PART OF THE BODY WAS HURT OR AFFECTED

Lead In: R56185.[Default]
Default Next Question: R56188.

R56187. [Q11-24]

INTERVIEWER: ENTER BELOW THE THIRD PART OF THE BODY THAT WAS HURT OR AFFECTED.

Lead In: R56186.[1:1]
Default Next Question: R56188.

R56188. [Q11-25]

(INTERVIEWER: FOR ([First body part hurt or affected in most recent work-injury incident]) ASK:) What kind of [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] was it?

(RECORD VERBATIM.)

Lead In: R56184.[Default] R56186.[Default] R56187.[Default]
Default Next Question: R56189.

R56189. [Q11-26]

[Q11-21]=1;

/* is there another part of the body to ask about? */

1 CONDITION APPLIES (Go To R56190.)
0 CONDITION DOES NOT APPLY

Lead In: R56188.[Default]
Default Next Question: R56193.

R56190. [Q11-27]

(INTERVIEWER: FOR ([Second body part hurt or affected in most recent work-injury incident]) ASK:) What kind of [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] was it?

(RECORD VERBATIM.)

Lead In: R56189.[1:1]
Default Next Question: R56191.

R56191. [Q11-28]

[Q11-23]=1;

/* is there another part of the body to ask about? */

1 CONDITION APPLIES (Go To R56192.)
0 CONDITION DOES NOT APPLY

Lead In: R56190.[Default]
Default Next Question: R56193.

R56192. [Q11-29]

(INTERVIEWER: FOR ([Third body part hurt or affected in most recent work-injury incident]) ASK:) What kind of [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] was it?

(RECORD VERBATIM.)

Lead In: R56191.[1:1]
Default Next Question: R56193.

R56193. [Q11-30]

Did the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] cause you to miss one or more scheduled days of work, not counting the day of the incident?

- 1 YES (Go To R56194.)
- 0 NO

Lead In: R56189.[Default] R56191.[Default] R56192.[Default]
Default Next Question: R56195.

R56194. [Q11-31]

Not counting the day of the incident, how many days was this?

|_|_|

Lead In: R56193.[1:1]
Default Next Question: R56195.

R56195. [Q11-32]

Did the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] cause you ...
to be assigned to another job on a temporary basis?

- 1 YES
- 0 NO

Lead In: R56193.[Default] R56194.[Default]
Default Next Question: R56196.

R56196. [Q11-33]

Did the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] cause you ...
to work at your regular job less than full time?

1 YES
0 NO

Lead In: R56195.[Default]
Default Next Question: R56197.

R56197. [Q11-34]

Did the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] cause you ...
to work at your regular job, but be unable to perform all of the
normal duties of the job?

1 YES
0 NO

Lead In: R56196.[Default]
Default Next Question: R56198.

R56198. [Q11-35]

([Q11-32]=1)|([Q11-33]=1)|([Q11-34]=1);

/* Check if any of the three preceding q's contain a 'yes' */

1 CONDITION APPLIES (Go To R56199.)
0 CONDITION DOES NOT APPLY

Lead In: R56197.[Default]
Default Next Question: R56200.

R56199. [Q11-36]

Not counting the day of the incident, how many days altogether was this?

|_|_|

Lead In: R56198.[1:1]
Default Next Question: R56200.

R56200. [Q11-37]

Did the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] (also) cause you...
to be laid off?

1 YES
0 NO

Lead In: R56198.[Default] R56199.[Default]
Default Next Question: R56201.

R56201. [Q11-38]

Did the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] (also) cause you...
to quit?

- 1 YES
- 0 NO

Lead In: R56200.[Default]
Default Next Question: R56202.

R56202. [Q11-39]

Did the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] (also) cause you...
to be fired?

- 1 YES
- 0 NO

Lead In: R56201.[Default]
Default Next Question: R56203.

R56203. [Q11-40]

Did the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] (also) cause you...
to change occupations?

- 1 YES
- 0 NO

Lead In: R56202.[Default]
Default Next Question: R56204.

R56204. [Q11-41]

Did you lose any wages because of the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")]?

- 1 YES
- 0 NO

Lead In: R56203.[Default]
Default Next Question: R56205.

R56205. [Q11-42]

Did you or your employer fill out a worker's compensation form for this [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")]?

- 1 YES (Go To R56206.)
- 0 NO

Lead In: R56204.[Default]
Default Next Question: R56208.

R56206. [Q11-43]

Have you collected any worker's compensation benefits for this [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")]?

1 YES (Go To R56208.)
0 NO

Lead In: R56205.[1:1]
Default Next Question: R56207.

R56207. [Q11-44]

Is there a worker's compensation claim pending for this [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")]?

1 YES
0 NO

Lead In: R56206.[Default]
Default Next Question: R56208.

R56208. [Q11-45]

Is the [Did most recent work-injury incident result in illness or injury (text fill - "illness", "injury")] we've just discussed the MOST SEVERE injury or illness that you have received or gotten since [Date of last interview] while you were working at any job we have already talked about?

1 YES
0 NO (Go To R56209.)

Lead In: R56205.[Default] R56207.[Default] R56206.[1:1]
Default Next Question: R56234.

R56209. [Q11-46]

What is the name of the employer you were working for when the MOST SEVERE incident that resulted in an injury or illness to you occurred?

(INTERVIEWER: MOVE OR TO THE EMPLOYER R HAS NAMED AND PRESS <ENTER>. IF THERE IS NO MATCH, ASK R WHICH EMPLOYER LISTED IS THE SAME AS THE ONE FOR WHICH R IS REPORTING A WORK-RELATED INJURY OR ILLNESS.)

NO EMPLOYER MATCH
Lead In: R56208.[0:0]
Default Next Question: Q11-48

Q11-48 [Q11-48]

INTERVIEWER: YOU HAVE SELECTED THE EMPLOYER LISTED BELOW AS THE SAME ONE R IS REPORTING A WORK-RELATED INJURY OR ILLNESS FOR. IF THIS IS NOT CORRECT, RETURN TO THE PREVIOUS QUESTION BY PRESSING THE <PAGE-UP> KEY AND SELECT THE CORRECT EMPLOYER.

EMPLOYER: [Employer for whom respondent was working when most severe incident resulting in illness/injury occurred (includes those for whom no match was made with employer worked for since last interview)].

Lead In: R56209.[Default]
Default Next Question: R56210.

Q11-48A [Q11-48A]

INTERVIEWER: NO EMPLOYER MATCH WAS FOUND. RECORD THE EMPLOYER FOR WHICH R IS REPORTING A WORK RELATED ILLNESS.

Lead In: R56209.[1:1]
Default Next Question: R56210.

R56210.00- [Q11-50]
R56210.01

In what month and year did the incident occur that resulted in the most severe injury or illness to you?

ENTER MONTH |_|_| ENTER YEAR |_|_|_|_|

Lead In: Q11-48A[Default] Q11-48[Default]
Default Next Question: R56211.

R56211. [Q11-51]

(HAND CARD DD) Which one category on this card best describes the activity you were engaged in at the time of the incident? (CODE ONE ONLY.)

- 1 Employer-directed travel
- 2 Employer-directed training
- 3 Meal break
- 4 Rest break
- 5 Personal business
- 6 Normal work activity
- 7 Other activity (SPECIFY)

Lead In: R56210.[Default]
Default Next Question: R56212.

R56212. [Q11-52]

Did the incident result in an injury or an illness?

- 1 injury
- 2 illness

Lead In: R56211.[Default]

Default Next Question: Q11-53

Q11-53 [Q11-53]

What part of the body was hurt or affected?

(RECORD VERBATIM.)

Lead In: R56212.[Default]
Default Next Question: R56213.

R56213. [Q11-54]

(PROBE:) What other part of the body was hurt or affected?

- 1 SELECT TO ENTER VERBATIM (Go To R56214.)
- 0 NO OTHER PART OF THE BODY WAS HURT OR AFFECTED

Lead In: Q11-53[Default]
Default Next Question: Q11-58

R56214. [Q11-55]

INTERVIEWER: ENTER BELOW THE SECOND PART OF THE BODY THAT WAS HURT OR AFFECTED.

Lead In: R56213.[1:1]
Default Next Question: R56215.

R56215. [Q11-56]

(PROBE:) What other part of the body was hurt or affected?

- 1 SELECT TO ENTER VERBATIM (Go To Q11-57)
- 0 NO OTHER PART OF THE BODY WAS HURT OR AFFECTED

Lead In: R56214.[Default]
Default Next Question: Q11-58

Q11-57 [Q11-57]

INTERVIEWER: ENTER BELOW THE THIRD PART OF THE BODY THAT WAS HURT OR AFFECTED.

Lead In: R56215.[1:1]
Default Next Question: Q11-58

Q11-58 [Q11-58]

(INTERVIEWER: FOR ([First body part hurt or affected in most severe work-injury incident]) ASK:) What kind of [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] was it?

(RECORD VERBATIM.)

Lead In: R56213.[Default] R56215.[Default] Q11-57[Default]
Default Next Question: R56216.

R56216. [Q11-59]

([Q11-54]=1);

/* check if there is another part of the body to ask about. */

1 CONDITION APPLIES (Go To R56217.)
0 CONDITION DOES NOT APPLY

Lead In: Q11-58[Default]
Default Next Question: R56219.

R56217. [Q11-60]

(INTERVIEWER: FOR ([Second body part hurt or affected in most severe work-injury incident]) ASK:) What kind of [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] was it?

(RECORD VERBATIM.)

Lead In: R56216.[1:1]
Default Next Question: R56218.

R56218. [Q11-61]

([Q11-56]=1);

/* check if there is another part of the body to ask about. */

1 CONDITION APPLIES (Go To Q11-62)
0 CONDITION DOES NOT APPLY

Lead In: R56217.[Default]
Default Next Question: R56219.

Q11-62 [Q11-62]

(INTERVIEWER: FOR ([Third body part hurt or affected in most severe work-injury incident]) ASK:) What kind of [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] was it?

(RECORD VERBATIM.)

Lead In: R56218.[1:1]
Default Next Question: R56219.

R56219. [Q11-63]

Did the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] cause you to miss one or more scheduled days of work, not counting the day of the incident?

- 1 YES (Go To R56220.)
- 0 NO

Lead In: R56216.[Default] R56218.[Default] Q11-62[Default]
Default Next Question: R56221.

R56220. [Q11-64]

Not counting the day of the incident, how many days was this?

|_|_|

Lead In: R56219.[1:1]
Default Next Question: R56221.

R56221. [Q11-65]

Did the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] cause you ...
to be assigned to another job on a temporary basis?

- 1 YES
- 0 NO

Lead In: R56219.[Default] R56220.[Default]
Default Next Question: R56222.

R56222. [Q11-66]

Did the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] cause you ...
to work at your regular job less than full time?

- 1 YES
- 0 NO

Lead In: R56221.[Default]
Default Next Question: R56223.

R56223. [Q11-67]

Did the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] cause you ...
to work at your regular job, but be unable to perform all of the normal duties of the job?

1 YES
0 NO

Lead In: R56222.[Default]
Default Next Question: R56224.

R56224. [Q11-68]

$([Q11-65]=1)|([Q11-66]=1)|([Q11-67]=1);$

/* check if any of the three preceding q's are answered 'yes' */

1 CONDITION APPLIES (Go To R56225.)
0 CONDITION DOES NOT APPLY

Lead In: R56223.[Default]
Default Next Question: R56226.

R56225. [Q11-69]

Not counting the day of the incident, how many days altogether was this?

|_|_|_|

Lead In: R56224.[1:1]
Default Next Question: R56226.

R56226. [Q11-70]

Did the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] (also) cause you...
to be laid off?

1 YES
0 NO

Lead In: R56224.[Default] R56225.[Default]
Default Next Question: R56227.

R56227. [Q11-71]

Did the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] (also) cause you...
to quit?

1 YES
0 NO

Lead In: R56226.[Default]
Default Next Question: R56228.

R56228. [Q11-72]

Did the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] (also) cause you...
to be fired?

- 1 YES
- 0 NO

Lead In: R56227.[Default]
Default Next Question: R56229.

R56229. [Q11-73]

Did the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")] (also) cause you...
to change occupations?

- 1 YES
- 0 NO

Lead In: R56228.[Default]
Default Next Question: R56230.

R56230. [Q11-74]

Did you lose any wages because of the [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")]?

- 1 YES
- 0 NO

Lead In: R56229.[Default]
Default Next Question: R56231.

R56231. [Q11-75]

Did you or your employer fill out a worker's compensation form for this [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")]?

- 1 YES (Go To R56232.)
- 0 NO

Lead In: R56230.[Default]
Default Next Question: R56234.

R56232. [Q11-76]

Have you collected any worker's compensation benefits for this [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")]?

- 1 YES
- 0 NO (Go To R56233.)

Lead In: R56231.[1:1]
Default Next Question: R56234.

R56233. [Q11-77]

Is there a worker's compensation claim pending for this [Did most severe work-injury incident result in illness of injury (text fill - "illness", "injury")]?

- 1 YES
- 0 NO

Lead In: R56232.[0:0]
 Default Next Question: R56234.

R56234. [Q11-78]

Now we have a few questions about health care and hospitalization plans.

Lead In: R56233.[Default] R56232.[Default] R56231.[Default] R56208.[Default]
 R56178.[Default] R56176.[Default]
 Default Next Question: R56235.

R56235. [Q11-79]

First, are you covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans? (PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services).

- 1 YES (Go To R56236.)
- 0 NO

Lead In: R56234.[Default]
 Default Next Question: R56241.

R56236. [Q11-80A]

(HAND CARD EE) What is the source of your health or hospitalization plan? Is it from a policy from your current or previous employer, ...

Lead In: R56235.[1:1]
 Default Next Question: R56237.

R56237.00- [Q11-80B]
 R56237.06

... [a policy from (your) [Spouse/partner's name]'s current or previous employer], a policy bought directly from a medical insurance company, is it (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services), or is it from some other source?

(READ CATEGORIES AS NECESSARY AND CODE ALL THAT APPLY.)

CODE LABEL

- 1. Policy from your CURRENT employer

- 2. Policy from a PREVIOUS employer
- 3. Policy from spouse's or partner's CURRENT employer
- 4. Policy from spouse's or partner's PREVIOUS employer
- 5. Policy bought directly from medical insurance company
- 6. Medicaid/Medi-Cal/Medical Assist/Welfare/Medical Service
- 7. Other (SPECIFY)

Lead In: R56236.[Default]
 Default Next Question: R56238.

R56238. [Q11-81A]

In 1995, were there any months when you were NOT covered by health insurance?

- 1 YES (Go To R56239.)
- 0 NO

Lead In: R56237.[Default]
 Default Next Question: R56245.

R56239.00- [Q11-81B]
 R56239.24

Which months?

(MARK ALL THAT APPLY)
 (ENTER MONTHS IN 1996 ON NEXT SCREEN)

CODE LABEL

-
- 1 JANUARY 1994
 - 2 FEBRUARY 1994
 - 3 MARCH 1994
 - 4 APRIL 1994
 - 5 MAY 1994
 - 6 JUNE 1994
 - 7 JULY 1994
 - 8 AUGUST 1994
 - 9 SEPTEMBER 1994
 - 10 OCTOBER 1994
 - 11 NOVEMBER 1994
 - 12 DECEMBER 1994
 - 13 JANUARY 1995
 - 14 FEBRUARY 1995
 - 15 MARCH 1995
 - 16 APRIL 1995
 - 17 MAY 1995
 - 18 JUNE 1995
 - 19 JULY 1995
 - 20 AUGUST 1995
 - 21 SEPTEMBER 1995
 - 22 OCTOBER 1995
 - 23 NOVEMBER 1995
 - 24 DECEMBER 1995
 - 0 NO MONTHS IN 1994 OR 1995

Lead In: R56238.[1:1]
 Default Next Question: R56240.

R56240.00- [Q11-81BA]

R56240.12

(Which months?)

(MARK ALL THAT APPLY)

(ENTER MONTHS IN 1996 BELOW)

CODE LABEL

---- -----

25 JANUARY 1996

26 FEBRUARY 1996

27 MARCH 1996

28 APRIL 1996

29 MAY 1996

30 JUNE 1996

31 JULY 1996

32 AUGUST 1996

33 SEPTEMBER 1996

34 OCTOBER 1996

35 NOVEMBER 1996

36 DECEMBER 1996

0 NO MONTHS IN 1996

Lead In: R56239.[Default]

Default Next Question: R56245.

R56241. [Q11-81C]

When was the most recent time you were covered by insurance?

1 SELECT TO ENTER DATE (Go To R56242.)

0 NEVER COVERED BY HEALTH INSURANCE

2 DK, PRECEDES DATE OF MARRIAGE/PARTNERSHIP

Don't Know(-2) (Go To R56243.)

Lead In: R56235.[Default]

Default Next Question: R56245.

R56242.00- [Q11-81D]

R56242.01

(When was the most recent time you were covered by insurance?)

(ENTER MONTH AND YEAR)

ENTER MONTH |_|_| ENTER YEAR |_|_|_|_|

Lead In: R56241.[1:1]

Default Next Question: R56245.

R56243. [Q11-81E]

Can you tell me how long ago the most recent time you were covered by insurance was?

(ENTER AMOUNT BELOW AND TIME UNIT - "WEEKS", "MONTHS", ETC. IN NEXT SCREEN.)

|||

Refusal(-1) (Go To R56245.)
 Don't Know(-2) (Go To R56245.)

Lead In: R56241.[-2:-2]
 Default Next Question: R56244.

R56244. [Q11-81F]

(Can you tell me how long ago the most recent time you were covered by insurance was?)

(ENTER TIME UNIT BELOW)

- 1 WEEKS
- 2 MONTHS
- 3 YEARS
- 4 OTHER (SPECIFY)

Lead In: R56243.[Default]
 Default Next Question: R56245.

R56245. [Q11-82]

((([marital status code (updated during survey)]=1) | ([marital status code (updated during survey)]=5) | ([marital status code (updated during survey)]=4)) & ([Flag indicating presence/absence of spouse in household]=1)) | ([partner present in household]=1) | ([HH5-5]=1));

/* Is current marital status "married" or "remarried" and there is a spouse listed on the household roster or is a partner listed? */

- 1 CONDITION APPLIES (Go To R56246.)
- 0 CONDITION DOES NOT APPLY

Lead In: R56238.[Default] R56240.[Default] R56241.[Default] R56242.[Default]
 R56244.[Default] R56243.[-2:-1]
 Default Next Question: R56249.

R56246. [Q11-83]

Is [Spouse/partner's name] covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans? (PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services).

- 1 YES (Go To R56247.)
- 0 NO

Lead In: R56245.[1:1]
 Default Next Question: R56249.

R56247. [Q11-84A]

(HAND CARD EE) What is the source of [Spouse/partner's name]'s health or hospitalization plan? (READ AS NECESSARY) Is it from a policy from your current or previous employer, ...

Lead In: R56246.[1:1]
 Default Next Question: R56248.

R56248.00- [Q11-84B]
 R56248.06

... a policy from [Spouse/partner's name]'s current or previous employer, a policy bought directly from a medical insurance company, is it (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services), or is it from some other source?

(READ CATEGORIES AS NECESSARY AND CODE ALL THAT APPLY.)

CODE LABEL

1. Policy from your CURRENT employer
2. Policy from a PREVIOUS employer
3. Policy from spouse's or partner's CURRENT employer
4. Policy from spouse's or partner's PREVIOUS employer
5. Policy bought directly from medical insurance company
6. Medicaid/Medi-Cal/Medical Assist/Welfare/Medical Service
7. Other (SPECIFY)

Lead In: R56247.[Default]
 Default Next Question: R56249.

R56249. [Q11-86]

([Usual residence of biological child(1-10)]=1);

/* Checks if biological child lives in this house hold */

- 1 CONDITION APPLIES (Go To R56255.)
- 0 CONDITION DOES NOT APPLY

Lead In: R56245.[Default] R56246.[Default] R56248.[Default]
 Default Next Question: R56250.

R56250. [Q11-86A]

([Usual residence of biological child(11-20)]=1);

/* Checks if biological child lives in this house hold */

- 1 CONDITION APPLIES (Go To R56255.)
- 0 CONDITION DOES NOT APPLY

Lead In: R56249.[Default]
 Default Next Question: R56251.

R56251. [Q11-86B]

([Usual residence of biological child(1-10)]=9);

/* Checks if biological child lives part time with R and part time with other parent */

1 CONDITION APPLIES (Go To R56255.)

0 CONDITION DOES NOT APPLY

Lead In: R56250.[Default]

Default Next Question: R56252.

R56252. [Q11-86C]

([Usual residence of biological child(11-20)]=9);

/* Checks if biological child lives part time with R and part time with other parent */

1 CONDITION APPLIES (Go To R56255.)

0 CONDITION DOES NOT APPLY

Lead In: R56251.[Default]

Default Next Question: R56253.

R56253. [Q11-86D]

([Usual residence of biological child(1-10)]=10);

/* Checks if biological child lives part time with R and part time with other person */

1 CONDITION APPLIES (Go To R56255.)

0 CONDITION DOES NOT APPLY

Lead In: R56252.[Default]

Default Next Question: R56254.

R56254. [Q11-86E]

([Usual residence of biological child(11-20)]=10);

/* Checks if biological child lives part time with R and part time with other person */

1 CONDITION APPLIES (Go To R56255.)

0 CONDITION DOES NOT APPLY

Lead In: R56253.[Default]

Default Next Question: R56257.

R56255. [Q11-87]

(Is/Are) your (child/children) covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans? (PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services).

1 YES (Go To Q11-88A)
0 NO

Lead In: R56249.[1:1] R56250.[1:1] R56251.[1:1] R56252.[1:1] R56253.[1:1] R56254
. [1:1]
Default Next Question: R56257.

Q11-88A [Q11-88A]

(HAND CARD EE) What is the source of your (child/children)'s health or hospitalization plan? (READ AS NECESSARY) Is it from a policy from your current or previous employer, ...

Lead In: R56255.[1:1]
Default Next Question: R56256.

R56256.00- [Q11-88B]
R56256.06

... [a policy from (your) [Spouse/partner's name]'s current or previous employer], a policy bought directly from a medical insurance company, is it (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services), or is it from some other source?

(READ CATEGORIES AS NECESSARY AND CODE ALL THAT APPLY.)

CODE LABEL

- 1. Policy from your CURRENT employer
- 2. Policy from a PREVIOUS employer
- 3. Policy from spouse's or partner's CURRENT employer
- 4. Policy from spouse's or partner's PREVIOUS employer
- 5. Policy bought directly from medical insurance company
- 6. Medicaid/Medi-Cal/Medical Assist/Welfare/Medical Service
- 7. Other (SPECIFY)

Lead In: Q11-88A[Default]
Default Next Question: R56257.
