

**INSURANCE, ACCESS, UTILIZATION (IUQ)**

**SPID#** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

*The next questions are about health insurance and your use of the health care system.*

IUQ.010. During the last 12 months, how many months did you have health insurance? **[If no insurance during 12 preceding months, enter "0".]**

**IUQ010**

**FMT\_NUMERIC**

|\_|\_| months **(If 0, skip to IUQ.100. Otherwise, go to IUQ.020.)**

Refused (r) **(Skip to IUQ.100)**

Don't Know (d) **(Skip to IUQ.100)**

IUQ.020. What kind(s) of health insurance or health care coverage do you have **now**, or did you have during the last 12 months? **[HAND CARD. Enter all that apply.]**

- \_\_\_a. Employer or union sponsored plan 1
- \_\_\_b. Private individually purchased health plan 2
- \_\_\_c. Medicare 3
- \_\_\_d. Medicare supplement/ Medigap 4
- \_\_\_e. Medicaid/Badger Care/Health Start/Family Medicaid 5
- \_\_\_f. Health Insurance Risk Sharing Plan (HIRSP) 6
  
- \_\_\_h. Indian Health Service Medical Care 8
- \_\_\_i. Military Health Care (TriCare/VA/Champ-VA) 9
- \_\_\_j. Other plan (Specify: \_\_\_\_\_) 10
- \_\_\_j. Medicare Part D/Seniorcare prescription drug coverage. 11
- \_\_\_k. Refused (r)
- \_\_\_l. Don't Know (d)

**FIRST RESPONSE**      **IUQ020\_A**      **FMT\_IUQ020\_**  
**2ND RESPONSE**      **IUQ020\_B**      **FMT\_IUQ020\_**  
**3RD RESPONSE**      **IUQ020\_C**      **FMT\_IUQ020\_**  
**4TH RESPONSE**      **IUQ020\_D**      **FMT\_IUQ020\_**  
**5TH RESPONSE**      **IUQ020\_E**      **FMT\_IUQ020\_**  
**6TH RESPONSE**      **IUQ020\_F**      **FMT\_IUQ020\_**  
**7TH RESPONSE**      **IUQ020\_G**      **FMT\_IUQ020\_**  
**8TH RESPONSE**      **IUQ020\_H**      **FMT\_IUQ020\_**  
**9TH RESPONSE**      **IUQ020\_I**      **FMT\_IUQ020\_**  
**10TH RESPONSE**      **IUQ020\_J**      **FMT\_IUQ020\_**  
**OTHER RESPONSE**      **IUQ020\_TXT**      **FMT\_CHAR**

IUQ.030. Does your health insurance plan (including any supplemental coverage you might have) cover all of the costs, some of the costs, or none of the costs associated with prescription medications?

**IUQ030**

**FMT\_ALL\_SOME\_NONE**

- All 1
- Some 2
- None 3 **(Skip to IUQ.040)**
- Refused (r)

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Don't Know (d)

IUQ.035. Is this prescription drug coverage through your regular plan or through a supplemental insurance program for prescription drug coverage? **[Enter all that apply]**

- Regular plan 1
- Supplemental, Medicare Part D 2
- Supplemental, Wisconsin Senior Care 3
- Supplemental, other (Specify: \_\_\_\_\_) 4
- Refused (r)
- Don't Know (d)

**FIRST RESPONSE IUQ035\_A FMT\_IUQ035\_**  
**2ND RESPONSE IUQ035\_B FMT\_IUQ035\_**  
**3RD RESPONSE IUQ035\_C FMT\_IUQ035\_**  
**4TH RESPONSE IUQ035\_D FMT\_IUQ035\_**  
**OTHER RESPONSE IUQ035\_TXT FMT\_CHAR**

IUQ.040. Does your insurance plan cover all of the costs, some of the costs, or none of the costs associated with preventive dental services (oral exam, cleaning, sealant, etc.)?

**IUQ040 FMT\_ALL\_SOME\_NONE**

- All 1
- Some 2 (if some, answer IUQ.042)
- None 3 (If none answer IUQ 042)
- Refused (r)
- Don't Know (d)

IUQ. 042 If your insurance plan did not cover the costs, was this because you...

**IUQ042 FMT\_IUQ042\_**

- Have a separate dental plan 1
- Do not have any dental coverage 2
- Refused (r)
- Don't Know (d)

IUQ.050. Does your health insurance plan cover all of the costs, some of the costs, or none of the costs associated with other preventive services for adults (checkups, immunizations, screenings)?

**IUQ050 FMT\_ALL\_SOME\_NONE**

- All 1

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Some 2 (if some, answer IUQ.041)  
 None 3  
 Refused (r)  
 Don't Know (d)

IUQ.070. Does your plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic that you must go to for all of your routine care?

**IUQ070** **FMT\_YES\_NO**  
 Yes 1  
 No 2  
 Refused (r)  
 Don't Know (d)

IUQ.100. In the last 12 months, have you used the internet to seek information or advice on your health or that of your family?

**IUQ100** **FMT\_YES\_NO**  
 Yes 1  
 No 2  
 Refused (r)  
 Don't Know (d)

IUQ.105. In the last 12 months, have you telephoned a health care professional to discuss a health problem or question related to yourself or your family?

**IUQ105** **FMT\_YES\_NO**  
 Yes 1  
 No 2  
 Refused (r)  
 Don't Know (d)

IUQ.110. In the last 12 months, have you emailed a health care professional to discuss a health problem or question related to yourself or your family?

**IUQ110** **FMT\_YES\_NO**  
 Yes 1  
 No 2  
 Refused (r)  
 Don't Know (d)

IUQ.120. Do you have a usual place where you go when you feel sick or need advice about your health? (If you have more than one place you go depending on the problem, please choose the place that you go **most often**.) **[HAND CARD]**

**MAIN RESPONSE** **IUQ120** **FMT\_IUQ120\_**  
**OTHER RESPONSE** **IUQ120\_TXT** **FMT\_CHAR**

Yes, I usually go to a hospital emergency room 1  
 Yes, I usually go to a hospital outpatient department 2  
 Yes, I usually go to a clinic or doctor's office 3  
 Yes, I usually go to a community health center 4

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- Yes, I usually go to some other place  
(Specify: \_\_\_\_\_) 5
- No, I don't have a usual place of care 6 **(Skip to IUQ.140)**
- Refused (r)
- Don't Know (d)

IUQ.125. What is the name of the health facility you usually go to when you feel sick or need advice about your health and in what town/city is this facility located?

**NAME** IUQ125\_A FMT\_CHAR  
**TOWN/CITY** IUQ125\_B FMT\_CHAR

Name: \_\_\_\_\_

Town/City: \_\_\_\_\_  
Refused (r)  
Don't Know (d)

**Comment [kr1]:** Need drop down lists for choices here

IUQ.130. When you go to this health facility and see a doctor, do you usually see the same physician?

**IUQ130** FMT\_YES\_NO  
Yes 1  
No 2 **(Skip to IUQ.140)**  
Refused (r)  
Don't Know (d)

IUQ.137. What is the specialty of the doctor you usually see?

**MAIN RESPONSE** IUQ137 FMT\_IUQ137\_  
**OTHER RESPONSE** IUQ137\_TXT FMT\_CHAR

- Internal Medicine 1
- Family Practice 2
- Obstetrics/gynecology 3
- Other specialist  
(Specify: \_\_\_\_\_) 4
- Refuse (r)
- Don't Know (d)

IUQ.140. Sometimes people take fewer medicines than their doctors prescribed, or they don't have their prescription filled right away. At any time during the last 12 months, have you taken less medicine than your doctor prescribed or not had your prescription filled **because of the cost?**

**IUQ140** FMT\_YES\_NO  
Yes 1  
No 2

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Refused (r)  
Don't Know (d)

IUQ.150. In the last 12 months, how many different **times** have you seen a doctor or other health care professional about your health at a doctor's office, an urgent care clinic, an outpatient service, a health center, or at home? **Do not include** times you were hospitalized overnight, at the emergency room, dental health, or mental health visits.

**IUQ150**

**FMT\_NUMERIC**

|\_|\_|\_|\_|

Enter number of times during previous year

Refused (r)  
Don't Know (d)

**Comment [kr2]:** Do we need three spaces for this number

IUQ.170. In the last 12 months, how many different **times** have you seen a mental health professional such as a psychologist, psychiatrist, counselor, or psychiatric nurse about a personal problem or a problem with alcohol or drugs?

**IUQ170**

**FMT\_NUMERIC**

|\_|\_|\_|\_|

Times during previous year

Refused (r)  
Don't Know (d)

IUQ.180. In the last 12 months, how many different **times** did you go to a hospital emergency room for medical treatment for yourself?

**IUQ180**

**FMT\_NUMERIC**

|\_|\_|\_|\_|

Enter number of times during previous year

Refused (r)  
Don't Know (d)

IUQ.190. In the last 12 months, how many different **times** were you a patient in a hospital for at least one night or longer?

**IUQ190**

**FMT\_NUMERIC**

|\_|\_|\_|\_| (If 0, skip to IUQ.220. Otherwise, go to IUQ.200.)

Times during previous year

Refused (r) **(Skip to IUQ.220)**  
Don't Know (d) **(Skip to IUQ.220)**

IUQ.200. How would you rate the quality of the care you received when you were most recently a patient in a hospital for at least one night or longer **during the last year?** Would you say it was...? **[INTERVIEWER: Read categories to SP]**

**IUQ200 FMT\_EVCGFP**

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5
- Refused (r)

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Don't Know (d)

IUQ.220. How long has it been since you last saw a doctor or health care provider for a routine physical exam, check-up or screening procedure?

\_\_\_\_|\_\_\_\_| Enter number

**NUMBER** IUQ220\_N FMT\_NUMCAT  
**UNITS** IUQ220\_U FMT\_FREQ

**[If more than 1 year, skip to IUQ.260. Otherwise, skip to IUQ.230.]**

Refused (r) (Skip to IUQ.230)  
 Don't Know (d) (Go to IUQ.225)

Select unit:

Days 1 (Skip to IUQ.230)  
 Weeks 2 (Skip to IUQ.230)  
 Months 3 (Skip to IUQ.230)  
 Years 4 (Skip to IUQ.230 if 1 year, but IUQ.260 if more than 1 year)

IUQ.225. Has it been...?

IUQ225 FMT\_IUQ225/255\_

Never 1 (Skip to IUQ.260)  
 6 months or less 2 (Go to IUQ.230)  
 More than 6 months but no more than 1 year ago 3 (Go to IUQ.230)  
 More than 1 year but no more than 3 years ago 4 (Skip to IUQ.260)  
 More than 3 years ago 5 (Skip to IUQ.260)  
 Refused (r) (Skip to IUQ.260)  
 Don't Know (d) (Skip to IUQ.260)

IUQ.230. How would you rate the quality of the care you received when you last saw a doctor or health care provider for a routine physical exam, check-up, or screening procedure during the last year? Would you say it was...?

**[INTERVIEWER: Read categories to SP]**

IUQ230 FMT\_EVCGFP

Excellent 1  
 Very good 2  
 Good 3  
 Fair 4  
 Poor 5  
 Refused (r)  
 Don't Know (d)

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IUQ.240. How satisfied were you with **the way** care was provided when you last saw a doctor or health care provider for a routine physical exam, check-up, or screening procedure during the last year? Were you...? **[INTERVIEWER: Read categories to SP]**

- IUQ240** **FMT\_SATIS\_SCAT**
- Very satisfied 1
  - Somewhat satisfied 2
  - Neither satisfied nor dissatisfied 3
  - Somewhat dissatisfied 4
  - Very dissatisfied 5
  - Refused (r)
  - Don't Know (d)

The next questions are about your **overall** level of satisfaction with quality and access to health care.

IUQ.260. Sometimes people have problems getting health care when they need it. During the last 12 months, was there any time that you felt that you needed medical care or surgery but did not get it?

- IUQ260** **FMT\_IUQ260\_**
- Yes, I needed health care and I did not get it 1 **(Go to IUQ.265)**
  - No, I got the care I needed 2 **(Skip to IUQ.270)**
  - Not Applicable (I didn't need health care) 3 **(End of Questionnaire)**
  - Refused (r) **(Skip to IUQ.270)**
  - Don't Know (d) **(Skip to IUQ.270)**

IUQ.265. What was the main reason you didn't get the health care you needed?  
**[HAND CARD]**

- MAIN RESPONSE** **IUQ265** **FMT\_IUQ265\_**
- OTHER RESPONSE** **IUQ265\_OTHER** **FMT\_CHAR**
- I couldn't afford health care 1
  - My insurance company wouldn't approve, cover or pay for care 2
  - My insurance company required a referral but I couldn't get one 3
  - The doctor (or clinic) refused to accept my insurance plan 4
  - Medical care was too far away 5
  - It was too expensive to get to health care 6
  - I couldn't get there when the doctor's office was open 7
  - It took too long to get an appointment 8
  - I couldn't get through on the telephone to make an appointment 9
  - The waiting list was too long 10
  - Other (Specify: \_\_\_\_\_) 11

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Refused (r)  
Don't Know (d)

IUQ.270. In the past 12 months, did you experience **delay** in obtaining any type of health care?

**IUQ270** **FMT\_YES\_NO**  
Yes 1 (Go to IUQ.275)  
No 2 (Skip to IUQ.280)  
Refused (r) (Skip to IUQ.280)  
Don't Know (d) (Skip to IUQ.280)

IUQ.275. What was the main reason for the difficulty or delay in obtaining health care?  
**[HAND CARD]**

**MAIN RESPONSE** **IUQ275** **FMT\_IUQ275\_**  
**OTHER RESPONSE** **IUQ275\_OTHER** **FMT\_CHAR**  
I couldn't afford health care 1  
My insurance company wouldn't approve, cover or pay for care 2  
My insurance company required a referral but I couldn't get one 3  
My doctor refused to accept my insurance plan 4  
Medical care was too far away 5  
It was too expensive to get to health care 6  
I couldn't get there when the doctor's office was open 7  
It took too long to get an appointment 8  
I couldn't get through on the telephone to make an appointment 9  
The waiting list was too long 10  
Other (Specify: \_\_\_\_\_) 11  
Refused (r)  
Don't Know (d)

IUQ.280. Overall, how would you rate the quality of the health care you received during the last 12 months? Would you say it was...? **[INTERVIEWER: Read categories to SP]**

**IUQ280** **FMT\_EVCGFP**  
Excellent 1  
Very good 2  
Good 3  
Fair 4  
Poor 5  
Not applicable (did not receive any care) 6  
Refused (r)  
Don't Know (d)

IUQ.290. Overall, how satisfied were you with **the way** health care services were provided during the last 12 months? Were you...? **[INTERVIEWER: Read categories to SP]**

**IUQ290** **FMT\_SATIS\_SCAT**  
Very satisfied 1



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**SPID#** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

- Somewhat satisfied 2
- Neither satisfied nor dissatisfied 3
- Somewhat dissatisfied 4
- Very dissatisfied 5
- Not applicable (did not receive any care) 6
- Refused (r)
- Don't Know (d)