

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

**NOTE: SEVEN QUESTIONS WERE DROPPED IN AUGUST 2019 TO REDUCE PARTICIPANT BURDEN. A NOTE WILL BE NEXT TO THE SPECIFIC QUESTIONS.**

IUQ010pre The next questions are about health insurance and your use of the health care system.

**INTERVIEWER: HIT ENTER TO CONTINUE**

IUQ010 During the last 12 months, how many months did you have health insurance?

**(INTERVIEWER: IF NO INSURANCE DURING 12 PRECEDING MONTHS, ENTER "0".)**

**IUQ010 FMT\_NUMERIC.**

<0-12> MONTHS (If 0, skip to IUQ012. If 12, skip to IUQ020\_R2. Otherwise, go to IUQ015.)

<d> DON'T KNOW (Skip to IUQ015)

<r> REFUSED (Skip to IUQ015)

IUQ012 If you wanted to, could you be covered by health insurance through a job or through a household family member's job? That is, do you or a household family member parent or spouse have an employer that offers health insurance?

<1> EMPLOYER (EITHER YOURS OR FAMILY MEMBER'S) OFFERS HEALTH INSURANCE **(SKIP TO IUQ014)**

<2> EMPLOYER (EITHER YOURS OR FAMILY MEMBER'S) **DOES NOT OFFER HEALTH INSURANCE (GO TO IUQ013)**

<d> DON'T KNOW **(GO TO IUQ013)**

<r> REFUSED **(GO TO IUQ013)**

**IUQ012 FMT\_IUQ012\_.**

IUQ013 Did you consider purchasing individual health insurance through the new health care program, known as the "Affordable Care Act" or "Obamacare," that allows many individuals to purchase subsidized insurance through the Marketplace?

Would you say yes, but it was too expensive because you did not qualify for a subsidy, yes, but it was too expensive even with a subsidy, you were not eligible to purchase through the marketplace, or you did not consider purchasing coverage through the Marketplace?

**(INTERVIEWER: HAND CARD)**

**IUQ013 FMT\_IUQ013\_.**

<1> YES, BUT IT WAS TOO EXPENSIVE BECAUSE I DID NOT QUALIFY FOR A SUBSIDY **(SKIP TO IUQ100)**

<2> YES, BUT IT WAS TOO EXPENSIVE EVEN WITH A SUBSIDY **(SKIP TO IUQ100)**

<3> I WAS NOT ELIGIBLE TO PURCHASE THROUGH THE MARKETPLACE **(SKIP TO IUQ100)**

<4> I DID NOT CONSIDER PURCHASING COVERAGE THROUGH THE MARKETPLACE **(SKIP TO IUQ100)**

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<d> DON'T KNOW **(SKIP TO IUQ100)**  
 <r> REFUSED **(SKIP TO IUQ100)**

IUQ014

Why don't you have health insurance coverage from that employer? You are not eligible for the health insurance plan, it is too expensive and you cannot afford the premiums, or you do not think it is worth it?

**IUQ014 FMT\_IUQ014\_.**

<1> I AM NOT ELIGIBLE FOR THE HEALTH INSURANCE PLAN **(SKIP TO IUQ100)**  
 <2> IT IS TOO EXPENSIVE – CANNOT AFFORD THE PREMIUMS **(SKIP TO IUQ100)**  
 <3> I DO NOT THINK IT IS WORTH IT **(Skip to IUQ100)**  
 <d> DON'T KNOW **(SKIP TO IUQ100)**  
 <r> REFUSED **(SKIP TO IUQ100)**

IUQ015

Do you currently have health insurance?

<1> YES **(GO TO IUQ020\_R2)**  
 <2> NO **(GO TO IUQ020\_R2)**

**IUQ015 FMT\_YES\_NO.**

<d> DON'T KNOW **(SKIP TO IUQ100)**  
 <r> REFUSED **(SKIP TO IUQ100)**

IUQ020\_R2

What kinds of health insurance or health care coverage do you have now, or did you have during the last 12 months? In answering this question, please EXCLUDE plans that pay for only one type of service, such as nursing home care, accidents, family planning, or dental care, and plans that only provide extra cash when hospitalized.

**(INTERVIEWER: HAND CARD. ENTER ALL THAT APPLY.)**

<1> EMPLOYER OR UNION SPONSORED PLAN **[GOTO IUQ021]**  
 <2> PRIVATE INDIVIDUALLY PURCHASED HEALTH PLAN **[GOTO IUQ025]**  
 <3> MEDICARE, FOR PEOPLE 65 OR OLDER OR PEOPLE WITH CERTAIN DISABILITIES **[GOTO IUQ030]**  
 <5> MEDICAID, MEDICAL ASSISTANCE, MA, BADGER CARE, BADGER CARE PLUS **[GOTO IUQ030]**  
 <8> INDIAN HEALTH SERVICE **[GOTO IUQ030]**  
 <9> MILITARY CARE (TRICARE/VA/CHAMP-VA) **[GOTO IUQ030]**  
 <10> OTHER PLAN (SPECIFY) **[GOTO IUQ025]**  
 <d> DON'T KNOW **[goto IUQ025]**  
 <r> REFUSED **[goto IUQ025]**

HIT "x" TO EXIT

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

IUQ020_R2_A	FMT_IUQ020_R2_.
IUQ020_R2_B	FMT_IUQ020_R2_.
IUQ020_R2_C	FMT_IUQ020_R2_.
IUQ020_R2_OTHER	\$FMT_CHAR.

**NOTE: FIELDS ARE AVAILBLE FOR UP TO 8 RESPONSES. HOWEVER ONLY 3 FIELDS CONTAIN ACTUAL DATA AND HAVE BEEN RETAINED HERE.**

IUQ021 Do you get the Employer or Union Sponsored Plan coverage through your own job or from a family member’s insurance plan?

- <1> YOUR OWN JOB OR EMPLOYER
- <2> A FAMILY MEMBER’S JOB OR EMPLOYER
- <3> OTHER
- <d> DON’T KNOW
- <r> REFUSED

IUQ021 FMT\_IUQ021\_.

**[ALL RESPONSES AT IUQ021 GO TO IUQ030]**

IUQ025 The next questions ask about the new health care program, known as the Affordable Care Act or “Obamacare.” As you may know, the health care law creates health insurance exchanges or marketplaces where people can shop for insurance on Healthcare.gov. Some people can get financial help in the form of a tax credit from the federal government to buy a health insurance policy through these marketplaces.

Did you or a family member buy your private health insurance plan from this Marketplace, healthcare.gov?

- <1> YES (GO TO IUQ026)
- <2> NO (SKIP TO IUQ030)
- <d> DON’T KNOW (GO TO IUQ026)
- <r> REFUSED (GO TO IUQ026)

IUQ025 FMT\_YES\_NO.

IUQ026 Do you know what kind of health plan you have? Bronze, silver, gold, platinum, catastrophic or are you not sure?

- <1> BRONZE
- <2> SILVER
- <3> GOLD
- <4> PLATINUM
- <5> CATASTROPHIC
- <6> NOT SURE
- <d> DON’T KNOW
- <r> REFUSED

IUQ026 FMT\_IUQ026\_.

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

IUQ027 Did you or your family member get a federal tax credit or subsidy to help with or reduce the costs of buying your health insurance plan?

<1> YES

<2> NO

IUQ027

FMT\_YES\_NO.

<d> DON'T KNOW

<r> REFUSED

IUQ030 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?

<1> ALL

<2> SOME

<3> NONE (SKIP TO IUQ040)

IUQ030

FMT\_ALL\_SOME\_NONE.

<d> DON'T KNOW

<r> REFUSED

IUQ035 Is this prescription drug coverage through your regular plan or through a supplemental insurance program for prescription drug coverage?

**NOTE: QUESTION WAS DROPPED IN AUGUST 2019.**

**(INTERVIEWER: ENTER ALL THAT APPLY)**

<1> REGULAR PLAN

<2> SUPPLEMENTAL, MEDICARE PART D

<3> SUPPLEMENTAL, WISCONSIN SENIOR CARE

<4> SUPPLEMENTAL, OTHER (SPECIFY)

<d> DON'T KNOW

<r> REFUSED

HIT 'x' TO EXIT

IUQ035\_A

FMT\_IUQ035\_.

IUQ035\_B

FMT\_IUQ035\_.

IUQ035\_C

FMT\_IUQ035\_.

IUQ035\_OTHER

\$FMT\_CHAR.

**NOTE: FIELDS ARE AVAILABLE FOR UP TO 4 RESPONSES. HOWEVER ONLY 3 FIELDS CONTAIN ACTUAL DATA AND HAVE BEEN RETAINED HERE.**

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

IUQ040 Does your insurance plan cover all of the costs, some of the costs, or none of the costs associated with preventive dental services including oral exam, cleaning, sealant, etc.?

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

<1> ALL (SKIP TO IUQ050) SKIP PATTERN NOT DOCUMENTED  
 <2> SOME (GO TO IUQ0444) CORRECTLY ON THIS VERSION SENT  
 <3> NONE (GO TO IUQ04444) TO UWSC.

<d> DON'T KNOW SKIP PATTERN NOT DOCUMENTED HERE  
 <r> REFUSED BUT FUNCTIONALLY THIS HAPPENS:  
 <d> (GO TO IUQ044)  
 <r> (GO TO IUQ050)

IUQ044 If your health insurance plan did not cover all of the costs, do you have a separate dental plan that pays for preventive services?

**IUQ044 FMT\_YES\_NO.**

<1> YES  
 <2> NO

**NOTE: QUESTION WAS DROPPED IN AUGUST 2019.**

<d> DON'T KNOW  
 <r> REFUSED

IUQ050 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, like checkups, immunizations, and screenings?

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

<1> ALL  
 <2> SOME  
 <3> NONE

<d> DON'T KNOW  
 <r> REFUSED

IUQ070 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.**

<1> YES  
 <2> NO

**NOTE: QUESTION WAS DROPPED IN AUGUST 2019.**

<d> DON'T KNOW  
 <r> REFUSED

IUQ100 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.**

<1> YES  
 <2> NO

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

<d> DON'T KNOW  
<r> REFUSED

IUQ105 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?

<1> YES  
<2> NO

**IUQ105 FMT\_YES\_NO.**

<d> DON'T KNOW  
<r> REFUSED

IUQ110 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?

<1> YES  
<2> NO

**IUQ110 FMT\_YES\_NO.**

<d> DON'T KNOW  
<r> REFUSED

IUQ115 How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Would you say never, rarely, sometimes, often or always?

<1> NEVER  
<2> RARELY  
<3> SOMETIMES  
<4> OFTEN  
<5> ALWAYS

**IUQ115 FMT\_FREQ\_IUQ115\_.**

<d> DON'T KNOW  
<r> REFUSED

IUQ120 Do you have a usual place where you go when you feel sick or need advice about your health?

**(INTERVIEWER: HAND CARD)**

**IUQ120 FMT\_IUQ120\_.**  
**IUQ120\_OTHER \$FMT\_CHAR.**

<1> YES, I USUALLY GO TO A HOSPITAL EMERGENCY ROOM  
<2> YES, I USUALLY GO TO A HOSPITAL OUTPATIENT DEPARTMENT  
<3> YES, I USUALLY GO TO A CLINIC OR DOCTOR'S OFFICE  
<4> YES, I USUALLY GO TO A COMMUNITY HEALTH CENTER  
<5> YES, I USUALLY GO TO SOME OTHER PLACE (SPECIFY)  
<6> NO, I DON'T HAVE A USUAL PLACE OF CARE **(Skip to IUQ140)**

<d> DON'T KNOW  
<r> REFUSED

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

IUQ125 What is the name of the health facility you usually go to when you feel sick or need advice about your health and on what streets in what town/city is this facility located?

NAME: \_\_\_\_\_

STREET ON WHICH THE FACILITY IS LOCATED: \_\_\_\_\_

NEAREST INTERSECTING OR CROSS STREET: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_

IUQ125_A	\$FMT_CHAR.
IUQ125_C	\$FMT_CHAR.
IUQ125_D	\$FMT_CHAR.
IUQ125_B	\$FMT_CHAR.

<d> DON'T KNOW  
<r> REFUSED

IUQ126 In the future, would you be interested in sharing access to your medical records at this facility for public health research?

(Please note, we are not asking for your permission to access your medical records at this time.)

<1> YES  
<2> NO

IUQ126 FMT\_YES\_NO.

<d> DON'T KNOW  
<r> REFUSED

IUQ128 When you go to this health facility, do you usually see a general doctor, a specialist doctor, a nurse practitioner or physician assistant or someone else?

<1> GENERAL DOCTOR  
<2> SPECIALIST DOCTOR  
<3> NURSE PRACTITIONER/PHYSICIAN ASSISTANT  
<4> SOMEONE ELSE

IUQ128 FMT\_IUQ18\_.

<d> DON'T KNOW  
<r> REFUSED

**NOTE: QUESTION WAS DROPPED IN AUGUST 2019.**

IUQ130 When you go to this health facility, do you usually see the same health care provider?

<1> YES  
<2> NO

IUQ130 FMT\_YES\_NO.

<d> DON'T KNOW  
<r> REFUSED

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

IUQ137 What is the specialty of the health care provider you usually see?

**NOTE: QUESTION WAS DROPPED IN AUGUST 2019.**

**(INTERVIEWER: HAND CARD)**

- <1> INTERNAL MEDICINE
- <2> FAMILY PRACTICE
- <3> OBSTETRICS/GYNECOLOGY
- <4> OTHER SPECIALIST (SPECIFY)
  
- <d> DON'T KNOW
- <r> REFUSED

IUQ137 FMT\_IUQ137\_  
IUQ137\_OTHER \$FMT\_CHAR.

IUQ138 What is the name of your **primary** health care provider and in what town/city is he or she located?

- <1> ENTER NAME/LOCATION
- <d> DON'T KNOW
- <r> REFUSED

IUQ138\_A FMT\_IUQ138.  
IUQ138\_N \$FMT\_CHAR.  
IUQ138\_C \$FMT\_CHAR.

NAME: \_\_\_\_\_  
TOWN/CITY: \_\_\_\_\_

IUQ140 Sometimes people take fewer medicines than their health care provider 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**?

- <1> YES
- <2> NO

IUQ140 FMT\_YES\_NO.

- <d> DON'T KNOW
- <r> REFUSED

IUQ170 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?

<0-76> TIMES DURING PREVIOUS YEAR

- <d> DON'T KNOW
- <r> REFUSED

IUQ170 FMT\_NUMERIC.



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

IUQ180 In the last 12 months, how many different **times** did you go to a hospital emergency room for medical treatment for yourself?

<0-76> TIMES DURING PREVIOUS YEAR

**IUQ180 FMT\_NUMERIC.**

<d> DON'T KNOW  
<r> REFUSED

IUQ190 In the last 12 months, how many different **times** were you a patient in a hospital for at least one night or longer?

<0> NO TIMES (skip to IUQ220)  
<1-76> TIMES DURING PREVIOUS YEAR

**IUQ190 FMT\_NUMERIC.**

<d> DON'T KNOW (skip to IUQ220)  
<r> REFUSED (skip to IUQ220)

IUQ192 F [if IUQ190 gt <1>]or each time you were in the hospital in the last 12 months, f[endif]or how many days did you stay in the hospital? [if IUQ190 gt <1>]Begin with your most recent hospital stay [if IUQ190 gt <5>] and tell us about your stay for up to 5 hospital stays[endif].[endif]

{stay 1} <1-30> DURATION

UNITS  
{unit 1} <1> DAYS  
<2> MONTHS

**IUQ192\_S1 FMT\_NUMCAT.  
IUQ192\_S2 FMT\_NUMCAT.  
IUQ192\_S3 FMT\_NUMCAT.  
IUQ192\_S4 FMT\_NUMCAT.  
IUQ192\_S5 FMT\_NUMCAT.**

<d> DON'T KNOW  
<r> REFUSED

**IUQ192\_U1 FMT\_DAYS\_MONTHS.  
IUQ192\_U2 FMT\_DAYS\_MONTHS.  
IUQ192\_U3 FMT\_DAYS\_MONTHS.  
IUQ192\_U4 FMT\_DAYS\_MONTHS.  
IUQ192\_U5 FMT\_DAYS\_MONTHS.**

**STAY #1 @s1 DURATION @u1 UNIT (Will display number given in IUQ190)  
STAY #2 @s2 DURATION @u2 UNIT  
STAY #3 @s3 DURATION @u3 UNIT  
STAY #4 @s4 DURATION @u4 UNIT  
STAY #5 @s5 DURATION @u5 UNIT**

IUQ194 For [if IUQ190 gt <1>]any of [endif]your hospitalization [if IUQ190 gt <1>]s in the last 12 months [endif], [if IUQ190 gt <1>]how many times [endif]were you in an intensive care unit?

<0> NO [if IUQ190 gt <1>] TIMES[endif]  
[if IUQ190 eq <1>]<1> YES [else] <1-[fill IUQ190]> TIMES [maximum is number of hospitalizations in IUQ190]

**IUQ194 FMT\_NUMCAT.**

<d> DON'T KNOW  
<r> REFUSED

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

IUQ200 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 excellent, very good, good, fair or poor?

- <1> EXCELLENT
- <2> VERY GOOD
- <3> GOOD
- <4> FAIR
- <5> POOR

IUQ200 FMT\_EVGGFP.

- <d> DON'T KNOW
- <r> REFUSED

IUQ220 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?

- <0> NEVER (**SKIP TO IUQ260pre**)
- <1-76> ENTER NUMBER (**Go to IUQ230**)

- <d> DON'T KNOW (**Go to IUQ225**)
- <r> REFUSED (**Skip to IUQ230**)

IUQ220\_N FMT\_NUMCAT.  
IUQ220\_U FMT\_FREQ.

- <1> DAYS (**Skip to IUQ230**)
- <2> WEEKS (**Skip to IUQ230**)
- <3> MONTHS (**Skip to IUQ230**)
- <4> YEARS (**If more than 1 year, skip to IUQ260pre. Otherwise skip to IUQ230**)

IUQ225 Has it been never, 6 months or less, more than 6 months but no more than 1 year ago, more than 1 year ago but no more than 3 years ago or more than 3 years ago?

IUQ225 FMT\_IUQ225\_255\_.

- <1> NEVER (**Skip to IUQ260pre**)
- <2> 6 MONTHS OR LESS (**Go to IUQ230**)
- <3> MORE THAN 6 MONTHS BUT NO MORE THAN 1 YEAR AGO (**GO TO IUQ230**)
- <4> MORE THAN 1 YEAR BUT NO MORE THAN 3 YEARS AGO (**Skip to IUQ260pre**)
- <5> MORE THAN 3 YEARS AGO (**Skip to IUQ260pre**)
- <d> DON'T KNOW (**Skip to IUQ260pre**)
- <r> REFUSED (**Skip to IUQ260pre**)

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

IUQ230 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 excellent, very good, good, fair or poor?

- <1> EXCELLENT
- <2> VERY GOOD
- <3> GOOD
- <4> FAIR
- <5> POOR

IUQ230 FMT\_EVGGFP.

- <d> DON'T KNOW
- <r> REFUSED

IUQ260pre The next questions are about your **overall** level of satisfaction with quality and access to health care.

**INTERVIEWER: HIT ENTER TO CONTINUE**

IUQ260\_R2 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?

- <1> YES (Go to IUQ265)
- <2> NO (Skip to IUQ270)

IUQ260\_R2 FMT\_YES\_NO.

- <d> DON'T KNOW (Skip to IUQ270)
- <r> REFUSED (Skip to IUQ270)

IUQ265\_R2 What was the main reason you didn't get the health care you needed?

**(INTERVIEWER: HAND CARD)**

IUQ265\_R2 FMT\_IUQ265\_R2\_  
IUQ265\_R2\_OTHER \$FMT\_CHAR.

- <1> I couldn't afford health care
- <2> My insurance company wouldn't approve, cover or pay for care
- <3> My insurance company required a referral but I couldn't get one
- <4> The doctor (or clinic) refused to accept my insurance plan
- <5> Medical care was too far away
- <6> It was too expensive to get to health care
- <7> I couldn't get there when the doctor's office was open
- <8> It took too long to get an appointment
- <9> I couldn't get through on the telephone to make an appointment
- <10> The waiting list was too long
- <11> Didn't know where to get care
- <12> Other (Specify)

- <d> DON'T KNOW
- <r> REFUSED

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

IUQ270 In the past 12 months, did you experience **delay** in obtaining any type of health care?

**NOTE: QUESTION WAS DROPPED IN AUGUST 2019.**

<1> YES

<2> NO

(Skip to IUQ280)

<d> DON'T KNOW

(Skip to IUQ280)

<r> REFUSED

(Skip to IUQ280)

IUQ270

FMT\_YES\_NO.

IUQ275 What was the main reason for the difficulty or delay in obtaining health care?

**NOTE: QUESTION WAS DROPPED IN AUGUST 2019.**

**(INTERVIEWER: HAND CARD)**

<1> I couldn't afford health care

<2> My insurance company wouldn't approve, cover or pay for care

<3> My insurance company required a referral but I couldn't get one

<4> The doctor refused to accept my insurance plan

<5> Medical care was too far away

<6> It was too expensive to get to health care

<7> I couldn't get there when the doctor's office was open

<8> It took too long to get an appointment

<9> I couldn't get through on the telephone to make an appointment

<10> The waiting list was too long

<11> Other (Specify)

<d> DON'T KNOW

<r> REFUSED

IUQ275

IUQ275\_OTHER

FMT\_IUQ275\_.

\$FMT\_CHAR.

IUQ280 Overall, how would you rate the quality of the health care you received during the last 12 months?

Would you say it was excellent, very good, good, fair, poor or you did not receive any care?

**(INTERVIEWER: HAND CARD)**

<1> EXCELLENT

<2> VERY GOOD

<3> GOOD

<4> FAIR

<5> POOR

<6> NOT APPLICABLE (DID NOT RECEIVE ANY CARE)

<d> DON'T KNOW

<r> REFUSED

IUQ280

FMT\_EVGGFP.

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

IUQ290 Overall, how satisfied were you with **the way** health care services were provided during the last 12 months?

Were you very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, very dissatisfied or you did not receive any care?

**(INTERVIEWER: HAND CARD)**

IUQ290

FMT\_SATIS\_5CAT.

- <1> VERY SATISFIED
- <2> SOMEWHAT SATISFIED
- <3> NEITHER SATISFIED NOR DISSATISFIED
- <4> SOMEWHAT DISSATISFIED
- <5> VERY DISSATISFIED
- <6> NOT APPLICABLE (DID NOT RECEIVE ANY CARE)
  
- <d> DON'T KNOW
- <r> REFUSED

**IUQ300**

I want to hear you read as many words as you can from this list. Begin with the first word and read aloud. When you come to a word you cannot read, do the best you can or say, 'blank' and go onto the next word.

IUQ300

FMT\_NUMERIC.

**INTERVIEWER: HAND CARD AND RECORD THE NUMBER OF CORRECT PRONUNCIATIONS**

**IF THE RESPONDENT TAKES MORE THAN FIVE SECONDS ON A WORD, POINT TO THE NEXT WORD, IF NECESSARY, TO MOVE THE SUBJECT ALONG. IF THE SUBJECT BEGINS TO MISS EVERY WORD, HAVE HIM OR HER PRONOUNCE ONLY KNOWN WORDS.**

Menopause

Antibiotics

Exercise

Jaundice

Rectal

Anemia

Behavior

<0-7> CORRECT PRONUNCIATIONS

<d> DON'T KNOW

<r> REFUSED