

Section J. Health Questions

- J-1. In general, how would you rate your overall health? Would you say it is...
- | | |
|---------------------|---|
| A. Excellent, | 1 |
| B. Very Good, | 2 |
| C. Good, | 3 |
| D. Fair, or | 4 |
| E. Poor? | 5 |
- J-2. Do you have any difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses, if you usually wear them?
- | | |
|--------------|---|
| A. YES | 1 |
| B. NO | 2 |
- J-3. Do you have any difficulty hearing what is said in a normal conversation with another person even when using a hearing aid, if you usually wear one?
- | | |
|--------------|---|
| A. YES | 1 |
| B. NO | 2 |
- J-4. Have you ever been diagnosed or identified as having a learning disability?
- | | |
|--------------|---|
| A. YES | 1 |
| B. NO | 2 |
- J-5. Do you have any other health problem, impairment, or disability now that keeps you from participating fully in work, school, housework, or other activities?
- | | |
|--------------|---|
| A. YES | 1 |
| B. NO | 2 |
- J-6. Do you have any kind of medical insurance or are you enrolled in any kind of program that helps to pay for your health care?
- | | | |
|--------------|---|-------|
| A. YES | 1 | (J-7) |
| B. NO | 2 | (J-8) |

If answered 1 for B-10, display "school" in J-7A.

J-7. Is your program...

	YES	NO
A. Health insurance through your work (school) or a family member's work?	1	2
B. Medicare (Medicare is the health insurance for people 65 or older or people with disabilities)?	1	2
C. Health insurance you or someone else in your family purchased directly from an insurance company or other organization that is not related to past or current employment?	1	2
D. Health insurance provided as part of military service?	1	2
E. Medicaid or [if applicable, fill in state name]?	1	2
F. Other? (Specify)	1	2

State names for Medicaid:

Alaska	Medical Assistance Program
Arizona	AHCCCS, Acute Care Program or Long Term Care System (ALTCS)
California	Medi-Cal
Connecticut	Connecticut Access (CONNECT CARD)
D.C.	Medical Assistance
Florida	MediPass
Georgia	Better Health Care Program or Medical Assistance
Hawaii	Med-QUEST, Maluhia or Medical Assistance
Idaho	Healthy Connections or Medical Assistance
Illinois	MediPlan
Indiana	Hoosier Healthwise
Iowa	MediPAS (Medical Assistance)
Kansas	PrimeCare, Community Care Kansas (CCK) or HealthConnect
Kentucky	Kentucky Patient Access and Care System (KenPAC) or Medical Assistance
Louisiana	CommunityCARE Program
Maine	PrimeCare
Maryland	Maryland Access to Care (MAC) or Medical Assistance
Massachusetts	MassHealth
Minnesota	Prepaid Medical Assistance Program (PMAP) or Health Care Programs
Mississippi	HealthMACS
Missouri	MC Plus
Montana	Passport to Health
Nebraska	Primary Care Plus (+) or Health Connection
Nevada	MAPnet
New Jersey	New Jersey Care 2000
New Mexico	Primary Care Network
New York	MAX
North Carolina	Carolina Access
North Dakota	North Dakota Access to Care (No DAC)
Ohio	Accessing Better Care (ABC) Program
Oklahoma	SoonerCare
Oregon	Oregon Health Plan (OHP), Kaiser-S/HMO or Medical Assistance
Pennsylvania	HealthPASS, Family Care Network (FCN), Lancaster Community Health Plan, Blue Card or Green Card or ACCESS
Rhode Island	Rite Care or Medical Assistance
South Carolina	South Carolina Health Access Plan (SCHAP)
South Dakota	Primary Care Provider Program
Tennessee	TennCare
Texas	LoneSTAR (State of Texas Access Reform)
Vermont	Dr. Dynosaur, Vermont Health Access Program (VHAP) or AIM
Virginia	Medallion, Options or Medical Assistance
Washington	Health Access Spokane, Kaiser-S/HMO or Healthy Options
West Virginia	West Virginia Physician Assured Access System (PAAS)
Wisconsin	Medical Assistance Program

J-8. [Ask only of people with children other than the respondent under age 18 living in the home.] Do the children living in this household have any type of medical insurance or health care coverage?

- | | |
|--|---|
| A. YES | 1 |
| B. NO..... | 2 |
| C. AT LEAST ONE CHILD (BUT NOT ALL THE CHILDREN) HAS MEDICAL INSURANCE | 3 |

J-9. **[HAND CARD.]** Now I'd like to find out how you usually get information about health issues, such as diet, exercise, disease prevention, or a specific disease or health condition. How much information about health issues do you get from...

**HAND
CARD
3**

Would you say...

	A lot	Some	A little	or	None
A. Newspapers.....	1	2	3		4
B. Magazines	1	2	3		4
C. Internet	1	2	3		4
D. Radio and television	1	2	3		4
E. Books or brochures	1	2	3		4
F. Family members, friends, or co-workers.....	1	2	3		4
G. Talking to health care professionals, such as doctors, nurses, therapists, or psychologists	1	2	3		4

J-10. I would like to ask you about some topics related to maintaining health. In the past year, have you...

	YES	NO
A. Gotten a flu shot?	1	2
B. [If female age 40 or older] Had a mammogram?	1	2
C. [If female between 18 and 65] Had a pap smear?.....	1	2
D. [If age 50 or older] Been screened for colon cancer?	1	2
E. Had your vision checked?.....	1	2
F. [If male] Been screened for prostate cancer?.....	1	2
G. [If age 50 or older] Been screened for osteoporosis?	1	2
H. [If age 65 or older] Had the pneumonia shot or pneumonia vaccine?.....	1	2
I. Visited a dentist?	1	2