INTERVIEWER: PLEASE ENTER YOUR ID NUMBER

I:
NUM 1 1500 4 0 20 3
IF (ANS>1500) REASK

INTERVIEWER: PLEASE KEY IN THE SURVEY NUMBER

I:
NUM 1 2200 4 0 20 5
IF (ANS>2200) REASK

Q: COVERED
T:
Are you covered by private health insurance that pays for some or all charges for your arthritis inpatient and outpatient hospital and physician services?

1 YES
2 NO --> SKIPTO MEDICARE

I:
KEY 1-2
QAL NOQAL
IF (ANS>1) SKIPTO MEDICARE

Q: THROUGH
T:
Was this private health insurance obtained through

1 Current employer or work
2 Former employer
3 Union
4 TRICARE/CHAMPUS
5 CHAMPVA
6 The military/VA health care  
7 Private purchased  
8 Other --> SPECIFY  
98 MULTIPLE ENTRY --> SPECIFY  
99 NO ANSWER, LEFT BLANK

I:  
NUM 1 99 2 0 25 10  
OTH 8 15 5 20 60  
OTH 98 17 5 20 60  
IF (ANS > 8)  
   IF (ANS < 98) REASK  
ENDIF

Q: NAMEINS  
T:  
What is the full name of the private insurance company and the insurance plan? Please print.

I:  
OPN 10 10 20 70 M N

Q: MEDICARE  
T:  
Are you covered by Medicare?  

1 YES  
2 NO  

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-2,9

Q: SUPPMDCR  
T:  
Are you covered by any health insurance that supplements Medicare?  

1 YES  
2 NO -->IF NO, SKIPTO PUBASSIT  

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-2,9  
IF (ANS>1) SKIPTO PUBASSIT

Q: SUPPNAME  
T:  
What is the full name of the supplemental insurance company and plan? Please print.

I:  
OPN 10 10 20 70 M N
Q:PUBASSIT
T:
Are you covered by any public assistance health insurance program such as Medicaid?

1 YES
2 NO --> IF NO, SKIPTO AFFTARTH
9 NO ANSWER, LEFT BLANK

I:
KEY 1-2,9
IF (ANS>1) SKIPTO AFFTARTH

Q:PUASSTNM
T:
What is the full name of the public assistance health insurance program? Please print.

I:
OPN 10 10 20 70 M N

Q:AFFTARTH
T:
Considering all the ways that your arthritis affects you, rate how you are doing on the following scale by placing a mark on the line.

1--------------------------------------------10
very poorly    very well

I:
NUM 0 10 3 1 20 5
IF (ANS>10) REASK

Q:FREQCARE
T:
In the last 12 months (counting today's visit but not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for your arthritis?

1 ONE (JUST TODAY IN THE LAST 12 MONTHS)
2 2 TIMES
3 3 TIMES
4 4 TIMES
5 5 TO 9 TIMES
6 10 OR MORE TIMES
9 NO ANSWER, LEFT BLANK

I:
KEY 1-6,9

Q:TRBLCARE
T:
In the last 12 months, how much of a problem, if any, was it to get the arthritis care you or a doctor believed necessary?
1 NOT A PROBLEM
2 A SMALL PROBLEM
3 SOMEWHAT OF A PROBLEM
4 A BIG PROBLEM

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q: CAUSPRBM
T:
If there were problems, which of the following contributed to the problems?

1 YOUR ARTHRITIS DOCTOR
2 THE STAFF AT YOUR ARTHRITIS DOCTOR’S OFFICE
3 PHARMACIES OR DRUG STORES
4 LABS, X-RAY, OR MRI FACILITIES
5 HEALTH INSURANCE COMPANY
6 OTHER --> PLEASE SPECIFY

9 NO ANSWER, LEFT BLANK

I:
KEY 1-6,9
OTH 6 15 5 20 60

Q: MOSTPRBM
T:
Which ONE of these contributed the MOST to the problems?

1 YOUR ARTHRITIS DOCTOR
2 THE STAFF AT YOUR ARTHRITIS DOCTOR’S OFFICE
3 PHARMACIES OR DRUG STORES
4 LABS, X-RAY, OR MRI FACILITIES
5 HEALTH INSURANCE COMPANY
6 OTHER --> PLEASE SPECIFY

9 NO ANSWER, LEFT BLANK

I:
KEY 1-6,9
OTH 6 15 5 20 60

Q: DRINSUR
T:
Has your arthritis doctor had to give you less than ideal care for your arthritis because of insurance restrictions or requirements?

1 YES
2 NO

9 NO ANSWER, LEFT BLANK

I:
Q:PAPERWK
T:
In the last 12 months, how much of a problem, if any, did you have with paperwork for your health insurance?

1 NOT A PROBLEM
2 A SMALL PROBLEM
3 SOMEWHAT OF A PROBLEM
4 A BIG PROBLEM

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:INFORM
T:
How well does your health insurance company inform you about the benefits and rules of your health insurance?

1 VERY WELL
2 WELL
3 POORLY
4 VERY POORLY

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:CHNGEDR
T:
In the last 12 months, have you changed arthritis doctors, for any reason?

1 YES
2 NO --> PLEASE SKIP TO CHGEUNWT

9 NO ANSWER, LEFT BLANK

I:
KEY 1-2,9
IF (ANS>1) SKIPTO CHGEUNWT

Q:WHYCGDR
T:
Why did you change arthritis doctors?

1 AT MY DOCTOR'S REQUEST OR BECAUSE MY DOCTOR RETIRED OR MOVED
2 TO GO TO A DOCTOR I PREFERRED
3 I MOVED
4 MY HEALTH INSURANCE CHANGED AND I HAD TO CHANGE DOCTORS
5 OTHER REASON --> PLEASE SPECIFY ' 
Have you EVER had to change arthritis doctors when you did not want to, because of your health insurance?

1 YES
2 NO

In the last 12 months, have you skipped doses to make your arthritis medicine last longer?

1 YES
2 NO --> IF NO, SKIPTO MDCN2

Please tell us the reason

In the last 12 months, have you stopped taking arthritis medicines?

1 YES
2 NO --> IF NO, SKIPTO MDCN3
Please tell us the reason

I:
OPN 10 10 20 70 M N
Q: MDCN3
T:
In the last 12 months, have you not filled a prescription for your arthritis?

1 YES
2 NO --> IF NO, SKIPTO MDCN4
9 NO ANSWER, LEFT BLANK

I:
KEY 1-2,9
IF (ANS>1) SKIPTO MDCN4
Q: MDCN3WHY
T:
Please tell us the reason

I:
OPN 10 10 20 70 M N
Q: MDCN4
T:
In the last 12 months, have you skipped a visit to a doctor or lab test for your arthritis?

1 YES
2 NO --> IF NO, SKIPTO DENIED
9 NO ANSWER, LEFT BLANK

I:
KEY 1-2,9
IF (ANS>1) SKIPTO DENIED
Q: MDCN4WHY
T:
Please tell us the reason

I:
OPN 10 10 20 70 M N
Q: DENIED
T:
In the past 12 months, have arthritis services, treatments, or medicines been denied you by your health insurance company?

1 YES
2 NO --> PLEASE SKIP TO INS1
9 NO ANSWER, LEFT BLANK
I:
KEY 1-2,9
IF (ANS>1) SKIPTO INS1

Q:WHYDEND
T:
What was denied?

I:
OPN 10 10 20 70 M N

Q:RESOLVE
T:
How was this resolved?

I:
OPN 10 10 20 70 M N

Q:INS1
T:
Please rate your arthritis health insurance on each of these:
Covering the medicines you need

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:INS2
T:
Customer service when you contact them

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:INS3
T:
Ability to choose the arthritis doctor you want

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:INS4
T:
Stability of coverage in future

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:INS5
T:
Monthly cost of health insurance

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:INS6
T:
Your co-pay for doctors visits

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:INS7
T:
Your co-pay for medicine

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q: INS8
T: Convenience of location of Lab for arthritis lab work

1 EXCELLENT
2 GOOD
3 FAIR
4 POOR

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q: WORRIED1
T: How worried are you that these events might happen to you in the next twelve months?
Being denied recommended arthritis medicines

1 NOT AT ALL WORRIED
2 NOT VERY WORRIED
3 SOMEWHAT WORRIED
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q: WORRIED2
T: Being denied a recommended arthritis treatment

1 NOT AT ALL WORRIED
2 NOT VERY WORRIED
3 SOMEWHAT WORRIED
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q: WORRIED3
T: Co-pay will go up

1 NOT AT ALL WORRIED
I:
KEY 1-4,9

Q:WORRIED4
T:
Losing coverage

1 NOT AT ALL WORRIED
2 NOT VERY WORRIED
3 SOMEWHAT WORRIED
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:WORRIED5
T:
Change arthritis doctors

1 NOT AT ALL WORRIED
2 NOT VERY WORRIED
3 SOMEWHAT WORRIED
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:
KEY 1-4,9

Q:SEX
T:
Are you male or female?

1 MALE
2 FEMALE

9 NO ANSWER, LEFT BLANK

I:
KEY 1-2,9

Q:BIRTH
T:
What year were you born?    Year _____________

I:
NUM 0000 1986 4 0 24 10
IF(ANS>0000)
IF(ANS<1900) REASK
ENDIF

Q:EDU
T:
What is the highest grade or level of school you completed?

1 LESS THAN HIGH SCHOOL
2 HIGH SCHOOL DIPLOMA OR GED
3 SOME COLLEGE, NO DEGREE
4 COMPLETED VOCATIONAL OR TECHNICAL TRAINING OR A 2-YEAR DEGREE PROGRAM
5 COMPLETED A 4-YEAR DEGREE PROGRAM
6 GRADUATE SCHOOL
9 NO ANSWER, LEFT BLANK

I:
KEY 1-6,9

Q:HISPANIC
T:
Are you of Hispanic or Latino origin or descent?

1 YES, HISPANIC OR LATINO
2 NO, NOT HISPANIC OR LATINO
9 NO ANSWER, LEFT BLANK

I:
KEY 1-2,9

Q:RACE
T:
What is your race?

1 WHITE OR CAUCASIAN
2 BLACK OR AFRICAN-AMERICAN
3 AMERICAN INDIAN OR ALASKA NATIVE
4 ASIAN
5 NATIVE HAWAIIAN OR PACIFIC ISLANDER
6 OTHER --> PLEASE SPECIFY
9 NO ANSWER, LEFT BLANK

I:
KEY 1-6,9
OTH 6 15 5 20 60

Q:SUGG
T:
What is the one thing you would most like your health insurance to do differently?

I:
OPN 10 10 20 70 M N
Q:ELSE
T: What else would you like to tell us about your arthritis care or your health insurance?
I: OPN 10 10 20 70 M N

Q:CONTACT
T: If we need to contact you to clarify one of your answers, what telephone number should we call?
I: OPN 10 10 20 70 M N

Q:NAME
T: We do not need your name, but please give your initials, nickname, or some other way we can ask for you if we call.
I: OPN 10 10 20 70 M N

Q:INTOBS
T: INTERVIEWER: ENTER YOUR OBSERVATIONS FOR THIS INTERVIEW (OPTIONAL)
I: OPN 10 10 20 70 M N
CPL
DISPOS = 26
ENDQUEST

Q:NOQAL
T: This respondent does not qualify for the survey.
I: KEY CTRLEND