New Immigrant Survey
Section E - Health and Life Insurance

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{if C22_X=1: E1; otherwise, begin with E2}

E1.   {OS} You mentioned earlier that you were self-employed. Do you have health insurance through that business that pays hospital or doctor bills?

     1.   YES [E2]
     2.   NO [E2]
     -2. DON'T KNOW [E2]
     -1. REFUSED [E2]

E1a.   {IM} {CP} Are you currently covered by any health insurance?

     1.   YES [E1b]
     2.   NO [E7]
     -2. DK [E7]
     -1. RFU [E7]

E1b.   {IM} {CP} Is this private health insurance, US government health insurance such as Medicaid, Medicare, health insurance from a non-US government, or something else?

     1.   PRIVATE HEALTH INSURANCE [E3]
     2.   US GOVERNMENT HEALTH INSURANCE SUCH AS MEDICAID [E7]
     3. MEDICARE [E7]
     4. FOREIGN GOVERNMENT HEALTH INSURANCE [E1d]
     5.   OR SOMETHING ELSE [E1C]
     -2. DK [E2]
     -1. RF [E2]

E1c.   {IM} {CP} (Please Specify) _____ (80 characters) [E7]

     -2. DK [E7]
     -1. RF [E7]

E1d.   {IM} {CP} From which country?

     [COUNTRY PICKLIST] [E7]
     997. OTHER SPECIFY [E1e]
     -2. DK [E7]
     -1. RF [E7]

E1e.   {IM} {CP} OTHER SPECIFY _____ {80 characters} [E7]
     -2. DK [E7]
     -1. RF [E7]

E2.   {OS} Not including any government provided healthcare insurance including Medicare, Medicaid, CHAMPUS, CHAMPS-VA, are you covered by any **private** health insurance?

     1.   YES [E3]
     2.   NO [E9; unless C22_X=1: E12]
     -2. DON'T KNOW [E9; unless C22_X=1: E12]
     -1. REFUSED [E9; unless C22_X=1: E12]

New Immigrant Survey
Section E - Health and Life Insurance

E3.   {IM, CP -For this next set of questions I'd like you to think about the **private** health insurance plan that you consider as your primary or most important health insurance plan.} Do you obtain private health insurance through your (**Text Fill:** , *or your spouse or partner's,*) (**Text Fill: if employed:** *current employer,*) school, parents, former employer or union, or from someplace else?

[IWER: ASK "WHOSE EMPLOYER?" IF NOT CLEAR]

1. R'S CURRENT EMPLOYER [E4; OS: E7]
2. R'S FORMER EMPLOYER [E4; OS: E7]
3.   R'S UNION [E4; OS: E7]
4.   R'S SCHOOL [E4; OS: E7]
5.   R'S PARENTS [E4; OS: E7]
6. SPOUSE'S CURRENT EMPLOYER [E4; OS: E7]
7. SPOUSE'S FORMER EMPLOYER [E4; OS: E7]
8. SPOUSE'S UNION [E4; OS: E7]
9. SPOUSE'S SCHOOL [E4; OS: E7]
10. SPOUSE'S PARENTS [E4; OS: E7]
11. SOMEPLACE ELSE [E3a]
-2. DON'T KNOW [E4; OS: E7]
-1. REFUSED [E4; OS: E7]

E3a   (Please Specify) _____ [E4; OS: E7] **{80 characters max}**

E4.   {OS} Besides you, is anyone else covered on this health insurance?

1.   YES [E5]
2.   NO [E7]
-2. DON'T KNOW [E7]
-1. REFUSED [E7]

E5.   {OS} Who besides yourself is covered?
        [IWER: CHOOSE ALL THAT APPLY]]

1. [E5_1] SPOUSE [E7]
2. [E5_2] ALL MY CHILDREN [E7]
3. [E5_3] SOME OF MY CHILDREN [E6_XX]
4. [E5_4] OTHER (SPECIFY) [E5a]
-2. Don't Know [E7]
-1. Refused [E7]

E5a. {OS} (SPECIFY) _____ **{80 character limit}** [E7]
        -2. Don't Know [E7]
        -1. Refused [E7]

E6_XX. {OS} Which of your children are covered by this private health insurance plan?

        {fertility roster, choose all that apply} [after choosing all that apply [E6a_XX – any more children?] continue to E7]
        997. NOT ON LIST
        -2. DON'T KNOW [E7]
        -1. REFUSED [E7]

E7.   I'd like to ask you a few questions about how your health insurance works for non-emergency care. Does this health insurance plan pay any part of the cost of prescription medicines?

1.   YES [E8]
2.   NO [E8]

-2. DON'T KNOW [E8]
-1. REFUSED [E8]

E8.   Does this health insurance plan pay any part of the cost of your routine dental care by a dentist?

1.   YES [E9; unless E3=1: E12; unless E3=3: E10; OS: G1]
2.   NO [E9; unless E3=1: E12; unless E3=3: E10; OS: G1]
-2. DON'T KNOW [E9; unless E3=1: E12; unless E3=3: E10; OS: G1]
-1. REFUSED [E9; unless E3=1: E12; unless E3=3: E10; OS: G1]

E9.   {OS} Does your employer or union offer a health insurance plan to any of its employees?

1.   YES [E10]
2.   NO [E11]
-2. DON'T KNOW [E11]
-1. REFUSED [E11]

E10.   {OS} Were you offered health insurance through your job?

1.   YES [E11]
2.   NO [E11]
-2. DON'T KNOW [E11]
-1. REFUSED [E11]

E11.   {OS} Will you be eligible for health insurance through your job in the future?

1.   YES [E12]
2.   NO [E12]
-2. DON'T KNOW [E12]
-1. REFUSED [E12]

E12. {OS} Are you currently covered by any government provided health insurance from a country other than the United States?

1.   YES [E13]
2.   NO [E19]
-2. DON'T KNOW [E19]
-1. REFUSED [E19]

E13. {OS} Which country?
{picklist – country of origin at top – US should not be in the picklist; SP: A145 on top}

[E14]
97. OTHER (specify) [E13a]
-2. DON'T KNOW [E14]
-1. REFUSED [E14]

E13a.   {OS} (specify) _____ [E14] {30 character max}
-2. DON'T KNOW [E14]
-1. REFUSED [E14]

E14.   {OS} Besides you, is anyone else covered on this health insurance?

1.   YES [E15]
2.   NO [E17]
-2. DON'T KNOW [E17]
-1. REFUSED [E17]

E15.   {OS} Who besides yourself is covered?
        [IWER: CHOOSE ALL THAT APPLY, BUT DO NOT ALLOW 2 AND 3 SIMULTANEOUSLY]

        1. [E15] SPOUSE [E17; if 3 is selected but not 97: E16_XX; if 97 is: E15a]
        2. [E152] ALL MY CHILDREN [E17; if 97 is selected: E15a]
        3. [E153] SOME OF MY CHILDREN [E16_XX; if 97 is selected: E15a]
        4. [E154] OTHER (SPECIFY) [E15a]
    -2. Don't Know [E17]
        -1. Refused [E17]

E15a. {OS} (SPECIFY) _____ **{80 character limit}** [E17; unless 3 is also selected: E16_XX]
        -2. Don't Know [E16_XX]
        -1. Refused [E16_XX]

E16_XX {OS} Which of your children are covered by this private health insurance plan?

        {fertility roster, choose all that apply} [after choosing all that apply continue to E17]
    -2. DON'T KNOW [E17]
        -1. REFUSED [E17]

E17. {OS} I'd like to ask you a few questions about how your health insurance works for non-emergency care. Does this health insurance plan pay any part of the cost of prescription medicines?

        1.   YES [E18]
        2.   NO [E18]
        -2. DON'T KNOW [E18]
        -1. REFUSED [E18]

E18. {OS} Does this health insurance plan pay any part of the cost of your routine dental care by a dentist?

        1.   YES [E19]
        2.   NO [E19]
        -2. DON'T KNOW [E19]
        -1. REFUSED [E19]

E19. {OS} The next questions are about public health insurance in the United States. In the United States, Medicare is a public health insurance program for people 65 or older and for disabled persons. [Medicaid/*STATE NAME FOR MEDICAID*] is a public health insurance program for people with low incomes.

        Are you currently covered by Medicare health insurance?

        1.   Yes [E20]
        2.   No [E20]
        -2. Don't Know [E20]
        -1. Refused [E20]

E20.   {OS} Are you currently covered by your state's Medicaid program **[Text Fill:** *, fill according to which state R lives in (which state Spouse lives in from A255) from* **{MEDICAID LIST}] (If no specific name is available leave blank)**?

        1.   YES [E21; unless A10=1 or if A15_XX does not equal biological, adopted or step-child in any loop: E22]
        2.   NO [E21; unless A10=1 or if A15_XX does not equal biological, adopted or step-child in any loop: E22]
        -2. Don't Know [E21; unless A10=1 or if A15_XX does not equal biological, adopted or step-child in any loop: E22]
        -1. Refused [E21; unless A10=1 or if A15_XX does not equal biological, adopted or step-child in any loop: E22]

E21. {OS} Are your children living in your household currently covered by your state's Medicaid Children's Health Insurance Program [Text Fill: *, fill according to which state R lives in (which state Spouse lives in from A255) from* {CHIP LIST}] (If no state is available leave blank) {if there are no children living in the household do not ask this question: if A10=1 or if A15_XX does not equal biological, adopted or step-child in any loop}

TO BE ADDED

1. YES [E22]
2. NO [E22]
-2. DON'T KNOW [E22]
-1. REFUSED [E22]

E22. {OS} Do you currently have any life insurance?

1. YES [E23]
2. NO [next module]
-2. DON'T KNOW [next module]
-1. REFUSED [next module]

E23. {OS} Altogether, what is the total face value of all of your life insurance policies, that is, the amount of money the beneficiaries would get if you were to die?

[IWER: DO NOT PROBE DK]

_____ (amount) {set up this way: $_ _ _,_ _ _,_ _ _}
[next module]
-2. DON'T KNOW [assign random # 1-3; go to RANDOM ASSIGNMENT based on #]
-1. REFUSED [assign random # 1-3; go to RANDOM ASSIGNMENT based on #]

RANDOM ASSIGNMENT 1

E23a. {OS} (Does it amount to) less than $2,500, more than $2,500, or what?

1. LESS THAN $2,500 [next module]
3. ABOUT $2,500 [next module]
5. MORE THAN $2,500 [E23b]
-2. DON'T KNOW [next module]
-1. REFUSED [next module]

E23b. {OS} Does it amount to less than $20,000, more than $20,000, or what?

1. LESS THAN $20,000 [next module]
3. ABOUT $20,000 [next module]
5. MORE THAN $20,000 [E23c]
-2. DON'T KNOW [next module]
-1. REFUSED [next module]

E23c. (Does it amount to) less than $50,000, more than $50,000, or what?

{OS} 1. LESS THAN $50,000 [next module]
3. ABOUT $50,000 [next module]
5. MORE THAN $50,000 [E23d]
-2. DON'T KNOW [next module]
-1. REFUSED [next module]

E23d. {OS} (Does it amount to) less than $250,000, more than $250,000, or what?

      1. LESS THAN $250,000 [next module]
      3. ABOUT $250,000 [next module]
      5. MORE THAN $250,000 [next module]
      -2. DON'T KNOW [next module]
      -1. REFUSED [next module]

RANDOM ASSIGNMENT 2

E23b. {OS} Does it amount to less than $20,000, more than $20,000, or what?

      1. LESS THAN $20,000 [E23a]
      3. ABOUT $20,000 [next module]
      5. MORE THAN $20,000 [E23c]
      -2. DON'T KNOW [next module]
      -1. REFUSED [next module]

E23c. {OS} (Does it amount to) less than $50,000, more than $50,000, or what?

      1.   LESS THAN $50,000 [next module]
      3. ABOUT $50,000 [next module]
      5. MORE THAN $50,000 [E23d]
      -2. DON'T KNOW [next module]
      -1. REFUSED [next module]

E23d. {OS} (Does it amount to) less than $250,000, more than $250,000, or what?

      1. LESS THAN $250,000 [next module]
      3. ABOUT $250,000 [next module]
      5. MORE THAN $250,000 [next module]
      -2. DON'T KNOW [next module]
      -1. REFUSED [next module]

E23a. {OS} (Does it amount to) less than $2,500, more than $2500, or what?

      1. LESS THAN $2,500 [next module]
      3. ABOUT $2,500 [next module]
      5. MORE THAN $2,500 [next module]
      -2. DON'T KNOW [next module]
      -1. REFUSED [next module]

RANDOM ASSIGNMENT 3

E23c. {OS} (Does it amount to) less than $50,000, more than $50,000, or what?

      1. LESS THAN $50,000 [E23b]
      3. ABOUT $50,000 [next module]
      5. MORE THAN $50,000 [E23d]
      -2. DON'T KNOW [next module]
      -1. REFUSED [next module]

E23d. {OS} (Does it amount to) less than $250,000, more than $250,000, or what?

      1. LESS THAN $250,000 [next module]
      3. ABOUT $250,000 [next module]
      5. MORE THAN $250,000 [next module]

-2. DON'T KNOW [next module]
-1. REFUSED [next module]

E23b. {OS} Does it amount to less than $20,000, more than $20,000, or what?

1. LESS THAN $20,000 [E23a]
3. ABOUT $20,000 [next module]
5. MORE THAN $20,000 [next module]
-2. DON'T KNOW [next module]
-1. REFUSED [next module]

E23a. {OS} (Does it amount to) less than $2,500, more than $2,500, or what?

1. LESS THAN $2,500 [next module]
3. ABOUT $2,500 [next module]
5. MORE THAN $2,500 [next module]
-2. DON'T KNOW [next module]
-1. REFUSED [next module]