

**5. INSURANCE COVERAGE**

**Section A: Public Coverage**

TIME THIS SECTION BEGINS RECORDED HERE

**TSST05A**

Now I'd like to talk with you about health insurance.

A1. Have you been covered by Medicaid or (STATE NAME FOR MEDICAID) in the last 6 months?  
(Medicaid is a state program for low income persons or for persons on public assistance.)

**B05A01**

**(Circle One)**

- YES ..... 1
- NO ..... 2 → SKIP TO A5
- REFUSED ..... -1 → SKIP TO A5
- DON'T KNOW ..... -2

A2. Are you presently covered?

**B05A02**

**(Circle One)**

- YES ..... 1
- NO ..... 2 → SKIP TO A4
- REFUSED ..... -1 → SKIP TO A4
- DON'T KNOW ..... -2 → SKIP TO A4

A3. In what month and year were you first covered by (Medicaid/STATE PROGRAM NAME)?

**B05A03M**

**B05A03Y**

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

EVERYONE SKIP TO A5

A4. During the last 6 months, approximately how many months were you covered by  
(Medicaid/STATE PROGRAM NAME)?

**B05A04**

\_\_\_\_\_ MONTHS

A5. Are you presently covered by Medicare? (Medicare is a health insurance program for people 65 years old or over and for people who are disabled.)

**B05A05**

**(Circle One)**

- YES ..... 1
- NO ..... 2 → SKIP TO A7
- REFUSED ..... -1 → SKIP TO A7
- DON'T KNOW ..... -2 → SKIP TO A7

A6. In what month and year were you first covered by Medicare?

**B05A06M**

**B05A06Y** MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

A7. Have you received coverage from any other public insurance program during the last 6 months? This includes any public programs such as the AIDS Drugs Assistance Program (ADAP), VA benefits, or a county program.

**B05A07**

**(Circle One)**

- YES ..... 1
- NO ..... 2 → SKIP TO B1
- REFUSED ..... -1 → SKIP TO B1
- DON'T KNOW ..... -2 → SKIP TO B1

A8. (HAND R CARD #25) What are the names of these programs?

**(Circle All That Apply)**

- B05A08A** a. WIC (WOMEN, INFANTS AND CHILDREN) ..... 1
- B05A08B** b. ADAP (AIDS DRUG ASSISTANCE PROGRAM) .. 2
- B05A08C** c. VETERANS ADMINISTRATION (VA) ..... 3
- B05A08D** d. CHAMPUS ..... 4
- B05A08E** e. COUNTY PROGRAM ..... 5
- B05A08F** f. OTHER ..... 6

A9. Are you presently covered by any of these programs?

**B05A09**

**(Circle One)**

- YES ..... 1
- NO ..... 2