

Module 9

We would like to find out about your health insurance and your out-of-pocket expenses for diabetes care in the last 12 months.

1. Have you had health insurance continuously for the last 12 months? {Ins12Month_QOCS}

Yes

No →

For how many months were you not covered by health insurance? {noinsmonths_qocs_s4}

1 – 3 months

4 – 6 months

7 or more months

Don't know

Prefer not to answer

Don't know →

Prefer not to answer →

Do you currently have health insurance? {inscurrent}

Yes

No →

Why not?
(Check all that apply)

I can't afford to purchase health insurance {noinsafford}

My work/my spouse or partner's work does not offer health insurance for me {noinsoffer}

I do not have health insurance due to a job layoff, job loss, or any other reason related to unemployment {noinsunemploy}

I chose not to get health insurance because I am generally healthy {noinshealthy}

I am able to go to VA or military hospital/facility for medical care {noinsva}

Other (specify) {noinsotsp}

Don't know {noinsdk}

Prefer not to answer {noinspreferno}

Please go to Question 11

Don't know →

Prefer not to answer →

Please go to Question 11

2. I currently receive my health insurance (Check all that apply):

- Through my work {inswork}
- Through my parents' work {insparent}
- Through a union or professional association {insunion}
- Through my school or college {insschool}
- Through my partner/spouse's work {insspouse}
- Through the Indian Health Service {insindian}
- Through the military {insmilitary}
- Through Medicaid {insmedicaid}
- I/we buy private health insurance {inspriv}
 - Is this purchased through a health insurance exchange or marketplace?** {insprivexch}
 - Yes No Don't know
 - Is this purchase subsidized?** {insprivsub}
 - Yes No Don't know
- I have health insurance, but I do not know what kind it is {insunk}
- Other (specify) {insother} _____ {insothsp} _____
- Don't know {insdk}
- Prefer not to answer {inspref}

3. About how much did you pay in the past year for your/your family's health insurance premiums? {inspremium}

- | | | |
|--|---|---|
| 1 <input type="checkbox"/> None | 5 <input type="checkbox"/> \$301-500 | 9 <input type="checkbox"/> Other (specify) _____ {inspremothsp} _____ |
| 2 <input type="checkbox"/> Less than \$100 | 6 <input type="checkbox"/> \$501-1000 | 10 <input type="checkbox"/> Don't know |
| 3 <input type="checkbox"/> \$101-200 | 7 <input type="checkbox"/> \$1001-5000 | 11 <input type="checkbox"/> Prefer not to answer |
| 4 <input type="checkbox"/> \$201-300 | 8 <input type="checkbox"/> More than \$5000 | |

4. Does your health insurance plan have an annual deductible? {insdeduct}

1 Yes →

What is the (family) annual deductible for your health insurance plan? (If there is a separate deductible for prescription drugs, hospitalizations, or out-of-network care, do not include those deductible amounts here). {insfamdeduct}

- | | |
|--|--|
| 1 <input type="checkbox"/> \$1 - \$1,300 | 4 <input type="checkbox"/> Other (specify) _____ {insfamothsp} _____ |
| 2 <input type="checkbox"/> \$1,301 - \$2,600 | 5 <input type="checkbox"/> Don't know |
| 3 <input type="checkbox"/> \$2,601 - \$5,000 | 6 <input type="checkbox"/> Prefer not to answer |

- 2 No
- 3 Don't know
- 4 Prefer not to answer

5. Does your health insurance plan require that a specific number of family members meet their individual deductibles before the family deductible is met? [{insfamdeductind}](#)

- 1 Yes
- 2 No
- 3 Does not apply (I don't have a family plan)
- 4 Don't know
- 5 Prefer not to answer

6. Does your health insurance plan cover any costs for in-hospital care (overnight stay in a hospital)? [{insinhosp}](#)

- 1 Yes
- 2 No
- 3 Don't know
- 4 Prefer not to answer

7. In the last 12 months, did you have a co-payment? (Some health insurance plans may have both a dollar copayment and a percentage co-insurance.) [{hplancopay}](#)

1 Yes
→

	What was the co-pay amount per visit?							
	\$0 (none)	\$1 to \$19	\$20 to \$49	\$50 to \$99	\$100 to \$199	\$200 or more	Don't know	Does not apply
Diabetes clinic visit {inscpamtdm}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Specialist clinic visit {inscpamtspec}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Primary care clinic visit {inscpamtprim}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Emergency room {inscpamter}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Urgent care {inscpamturg}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Overnight hospital stay {inscpamthosp}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

- 2 No
- 3 Don't know
- 4 Prefer not to answer

8. In the last 12 months, did you have co-insurance for any of your medical visits? (Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.) [{inscoinsure}](#)

- ₁ Yes
 ₂ No
 ₃ Don't know
 ₄ Prefer not to answer

9. What percentage of the total bill did you pay out-of-pocket for the following health care visits and services after any annual deductible was met?

	0% (none)	1% to 10%	11% to 20%	21% to 30%	31% or more	Don't know	Does not apply
Diabetes clinic visit {insptotdm}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Other clinic visit {insptototh}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Emergency room {insptoter}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Urgent care {insptotur}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
Overnight hospital stay {insptohosp}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

10. In the last 12 months, did you have to pay all or a portion of a facility fee for any of your medical visits? (A facility fee is a fee or charge for a visit that takes place in a clinic associated with a hospital. It is separate from the bill for the doctor or other services like lab work or nurse visit.) [{insfacfee}](#)

₁ Yes →

How much did you have to pay for the facility fee per visit? [{insfacfeeamt}](#)

- | | |
|---|--|
| <input type="checkbox"/> ₁ \$1-\$10 | <input type="checkbox"/> ₆ \$301-\$500 |
| <input type="checkbox"/> ₂ \$11-\$50 | <input type="checkbox"/> ₇ More than \$500 |
| <input type="checkbox"/> ₃ \$51-\$100 | <input type="checkbox"/> ₈ Don't know |
| <input type="checkbox"/> ₄ \$101-\$200 | <input type="checkbox"/> ₉ Prefer not to answer |
| <input type="checkbox"/> ₅ \$201-\$300 | |

- ₂ No
₃ Don't know
₄ Prefer not to answer

11. Has your primary health insurance plan changed in the last 12 months? {insrchng_heaq_s4}

1 Yes →

**What were the reasons your health insurance plan changed?
(Check all that apply).**

- | | | |
|-----------------|--|--|
| {insrepl_heaq} | <input type="checkbox"/> Employer stopped offering this plan | <input type="checkbox"/> I moved {insrmov_heaq} |
| {insrdoc_heaq} | <input type="checkbox"/> Doctor was no longer covered by this plan | <input type="checkbox"/> Change in jobs {insrjob_heaq} |
| {insrnopar} | <input type="checkbox"/> I was no longer covered on my parent's plan | <input type="checkbox"/> Other (specify) _____ {insrothr_heaq} |
| {insrhap_heaq} | <input type="checkbox"/> Unhappy with benefits/coverage | <input type="checkbox"/> Don't know {insrknow_heaq} |
| {insrdiff_heaq} | <input type="checkbox"/> Too difficult to get care | <input type="checkbox"/> Prefer not to answer {insrwant_heaq} |

2 No

3 Don't know

4 Prefer not to answer

12. How satisfied are you with your current insurance coverage? Would you say: {insusati_heaq}

- 1 Very Satisfied 2 Satisfied 3 Somewhat satisfied 4 Not satisfied 5 Don't know

13. Has your main diabetes provider changed in the last 12 months? {diachange_heaq_s4}

1 Yes →

**What were the reason(s) you had a change in provider?
(Check all that apply)**

- My provider was no longer covered by my health plan {diacover_heaq_s4}
- Too difficult to get care {diadiff_heaq}
- Not satisfied with care {diasatis_heaq}
- Changed from pediatric to adult diabetes provider {chgpedadult}
- Provider retired, moved, or closed the practice {provretire}
- I moved {diamoved_heaq}
- Other (specify) _____ {diaother_heaq} _____ {diaothsp_heaq}
- Don't know {diaknow_heaq}
- Prefer not to answer {diawant_heaq}

2 No

3 Don't know

4 Prefer not to answer