

## Module 9

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

1. Has your child had health insurance continuously for the last 12 months? [{Ins12Month\\_QOCS}](#)

Yes

No →

For how many months was he/she 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 →

Does your child currently have health insurance? [{inscurrent}](#)

Yes

No →

**Why not?  
(Check all that apply)**

[{noinsafford}](#)

We can't afford to purchase health insurance for my child

[{noinsoffer}](#)

My work/my spouse or partner's work does not offer health insurance for my child

[{noinsunemploy}](#)

My child does not have health insurance due to a job layoff, job loss, or any other reason related to unemployment in the family

[{noinshealthy}](#)

We chose not to get health insurance for my child because our family is generally healthy

[{noinsva}](#)

My child is able to go to VA or military hospital/facility for medical care

[{noinsoth}](#)

Other (specify) [{noinsotsp}](#) \_\_\_\_\_

[{noinsdk}](#)

Don't know

[{noinspreferno}](#)

Prefer not to answer

**Please go to Question 11**

Don't know →

Prefer not to answer →

**Please go to Question 11**



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 <a href="#">{inscpamtdm}</a>	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 <a href="#">{inscpamtspec}</a>	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 <a href="#">{inscpamprim}</a>	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 <a href="#">{inscpamter}</a>	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 <a href="#">{inscpamturg}</a>	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 <a href="#">{inscpamthosp}</a>	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 child's 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}](#)

- <sub>1</sub> Yes     
 <sub>2</sub> No     
 <sub>3</sub> Don't know     
 <sub>4</sub> 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 <a href="#">{insptotdm}</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Other clinic visit <a href="#">{insptototh}</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Emergency room <a href="#">{insptoter}</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Urgent care <a href="#">{insptoturg}</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Overnight hospital stay <a href="#">{insptothosp}</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

10. In the last 12 months, did you have to pay all or a portion of a facility fee for any of your child's 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}](#)

<sub>1</sub> Yes →

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

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

- <sub>2</sub> No  
<sub>3</sub> Don't know  
<sub>4</sub> Prefer not to answer

