

ID .....					
DATE .....					
	MM	DD	YY		
INTERVIEWER ID .....					
TOTAL TIME .....					

**Women's Social Roles  
and  
Health Care Utilization  
Supplement**

*Prepared By*

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**Suggested interviewer script to women respondent:**

We are interested in learning more about your responsibilities both in and outside the home. Specifically, we would like to ask you a few questions about your employment, caregiving responsibilities, and marital status.

**Employment**

S1.	Are you currently working at a job for pay, either full-time or part-time?	YES, FULL-TIME..... 1 YES, PART-TIME..... 2 NO ..... 3 RF..... 7 DK..... 8
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S2.	What is your job or occupation?	Refer to list of CENSUS OCCUPATION CODES <a href="http://www.census.gov/hhes/www/ioindex/index.html">http://www.census.gov/hhes/www/ioindex/index.html</a>
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S3.	As I read a list of types of health insurance, please tell me whether or not you are now covered by it. (READ LIST)	COVERED	NOT COVERED	RF	DK
	a. Private health insurance through your own job or union .....	1	2	7	8
	b. Private health insurance through a family member's job or union .....	1	2	7	8
	c. Private health insurance you or a family member bought directly from an insurance company.....	1	2	7	8
	d. Medicaid, MA, or Medical Assistance, a government plan that covers specific groups, including pregnant women with low income .....	1	2	7	8
	e. Medicare, a government plan that covers people ages 65 and over and some disabled people.....	1	2	7	8
	(IF E=1, ASK F)				
	f. Medigap or other supplemental Medicare	1	2	7	8
	g. Military, TriCare Standard, or VA insurance .....	1	2	7	8
	h. The Indian Health Service .....	1	2	7	8
	h. Dental Insurance .....	1	2	7	8

S4.	Would your current job provide you with flexibility to change your work hours or to take time off if you had a family crisis, such as a sick family member?	Yes, job would provide flexibility..... 1 No, job does not..... 2 Refused..... 7 Don't know..... 8
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## Caregiving

- S5. Are there any children under the age of 18 living with you in your household?
- YES ..... 1  
 NO ..... 2  
 RF ..... 7  
 DK ..... 8
- A. How many children?
- NUMBER OF CHILDREN .....
- S6. What is the age of your youngest child?
- years (Range: 0-17) "0" = less than one year  
 Refused ..... 7  
 Don't Know ..... 8
- S7. Are you currently caring for a sick or disabled relative? This could include your child, spouse or partner, parent, or other family member.
- Yes, caring for relative ..... 1  
 No ..... 2  
 Yes, sometimes (volunteered response) ..... 3  
 Care for someone other than a family member (volunteered response) ..... 4  
 Refused ..... 7  
 Don't Know ..... 8
- S8. How is this person related to you?
- Child ..... 1  
 Spouse/Partner ..... 2  
 Parent or parent-in-law ..... 3  
 Another relative ..... 4  
 Refused ..... 7  
 Don't Know ..... 8
- S9. Does this person live with you, live in his or her home, live in a group or nursing home, or some other place? (INTERVIEWER: If respondent provides care for more than one person; PROBE: Please answer about the person for whom you spend the most time providing care.)
- Lives at respondent's home ..... 1  
 Lives in his/her own home ..... 2  
 Lives in a group/nursing home ..... 3  
 Lives in some other place ..... 4  
 Lives with another family member (volunteered response) ..... 5  
 Refused ..... 7  
 Don't Know ..... 8
- S10. In the past twelve months, have you missed any workdays to care for this person?
- Yes, missed work days to care for a sick relative ..... 1  
 No, did not miss work days ..... 2  
 Refused ..... 7  
 Don't Know ..... 8
- S11. How many hours per week do you typically spend caring for this person? Please include time you spend taking this relative for medical visits as well as time you care for his or her needs. (IF NECESSARY: A rough estimate will be fine.) (INTERVIEWER: If respondent provides care for more than one person; PROBE: Please answer about the person for whom you spend the most time providing care.)
- /  /  /  /  hours (Range 1-168)  
 Refused ..... 7  
 Don't Know ..... 8

## Marital Status

- S12. Are you currently married or living with a partner, single, widowed, separated, or divorced?
- MARRIED OR LIVING WITH A PARTNER ..... 1  
 SINGLE ..... 2  
 WIDOWED, SEPARATED, OR DIVORCED ..... 3  
 RF ..... 7  
 DK ..... 8