Women’s Social Roles and Health Care Utilization Supplement

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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

S2. What is your job or occupation?

Refer to list of CENSUS OCCUPATION CODES
http://www.census.gov/hhes/www/ioindex/index.html

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)

a. Private health insurance through your own job or union

COVERED NOT COVERED RF DK

1 2 7 8

b. Private health insurance through a family member’s job or union

COVERED NOT COVERED RF DK

1 2 7 8

c. Private health insurance you or a family member bought directly from an insurance company

COVERED NOT COVERED RF DK

1 2 7 8

d. Medicaid, MA, or Medical Assistance, a government plan that covers specific groups, including pregnant women with low income

COVERED NOT COVERED RF DK

1 2 7 8

e. Medicare, a government plan that covers people ages 65 and over and some disabled people

COVERED NOT COVERED RF DK

1 2 7 8

(If E=1, ASK F)

f. Medigap or other supplemental Medicare

COVERED NOT COVERED RF DK

1 2 7 8

g. Military, TriCare Standard, or VA insurance

COVERED NOT COVERED RF DK

1 2 7 8

h. The Indian Health Service

COVERED NOT COVERED RF DK

1 2 7 8

h. Dental Insurance

COVERED NOT COVERED RF DK

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
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

Yes, missed work days to care for a sick relative .......... 1
No, did not miss work days ..................................... 2
Refused ............................................................... 7
Don't Know ....................................................... 8

S10. In the past twelve months, have you missed any workdays to care for this person?

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