

# SOUTH CAROLINA HEALTH INSURANCE SURVEY

Recently someone in the household used a hospital emergency department or inpatient hospitalization to receive medical care. This survey is about that person's experience. Thanks for your help! Please return the completed survey in the pre-paid reply envelop. The South Carolina Budget and Control Board, Office of Research and Statistics will make sure your responses are confidential. Please do not put your name on the form. We use only a code number to track replies.

**Please write your answers in the blanks, or mark the appropriate circle or box(es).**

**1. Is the address where you received this survey a seasonal home (like a vacation home) or is it occupied by your household all year?**

(Please mark **one** response circle.)

- ☐ It is occupied only sometimes
- ☐ It is occupied year-round

**2. How many people currently live or stay in this house, apartment, or mobile home?**

(Count adults, children, infants, foster children, roomers, housemates, and those away at school.)

\_\_\_\_\_ people live here, total

**3. How many of the people in this household are children or infants, age 18 or younger?**

\_\_\_\_\_ are children or infants

**4. In general, how would you describe the health of the person visiting the emergency room or hospital?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ (Don't know)

**5. What is your relationship to the *person* visiting the hospital?**

- ☐ I am the *Person*
- ☐ I am the *Person's* grandparent
- ☐ *Person's* parent or stepparent
- ☐ *Person's* spouse or partner
- ☐ *Person's* son or daughter
- ☐ *Person's* brother or sister
- ☐ Other relative of the *Person*
- ☐ Not a relative of the *Person*

**6. Here is a list of different types of health insurance. Does the *Person* currently have any of these types of health insurance?**

(The *Person* is the adult, child, or infant who most recently visited the hospital.)

(Please mark all boxes that apply.)

- ☐ Health insurance through a railroad retirement plan
- ☐ Medicare (for persons age 65 and older, or persons with disabilities)
- ☐ Veteran's Affairs disability benefit, or military care (TRICARE/CHAMPUS)
- ☐ South Carolina SCHIP/Medicaid (Title 19, Medicaid, Kid Care)
- ☐ South Carolina's Health Insurance Pool (high-risk pool insurance)
- ☐ Health insurance through the *Person's* work or union
- ☐ Health insurance through someone else's work or union
- ☐ COBRA (eligible through a former employer, at household expense)

(Survey finishes on the **back** of this page.)

- ☐ Health insurance bought directly by the *Person*
- ☐ Health insurance bought directly by someone else
- ☐ Student health insurance
- ☐ Other (What?) \_\_\_\_\_
- ☐ *Person* has no health insurance
- ☐ (Don't know)

**7. How long has it been since the *Person* was last covered by health insurance?**

(Do not count the Indian Health Service as health insurance, for purposes of this survey.)

(Please mark **one** circle, and also write a number in one blank if applicable.)

- ☐ Currently has health insurance
- ☐ Last covered \_\_\_\_\_ months ago
- ☐ Last covered \_\_\_\_\_ years ago
- ☐ *Person* has never had insurance
- ☐ (Don't know)

**8. Not counting the *Person*, how many other people in this household currently have health insurance?**

(If none, please write zeroes in the blanks.)

\_\_\_\_\_ (other) adults are covered  
 \_\_\_\_\_ (other) children are covered

**9. Is there anyone in this household eligible for health insurance through an employer or union, who has chosen not to sign up for it?**

- ☐ Someone is eligible but is not covered
- ☐ Everyone eligible is covered
- ☐ Nobody is eligible in the household
- ☐ (Don't know)

**10. Approximately, what was the household's total income in 2001 (before taxes, from all sources)?**

(Income information is important to help the state understand how to make health insurance more affordable. Answering is optional, but all of your responses will be kept confidential.)

- ☐ Less than \$5,000
- ☐ \$5,000 to 7,499

- ☐ \$7,500 to 9,999
- ☐ \$10,000 to 12,499
- ☐ \$12,500 to 14,999
- ☐ \$15,000 to 19,999
- ☐ \$20,000 to 24,999
- ☐ \$25,000 to 29,999
- ☐ \$30,000 to 34,999
- ☐ \$35,000 to 39,999
- ☐ \$40,000 to 49,999
- ☐ \$50,000 to 59,999
- ☐ \$60,000 to 74,999
- ☐ \$75,000 or more
- ☐ (Don't know)
- ☐ Refused

**11. What is the highest level of education the *Person* has completed?**

- ☐ No formal education
- ☐ Grade school (1 to 8 years)
- ☐ Some high school (9 to 11 years)
- ☐ High school graduate or GED (received a high school equivalency diploma)
- ☐ Some college/technical or vocational school/training after high school
- ☐ College graduate
- ☐ Postgraduate degree/study
- ☐ Don't know
- ☐ Refused

**12. Thinking about the employer that the *Person* works for, about how many people are employed there?** If the *Person* works for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

- ☐ Not Employed
- ☐ Just one
- ☐ Between 2 and 10
- ☐ Between 11 and 50
- ☐ Between 51 and 100
- ☐ More than 100
- ☐ Don't know
- ☐ Refused

**13. Do you have any further comments?**  
 (Please enclose them on separate paper.)

**Please mail your survey in the pre-paid envelope provided. Thanks for your help!**