```
--------------------------------------------------------
| NOTE:  FOR 'CATEGORY NAME FROM HX03 OR HX23',        |
| DISPLAY THE FOLLOWING:                               |
|                                                      |
| - 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03 |
| - 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03        |
| - 'UNION' IF CODED '3' AT HX03                       |
| - 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED |
|   '4' AT HX03                                        |
| - 'INSURANCE AGENT' IF CODED '5' AT HX03             |
| - 'INSURANCE COMPANY' IF CODED '6' AT HX03           |
| - 'HMO' IF CODED '7' AT HX03                         |
| - 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03           |
| - 'PREVIOUS EMPLOYER (COBRA)' IF CODED '9' AT HX03|
| - THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03|
| - 'SOURCE THE INSURANCE WAS PURCHASED FROM FOR   |
|    THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03  |
|                                                      |
| - 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23        |
| - 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED |
|   '2' AT HX23                                        |
| - 'SCHOOL' IF CODED '3' AT HX23                      |
| - 'INSURANCE AGENT' IF CODED '4' AT HX23             |
| - 'INSURANCE COMPANY' IF CODED '5' AT HX23           |
| - 'HMO' IF CODED '6' AT HX23                         |
| - 'UNION' IF CODED '7' AT HX23                       |
| - 'ANYONE'S PREVIOUS EMPLOYER (COBRA)' IF CODED  |
|   '8' AT HX23                                        |
| - 'ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)' IF    |
|   CODED '9' AT HX23                                  |
| - 'SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER' |
|   IF CODED '10' AT HX23                              |
| - 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23        |
| - 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12' |
|   AT HX23                                            |
| - THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23|
| - 'SOURCE THAT PROVIDED THE DIRECTLY PURCHASED   |
|   INSURANCE' IF CODED '-7' OR '-8'                  |
--------------------------------------------------------


--------------------------------------------------------
| NOTE:  FOR ROUND 5, THE END DATE IS DISPLAYED IN  |
| THE CONTEXT HEADER FOR QUESTIONS HP04 - HP18.     |
--------------------------------------------------------
```

BOX_01
======

```
-----------------------------------------------------
|   IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE    |
|   EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH        |
|   INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED'      |
|   WITH A FIRM-SIZE-1, GO TO LOOP_01                  |
-----------------------------------------------------


-----------------------------------------------------
|   IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON   |
|   AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM   |
|   A SCHOOL)), GO TO HP03                             |
-----------------------------------------------------


-----------------------------------------------------
|   IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL)   |
|   AT HX23, CONTINUE WITH HP01                        |
-----------------------------------------------------
```

HP01
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Does this insurance cover only injuries caused by accidents,
or does it have general health coverage?

```
    GENERAL HEALTH COVERAGE ................ 1
    ONLY INJURIES CAUSED BY ACCIDENTS ...... 2 {BOX_11}
    REF .................................... -7
    DK ..................................... -8
```

PRESS F1 FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Would this insurance cover health services outside of a school clinic?

```
    YES ................................... 1
    NO .................................... 2 {BOX_11}
    REF .................................. -7
    DK ................................... -8
```

HP03
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

I'd like to talk about the insurance which is from (a/an) (INSURANCE SOURCE).

CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

```
    HEALTH INSURANCE THROUGH (INSURANCE
    SOURCE) HAS NOT ALREADY BEEN
    DISCUSSED ............................. 1
    HEALTH INSURANCE THROUGH (INSURANCE
    SOURCE) HAS ALREADY BEEN DISCUSSED ..... 2 {BOX_11}
```

[Code One]

```
    -----------------------------------------------------
    |   IF CODED '2' (INSURANCE ALREADY DISCUSSED), FLAG  |
    |   ITEM FOR SOURCE CLEAN-UP.                         |
    -----------------------------------------------------
```

LOOP_01
=======

```
--------------------------------------------------------
| FOR EACH OF THE FOLLOWING:                           |
|                                                      |
| ESTABLISHMENT 1                                      |
| ESTABLISHMENT 2                                      |
| ESTABLISHMENT 3                                      |
| ESTABLISHMENT 4                                      |
|                                                      |
| ASK BOX_01A-END_LP01                                 |
--------------------------------------------------------
```

```
--------------------------------------------------------
| LOOP DEFINITION:  LOOP-01 COLLECTS DETAILED          |
| INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN      |
| EMPLOYER OR THE ESTABLISHMENT NAMES OF THE           |
| INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23.   |
| IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER    |
| ONLY ONE LOOP CYCLE IS COMPLETED.                    |
|                                                      |
| IF LOOPING ON INSURANCE PROVIDED THROUGH AN          |
| INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE      |
| FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT     |
| NAME OF THE INSURANCE SOURCE.  SUBSEQUENT CYCLES,    |
| IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18.      |
| IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN    |
| TO COLLECT THE NEXT ESTABLISHMENT NAME.  IF HP18     |
| IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED),   |
| OR '-8' (DON'T KNOW), THE LOOP ENDS.                 |
--------------------------------------------------------
```

BOX_01A
=======

```
--------------------------------------------------------
| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN           |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT     |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,       |
| GO TO HP09                                            |
--------------------------------------------------------
```

```
--------------------------------------------------------
| OTHERWISE, CONTINUE WITH HP04                        |
--------------------------------------------------------
```

HP04
====

                {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
                ESTABLISHMENT.........} {STR-DT}
                {END-DT}

                INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

                Please give me the name of one of the {(INSURANCE SOURCE)} {from
                which anyone in the family purchased this insurance/which covers
                anyone in the family/insurance companies for the insurance
                purchased from an agent}.

                INTERVIEWER: VERIFY WITH RESPONDENT AND SELECT
                (ESTABLISHMENT) BELOW:

                TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
                TO LEAVE, PRESS ESC.

ROSTER. ESTABLISHMENT	HP04_02. STREET	HP04_03. CITY
1. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]
2. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]
3. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]

```
        -----------------------------------------------------
        |  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL        |
        |  ESTABLISHMENTS WHICH ARE SOURCES OF PRIVATE       |
        |  INSURANCE IN THE RU-ESTABLISHMENTS-ROSTER (THIS   |
        |  DOES NOT INCLUDE ESTABLISHMENTS FLAGGED AS        |
        |  'EMPLOYER' AND 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 |
        |  THAT ARE COMING FROM THE HX03 SERIES).            |
        -----------------------------------------------------
```

```
---------------------------------------------------------
| ESTABLISHMENT ROSTER BEHAVIOR SPECIFICATIONS:         |
|                                                       |
| 1. INTERVIEWER MAY SELECT ANY ESTABLISHMENT           |
|    ALREADY LISTED OR SELECT 'NONE OF THE ABOVE'.      |
| 2. ONLY ONE SELECTION MAY BE MADE.                    |
| 3. INTERVIEWER CANNOT ADD AT THIS SCREEN.             |
|    ESTABLISHMENTS ARE 'ADDED' BY USING 'NONE OF       |
|    THE ABOVE'.                                        |
| 4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E.,    |
|    CTRL/D).                                           |
---------------------------------------------------------
```

```
---------------------------------------------------------
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON      |
| THIS ROSTER.                                          |
---------------------------------------------------------
```

```
---------------------------------------------------------
| DISPLAY '(INSURANCE SOURCE)' IF NOT LOOPING ON        |
| CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4'        |
| (INSURANCE AGENT) AT HX23.                            |
|                                                       |
| DISPLAY 'from which anyone in the family purchased    |
| this insurance' IF NOT LOOPING ON CODE '5'            |
| (INSURANCE AGENT) AT HX03 OR CODES '4' (INSURANCE     |
| AGENT) OR '12' (UNDER PLAN OF SOMEONE NOT LIVING      |
| HERE) AT HX23.                                        |
|                                                       |
| DISPLAY 'which covers anyone in the family' IF        |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT       |
| LIVING HERE) AT HX23.                                 |
|                                                       |
| DISPLAY 'insurance company for the insurance          |
| purchased from an agent' IF LOOPING ON CODE '5'       |
| (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE      |
| AGENT) AT HX23.                                        |
---------------------------------------------------------
```

```
---------------------------------------------------------
| NOTE: THE CONTEXT HEADER DISPLAYED ON SCREENS         |
| HP04- HP08 DEPENDS ON THE PATH THAT LEADS TO          |
| THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON         |
| (I.E., JOBHOLDER WHEN COMING FROM AN HX03             |
| CATEGORY), CAPI DISPLAYS THE PERSON AND START         |
| DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT,       |
| CAPI DISPLAYS THE ESTABLISHMENT AND START DATE.       |
| OTHERWISE, CAPI DISPLAYS THE START DATE.              |
---------------------------------------------------------
```

```
-----------------------------------------------------
| IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT|
| LIVING HERE) AT HX23 AND IF 'NONE OF THE ABOVE'   |
| IS SELECTED, GO TO HP07                           |
-----------------------------------------------------
```

```
-----------------------------------------------------
| IF 'NONE OF THE ABOVE' IS SELECTED AND IF NOT     |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT   |
| LIVING HERE) AT HX23, GO TO HP06                  |
-----------------------------------------------------
```

```
-----------------------------------------------------
| OTHERWISE, CONTINUE WITH HP05                     |
-----------------------------------------------------
```

HP05
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Is the address of (ESTABLISHMENT):

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY......., ST, ZIP..}
{EST. TEL #}

        ADDRESS AND TELEPHONE CORRECT .... 1 {BOX_02}
        ADD NEW ADDRESS FOR ESTABLISHMENT}...... 2
        ABOVE ADDRESS/TELEPHONE NEEDS
            CORRECTION .... 3 {HP08}
        SELECTED WRONG ESTABLISHMENT/ADDRESS ... 4
        REF .... -7 {BOX_02}
        DK .... -8 {BOX_02}

                    [Code One]

```
-----------------------------------------------------
| IF CODED '4' (SELECTED WRONG ESTABLISHMENT/       |
| ADDRESS), CAPI REDISPLAYS HP04 SO THE INTERVIEWER |
| CAN SELECT THE CORRECT ESTABLISHMENT.             |
-----------------------------------------------------
```

HP06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

What is the {new} address of (ESTABLISHMENT)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD
LOCATION WHERE PERSON PURCHASED INSURANCE.

```
                    Current Info:  [ESTABLISHMENT]
                                   [STREET ADDRESS1]
                                   [STREET ADDRESS2]
                                             [CITY]
                                            [STATE]
                                         [ZIP CODE]
                                        [TELEPHONE]

     ESTABLISHMENT (HP06_01):  [_____]
   STREET ADDRESS1 (HP06_02):  [_____]
   STREET ADDRESS2 (HP06_03):  [_____]
              CITY (HP06_04):  [_____]
             STATE (HP06_05):  [_____]
          ZIP CODE (HP06_06):  [_____]
         TELEPHONE (HP06_07):  [_____]
```

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| DISPLAY 'new' IF HP05 IS CODED '2' (ADD NEW |
| ADDRESS FOR ESTABLISHMENT). OTHERWISE, USE A |
| NULL DISPLAY. |

| NOTE: SINCE TYPE OF COVERAGE INFORMATION IS NOT |
| COLLECTED UNTIL AFTER WE COLLECT ADDRESS |
| INFORMATION, WE WILL BE COLLECTING ADDRESS |
| INFORMATION FOR SOME ESTABLISHMENTS THAT WILL NOT |
| BE PART OF THE HIPS SAMPLE. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER. |

```
-----------------------------------------------------
| GO TO BOX_02                                      |
-----------------------------------------------------
```

```
-----------------------------------------------------
| NOTE:  WE NOW PLAN TO COLLECT FULL ADDRESS        |
| INFORMATION FOR SOURCES OF HEALTH INSURANCE IN    |
| ROUND 2 AND BEYOND.  THIS ALLOWS US TO CONTINUE TO|
| UNIQUE ESTABLISHMENTS AND ALLOWS FOR MAXIMUM      |
| FLEXIBILITY (E.G., IF WE WANT TO HIPS AGAIN).     |
-----------------------------------------------------
```

HP07
====

{STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

You mentioned that someone in the family receives health
insurance from the plan of someone not living here. How
does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.
              ADDRESS INFORMATION IS NOT NECESSARY.

        [Enter Establishment Name]

```
-----------------------------------------------------
| NOTE:  ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE  |
| NOT LIVING HERE) OF HX23 IS ASKED HP07.           |
-----------------------------------------------------
```

```
-----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-     |
| ROSTER. DISPLAY ADDRESS AS 'NOT NECESSARY'.       |
-----------------------------------------------------
```

```
-----------------------------------------------------
| GO TO BOX_02                                      |
-----------------------------------------------------
```

HP08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

CORRECT ADDRESS OR TELEPHONE FOR: (ESTABLISHMENT)

PRESS ENTER TO CONFIRM ENTRY OF INDIVIDUAL FIELD. RE-TYPE
ENTIRE LINE FOR INCORRECT FIELD.

```
                      Current Info:  [ESTABLISHMENT]
                                     [STREET ADDRESS1]
                                     [STREET ADDRESS2]
                                               [CITY]
                                              [STATE]
                                           [ZIP CODE]
                                          [TELEPHONE]

        ESTABLISHMENT (HP08_01):  [_____]
     STREET ADDRESS1 (HP08_02):  [_____]
     STREET ADDRESS2 (HP08_03):  [_____]
                CITY (HP08_04):  [_____]
               STATE (HP08_05):  [_____]
            ZIP CODE (HP08_06):  [_____]
           TELEPHONE (HP08_07):  [_____]
```

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

BOX_02
======

```
         -----------------------------------------------------
         |  IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS |
         |  'GROUP'.                                          |
         |  IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS       |
         |  'UNION'.                                          |
         |  IF HX03 IS CODED '4', FLAG ESTABLISHMENT AS       |
         |  'HEALTH ALLIANCE'.                                |
         |  IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS       |
         |  'INSURANCE COMPANY-FROM AN AGENT'.                |
         |  IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS       |
         |  'INSURANCE COMPANY'.                              |
         |  IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.|
         |  IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS       |
         |  'PREVIOUS EMPLOYER, NOT COBRA'.                   |
         |  IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS       |
         |  'COBRA'.                                          |
         |  IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS      |
         |  'UNKNOWN TYPE-COLLECTED AT OTHER'.                |
         |                                                    |
         |  IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS       |
         |  'GROUP'.                                          |
         |  IF HX23 IS CODED '2', FLAG ESTABLISHMENT AS       |
         |  'HEALTH ALLIANCE'.                                |
         |  IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS       |
         |  'SCHOOL'.                                         |
         |  IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS       |
         |  'INSURANCE COMPANY-FROM AN AGENT'.                |
         |  IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS       |
         |  'INSURANCE COMPANY'.                              |
         |  IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS       |
         |  'HMO'.                                            |
         |  IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS       |
         |  'UNION'.                                          |
         |  IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS       |
         |  'COBRA'.                                          |
         |  IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS       |
         |  'PREVIOUS EMPLOYER, NOT COBRA'.                   |
         |  IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS      |
         |  'SPOUSE PREVIOUS EMPLOYER'.                       |
         |  IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS      |
         |  'EMPLOYER'.                                       |
         |  IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS      |
         |  'UNKNOWN TYPE-OUTSIDE RU'.                        |
         |  IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS      |
         |  'UNKNOWN TYPE - COLLECTED AT OTHER'.              |
         -----------------------------------------------------
```

BOX_03
======

```
    -----------------------------------------------------
    |   IF LOOPING ON AN HX23 CATEGORY, GO TO HP11       |
    -----------------------------------------------------


    -----------------------------------------------------
    |   OTHERWISE, CONTINUE WITH HP09                    |
    -----------------------------------------------------
```

HP09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

{(Are/Is)/As of (END DATE), was} (PERSON) the primary insured
person or policyholder of this health coverage through
(ESTABLISHMENT)?

```
        YES .................................... 1 {LOOP_02}
        NO ..................................... 2
        REF .................................... -7
        DK ..................................... -8
```

        PRESS F1 FOR DEFINITION OF POLICYHOLDER.

```
    -----------------------------------------------------
    |   DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY 'As of|
    |   (END DATE), was' IF ROUND 5.                     |
    -----------------------------------------------------


    -----------------------------------------------------
    |   NOTE:  PERSON REFERS TO JOBHOLDER.               |
    -----------------------------------------------------


    -----------------------------------------------------
    |   IF CODED '1' (YES), FLAG JOBHOLDER AS            |
    |   'POLICYHOLDER'.                                  |
    -----------------------------------------------------
```

HP10
====

{NAME OF ESTABLISHMENT.........} {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{EMPLOYER/JOBHOLDER PAIR 1}
{EMPLOYER/JOBHOLDER PAIR 2}
{EMPLOYER/JOBHOLDER PAIR 3}

        JOBHOLDER/EMPLOYER IS LISTED .... 1 {END_LP01}
        JOBHOLDER/EMPLOYER IS NOT LISTED .... 2 {END_LP01}
        REF .... -7 {END_LP01}
        DK .... -8 {END_LP01}

            PRESS F1 FOR DEFINITION OF POLICYHOLDER.

                    [Code One]

        | DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
        | ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
        | OTHERWISE, USE NULL DISPLAY. |

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PAIRS |
        | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT |
        | MEET BOTH OF THE FOLLOWING CONDITIONS: |
        | |
        | - ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT |
        | IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
        | AND |
        | - PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY |
        | ESTABLISHMENT |

        | IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
        | KNOW), FLAG FOR EVENT CLEANUP. |

HP11
====

```
{NAME OF ESTABLISHMENT.........}  {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

  [1. First Name,[Middle Name],Last Name-35] ..
  [2. First Name,[Middle Name],Last Name-35] ..
  [3. First Name,[Middle Name],Last Name-35] ..
  REF ..............................      .... -7
  DK ..............................      ..... -8

          PRESS F1 FOR DEFINITION OF POLICYHOLDER.

              [Code All that Apply]
```

```
     ----------------------------------------------------
    |  DISPLAY 'is' IF NOT ROUND 5.  DISPLAY 'was' IF    |
    |  ROUND 5.  DISPLAY 'on (END DATE)' IF ROUND 5.     |
    |  OTHERWISE, USE NULL DISPLAY.                      |
     ----------------------------------------------------


     ----------------------------------------------------
    |  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
    |  ON THE DU-MEMBERS-ROSTER.                         |
     ----------------------------------------------------


     ----------------------------------------------------
    |  DISPLAY 'POLICYHOLDER NOT LISTED IN DU' AND       |
    |  'POLICYHOLDER DECEASED' AS LAST TWO ENTRIES ON    |
    |  THIS ROSTER.                                      |
     ----------------------------------------------------


     ----------------------------------------------------
    |  IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND       |
    |  'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO   |
    |  LOOP_02                                           |
     ----------------------------------------------------


     ----------------------------------------------------
    |  IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN  |
    |  COMBINATION WITH OTHER NAMES, EXCEPT 'POLICYHOLDER |
    |  NOT LISTED IN DU', GO TO HP11B                    |
     ----------------------------------------------------
```

```
      ----------------------------------------------------
      |  IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE|
      |  OR IN COMBINATION WITH OTHER NAMES AND/OR         |
      |  'POLICYHOLDER DECEASED', CONTINUE WITH HP11A       |
      ----------------------------------------------------
```

HP11A
=====

{NAME OF ESTABLISHMENT........}   {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO
IS NOT IN THE DU:

    [Enter Specify-15] ....

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

```
        ----------------------------------------------------
        |  NOTE:  WHENEVER THIS POLICYHOLDER IS BEING ASKED  |
        |  ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE  |
        |  POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE    |
        |  DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY     |
        |  THE 15 CHARACTER ENTRY AT HP11A.                  |
        ----------------------------------------------------


        ----------------------------------------------------
        |  IF 'POLICYHOLDER DECEASED' SELECTED AT HP11,      |
        |  CONTINUE WITH HP11B                               |
        ----------------------------------------------------


        ----------------------------------------------------
        |  OTHERWISE, GO TO LOOP_02                          |
        ----------------------------------------------------
```

HP11B
=====

        {NAME OF ESTABLISHMENT........}   {STR-DT}
        {END-DT}

        INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

           [Enter Specify-40] ....

        PRESS F1 FOR DEFINITION OF POLICYHOLDER.

```
        ------------------------------------------------------
        |  FLAG POLICYHOLDER AS 'DECEASED'.                  |
        ------------------------------------------------------


        ------------------------------------------------------
        |  NOTE:  WHENEVER THE POLICYHOLDER IS BEING ASKED   |
        |  ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
        |  POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE   |
        |  DISPLAYED AS 'PLCYHLDR DECEASED-' FOLLOWED BY THE |
        |  FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.        |
        ------------------------------------------------------
```

LOOP_02
=======

```
        ------------------------------------------------------
        |  FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-  |
        |  PAIRS-ROSTER, ASK BOX_04-END_LP02                 |
        ------------------------------------------------------


        ------------------------------------------------------
        |  LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION     |
        |  ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH    |
        |  ESTABLISHMENT-PERSON.  THIS LOOP CYCLES ON EACH   |
        |  ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11|
        |  DURING THE CURRENT ROUND FOR THE ESTABLISHMENT    |
        |  BEING CYCLED ON IN LOOP_01.                       |
        ------------------------------------------------------
```

BOX_04
======

```
--------------------------------------------------------
|  IF LOOPING ON AN ESTABLISHMENT FLAGGED IN           |
|  EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE', GO TO    |
|  BOX_07                                              |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_05                     |
--------------------------------------------------------
```

BOX_05
======

```
--------------------------------------------------------
|  IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA),     |
|  '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE     |
|  PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER)        |
|  CONTINUE WITH BOX_06                                |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  OTHERWISE, GO TO BOX_07                             |
--------------------------------------------------------
```

BOX_06
======

```
--------------------------------------------------------
|  IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED',  |
|  CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI   |
|  AND GO TO HP13                                      |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO   |
|  BOX_07                                              |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  OTHERWISE, CONTINUE WITH HP12                       |
--------------------------------------------------------
```

HP12
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

(Are/Is) (POLICYHOLDER) currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?

        CURRENTLY EMPLOYED .... 1 {HP13}
        RETIRED .... 2 {HP13}
        PREVIOUSLY EMPLOYED .... 3 {HP13}
        DECEASED .... 4 {HP13}
        OTHER 91
        REF .... -7 {HP13}
        DK .... -8 {HP13}

        PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

                    [Code One]

        | EDIT: CODE '4' (DECEASED) CANNOT BE SELECTED FOR |
        | A POLICYHOLDER WHO IS A CURRENT RU MEMBER. |

        | IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS |
        | 'DECEASED'. |

HP12OV
======

        ENTER OTHER:

            [Enter Other Specify] ....
            REF .... -7
            DK .... -8

HP13
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

{(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government
employee at this job?

```
        YES ................................... 1
        NO .................................... 2
        REF .................................. -7
        DK ................................... -8
```

PRESS F1 FOR DEFINITION OF FEDERAL GOVERNMENT.

```
   ------------------------------------------------
   | DISPLAY '(Are/Is)' IF HP12 IS CODED '1' (CURRENTLY|
   |  EMPLOYED).  OTHERWISE, DISPLAY '(Were/Was)'.     |
   ------------------------------------------------
```

BOX_07
======

```
  ------------------------------------------------------
 |  IF ESTABLISHMENT THAT PROVIDES INSURANCE IS         |
 |  FLAGGED AS:                                         |
 |                                                      |
 |  'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN',   |
 |  'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE         |
 |  PERIOD', 'RETIREMENT JOB', OR UNION                 |
 |  OR                                                  |
 |  'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN',        |
 |  'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE         |
 |  REFERENCE PERIOD' AND JOB IS ALSO FLAGGED AS 'NOT   |
 |  RETIRED FROM'                                       |
 |  OR                                                  |
 | 'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE      |
 |  '8'; HX23-CODE '9')                                 |
 |  OR                                                  |
 |  'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT   |
 |  CODED '1' (CURRENTLY EMPLOYED)                      |
 |  OR                                                  |
 |  'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10')   |
 |  OR                                                  |
 |  'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')    |
 |  OR                                                  |
 |  'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-      |
 |  CODE '91'),                                         |
 |                                                      |
 |  CONTINUE WITH HP14                                  |
  ------------------------------------------------------


  ------------------------------------------------------
 |  OTHERWISE, GO TO HP15                               |
  ------------------------------------------------------


  ------------------------------------------------------
 |  NOTE:  FROM THE TAPES AND OBSERVATIONS, IT BECAME   |
 |  OBVIOUS THAT MANY SOURCES OF INSURANCE WERE BEING   |
 |  SENT THROUGH HP14 WHEN IT WAS INAPPROPRIATE.        |
 |  THEREFORE, BOX_07 HAS BEEN REVISED TO SEND ONLY     |
 |  SOURCES OF INSURANCE IDENTIFIED AS EMPLOYER (BUT    |
 |  NOT CURRENT OR COBRA) OR UNKNOWN THROUGH HP14.      |
  ------------------------------------------------------
```

HP14
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

Some employer insurance can be continued after leaving the
company by continuing to pay the premium. This is sometimes
referred to as a COBRA plan.

{Is/Was} (POLICYHOLDER)'s (ESTABLISHMENT) insurance like that
{on (END DATE)}?

                YES 1
                NO 2
                REF .... -7
                DK .... -8

                 PRESS F1 FOR DEFINITION OF COBRA.

          | DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
          | ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
          | OTHERWISE, USE NULL DISPLAY. |

HP15
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

Was anyone {living here} covered as a dependent under
(POLICYHOLDER)'s health coverage through (ESTABLISHMENT)
at any time {since (START DATE)/between (START DATE) and
(END DATE)}?

```
     YES .................................... 1
     NO ..................................... 2 {HP17}
     REF ................................... -7 {HP17}
     DK .................................... -8 {HP17}
```

        PRESS F1 FOR DEFINITION OF DEPENDENT.


```
    ----------------------------------------------------
    |  DISPLAY 'living here' IF LOOPING ON CODE '12'   |
    |  (OUTSIDE RU) AT HX23.                           |
    |                                                  |
    |  DISPLAY 'since (START DATE)' IF NOT ROUND 5.    |
    |  DISPLAY 'between (START DATE) and (END DATE)' IF |
    |  ROUND 5.                                        |
    ----------------------------------------------------
```

HP16
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

Who is that?

PROBE: Was anyone else covered as a dependent {since
(START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name,[Middle Name],Last Name-35]
    [2. First Name,[Middle Name],Last Name-35]
    [3. First Name,[Middle Name],Last Name-35]
    REF .... -7
    DK .... -8

[Code All That Apply]

```
 --------------------------------------------------
|  DISPLAY 'since (START DATE)' IF NOT ROUND 5.     |
|  DISPLAY 'between (START DATE) and (END DATE)' IF |
|  ROUND 5.                                         |
 --------------------------------------------------
```

```
 --------------------------------------------------
|  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
|  ON THE RU-MEMBERS-ROSTER, EXCLUDING THE NAME OF  |
|  THE POLICYHOLDER (I.E., PERSON IN THIS           |
|  ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT) FOR |
|  THIS INSURANCE.                                  |
 --------------------------------------------------
```

```
 --------------------------------------------------
|  DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
|  THIS ROSTER.                                     |
 --------------------------------------------------
```

```
 --------------------------------------------------
|  IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG   |
|  INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
|  AS 'COVERING PERSON NOT LISTED IN RU'.           |
 --------------------------------------------------
```

```
 --------------------------------------------------
|  GO TO BOX_08                                     |
 --------------------------------------------------
```

HP17
====

                {POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
                ESTABLISHMENT.........} {STR-DT}
                {END-DT}

                {Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s
                health coverage through (ESTABLISHMENT) cover as dependents any
                persons who do not live here?

                     YES 1
                     NO 2
                     REF .... -7
                     DK .... -8

                          PRESS F1 FOR DEFINITION OF DEPENDENT.

                | DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |
                | (START DATE) and (END DATE), did' IF ROUND 5. |

                | IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
                | ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
                | LISTED IN RU' IN HP16. |

BOX_08
======

                | IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO |
                | ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A|
                | DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS |
                | FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER |
                | DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS |
                | 'COVERING PERSON NOT IN RU', GO TO END_LP02 |

                | OTHERWISE, CONTINUE WITH LOOP_03 |

LOOP_03
=======

```
-------------------------------------------------------
|  FOR EACH  ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-   |
|  PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03             |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD      |
|  COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE |
|  INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.  |
|  THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE     |
|  SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER   |
|  WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS        |
|  INSURANCE.                                         |
-------------------------------------------------------
```

BOX_09
======

```
-------------------------------------------------------
|  ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION.   |
|                                                     |
|  AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ)   |
|  SECTION, CONTINUE WITH END_LP03                    |
-------------------------------------------------------
```

END_LP03
========

```
-------------------------------------------------------
|  CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-      |
|  COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS   |
|  STATED IN THE LOOP DEFINITION.                     |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
|  END LOOP_03 AND CONTINUE WITH END_LP02             |
-------------------------------------------------------
```

END_LP02
========

```
-------------------------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER WHO MEETS THE CONDITIONS STATED IN   |
| THE LOOP DEFINITION.                              |
-------------------------------------------------------

-------------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_02 AND CONTINUE WITH BOX_10                  |
-------------------------------------------------------
```

BOX_10
======

```
-------------------------------------------------------
| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN          |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT  |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO  |
| TO END_LP01                                        |
-------------------------------------------------------

-------------------------------------------------------
| OTHERWISE, CONTINUE WITH HP18                      |
-------------------------------------------------------
```

HP18
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Aside from (POLICYHOLDER)'s (ESTABLISHMENT) insurance, is there
another health insurance plan that anyone in the family obtains
from (a/an) (INSURANCE SOURCE)?

```
YES ...................................... 1
NO ....................................... 2
REF ...................................... -7
DK ....................................... -8
```

END_LP01
========

```
--------------------------------------------------------
|   IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT  |
|   ESTABLISHMENT NAME.                                |
--------------------------------------------------------


--------------------------------------------------------
|   IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7'    |
|   (REFUSED), OR '-8' (DON'T KNOW) END LOOP_01 AND    |
|   CONTINUE WITH BOX_11                               |
--------------------------------------------------------
```

BOX_11
======

```
--------------------------------------------------------
|   RETURN TO THE HEALTH INSURANCE (HX) SECTION.       |
--------------------------------------------------------
```