

CHRONIC CONDITIONS (CC)

*CC1.	YES (1)	NO (5)	DK (8)	RF (9)
*CC1a. The next few questions are about health problems you might have had at any time since (NCS1 YEAR). Have you ever had any of the following conditions since (NCS1 YEAR): arthritis or rheumatism? (KEY PHRASE: arthritis or rheumatism)	1	5	8	9
*CC1b. Chronic back or neck problems? (KEY PHRASE: back or neck problems)	1	5	8	9
*CC1c. Frequent or severe headaches? (KEY PHRASE: frequent or severe headaches)	1	5	8	9
*CC1d. Any other chronic pain? [KEY PHRASE: (any other) chronic pain]	1	5	8	9
*CC1e. Seasonal allergies like hay fever? (KEY PHRASE: seasonal allergies)	1	5	8	9
*CC1f. Did a doctor or other health professional ever tell you that you had any of the following illnesses: A stroke? (KEY PHRASE: stroke)	1	5	8	9
*CC1g. A heart attack? (KEY PHRASE: heart attack)	1	5	8	9
*CC1h. Heart disease? (KEY PHRASE: heart disease)	1	5	8	9
*CC1i. High blood pressure? (KEY PHRASE: high blood pressure)	1	5	8	9
*CC1j. Asthma? (KEY PHRASE: asthma)	1	5	8	9
*CC1k. Tuberculosis? (KEY PHRASE: tuberculosis)	1	5	8	9
*CC1l. Any other chronic lung disease, like chronic obstructive pulmonary disease or emphysema? (KEY PHRASE: chronic lung disease)	1	5	8	9
*CC1n. Diabetes or high blood sugar? (KEY PHRASE: diabetes or high blood sugar)	1	5	8	9
*CC1o. An ulcer in your stomach or intestine? (KEY PHRASE: ulcer)	1	5	8	9
*CC1r. HIV infection or AIDS? (KEY PHRASE: HIV infection)	1	5	8	9
*CC1s. Epilepsy or seizures? (KEY PHRASE: epilepsy or seizure disorder)	1	5	8	9
*CC1t. Cancer? (KEY PHRASE: cancer)	1	5	8	9

*CC2. INTERVIEWER INSTRUCTION: (SEE CC1a-*CC1t SERIES)

ASK *CC3-*CC4 FOLLOW-UP QUESTIONS IN SEQUENCE FOR EACH DX (A-G). GO TO *CC5 AFTER LAST DX.

- A. ARTHRITIS OR RHEUMATISM
- B. BACK OR NECK PROBLEMS
- C. FREQUENT OR SEVERE HEADACHES
- D. ANY OTHER CHRONIC PAIN
- E. SEASONAL ALLERGIES

*CC3a-e. How old were you the first time you had (DX A-E)?

_____ YEARS

DON'T KNOW 998
REFUSED 999

*CC4a-e. Did the (DX A-E) (IF AGE IN *CC3 EQUALS EITHER CURRENT AGE OR ONE YEAR AGO: start/ ALL OTHERS: get much worse for a month or longer) in the past 12 months?

YES1
NO2 **GO TO NEXT DX**
DON'T KNOW8 **GO TO NEXT DX**
REFUSED9 **GO TO NEXT DX**

*CC4.1a-e. In what month did it (start/begin to get much worse) ?

_____ MONTH (01-13)

DON'T KNOW 98
REFUSED 99

- F. STROKE
- G. HEART ATTACK

*CC3f-g. How old were you the first time you had a (DX F-G) ?

_____ YEARS

DON'T KNOW 998
REFUSED 999

*CC4f-g. (IF AGE IN *CC3 EQUALS EITHER CURRENT AGE OR ONE YEAR AGO: Did you have the (stroke/heart attack) in the past 12 months?/ ALL OTHERS: Did you have another (stroke/heart attack) at any time in the past 12 months?)

YES1
NO2 **GO TO NEXT DX**
DON'T KNOW8 **GO TO NEXT DX**
REFUSED9 **GO TO NEXT DX**

*CC4.1f-g. In what month ?

_____ MONTH (01-13)

DK98
RF99

- H. HEART DISEASE
- I. HIGH BLOOD PRESSURE
- J. ASTHMA
- K. TUBERCULOSIS
- L. CHRONIC LUNG DISEASE
- N. DIABETES OR HIGH BLOOD SUGAR
- O. AN ULCER
- R. HIV INFECTION
- S. EPILEPSY OR SEIZURES
- T. CANCER

*CC3h-t. How old were you when you were first diagnosed with (DX H-T) ?

_____ YEARS

DON'T KNOW 998
 REFUSED 999

*CC4h-t. Did the (DX H-T) (IF AGE IN *CC3 EQUALS EITHER CURRENT AGE OR ONE YEAR AGO: first get diagnosed?/ ALL OTHERS: get much worse for a month or longer) in the past 12 months?

YES 1
 NO 2 **GO TO NEXT DX**
 DON'T KNOW 8 **GO TO NEXT DX**
 REFUSED 9 **GO TO NEXT DX**

*CC4.1h-t. In what month did (you get the diagnosis/it begin to get much worse) ?

_____ MONTH (01-13)

DON'T KNOW 98
 REFUSED 99

*CC5. INTERVIEWER CHECKPOINT (SEE *CC1t)

*CC1t EQUALS '1' 1
 ALL OTHERS 2 **GO TO *CC6.1**

*CC6. Are you currently in treatment for your cancer, in remission, or has it been cured?

TREATMENT 1
 REMISSION 2
 CURED 3
 DON'T KNOW 8
 REFUSED 9

*CC6a. Where (is/ was) your cancer? In what part of your body?

CIRCLE ALL THAT APPLY.

- BREAST CANCER1
- COLON CANCER.....2
- LUNG CANCER3
- LYMPHOMA OR LEUKEMIA4
- MELANOMA5
- PROSTATE CANCER6
- SKIN CANCER7
- UTERINE CANCER8
- OVARIAN CANCER.....9
- CERVICAL CANCER10
- OTHER (SPECIFY).....11

-
-
- DON'T KNOW98
 - REFUSED99

*CC6.1. In the past 12 months did you have an accident, injury or poisoning that required medical attention?

- YES.....1
- NO.....2 **GO TO *CC20**
- DON'T KNOW8 **GO TO *CC20**
- REFUSED9 **GO TO *CC20**

*CC6.1a. In what month?

INTERVIEWER: IF MORE THAN ONE OCCASION, ASK FOR MONTH OF MOST RECENT OCCASION

_____ MONTHS (01-13)

- DON'T KNOW98
- REFUSED99

*CC20. The next few questions are about problems with your sleep. Did you have a period lasting two weeks or longer in the past 12 months when you had any of the following problems with your sleep:

	YES (1)	NO (5)	DK (8)	RF (9)
*CC20a. Problems <u>getting</u> to sleep, when nearly every night it took you two hours or longer before you could fall asleep?	1	5	8	9
*CC20b. Problems <u>staying</u> asleep, when you woke up nearly every night and took an hour or more to get back to sleep?	1	5	8	9
*CC20c. Problems waking <u>too early</u> , when you woke up nearly every morning at least two hours earlier than you wanted to?	1	5	8	9
*CC20d. Problems feeling sleepy during the day?	1	5	8	9

*CC21. INTERVIEWER CHECKPOINT: (SEE *CC20 SERIES)

ONE OR MORE "YES" RESPONSES IN *CC20 SERIES..... 1
ALL OTHERS.....2 **GO TO *CC28.1**

*CC22. About how many weeks in the past 52 did you have problems with your sleep?

_____ WEEKS

DON'T KNOW 998
REFUSED 999

*CC28.1. The next questions are about "medically unexplained chronic pain". This is defined as pain lasting six months or longer that is (READ SLOWLY) severe enough either to interfere a lot with your normal activities or to cause a lot of emotional distress and that a doctor cannot explain. With that definition in mind, did you have "medically unexplained chronic pain" at any time since (NCS1 YEAR)?

YES..... 1
NO 5 **GO TO *CC40**
DON'T KNOW 8 **GO TO *CC40**
REFUSED 9 **GO TO *CC40**

*CC28.1a. In what part of your body did the pain occur?

RECORD ALL MENTIONS

NECK OR BACK..... 1
STOMACH OR ABDOMEN 2
JOINTS LIKE ARMS, HANDS, LEGS, OR FEET 3
FACE OR JAW OF THE JOING JUST BELOW THE EAR 4
CHEST..... 5
ANY OTHER TYPE OF CHRONIC PAIN (SPECIFY)..... 6

DON'T KNOW..... 8
REFUSED..... 9

*CC28.2. Thinking of a time in your life when the pain was most consistent and severe, how much emotional distress did you experience because of your pain – none, mild, moderate, severe, or very severe distress?

NONE 1
MILD 2
MODERATE 3
SEVERE 4
VERY SEVERE 5
DON'T KNOW 8
REFUSED..... 9

*CC28.3. How much did your pain ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL..... 1 **GO TO *CC28.4**
A LITTLE..... 2
SOME 3
A LOT..... 4
EXTREMELY 5
DON'T KNOW 8
REFUSED 9

*CC28.3a. How often were you unable to carry out your daily activities because of your pain – often, sometimes, rarely, or never?

OFTEN 1
SOMETIMES 2
RARELY 3
NEVER 4
DON'T KNOW 8
REFUSED 9

*CC28.4 INTERVIEWER CHECKPOINT: (SEE *CC28.2, *CC28.3, *CC28.3a)

*CC28.2 EQUALS '3' – '5' OR *CC28.3 EQUALS '3' – '5' OR
*CC28.3a EQUALS '1' – '3' 1
ALL OTHERS 2 **GO TO *CC40**

*CC29.1. How old were you the first time you had “medically unexplained chronic pain”?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*CC29.4. How many months in the past 12 months did you have this pain?

_____ MONTHS

DON'T KNOW 998
REFUSED 999

*CC40. Have you ever had a time lasting 12 months or longer when at least one week each month you had frequent pain or discomfort in your stomach or lower abdomen that was relieved when you had a bowel movement?

YES 1
NO 5 **GO TO *CC48**
DON'T KNOW 8 **GO TO *CC48**
REFUSED 9 **GO TO *CC48**

*CC41. Did you have either frequent diarrhea or frequent constipation during that time?

YES 1 **GO TO *CC43**
NO 5
DON'T KNOW 8
REFUSED 9

*CC42. Did you have a change in the frequency of your bowel movements during that time?

YES 1
NO 5 **GO TO *CC48**
DON'T KNOW 8 **GO TO *CC48**
REFUSED 9 **GO TO *CC48**

*CC43. Did these problems ever last at least one week per month for 12 months or longer?

YES.....1
NO5 **GO TO *CC48**
DON'T KNOW8 **GO TO *CC48**
REFUSED9 **GO TO *CC48**

*CC44. How old were you the first time you had 12 months or longer when you had frequent stomach discomfort and (IF *CC41 EQUALS '1':either diarrhea or constipation/ ALL OTHERS: a change in the frequency of bowel movements)?

_____ YEARS OLD

DON'T KNOW998
REFUSED999

*CC44.1. How many different years in your life did you have these sorts of bowel problems at least one week every month?

_____ YEARS OLD

DON'T KNOW998
REFUSED.....999

*CC44.2. Did you have these problems at least one week every month in the past 12 months?

YES 1
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC46. How much did these problems (with your bowels) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL.....1 **GO TO *CC48**
A LITTLE2
SOME.....3
A LOT4
EXTREMELY.....5
DON'T KNOW8
REFUSED9

*CC46a. How often were these problems so severe you could not carry out your daily activities – often, sometimes, rarely, or never?

OFTEN.....1
SOMETIMES2
RARELY3
NEVER4
DON'T KNOW8
REFUSED9

*CC48. Do you have a regular medical doctor who you usually visit when you need routine medical care?

YES.....1 **GO TO *CC49**
NO5
DON'T KNOW8
REFUSED9

*CC48a. Do you have a regular place where you usually go when you need routine medical care – like a particular clinic or hospital?

YES 1
 NO 5
 DON'T KNOW 8
 REFUSED 9

*CC49. How many visits did you make to each of the following types of health professionals in the past 12 months:

*CC49a. A doctor, hospital, or clinic for a routine physical check-up or gynecological exam?	_____ VISITS IN PAST 12 MO. DON'T KNOW998 REFUSED.....999
*CC49b. A dentist or optician for a routine check-up or exam?	_____ VISITS IN PAST 12 MO. DON'T KNOW998 REFUSED.....999
*CC49c. A doctor, emergency room, or clinic for urgent care treatment – for example, because of new symptoms, an accident, or something else unexpected?	_____ VISITS IN PAST 12 MO. DON'T KNOW998 REFUSED.....999
*CC49d. A doctor, hospital, clinic, orthodontist, or ophthalmologist for scheduled treatment or surgery?	_____ VISITS IN PAST 12 MO. DON'T KNOW998 REFUSED.....999

*CC49.1. INTERVIEWER CHECKPOINT: (SEE *CC49a-d)

AT LEAST ONE RESPONSE IN THE RANGE
 '1' - '997' IN *CC49a - *CC49d SERIES 1
 ALL OTHERS 2 **GO TO *CC50**

*CC49.2. In the past 12 months, did a medical doctor do any of the following things either as part of a routine physical check-up or in a visit you made for a physical health problem: ask you about your use of alcohol or illegal drugs?

YES 1
 NO 5 **GO TO *CC49.2b**
 DON'T KNOW 8 **GO TO *CC49.2b**
 REFUSED 9 **GO TO *CC49.2b**

*CC49.2a. (In the past 12 months, did a medical doctor) Advise you to cut down or stop alcohol or drug use?

YES 1
 NO 5
 DON'T KNOW 8
 REFUSED 9

*CC49.2b. (In the past 12 months, did a medical doctor) Ask you about your emotions, nerves, or mental health?

YES..... 1 **GO TO *CC49.2d**
 NO.....5
 DON'T KNOW8
 REFUSED.....9

*CC49.2c. INTERVIEWER CHECKPOINT: (SEE *CC49.2)

*CC49.2 EQUALS '1' 1
 ALL OTHERS 2 **GO TO *CC50**

	YES (1)	NO (5)	DK (8)	RF (9)
*CC49.2d. (In the past 12 months, did a medical doctor) Suggest that you see a specialist or go to a special program for emotional or substance problems?	1	5	8	9
*CC49.2e. (In the past 12 months, did a medical doctor) Suggest that you take medication for emotional or substance problems?	1	5	8	9
*CC49.2f. (In the past 12 months, did a medical doctor) Spend at least 5 minutes counseling you about your emotional or substance problems?	1	5	8	9

*CC50. The next questions are about health insurance obtained through jobs, purchased directly, or obtained from government programs. In answering, do not include plans that only supplement your income if you are in the hospital or that only pay for one type of service, such as dental care or eye glasses, or nursing home care, or accidents. With all that in mind, are you currently covered by some type of military health insurance, such as CHAMPUS, CHAMP-VA, TRICARE, or VA care?

YES 1
 NO..... 5
 DON'T KNOW 8
 REFUSED..... 9

*CC50.1. (IF *CC50 EQUALS '1': Other than military health insurance, are you covered by any other/ ALL OTHERS: Are you covered by a) health insurance plan obtained through a current or past employer or union — either your own employer or union or the employer or union of someone else?

YES..... 1
 NO..... 5
 DON'T KNOW 8
 REFUSED..... 9

*CC50.2. Are you covered by a health insurance plan purchased directly from an insurance company?

YES 1
 NO..... 5
 DON'T KNOW 8
 REFUSED..... 9

*CC50.3. Are you covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities?

(IF NEC: Include HMO plans as well as the traditional Medicare plan.)

YES 1
NO 5 **GO TO *CC50.4**
DON'T KNOW 8 **GO TO *CC50.4**
REFUSED..... 9 **GO TO *CC50.4**

*CC50.3a. Are you covered by a Medicare supplemental or Medigap policy to cover the costs of health care that are not covered by Medicare?

YES 1
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC50.4. Are you covered by (STATE NAME FOR MEDICAID), the government assistance program for people in need?

STATE NAMES FOR MEDICAID TO INSERT INTO *CC50.4:

- ALABAMA: Medicaid
- ARIZONA: AHCCS (Arizona Health Care Cost Containment System)
- ARKANSAS: Medicaid
- CALIFORNIA: MediCal
- COLORADO: Colorado Medicaid or the Colorado Indigent Care Program
- CONNECTICUT: Medicaid or the General Assistance Medical Aid Program
- DELAWARE: Medicaid
- DISTRICT OF COLUMBIA: Medicaid
- FLORIDA: Medicaid
- GEORGIA: Medicaid
- IDAHO: Medicaid
- ILLINOIS: Medical Assistance
- INDIANA: Medicaid
- IOWA: Medicaid or the Medically Needy Program
- KANSAS: Medicaid
- KENTUCKY: Medicaid
- LOUISIANA: Medicaid
- MAINE: Medicaid or the Medically Needy Program
- MARYLAND: Medicaid or the Health Choice Program
- MASSACHUSETTS: MassHealth
- MICHIGAN: Medicaid
- MINNESOTA: Medical Assistance (MA)
- MISSISSIPPI: Medicaid
- MISSOURI: Medicaid
- MONTANA: Medicaid
- NEBRASKA: Medicaid
- NEVADA: Medicaid
- NEW HAMPSHIRE: Medicaid or the In & Out Program
- NEW JERSEY: Medicaid or any other program
- NEW MEXICO: Medicaid
- NEW YORK: Medicaid or the Family Health Plus Program
- NORTH CAROLINA: Medicaid
- NORTH DAKOTA: Medicaid
- OHIO: Ohio Health Plans
- OKLAHOMA: Medicaid
- OREGON: Oregon Health Plan
- PENNSYLVANIA: Medicaid
- RHODE ISLAND: Medicaid
- SOUTH CAROLINA: Medicaid
- SOUTH DAKOTA: South Dakota Medical Assistance
- TENNESSEE: TennCare
- TEXAS: Medicaid
- UTAH: Medicaid or the HIP (Utah Comprehensive Health Insurance Pool)
- VERMONT: Medicaid or the VHAP (Vermont Health Access Plan)
- VIRGINIA: FAMIS (Family Access to Medical Insurance Security)
- WASHINGTON: Medicaid or the Medically Needy Program
- WEST VIRGINIA: Medicaid
- WISCONSIN: Medicaid
- WYOMING: Medicaid

- YES 1
- NO 5
- DON'T KNOW 8
- REFUSED 9

*CC50.5. Are you covered by (STATE NAME FOR STATE PLAN), the state health insurance plan for uninsured people?

STATE NAMES FOR STATE PLANS TO INSERT INTO *CC50.5

- ALABAMA: All Kids
- ARIZONA: Kids Care
- ARKANSAS: ARKids First
- CALIFORNIA: Healthy Families
- COLORADO: Child Health Plan Plus (CHP+)
- CONNECTICUT: The Husky Plan (Health Plan Healthcare for Uninsured Kids and Youth)
- DELAWARE: Delaware Healthy Children Program
- DISTRICT OF COLUMBIA: D.C. Healthy Families
- FLORIDA: Kid Care
- GEORGIA: Peach Care for Kids
- IDAHO: Brighton Futures Children’s Health Insurance Program
- ILLINOIS: Kid Care
- INDIANA: Hoosier Healthwise
- IOWA: HAWK-I
- KANSAS: Healthwave Program
- KENTUCKY: Kentucky Children’s Health Insurance Program (KCHIP)
- LOUISIANA: LA CHIP
- MAINE: Cub Care
- MARYLAND: Maryland Children’s Health Program
- MASSACHUSETTS: Mass Health
- MICHIGAN: MI Child
- MINNESOTA: Minnesota Care
- MISSISSIPPI: Children’s Health Insurance Program (CHIP)
- MISSOURI: MC+ For Kids
- MONTANA: Children’s Health Insurance Plan (CHIP)
- NEBRASKA: Kids Connection
- NEVADA: Nevada CheckUp
- NEW HAMPSHIRE: Healthy Kids (Healthy Kids Gold/Healthy Kids Silver)
- NEW JERSEY: NJ KidCare
- NEW MEXICO: New Mexikids
- NEW YORK: Child Health Plus
- NORTH CAROLINA: NC Health Choice for Children
- NORTH DAKOTA: Healthy Steps Program
- OHIO: Healthy Start
- OKLAHOMA: Sooner Care
- OREGON: Oregon Health PPlan
- PENNSYLVANIA: Children’s Health Insurance Plan (CHIP)
- RHODE ISLAND: RItE Care
- SOUTH CAROLINA: Child Health Insurance Plan (CHIP)
- SOUTH DAKOTA: Child Health Insurance Program (CHIP)
- TENNESSEE: TennCare for Children Program
- TEXAS: Tex Care Partnership
- UTAH: Children’s Health Insurance Program
- VERMONT: Dr. Dynasaur
- VIRGINIA: Children’s Medical Security Insurance Plan
- WASHINGTON: CHIP
- WEST VIRGINIA: West Virginia Children’s Health Insurance Program
- WISCONSIN: Badger Care
- WYOMING: Wyoming Kid Care

- YES 1
- NO 5
- DON’T KNOW 8
- REFUSED..... 9

*CC50.6. Are you covered by the Indian Health Service?

YES 1
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC50.7. Are you covered by any other type of health insurance that I have not mentioned?

YES (SPECIFY: _____)..... 1
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC50.8. INTERVIEWER CHECKPOINT: (SEE CC50-*CC50.7)

IF *CC50 EQUALS '1' OR *CC50.1 EQUALS '1' OR
*CC50.2 EQUALS '1' OR *CC50.3 EQUALS '1' OR
*CC50.4 EQUALS '1' OR *CC50.5 EQUALS '1' OR
*CC50.6 EQUALS '1' OR *CC50.7 EQUALS '1' 1
ALL OTHERS..... 2 **GO TO *CC51**

*CC50.9. Does your health insurance plan require you to sign up with a certain primary care doctor, group of doctors, or clinic, which you must go to for all of your routine care?

(IF NEC: Do not include emergency care or care from a specialist you were referred to.)

YES 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES 3
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC50.11. Does your health insurance plan require you to get approval or a referral to see a specialist or to get special care?

(IF NEC: Do not include emergency care.)

YES 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES 3
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC50.12. Can you go to any doctor or clinic who will accept your insurance, or do you have to choose from a list of doctors in a plan book or network directory?

CAN GO TO ANY DOCTOR 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES 3 **GO TO *CC50.14**
MUST CHOOSE FROM LIST 5 **GO TO *CC50.14**
(IF VOL) HAS TO SEE A SPECIFIC DOCTOR..... 6 **GO TO *CC50.14**
DON'T KNOW 8 **GO TO *CC50.14**
REFUSED..... 9

*CC50.13. Do you have to pay a higher co-payment to see a doctor who is not in the network of your plan?

YES 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES 3
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC50.14. Is your health plan an HMO – that is, a health Maintenance Organization?

(IF NEC: With an HMO, you have to receive care from HMO doctors to have the expense covered, unless there is an emergency or you are referred by the HMO to some other doctor.)

YES 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES 3
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC50.15. If you do not have a referral, will your health plan pay for any of the costs of visits to doctors who are not associated with the plan?

YES 1
(IF VOL) R HAS MULTIPLE PLANS AND IT VARIES 3
NO 5
DON'T KNOW 8
REFUSED..... 9

*CC50.16. How much do you have to pay if you go to a plan doctor for a routine visit?

IF R HAS MULTIPLE PLANS AND “IT VARIES” ASK R TO ANSWER FOR THE PLAN USED MOST OFTEN.

\$ _____

FULL PRICE 997
DON'T KNOW 998
REFUSED..... 999

*CC50.17. How much do you have to pay for prescription medicines?

IF R HAS MULTIPLE PLANS AND “IT VARIES” ASK R TO ANSWER FOR THE PLAN USED MOST OFTEN.

\$ _____

FULL PRICE 997
DON'T KNOW 998
REFUSED..... 999

*CC51. People differ a lot in their feelings about professional help for emotional problems. If you had a serious emotional problem, would you definitely go for professional help, probably go, probably not go, or definitely not go for professional help?

- WOULD DEFINITELY GO..... 1
 - WOULD PROBABLY GO..... 2
 - WOULD PROBABLY NOT GO 3
 - WOULD DEFINITELY NOT GO 4
 - DON'T KNOW 8
 - REFUSED 9
-

*CC52. How comfortable would you feel talking about personal problems with a professional – very comfortable, somewhat, not very, or not at all comfortable?

- VERY COMFORTABLE..... 1
 - SOMEWHAT COMFORTABLE 2
 - NOT VERY COMFORTABLE 3
 - NOT AT ALL COMFORTABLE 4
 - DON'T KNOW 8
 - REFUSED 9
-

*CC53. How embarrassed would you be if your friends knew you were getting professional help for an emotional problem – very embarrassed, somewhat, not very, or not at all embarrassed?

- VERY EMBARRASSED..... 1
 - SOMEWHAT EMBARRASSED..... 2
 - NOT VERY EMBARRASSED..... 3
 - NOT AT ALL EMBARRASSED 4
 - DON'T KNOW 8
 - REFUSED 9
-

*CC54. Of the people who see a professional for serious emotional problems, what percent do you think are helped?

_____ PERCENT

- DON'T KNOW 998
 - REFUSED 999
-

*CC55. Of those who do not get professional help, what percent do you think get better even without it?

_____ PERCENT

- DON'T KNOW 998
- REFUSED 999

GO TO NEXT SECTION