

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid investigators to integrate the collection of PhenX measures in your study. The PhenX measures that you selected and added to your Cart are presented in the DCW in alphabetical order. The DCW includes worksheets for data collection. Variables derived from the collected data are shown in the Data Dictionary (DD) with variable names and unique PhenX variable identifiers. The collection of DCWs produced by the Toolkit is not designed as a data collection instrument. Each investigator will decide how to integrate PhenX measures into data collection for their study.

The next question asks about your health insurance or health coverage plans. In answering this question, please exclude plans that pay for only one type of service (such as nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.

1. Are you currently covered by any of the following types of health insurance or health coverage plans?
 - a. Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.

 1 Covered
 2 Not Covered
 3 Not Sure
 - b. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as HealthCare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [or (INSERT PROGRAM NAME)]]].

 1 Covered
 2 Not Covered
 3 Not Sure
 - c. Medicare, for people 65 and older, or people with certain disabilities.

 1 Covered
 2 Not Covered
 3 Not Sure
 - d. Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance. plan based on income or a disability. You may know this type of coverage as [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT PROGRAM NAME].

 1 Covered
 2 Not Covered
 3 Not Sure

e. TRICARE or other military health care, including VA health care.

- 1 Covered
- 2 Not Covered
- 3 Not Sure

f. Indian Health Service.

- 1 Covered
- 2 Not Covered
- 3 Not Sure

g. Any other type of health insurance. coverage or health coverage plan

- 1 Covered
- 2 Not Covered
- 3 Not Sure

[IF "COVERED" NOT SELECTED FOR ANY ITEMS IN Q1]

2. Does this mean you currently have no health insurance or health coverage plan?

In answering this question, please exclude plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.

- 1 I do NOT have health insurance
- 2 I HAVE some kind of health insurance

[IF Q1G = 1 OR Q2 = 2]

2b. What type of health insurance do you have? _____