**CSER HARMONIZED MEASURE REPOSITORY: Insurance**

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| **Template topic** | **Definition/Note** Insurance (Adult) |
| **Measure name and acronym** | Insurance Status |
| **Source citation for original measure** | National Health and Nutrition Examination Survey, Health Insurance Questionnaire (HIQ)<https://wwwn.cdc.gov/Nchs/Nhanes/1999-2000/HIQ.htm>First published July 2004 |
| **Category of assessment (construct/ CSER framework location)** | Patient Factors (Demographic)  |
| **Description of measure** | Health insurance coverage. Little psychometric information is available because this is a survey item. |
| **Operational definition of construct** | Assesses whether the patient has health insurance coverage. |
| **Summary of changes made to measure for CSER (“CSER-adapted scale”), if any** | Instead of asking individual questions about each type of insurance separately, the CSER adaptation allows the respondent to select which type or types of insurance they have from a list of possible options. |
| **Time to administer** | With measures: sex, age, language, income, education level, insurance status, and country of origin estimated: 00:01:20  |
| **Target Respondent(s)** | Adult Patient |
| **Age range(s) or respondents** | Age of population where measure was validated  |
| **Number of items**  | Original scale 7 |
| CSER adapted 2  |
| **Subscales and items per subscale**  | Original scale n/a |
| CSER adapted n/a |
| **Response scale (including anchor labels)** | Original scale: Yes, No, Refused, Don’t Know |
| CSER adapted: Yes, No |
| **Scoring instructions**  | Original Scale n/a |
| CSER adapted n/a |
| **Validated cutoff scores, if any** | n/a |
| **Norms (if available)** | n/a |
| **Contact for permission to use/adapt (associated cost)** | n/a |
| **Validated administration modes** | n/a  |
|  **Original measure languages available**  | English, Spanish |
| **Evidence for reliability (provide type and values)** |  Completed search for HIQ validation |
| **Evidence for validity (provide type and values if available)** |  Completed search for HIQ validation |
| **Evidence for sensitivity to change** |  Completed search for HIQ validation |
| **Relevant references in genetics or genomics** | n/a |

**Paste original scale below**

{Are you/Is SP} covered by health insurance or some other kind of health care plan? [Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.]

{Are you/Is SP} covered by private insurance?

{Are you/Is SP} covered by Medicare?

{Are you/Is SP} covered by Medicaid/CHIP?

{Are you/Is SP} covered by other government insurance?

{Are you/Is SP} covered by any single service plan?

Does the insurance {you have/SP has} cover any part of dental care?

**Paste CSER adaptation below**

Are you covered by health insurance or some other kind of health care plan? **(Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills) (Check one)**

**□0 No**

**□1 Yes**

IF YOU ARE COVERED: What kind or kinds of health insurance or health care coverage do you have? **(Check all that apply)**

**□0 Private health insurance, employment based**

**□1 Private health insurance, directly purchased**

**□2 Government plan, Medicare**

**□3 Government plan, Medicaid**

**□4 Government plan, Military health care**

 **□5 Other type of insurance (Please Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□6 No coverage of any type.**

**Paste or list CSER site-specific adaptation/deviation below**