



WIHS ID #

[READ C3; C5-C11] *CALIFORNIA ONLY: [READ C4-C11] Do you currently have...	YES	NO	a. Do you or your family members pay for any of the insurance premium?
	1	2 (C10)	YES NO
C9. Private insurance (not including Medicaid or Medicare)?	1	2 (C10)	1 2
C10. Dental Insurance?	1	2	
C11. Other types of health insurance? SPECIFY: _____	1	2 (C12)	

C12. Do any of these plans assist with prescriptions/medications?

YES .....1  
NO .....2

C13. Since your (MONTH) study visit, did you pay any money that was not reimbursed to you for your medical care, this includes money spent for prescriptions that were written for you by your provider?

YES .....1  
NO .....2

C14. TIME MODULE ENDED

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AM.....1  
PM .....2