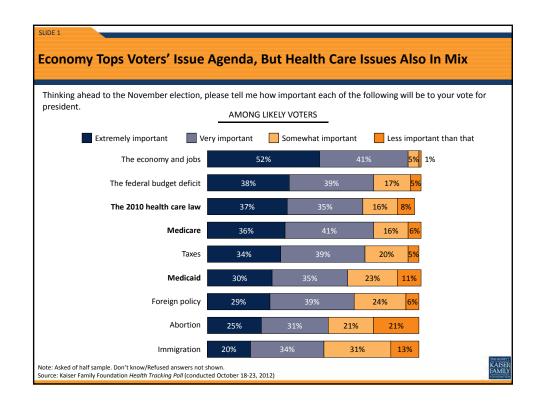
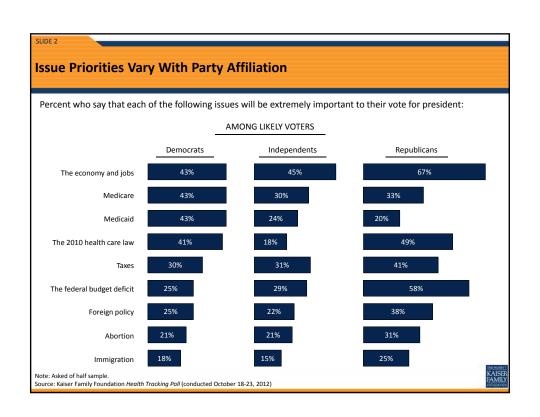
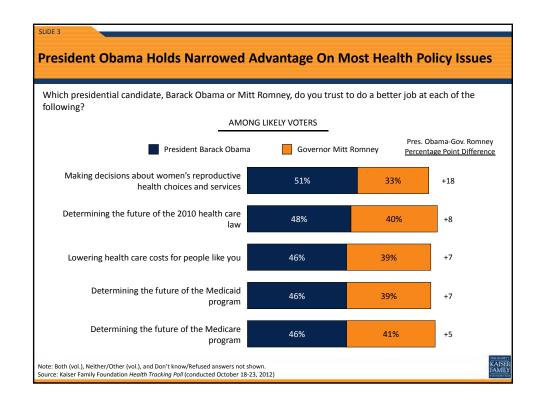


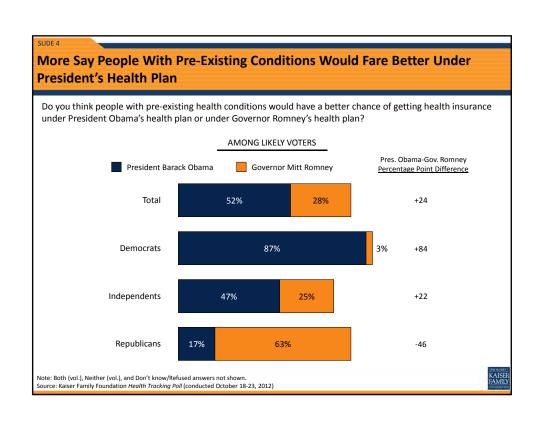
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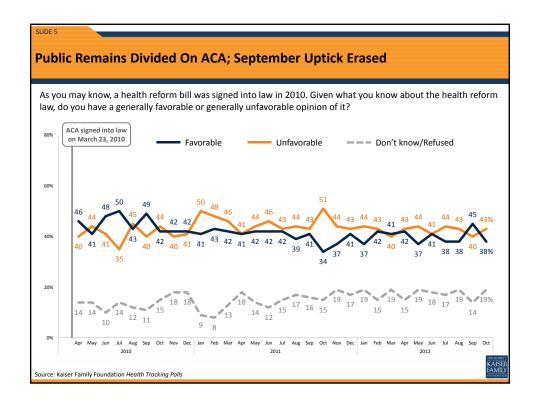
Kaiser Health Tracking Poll: October 2012

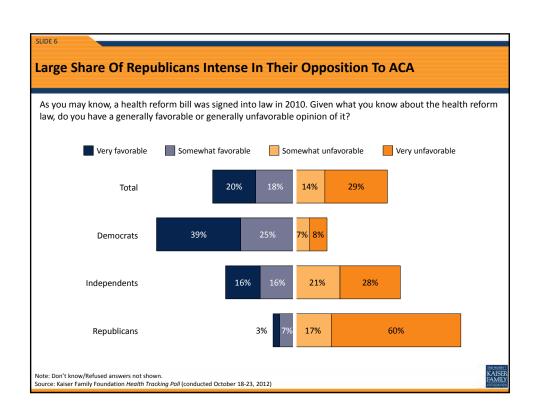


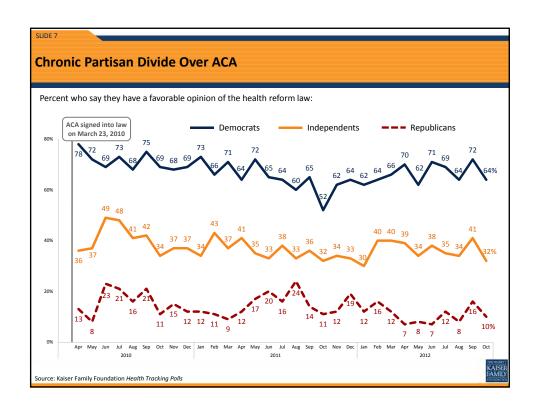


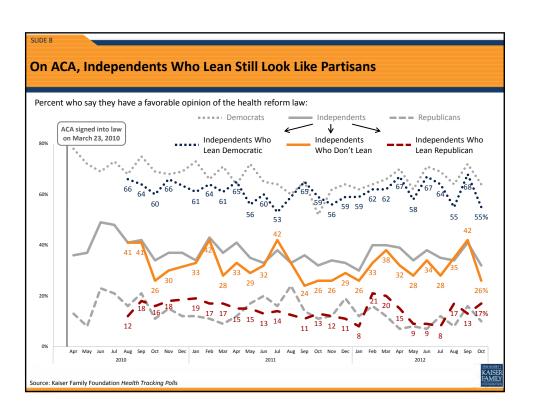


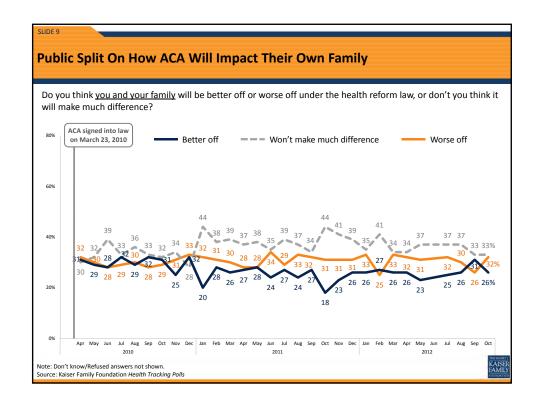


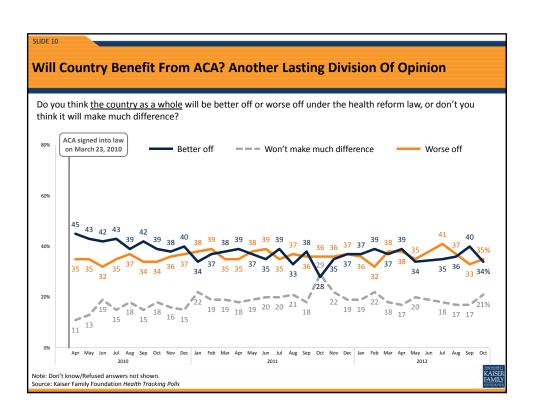


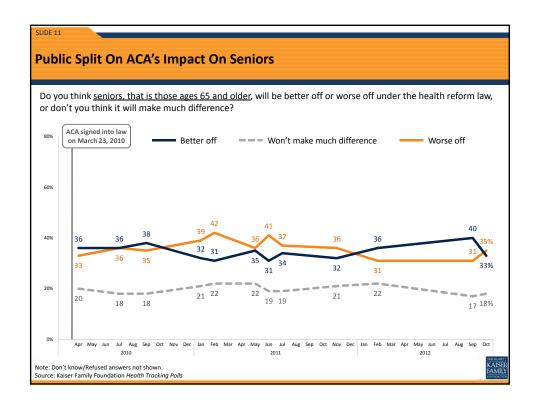


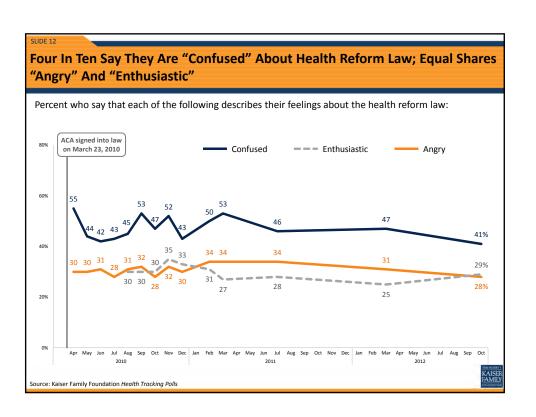


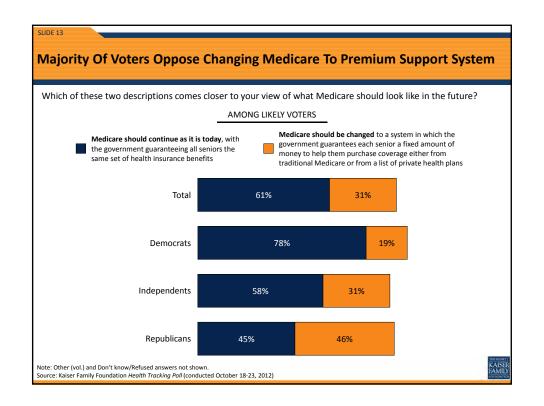


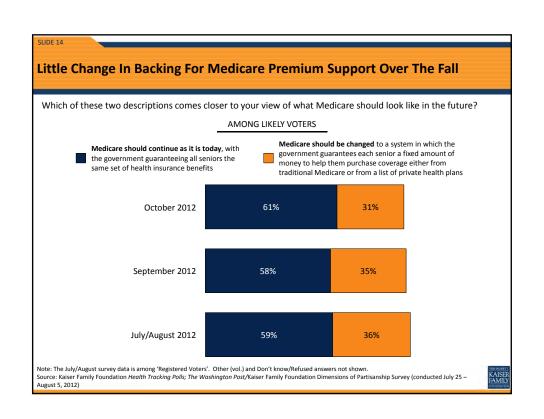


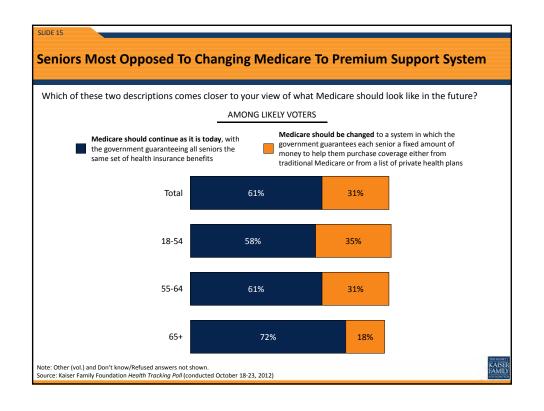


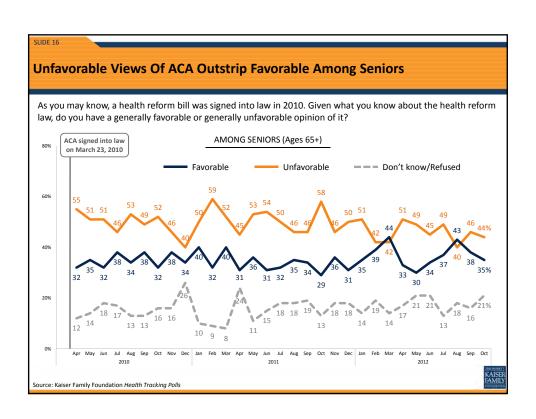


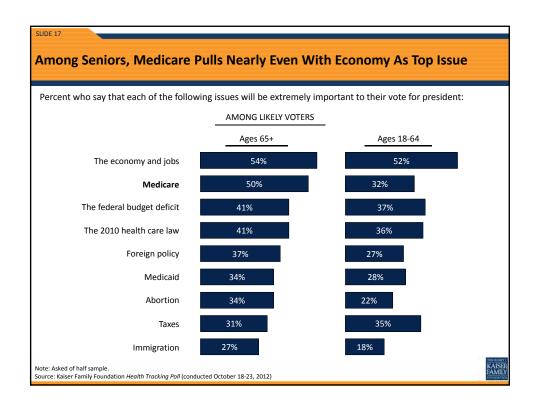


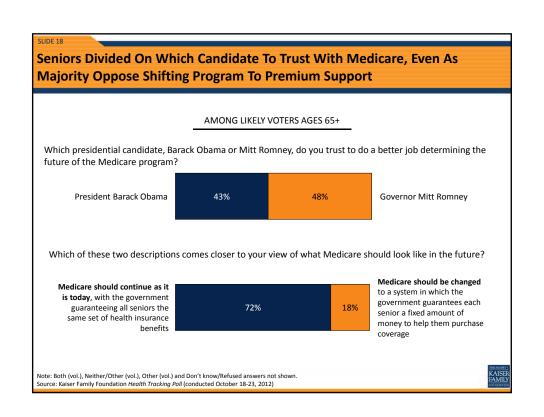


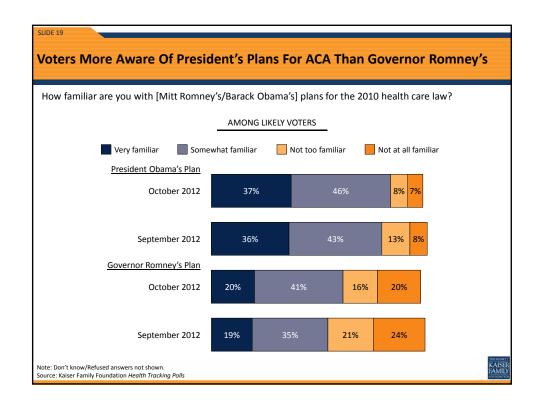


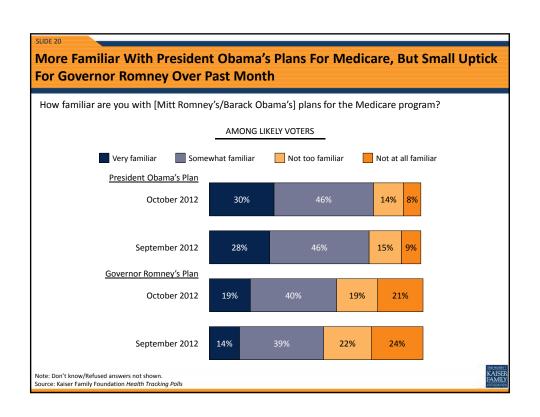












SLIDE 21

Methodology

This *Kaiser Health Tracking Poll* was designed and analyzed by public opinion researchers at the Kaiser Family Foundation led by Mollyann Brodie, Ph.D., including Claudia Deane, Sarah Cho, and Theresa Boston. The survey was conducted October 18-23, 2012, among a nationally representative random digit dial telephone sample of 1,215 adults ages 18 and older, living in the United States, including Alaska and Hawaii (note: persons without a telephone could not be included in the random selection process). Computer-assisted telephone interviews conducted by landline (704) and cell phone (511, including 282 who had no landline telephone) were carried out in English and Spanish by Braun Research, Inc. under the direction of Princeton Survey Research Associates International (PSRAI). The combined landline and cell phone sample was weighted to balance the sample demographics to match Census estimates for the national population on sex, age, education, race, Hispanic origin, nativity (for Hispanics only), region, and telephone usage.

All statistical tests of significance account for the effect of weighting. The margin of sampling error including the design effect for the full sample is plus or minus 3 percentage points. For likely voters, the margin of sampling error is plus or minus 4 percentage points. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll.





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