



Survey Questionnaire

Kaiser Survey of the ACA and Low Income Americans

February 2014

Kaiser Survey of the ACA and Low Income Americans

(IF THIS IS A CALLBACK AND S1=3 OR S1a=3 READ INTRO AND GO DIRECTLY TO S1)

Intro:

Hello. My name is _____. I'm calling from Social Science Research Solutions and we're conducting research on important issues concerning healthcare in America.

Our questions are for research purposes only and your answers are strictly confidential.

[IF NECESSARY: I want to assure you we are not selling anything]

IF CELL PHONE SAMPLE:

CELL1. So that I can ask you the right questions, could you please tell me if you are less than 19 years old, between the ages of 19 and 25, between the ages of 25 and 64, or older than 64?

- | | | |
|---|------------------------------|---------------------|
| 1 | Less than 19 years (0 to 18) | THANK AND TERMINATE |
| 2 | 19 to 25 years | GO TO CELL2 |
| 3 | 25 to 64 years | GO TO CELL2 |
| 4 | Older than 64 (65 or older) | THANK AND TERMINATE |
| R | Refused | |

CELL2. Before we continue, are you driving (OPTIONAL: and unable to complete the survey)?

- | | | |
|---|-----------------------------------------|------------------|
| 1 | Continue, on cell phone and not driving | GO TO U1 |
| 2 | Respondent is driving/cannot continue | SET UP CALL BACK |
| R | Refused | |

IF CELL PHONE SAMPLE:

INTERVIEWER: ONLY IF RESPONDENT ASKS ABOUT INCENTIVE: At the end of the survey, we would like to send you \$5 in appreciation of your time.

IF LANDLINE SAMPLE

[INTERVIEWER: PLEASE CONFIRM PERSON ON THE LINE IS AN ADULT]

HH1. Our study is focusing on the health care experiences of adults ages 19 to 64. How many adults between 19 and 64 live in your household? Please include yourself and all the adults who live with you.

_____ # ADULTS AGE 19-64
 DD (DO NOT READ) Don't know
 RR (DO NOT READ) Refused

[IF HH1=0,DD,RR THANK AND TERMINATE]

[ASK INCx IF LL]:

INCx. And could you please tell me if you are 25 years old or less, or older than 25?

1 Less than 25 or less
 2 Older than 25 (26 or older)
 R Refused

(ASK EVERYONE)

(P.N. IF G24 IS REFUSED, PLEASE POPULATE QN WITH SAMPLE INFO)

G24. What state do you live in?

(DISPLAY STATE LIST)

1 Answer given (SPECIFY) _____
 R (DO NOT READ) Refused

[ASK EVERYONE]

(IF INCx = 1, READ ITEMS IN PARENS)

INC1. To help us ask the right questions about your healthcare we need to know, including yourself, how many people are in your family, meaning you, your spouse (if you're married), and any dependent children? (If you are dependent on your parents for income, then your family would include you, your parents and any of their other dependent children).

[INTERVIEWER NOTE: If respondent asks to clarify what "dependent children" means, say "Any child who you claim as a dependent on your tax return"]

[INTERVIEWER: CONFIRM RESPONDENT COUNTS THEMSELVES AND ALL OTHER FAMILY MEMBERS]

(INTERVIEWER NOTE: IF HH SIZE MORE THAN 15, PLEASE CONFIRM BEFORE ENTERING RESPONSE)

_____ (RECORD NUMBER 1-20)

RR (DO NOT READ) Refused THANK & TERM. RECORD AS RQINC1

***** HERE IS THE TABLE FOR POVERTY CALCULATION:**

Yearly	48 States + DC		ALASKA		HAWAII	
People in FAMILY	AMT1	AMT 2	AMT1	AMT 2	AMT1	AMT 2
1	\$16,000	\$46,000	\$20,000	\$58,000	\$18,000	\$53,000
2	\$22,000	\$62,000	\$27,000	\$78,000	\$25,000	\$71,000
3	\$27,000	\$78,000	\$34,000	\$98,000	\$31,000	\$90,000
4	\$33,000	\$94,000	\$41,000	\$118,000	\$38,000	\$108,000
5	\$38,000	\$111,000	\$48,000	\$138,000	\$44,000	\$127,000
6	\$44,000	\$126,000	\$55,000	\$158,000	\$50,000	\$145,000
7	\$49,000	\$142,000	\$62,000	\$178,000	\$57,000	\$164,000
8	\$55,000	\$158,000	\$69,000	\$198,000	\$63,000	\$182,000
9	\$61,000	\$175,000	\$76,000	\$218,000	\$70,000	\$201,000
10	\$66,000	\$191,000	\$83,000	\$238,000	\$77,000	\$219,000
11	\$72,000	\$207,000	\$90,000	\$259,000	\$83,000	\$238,000
12	\$77,000	\$222,000	\$97,000	\$279,000	\$89,000	\$256,000
Monthly	48 States + DC		ALASKA		HAWAII	
People in FAMILY	AMT1M	AMT 2M	AMT1M	AMT 2M	AMT1M	AMT 2M
1	\$1,300	\$3,800	\$1,700	\$4,800	\$1,500	\$4,400
2	\$1,800	\$5,200	\$2,300	\$6,500	\$2,100	\$5,900
3	\$2,300	\$6,500	\$2,800	\$8,200	\$2,600	\$7,500
4	\$2,800	\$7,800	\$3,400	\$9,800	\$3,200	\$9,000
5	\$3,200	\$9,200	\$4,000	\$11,500	\$3,700	\$10,600
6	\$3,700	\$10,500	\$4,600	\$13,200	\$4,200	\$12,000
7	\$4,100	\$11,800	\$5,200	\$14,800	\$4,800	\$13,700
8	\$4,600	\$13,200	\$5,800	\$16,500	\$5,300	\$15,000
9	\$5,100	\$14,600	\$6,300	\$18,200	\$5,800	\$16,800
10	\$5,500	\$15,900	\$6,900	\$19,800	\$6,400	\$18,300
11	\$6,000	\$17,300	\$7,500	\$21,600	\$6,900	\$19,800
12	\$6,400	\$18,500	\$8,000	\$23,200	\$7,400	\$21,300

(ASK EVERYONE)

INSERT "family's" IF INC₁>1

INC₂. And could you tell me whether in 2012, your (family's) total annual income from all sources, before taxes, was LESS THAN (AMOUNT₁), more than (AMOUNT₂) or somewhere between (AMOUNT₁) and (AMOUNT₂)?

(ENTER ONE ONLY)

(IF NEEDED: Family income includes income from you, from your spouse, or from any dependent children. Income can be pay for work or any other money coming in).

(IF NEEDED: Your income makes it easy or hard to take care of health care costs. We need to know that to ask the right questions.)

[INTERVIEWER: IF RESPONDENT REFUSES: Your responses are strictly confidential and are not attached to any identifying information. It is important for us to know this information to ask you about your healthcare.]

[INTERVIEWER: IF RESPONDENT SAYS THEY ARE NOT SURE, PROBE: Can you estimate?]

- | | | |
|---|-----------------------------------------------------------|----------------------------|
| 1 | Less than (AMOUNT ₁) | |
| 2 | Between (AMOUNT ₁) and (AMOUNT ₂) | |
| 3 | More than (AMOUNT ₂) | |
| 4 | (DO NOT READ) Exactly (AMOUNT ₁) | |
| 5 | (DO NOT READ) Exactly (AMOUNT ₂) | |
| D | (DO NOT READ) Don't know | GO TO Q.INC ₂ A |
| R | (DO NOT READ) Refused | GO TO Q.INC ₂ A |

[PN: IF INC₂=3 PLEASE TERMINATE 50% OF THE TIME]

ASK IF DK/REF ANNUAL INCOME

(ASK INC2A IF INC2 = D OR R)

INSERT "family's" IF INC1>1

INC2A. How about average monthly income? Can you estimate whether your (family's) average monthly income in 2012 from all sources was LESS THAN (AMOUNT1), more than (AMOUNT2) or somewhere between (AMOUNT1) and (AMOUNT2)?
(ENTER ONE ONLY)

(IF NEEDED: Family income includes income from you, from your spouse, or from any dependent children. Income can be pay for work or any other money coming in).

(IF NEEDED: Your income makes it easy or hard to take care of health care costs. We need to know that to ask the right questions.)

[INTERVIEWER: IF RESPONDENT REFUSES: Your responses are strictly confidential and are not attached to any identifying information. It is important for us to know this information to ask you about your healthcare.]

[INTERVIEWER: IF RESPONDENT SAYS THEY ARE NOT SURE, PROBE: Can you estimate?]

- 1 Less than (AMOUNT1M)
- 2 Between (AMOUNT1M) and (AMOUNT 2M)
- 3 More than (AMOUNT2M)
- 4 (DO NOT READ) Exactly (AMOUNT1M)
- 5 (DO NOT READ) Exactly (AMOUNT2M)
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF INC2a = D OR R AND DON'T QUALIFY FOR Q.INC2b, THANK & TERM. RECORD AS TQINC2a)

[PN: IF INCa=3 PLEASE TERMINATE 50% OF THE TIME]

ASK IF LL SAMPLE AND DK/REF MONTHLY INCOME AND MORE THAN 1 PERSON IN HH

(ASK INC2B IF LL SAMPLE AND INC2A = D OR R AND HH1>1)

INC2B. Is there someone else there you can ask?
(ENTER ONE ONLY)

- 1 Yes, coming to phone RE-READ INTRO & GO TO Q.INC2
- 2 Yes, but presently unavailable GET NAME & SCHEDULE CALLBACK
- 3 No
- R (DO NOT READ) Refused

[PN: IF INC2B=3,R: THANK AND TERM]

PN: CREATE FPLSCREEN VARIABLE:

IF (INC2=1 OR INC2A=1) FPLSCREEN = 1.

IF (INC2=2,4,5 OR INC2A=2,4,5) FPLSCREEN = 2.

IF (INC2=3 OR INC2A=3) FPLSCREEN = 3.

(PN: IF FPLSCREEN=1,2,3 CELL PHONE SAMPLE GO TO GENDER)

******FPLSCREEN SHOULD BE A STUB AND A BANNER POINT IN THE CSUMS**

ASK IF LL SAMPLE

(PN: READ ITEM IN PARENT IF HH1=2+)

(ASK IF LL)

(SELECT MALE 2/3 OF CASES/FEMALE 1/3)

S1. To complete our survey we need to speak with the (male/female) family member living in your household, who is between the ages of 19 and 64 (and had the most recent birthday).

Is that person at home right now?

(ENTER ONE ONLY)

(INTERVIEWER NOTE: IF RESPONDENT ASKS WHY DO YOU NEED TO TALK TO THE MALE/FEMALE WHO HAD THE LAST BIRTHDAY? SAY, "Our research experts set it up that way so that all types of people will be represented.")

- | | | |
|---|-------------------------------------|-------------------------------|
| 1 | Yes, respondent on the phone | |
| 2 | Yes, respondent coming to the phone | REPEAT INTRO AND GO TO GENDER |
| 3 | Person is unavailable | GET NAME SCHEDULE CB |
| 4 | No one in the HH of that gender | |
| R | (DO NOT READ) Refused | THANK & TERM. RECORD AS RQS1 |

ASK IF ORIGINAL GENDER DOES NOT EXIST IN HH

(ASK Q.S1a IF Q.S1 = 4)

S1a. Then may I please speak with the (female/male) (INSERT OPPOSITE GENDER FROM Q.S1) family member living in your household, who is between the ages of 19 and 64 and had the last birthday?

(ENTER ONE ONLY)

1 Yes, respondent on the phone

2 Yes, respondent coming to the phone REPEAT INTRO AND GO TO GENDER

3 Person is unavailable

GET NAME SCHEDULE CB

R (DO NOT READ) Refused

THANK & TERM. RECORD AS

RQS4a

E. RECORD GENDER FOR ALL

1 Male

2 Female

(ASK EVERYONE)

S2. And just to confirm, what is your age?

_____ (19-64)

LL 18 or less THANK AND TERM. RECORD AS TQS2

65 65 OR MORE THANK AND TERM. RECORD AS TQS2

RR (DO NOT READ) Refused

ASK IF REF AGE

(ASK Q.S2a IF Q.S2 = RR)

(IF [(S1=1 OR S1a=1) AND INCx=1] OR IF CELL1=2: DO NOT ASK; INSTEAD GENERATE S2a=2)

(IF [(S1=1 OR S1A=1) AND INCx=2] OR CELL2=3; DO NOT SHOW CODE 2)

S2a. Could you please tell me if you are...?

(READ LIST. ENTER ONE ONLY)

(INTERVIEWER NOTE: IF RESPONDENT SAYS “YOUNGER THAN 19” OR “OLDER THAN 65” – PLEASE CONFIRM BEFORE ENTERING RESPONSE)

1 Younger than 19 THANK AND TERM. RECORD AS TQ38a

2 19 to 25

3 26 to 34

4 35 to 44

5 45 to 64, or

6 65 OR OLDER THANK AND TERM. RECORD AS TQ38a

R (DO NOT READ) Refused

ASK IF REF AGE RANGES

(ASK Q.S2b IF Q.S2a = R)

S2b. Can you just confirm that you are older than 18 and younger than 65?

(ENTER ONE ONLY)

1 Yes

2 No

R (DO NOT READ) Refused

(IF Q.S2b = 2 OR R, THANK & TERM. RECORD 2 AS TQS2b. RECORD R AS RS2b.)

***RESPONDENT MUST BE 19-64 YRS OLD TO CONTINUE**

Opening Questions

(Q.S1x MOVED TO AFTER Q.A15)

A. Coverage

(ASK EVERYONE)

A1. Are you, yourself, now covered by any form of health insurance or health plan or do you not have health insurance at this time? A health plan would include any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or [Medicaid/INSERT STATE NAME]?

- 1 Covered by health insurance
- 2 Not covered by health insurance
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A2 IF Q.A1 = 1)

INSERT "or your parent's employer" IF Q.S2<26 OR Q.S2a = 2

A2. Which of the following is your MAIN source of health insurance coverage? Is it a plan through your, your spouse's, (or your parent's employer), a plan you purchased yourself, are you covered by Medicare or (Medicaid/INSERT STATE NAME), some other government program, or do you get your health insurance from somewhere else?

(ENTER ONE ONLY)

(INTERVIEWER NOTE: IF RESPONDENT INDICATES AN insurance company, like "Blue Cross", or "United Health Care" ASK IF THAT IS COVERAGE THROUGH THEIR EMPLOYER, THEIR SPOUSE'S EMPLOYER, THEIR PARENT'S EMPLOYER, OR THROUGH THE STATE)

- 01 Plan through your employer
- 02 Plan through your spouse's employer
- 03 Plan through your parent's employer
- 04 Plan you purchased yourself
- 05 Medicare
- 06 Medicaid
- 07 Some other government program
- 97 Somewhere else (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK Q.A2a IF Q.A2 = 5)

A2a. Do you also have Medicaid coverage, or only Medicare coverage?

- 1 Also have Medicaid
- 2 Only Medicare coverage
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A3 IF Q.A2 = 01 OR 04 AND Q.INC1>1)

A3. Is the coverage you have just for yourself or does it also cover other family members?

- 1 Just yourself
- 2 Covers other family members
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

A4. Are you the parent or legal guardian of a child under the age of 19, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(Q.4a DELETED 7/22)

(ASK Q.A5 IF Q.A4 = 1)

A5. Are all of these children now covered by some form of health insurance or health plan, or are any of your children currently uninsured?

- 1 All children are covered
- 2 Some children are currently uninsured
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A6 IF Q.A1 = 1)

A6. How would you rate your overall health insurance coverage – excellent, good, not so good or poor?
(ENTER ONE ONLY)

- 1 Excellent
- 2 Good
- 3 Not so good
- 4 Poor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A7 IF Q.A1 = 1)

A7. During the last 12 months, since (INSERT CURRENT MONTH) 2012, did you have health insurance ALL the time, or was there a time during the year when you DID NOT have any health coverage?

- 1 Had insurance all 12 months
- 2 Was a time when did not have insurance during the year
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A8 IF Q.A7 = 2)

A8. During the past 12 months, about how many months were you without coverage?

_____ MONTHS (VALID:1-12)

- LL Less than 1 month
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK Q.A8a IF Q.A8 = 12)

A8a. You answered that you, yourself are now covered by some form of health insurance or health plan... ” is this still correct?

(P.N. – IF CODE 2, CHANGE RESPONSE TO Q.A1 TO CODE 2)

- 1 Yes, still correct
- 2 No, not still correct
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A9 IF Q.A7 = 1)

A9. During the past 12 months, have you had this same health insurance, or have you changed health insurance at some point in the past 12 months?

(INTERVIEWER NOTE: IF RESPONDENT SAYS PLAN CHANGED BECAUSE EMPLOYER CHANGED PLANS, CODE AS 2)

- 1 Same insurance
- 2 Changed insurance
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A10 IF Q.A9 = 2)

A10. Which of the following sources of health insurance coverage did you have BEFORE you had your current coverage? Was it a plan through your, your spouse's, or your parent's employer, a plan you purchased yourself, were you covered by Medicare or (Medicaid/INSERT STATE NAME), some other government program, or did you get your health insurance from somewhere else?

(ENTER ALL THAT APPLY)

(INTERVIEWER NOTE: IF RESPONDENT INDICATES AN insurance company, like "Blue Cross", or "United Health Care" ASK IF THAT IS COVERAGE THROUGH THEIR EMPLOYER, THEIR SPOUSE'S EMPLOYER, THEIR PARENT'S EMPLOYER, OR THROUGH THE STATE)

- 01 Plan through your employer
- 02 Plan through your spouse's employer
- 03 Plan through your parent's employer
- 04 Plan you purchased yourself
- 05 Medicare
- 06 Medicaid/(INSERT STATE PROGRAM NAME)
- 07 Some other government program
- 97 Somewhere else (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK Q.A11 IF Q.A1 = 2)

A11. How long have you been uninsured – less than three months, three months to less than a year, one year to less than 5 years, or 5 years or more?

(ENTER ONE ONLY)

- 1 Less than 3 months
- 2 3 months to less than a year
- 3 1 year to less than 5 years
- 4 5 years or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A12 IF Q.A11 = 4 OR D)

A12. Have you ever had health insurance coverage in your lifetime, or not?

- 1 Yes, I had coverage
- 2 No, I have never had coverage
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.A13 IF Q.A11 = 1 OR 2)

A13. Before you were uninsured, what was your main source of health insurance coverage? A plan through your, your spouse's or your parent's employer, a plan you purchased yourself, Medicare or (Medicaid/Insert state name), some other government program, or did you get your health insurance from somewhere else?

[INTERVIEWER NOTE: If respondent says they've been insured through different sources, please ask about their "most recent" coverage.]

(INTERVIEWER NOTE: IF RESPONDENT INDICATES AN insurance company, like "Blue Cross", or "United Health Care" ASK IF THAT IS COVERAGE THROUGH THEIR EMPLOYER, THEIR SPOUSE'S EMPLOYER, THEIR PARENT'S EMPLOYER, OR THROUGH THE STATE)

- 01 Plan through your employer
- 02 Plan through your spouse's employer
- 03 Plan through your parent's employer
- 04 Plan you purchased yourself
- 05 Medicare
- 06 Medicaid/[insert state program name]
- 07 Some other government program
- 97 Somewhere else (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK Q.A14 IF Q.A1 = 2 OR Q.A7 = 2)

INSERT "do not currently have insurance" IF Q.A1 = 2

INSERT "were without health insurance coverage for part of the past year" IF Q.A7 = 2)

A14. What's the MAIN reason you (do not currently have health insurance/ were without health insurance coverage for part of the past year)?

(DO NOT READ LIST) (SINGLE RESPONSE ONLY) (PROBE FOR "MAIN REASON" IF RESPONDENT MENTIONS MORE THAN ONE REASON WHY THEY ARE UNINSURED)

- 01 Can't get it/refused due to poor health, illness, or age
- 02 Too expensive
- 03 Don't need it
- 04 Don't know how to get it
- 05 Employer doesn't offer it
- 06 Not eligible for employer coverage
- 07 Not eligible for Medicaid
- 08 Unemployed/lost job
- 09 Other (SPECIFY) _____
- DD Don't know
- RR Refused

(ASK EVERYONE)

A15. In general, how often do you experience stress in your daily life--never, rarely, sometimes, or frequently?

(ENTER ONE ONLY)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Frequently
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

S1x. All in all, how financially secure do you feel: very secure, somewhat secure, somewhat insecure, or very insecure?

(ENTER ONE ONLY)

- 1 Very secure
- 2 Somewhat secure
- 3 Somewhat insecure
- 4 Very insecure
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

B. Access to and Knowledge of Coverage Options

ACCESS TO ESI

(ASK EVERYONE)

B1. Are you currently married, living with a partner, widowed, divorced, separated, or single?

(ENTER ONE ONLY)

- 1 Married
- 2 Living with a partner
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Single
- R (DO NOT READ) Refused

(ASK EVERYONE)

B2. What best describes your employment situation today?
(READ IN ORDER. ENTER ONE ONLY)

(INTERVIEWER NOTE: IF RESPONDENT SAYS "SELF EMPLOYED" ASK IF THEY
CONSIDER THEMSELVES EMPLOYED FULL-TIME OR PART TIME)

- 1 Employed full-time
- 2 Employed part-time
- 3 Unemployed and currently seeking employment
- 4 Unemployed and not seeking employment
- 5 A student
- 6 Retired
- 7 Disabled and can't work, or
- 8 A homemaker or stay at home parent
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B3 IF Q.B2 = 1 OR 2)

B3. Are you self-employed, or do you work for someone else, or both?
(ENTER ONE ONLY)

- 1 Self-employed
- 2 Work for someone else
- 3 Both
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B4 IF Q.B3 = 2 OR 3 AND [Q.A1 = 2 OR Q.A2 = 4, 5, 6, 7, OR 97])

B4. Does your employer or union offer a health plan to at least some of its employees,
or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B5 IF Q.B4 = 1)

(SCRAMBLE 1-4; CODE 5 SHOULD ALWAYS BE LAST)

B5. Which of the following is the main reason why you don't participate in this health plan? Is it because...?

(READ LIST. ENTER ONE ONLY)

- 1 You're not eligible to enroll
- 2 The amount you would still have to pay is too much,
- 3 You are covered by some other health plan,
- 4 You don't think you need insurance, or
- 5 Some other reason I haven't mentioned
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B6 IF Q.B5 = 1)

B6. Are you not eligible to enroll because you work part time, because you are in a waiting period, or some other reason?

(ENTER ONE ONLY)

- 1 Work part time
- 2 In waiting period
- 3 Some other reason
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B7 IF Q.B1 = 1 OR 5)

B7. Is your spouse currently...?

(READ OPTIONS IN ORDER. ENTER ONE ONLY)

- 1 Employed full-time
- 2 Employed part-time, or
- 3 Not employed
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B8 IF Q.B7 = 1 OR 2)

B8. Is your spouse self-employed, or working for someone else, or both?

- 1 Self-employed
- 2 Work for someone else
- 3 Both
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B9 IF Q.B8 = 2 OR 3 AND [A1 = 2 OR A2 = 4, 5, 6, 7 OR 97])

B9. Does your SPOUSE'S employer or union offer a health plan to at least some of its employees, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B10 IF Q.B9 = 1)

(SCRAMBLE 1-4; CODE 5 SHOULD ALWAYS BE LAST)

B10. Which of the following is the main reason why you don't participate in this health plan? Is it because...

(READ LIST. ENTER ONE ONLY)

- 1 You're not eligible to enroll
- 2 The amount you would still have to pay is too much,
- 3 You are covered by some other health plan,
- 4 You don't think you need insurance, or
- 5 Some other reason I haven't mentioned
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B11 IF Q.B10 = 1)

B11. Are you not eligible to enroll because the employer only offers coverage for workers, because your spouse is not eligible either, or some other reason?
(ENTER ONE ONLY)

- 1 Plan doesn't cover dependents (only offers coverage for workers)
- 2 Spouse is not eligible either
- 3 Some other reason
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

KNOWLEDGE & EXPERIENCE WITH MEDICAID

(ASK EVERYONE)

B12. How much would you say you know about Medicaid, also known in your state as (INSERT STATE NAME), the program that provides medical assistance for low-income families? Would you say you know a lot, a fair amount, only a little, or nothing at all about Medicaid?
(ENTER ONE ONLY)

- 1 A lot
- 2 A fair amount
- 3 Only a little
- 4 Nothing at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B13 IF Q.INC1>1)

INSERT "Not including yourself," IF Q.A2 = 06 OR Q.A2a = 1

B13. (Not including yourself,) Is anyone in your immediate family, including a spouse, child, or parent, currently covered by Medicaid or the Children's Health Insurance Program, also known as (state Medicaid/CHIP name fill)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B14 IF Q.B13 = 1)

B14. And is that a child, a spouse, or parent?
(ENTER ALL THAT APPLY)

- 1 Child
- 2 Spouse
- 3 Parent
- 4 (DO NOT READ) Someone else
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B15 IF Q.A2 NE 06 and Q.A2a NE 1)

B15. In the past 5 years, have you tried to sign YOURSELF up for Medicaid, also known in your state as (INSERT STATE MEDICAID NAME), or not?
(INTERVIEWER NOTE IF NECESSARY: do not include times when you did so for a family member)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B16 IF Q.B15 = 1)

B16. And were you able to sign up for the program, or not?

- 1 Yes, was able to sign up
- 2 No, was not able to sign up
- 3 (DO NOT READ) In the process of signing up/application is still pending
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B17 IF Q.B16 = 2)

(SCRAMBLE 1-3)

B17. Which of the following is the main reason why you were not able to sign up? Is it because...?
(ENTER ONE ONLY)

- 1 You were told you were not eligible for coverage
- 2 The process was too complicated
- 3 Your application is still pending
- 4 (DO NOT READ) Other
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B18 IF Q.A2 = 06 OR Q.A2a = 1 OR Q.B15 = 1)

INSERT "tried to sign up" IF Q.B15 = 1

INSERT "signed up" IF Q.A2 = 06 OR Q.A2a = 1

(SCRAMBLE 1-4; INSERT "or" BEFORE LAST ITEM)

B18 Thinking about when you (tried to sign up/signed up) for Medicaid coverage, did you fill out the application...?
(READ LIST. ENTER ONE ONLY)

- 1 Online on your own
- 2 By telephone
- 3 On paper by mail, ~~or~~
- 4 In-person somewhere
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B19 IF Q.B18 = 4)

(SCRAMBLE 1-3; ITEM 4 SHOULD ALWAYS BE LAST)

B19. Was that in-person at a...?

(READ LIST. ENTER ONE ONLY)

- 1 State or county government office
- 2 Health care provider's office, such as a clinic or doctor's office
- 3 Community center
- 4 Or somewhere else? (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B20 IF Q.A2 = 06 OR Q.A2a = 1 OR Q.B15 = 1)

INSERT “trying to sign up” IF Q.B15 = 1

INSERT “signing up” IF Q.A2 = 06 OR Q.A2a = 1)

(SCRAMBLE ITEMS)

B20. How easy or difficult was each of the following in (trying to sign up/signing up) for Medicaid? How about (INSERT)?

(READ 1ST TIME, THEN AS NECESSARY: Would you say very easy, somewhat easy, somewhat difficult, or very difficult?)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Finding out how to apply
- b. Filling in the information requested in the application
- c. Assembling all the required paperwork
- d. Submitting the application

(ASK Q.B21 IF Q.A2 = 06 OR Q.A2a = 1 OR Q.B15 = 1)

INSERT “tried to sign up/try to sign up” IF Q.B15 = 1

INSERT “signed up/sign up” IF Q.A2 = 06 OR Q.A2a = 1)

B21. Did someone help you when you (tried to sign up/signed up), or did you (try to sign up/sign up) on your own?

- 1 Yes, someone helped me
- 2 No, did it on my own
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B22 IF Q.B21 = 1)

INSERT “tried to sign up” IF Q.B15 = 1

INSERT “signed up” IF Q.A2 = 06 OR Q.A2a = 1)

(SCRAMBLE a-d)

B22. And who provided that help? Was it (INSERT)?

(IF NECESSARY: When you (tried to sign up/signed up) for Medicaid...)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. A Friend or family member
- b. A Caseworker or Medicaid agency employee
- c. Someone at a providers' office, such as a health center or doctor's office
- d. Someone at a community agency or school
- e. DELETED 7/22

(ASK Q.B23 IF Q.A1 = 2 AND Q.B15 = 2)

(SCRAMBLE CODES 2-6)

B23. Which of the following is the main reason why you have not tried to sign up for Medicaid in the past 5 years? Is it because... ?

(READ LIST. ENTER ONE ONLY)

- 2 You don't think you are eligible
- 3 You don't want this type of coverage
- 4 You don't know how to apply
- 5 You don't want to go through the application process
- 6 You don't think you need health insurance
- 7 (DO NOT READ) Other (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(Q.B24 DELETED 7/15)

KNOWLEDGE & EXPERIENCE WITH PNG

(ASK Q.B25 IF Q.A2 NE 4)

B25. Some people buy health insurance on their OWN, that is, not through any employer, union, or government program. In the past five years, have you tried to buy health insurance on your own for yourself, or not?

- 1 Yes, have tried to buy insurance on own
- 2 No, have not tried to buy insurance on own
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B26 IF Q.B25 = 1)

B26. And did you purchase a plan, or not?

- 1 Yes, did purchase
- 2 No, did not purchase
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B27 IF Q.B26 = 2)

(SCRAMBLE LIST)

B27. Which of the following is the main reason why you did not purchase a plan? Is it because...?

(READ LIST. ENTER ONE ONLY)

- 1 No insurance company would sell you a policy
- 2 The process was too complicated
- 3 Your application is still pending
- 4 It was too expensive
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.B28 IF Q.A1 = 2 AND Q.B25 = 2)

(SCRAMBLE CODES 2-6)

B28. Which of the following is the main reason why you haven't tried to purchase a health plan on your own in the past 5 years?

(READ LIST. ENTER ONE ONLY)

- 2 You didn't think you can get coverage because of a medical condition
- 3 You don't think you need health insurance
- 4 You think it would be too expensive
- 5 You don't know how to find a plan
- 6 You don't want to go through the application process
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B29. As you may know, the 2010 health care law creates health insurance marketplaces where people can shop for insurance on their own. How much, if anything, have you heard about this new health insurance marketplace, also known as (state Exchange name) in your state? Have you heard a lot, some, only a little, or nothing at all?

(ENTER ONE ONLY)

- 1 A lot
- 2 Some
- 3 Only a little
- 4 Nothing at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C. Plan Enrollment

(ASK Q.C1 IF Q.A1 = 1)

C1. Thinking about your current health insurance coverage, as far as you recall, did you have a choice of different health plans or only one plan?

(ENTER ONE ONLY)

- 1 Choice of plans
- 2 Only one plan
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.C2 IF Q.C1 = 1)

C2. Did you make the choice of your health plan yourself, did someone else in your family choose, or did you choose it together?

(ENTER ONE ONLY)

- 1 Self
- 2 Other family member
- 3 Made the choice together
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.C3 IF Q.C2 = 1 OR 3)

(SCRAMBLE a-c)

C3. Thinking about when you chose your current health plan, how easy or difficult was it (INSERT)? Was it very easy, somewhat easy, somewhat difficult, or very difficult?

(ENTER ONE ONLY)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a to compare the services that would be covered under each plan
- b to compare what your costs would be under each plan
- c to compare the doctors, hospitals, and other health care providers you could see under each plan

(ASK Q.C4 IF Q.C2 = 1 or 3)

(SCRAMBLE 1-5)

C4. Which of the following was the MOST important reason you chose your current health plan over the other choices available? Was it because...?

(READ LIST. ENTER ONE ONLY)

- 1 Your costs under the plan were low
- 2 The selection of health care providers was broad or included your doctor
- 3 The plan covered a wide range of benefits or a specific benefit that you need
- 4 Friends or family recommended the plan
- 5 Other members of your family were already enrolled in this plan
- 7 (DO NOT READ) Some other reason
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

D. COST AND SCOPE OF COVERAGE

(ASK Q.D1 IF Q.A2 = 1, 2, OR 3)

INSERT "your" IF Q.A2 = 1

INSERT "your spouse's/your family's" IF Q.A2 = 2

INSERT "your parent's/your family's" IF Q.A2 = 3

D1. Next we'd like to ask about health insurance premiums, or the monthly amount you pay for health insurance. Does (your/your spouse's/your parent's) employer or union pay none, some, or all of the monthly premium costs for (your/your family's) health insurance coverage?

(ENTER ONE ONLY)

(READ IF NECESSARY: Do not include payments that you make when you use services, such as copayments or coinsurance.)

- 1 None
- 2 Some
- 4 All
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.D2 IF Q.D1 = 1, 2, D OR Q.A2 = 4)

INSERT "and your family" IF Q.A2 = 2 OR 3 OR Q.A3 = 2

(ROTATE 1-4/4-1)

D2. How hard, if at all, is it for you (and your family) to pay for your health insurance premiums? Would you say it's...?

(READ LIST. ENTER ONE ONLY)

- 1 Very hard
- 2 Somewhat hard
- 3 Not too hard
- 4 Not at all hard
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.D3 IF Q.A1 = 1)

(ASK ITEMS d & f IF Q.E = 2)

(SCRAMBLE a-g)

D3. We'd like to know what types of services are paid for, at least in part, by your MAIN health insurance plan. (First/What about,) (INSERT). Does your current insurance plan cover (INSERT), or not?

- 1 Yes, covers
- 2 No, does not cover
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. prescription drugs
- b. DELETED 7/22
- c. DELETED 7/15
- d. pregnancy related care
- e. DELETED 7/15
- f. prescription birth control
- g. mental health services, such as counseling

(ASK Q.D4 IF Q.A1 = 1)

D4. Are there any health services you use or need that are not covered by your health coverage, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.D5 IF Q.D4 = 1)

D5. What are these services?

(RECORD RESPONSE VERBATIM. DO NOT PROBE)

01 Answer given (SPECIFY) _____

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(ASK Q.D6 IF Q.A1 =1)

(SCRAMBLE ITEMS)

D6. I'm going to read you a list of problems some people experience with their health insurance. Please tell me if you have ever had these problems with YOUR CURRENT health insurance. First (INSERT):

Next (INSERT):

[READ FIRST TIME, THEN AS NECESSARY: **Has this ever happened while you've had your current plan, or not?**]

1 Yes, this has happened

2 No, has not happened

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

- a. You were surprised to find out your plan would not pay for a service that you thought was covered
- b. The costs you personally had to pay for a given service were higher than you expected
- c. DELETED 7/15
- d. DELETED 7/15
- e. You had difficulty renewing or keeping your coverage

E. Service Delivery Patterns and Preferences

(ASK EVERYONE)

E1. Now thinking about your medical care, is there a place that you USUALLY go to when you are sick or need advice about your health, or not?

(INTERVIEWER NOTE: IF RESPONDENT SAYS THEY HAVE A DOCTOR OR OTHER HEALTH CARE PROVIDER, CODE AS "1")

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF Q.E1 = 1)

(SCRAMBLE 1-5)

E2. What kind of place is it that you usually go? Is it...?

(READ LIST. ENTER ONE ONLY)

(INTERVIEWER NOTE: IF RESPONDENT SAYS THEY GO TO MORE THAN ONE PLACE, ASK ABOUT THE PLACE THEY GO TO MOST OFTEN)

- 1 A clinic or health center
- 2 A doctor's office or HMO [IN CA ADD: "such as Kaiser Permanente" (Per-ma-NEN-tay)]
- 3 A hospital emergency room
- 4 An urgent care center
- 5 A hospital outpatient department
- 6 Some other place
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E3 IF Q.E1 = 1)

E3. Do you have a regular personal doctor that you see at that place, or not?

(IF NEEDED: I mean one you would regularly see if you need a checkup, want advice about a health problem, or get sick or hurt.)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E4 IF Q.E1 = 1)

E4. At any time in the PAST 12 MONTHS did you CHANGE the place you USUALLY go for health care, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E5 IF Q.E4 = 1)

E5. Was this change for a reason related to health insurance, or some other reason?

- 1 Related to health insurance
- 2 Some other reason
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(Q.E5a DELETED 7/15)

(ASK Q.E6 IF Q.E1 = 1)

(ROTATE 1-4/4-1)

E6. How easy or difficult is it for you to travel to the place where you receive your medical care? Is it...?

(READ LIST. ENTER ONE ONLY)

- 1 Very Easy
- 2 Somewhat easy
- 3 Somewhat difficult, or
- 4 Very Difficult
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E7 IF Q.E1 = 1)

(SCRAMBLE 1-5)

E7. What is the main reason you go to this place for your usual care?

(READ LIST. ENTER ONE ONLY)

- 1 It's convenient
- 2 It's affordable
- 3 It's the only place available to you
- 4 The doctor you prefer to see is there
- 5 It has a good reputation
- 7 (DO NOT READ) Some other reason
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E8 IF Q.E1 = 2)

(SCRAMBLE 1-4)

E8. What is the MAIN REASON you don't have a place you usually go when you are sick or need advice about your health?

(READ LIST. ENTER ONE ONLY)

- 1 You don't often need a medical care
- 2 You don't know where to go
- 3 You haven't found a place you like to go
- 4 You can't afford any of the options available
- 7 (DO NOT READ) Other
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

Eg. DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E10 IF Q.E9 = 1)

E10. And what was the reason that they would not take you as a new patient? Was it because...?

(READ LIST. ENTER ONE ONLY)

- 1 They did not take your health coverage , or
- 7 Some other reason (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E11 IF Q.E9 = 1)

(DISPLAY CODE 4 ONLY IF Q.E10 = 1)

E11. What did you do when this happened? Did you...?

(READ LIST. ENTER ONE ONLY)

- 1 Find another doctor
- 2 Go to the emergency room
- 3 Go without getting care
- 4 Go see the doctor anyway and Pay out of pocket
- 5 (DO NOT READ) Something else
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

(SCRAMBLE a-g; ITEM i SHOULD ALWAYS BE LAST)

(ASK ITEM g IF Q.E = 2 AND [Q.S2<45 OR Q.S2a = 2-4])

(P.N – IF ITEM a = 1 AND Q.E2 = 2 AND [Q.S2<45 OR Q.S2a = 2-4], IMMEDIATELY ASK Q.E12a BEFORE CONTINUING TO NEXT ITEM)

E12. During the last 12 months was there any time when you needed (INSERT 1ST ITEM), but you postponed or didn't get it, or not?
And during the last 12 months was there any time when you needed (INSERT NEXT ITEM), but you postponed or didn't get it, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Prescription medicines
- b. Routine medical care or a check-up
- c. Treatment or care recommended by a doctor
- d. Mental health care or counseling
- e. DELETED 7/22
- f. DELETED 7/15
- g. Pregnancy related care
- h. DELETED 7/22
- i. Some other health care service

(ASK IF Q.E12a = 1 AND Q.E = 2 AND [Q.S2 = <45 OR Q.S2a = 2-4])

E12a. Was that a prescription for birth control, or was it a prescription for something else?
(ENTER ONE ONLY)

- 1 Birth control
- 2 Something else
- 3 (DO NOT READ) Both
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E13 IF ANY OF E12a-i = 1)

(SCRAMBLE a-c)

E13. You mentioned that in the last 12 months there were times when you postponed or did not get medical care. When this happened, did not getting or postponing the care (INSERT), or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Cause your condition to get worse
- b. Cause a significant loss of time at work, school, or other important life activities
- c. Seriously increase your level of stress

(ASK Q.E14 IF ANY OF Q.E12a-i = 1)

(SCRAMBLE a-d)

E14. Thinking about the times when you did not get or postponed getting health care, was (INSERT) a reason why you did not get or postponed care, or not?

What about (insert)?

(READ IF NECESSARY: Was that a reason why you did not get or postponed care, or not?)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Not being able to afford the cost
- b. Not being able to get an appointment soon enough
- c. The clinic or doctor's office not being open at times when you could get there
- d. Difficulty traveling to the doctor's office or clinic

(Q.E15 DELETED 7/15)

(ASK EVERYONE)

(SCRAMBLE a-g)

E16. During the past 12 months, have you (INSERT), or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Received care in a hospital emergency room
- b. Been admitted to a hospital
- c. Received a general checkup, physical examination, or other preventive care
- d. Visited a doctor's office or clinic for a specific health problem
- e. Visited a hospital outpatient department for specialty or follow-up care
- f. DELETED 7/22
- g. Received mental health services, including counseling or other treatment

(ASK Q.E17 IF Q.E16a = 1)

(SCRAMBLE 1-5; CODE 6 SHOULD ALWAYS BE LAST)

INSERT "or were in labor" IF Q.E = 2

E17. Thinking about your most recent visit to a hospital emergency room, which of the following is the MAIN reason why you went to the emergency room instead of somewhere else like a doctor's office or clinic?

- 1 You were injured in an accident
- 2 You believed you had an urgent medical problem, like a heart attack or stroke
(or, you were in labor)
- 3 Your doctor or health plan told you go to there
- 4 No other place was open
- 5 It's where you always go
- 6 Some other reason
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.E18 IF Q.E16a-g = 1 TO ANY)

(SCRAMBLE a-c)

E18. Thinking about the times in the past year when you visited a doctor, how often did you feel like (INSERT)? Always, most of the time, just some of the time, or never? (ENTER ONE ONLY)

- 1 Always
- 2 Most of the time
- 3 Just some of the time
- 4 Never
- 5 (DO NOT READ) Haven't seen a doctor in past year
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. The doctor took time to answer all your questions
- b. The doctor explained things in a way you could understand
- c. DELETED 7/15

F. Affordability and Budgets

(ASK EVERYONE)

F1. In the past 12 months, have you ever checked with your doctor's office or health plan before your visit to find out how much you would have to pay personally for the visit, or not?

(INTERVIEWER NOTE: ONLY ASK ABOUT RESPONDENT'S **OWN** EXPERIENCE, NOT OTHER FAMILY MEMBERS')

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(Q.F2 DELETED 7/22)

(ASK EVERYONE)

F3. In the past 12 months, have you received any health care services FREE or at a greatly reduced cost because you could not afford to pay, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

F4. In the past 12 months, have you ever been asked to pay up front for the full cost of medical care, that is, to pay before you saw the doctor or other provider excluding co-pays, or not)?

(INTERVIEWER NOTE: IF RESPONDENT ASKS, DO NOT INCLUDE DENTAL)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ROTATE Q.F5 AND Q.F6)

(ASK EVERYONE)

F5. Given your current financial and health insurance situation, how confident are you that you can afford the USUAL medical costs that you YOURSELF require? Are you...?

(READ LIST. ENTER ONE ONLY)

- 1 Very confident
- 2 Somewhat confident
- 3 Not too confident, or
- 4 Not at all confident
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ROTATE Q.F5 AND Q.F6)

(ASK EVERYONE)

F6. Given your current financial and health insurance situation, how confident are you that you could afford the costs if you had a major illness, such as heart attack, cancer, or serious injury that required hospitalization? Are you...?

(READ LIST. ENTER ONE ONLY)

- 1 Very confident
- 2 Somewhat confident
- 3 Not too confident, or
- 4 Not at all confident
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

F7. In the past 12 months, did you or another family member in your household have any problems paying medical bills, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.F8 IF Q.F7 = 1)

F8. Were these your own medical bills, another family member's bills, or both?

(ENTER ONE ONLY)

- 1 Your bills
- 2 Another family member's bills
- 3 Both
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

F9. Do you currently have any unpaid medical bills or medical bills you are paying off over time, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.F10 IF Q.F7 = 1)

(SCRAMBLE ITEMS; ITEM c SHOULD ALWAYS BE READ AFTER ITEM b)

F10. In the past twelve months, have you or another family member in your household (INSERT) because of medical bills, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Used up all or most of your savings
- b. Had difficulty paying for basic necessities like food, heat or housing
- c. DELETED 7/22
- d. Borrowed money from family or friends or got a loan
- e. Been contacted by a collection agency
- f. DELETED 7/15

(ASK EVERYONE)

INSERT "or your spouse" IF Q.B1 = 1 OR 5

F11. In the past 2 years, have you (or your spouse) decided to stay in one job, rather than take another, mainly because the job you held at the time offered better health care benefits?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(Q.F12 DELETED 7/22)

(Q.F13 DELETED 7/15)

(ASK EVERYONE)

(SCRAMBLE a-d)

F14. In general, how easy or difficult is it for you to afford (INSERT 1ST ITEM)? Is it...?
What about (INSERT NEXT ITEM)? (IF NECESSARY: Is it (READ LIST) for you to afford this?

(READ LIST. ENTER ONE ONLY)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Health care
- b. Basic necessities such as food, housing, or utilities
- c. Saving money for retirement, education, or other purposes
- d. Paying off debt, such as credit card bills

(ASK EVERYONE)

(SCRAMBLE a-d)

F15. For each of the following, please tell me if it is something that has happened to you in the past two years, or not. In the past two years, have you (INSERT 1ST ITEM) or not?

How about (INSERT NEXT ITEM)?

(READ IF NECESSARY: has this happened to you in the past two years or not?)

- 1 Yes, has happened
- 2 No, has not happened
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Changed your living situation, such as moving in with family or friends to save money
- b. Increased your credit card debt or taken on other debt to help pay bills
- c. Taken money out of your savings or retirement fund to help pay bills
- d. Postponed getting married or having a baby for financial reasons

(ASK EVERYONE)

(ASK ITEM d ONLY IF ITEM c = 2)

F16. Do you currently have (insert), or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. A credit card
- b. A savings or checking account at a bank or credit union
- c. Internet access at home
- d. Internet access readily available somewhere else

(ASK EVERYONE)

F17. How would you rate the safety of your neighborhood? Would you say it is very safe, somewhat safe, not too safe, or not at all safe?

(ENTER ONE ONLY)

- 1 Very safe
- 2 Somewhat safe
- 3 Not too safe
- 4 Not at all safe
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

G. Characteristics of Respondent and Family

(ASK EVERYONE)

G1. I'd like to talk about your health status. In general, would you say your health is excellent, very good, good, fair, or poor?

(ENTER ONE ONLY)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

G2. In general, would you say your MENTAL health is excellent, very good, good, fair, or poor?

(ENTER ONE ONLY)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(Q.G10 AND Q.G10a DELETED)

(ASK EVERYONE)

G3. Do you have ongoing health conditions that need to be monitored regularly or for which you regularly need medical care?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT "not counting birth control" if Q.E=2 AND [Q.S2<45 OR Q.S2a = 2-4]

G3a. Do you currently take any prescription medication on a regular basis, (not counting birth control)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G4 IF Q.E = 2 AND [Q.s2 = <45 OR Q.S2a = 2-4])

G4. Are you currently pregnant?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G5 IF Q.E = 2 AND [Q.s2 = <45 OR Q.S2a = 2-4])

G5. Have you given birth to a child in the past year?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G6 IF Q.INC1>1)

INSERT "Does your spouse" IF A4 = 2, D, OR R AND Q.B1 = 1

INSERT "Do any of your dependent children" IF Q.A4 = 1 AND Q.B1 = 2, 3, 4, 5, 6 OR R

INSERT "Does either your spouse or any of your dependent children" IF Q.A4 = 1 AND Q.B1 = 1

INSERT "Does anyone else in your family, including your spouse or dependent children" IF Q.INC>1 AND NONE OF THE ABOVE CRITERIA APPLY

G6. (Does your spouse/Do any of your dependent children/Does either your spouse or any of your dependent children/Does anyone else in your family, including your spouse or dependent children) have an ongoing health condition that needs to be monitored regularly or that requires regular medical care?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G7 IF Q.G6 = 1 AND [Q.A4 = 1 AND Q.B1 = 1])

G7. Is that a spouse or a child?

(ENTER ALL THAT APPLY)

- 1 Spouse
- 2 Child
- 3 (DO NOT READ) Other relative
- 4 (DO NOT READ) Both a spouse and a child
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G8 IF Q.B2 = 1, 2, 3, 4, 5, 6, 8, D OR R)

G8. Do you have a disability, handicap or chronic disease that keeps you from participating fully in work, housework, school, or other activities, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

(SCRAMBLE a-c)

INSERT “or anyone in your family, meaning your spouse or dependent children” IF

Q.INC1>1

G9. In the past 12 months, did you (or anyone in your family, meaning your spouse or dependent children,) receive (INSERT), or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. food stamps or supplemental nutrition assistance program (also known as Snap)
- b. cash assistance from a state or county welfare program, such as [Fill in state name]
- c. Disability payments through Supplemental Security Income

(ASK EVERYONE)

G11. Are you of Hispanic, Latino, or Spanish origin, or not?

- 1 No, not of Hispanic, Latino, or Spanish origin
- 2 Yes
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

G12. Do you consider yourself white, black or African American, Asian or Pacific Islander, Native American, some other race or mixed race?

(ENTER ONE ONLY)

(IF RESPONDENT SAYS HISPANIC ASK: Do you consider yourself a white Hispanic or a black Hispanic?)

(INTERVIEWER NOTE: CODE AS WHITE (1) OR BLACK (2). IF RESPONDENTS REFUSED TO PICK WHITE OR BLACK HISPANIC, RECORD HISPANIC AS “OTHER,”

- 1 White
- 2 Black or African American
- 3 Asian or Pacific Islander
- 4 Native American
- 6 Some other race or Mixed Race (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF COMPLETED SURVEY IN SPANISH)

G13. Would you say you can carry on a conversation in English (both understanding and speaking)– very well, pretty well, just a little, or not at all?
(ENTER ONE ONLY)

- 1 Very well
- 2 Pretty well
- 3 Just a little
- 4 Not at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

INSERT “or on the island of Puerto Rico” IF Q.G11 = 2

G14. Were you born in the U.S. (or on the island of Puerto Rico,) or in another country?

- 1 U.S. or Puerto Rico
- 2 Another country
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G15 IF Q.G14 = 2)

G15. How many years have you lived in the United States?

- _____Years
- DD (DO NOT READ) Don't know
 - RR (DO NOT READ) Refused

(ASK Q.G16 IF Q.G14 = 2)

G16. Now we would like to ask you about US citizenship. Are you currently a US citizen, or not?

- 1 A US citizen
- 2 Not a US citizen
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G17 IF Q.G16 = 2)

G17. When you moved to the US to live, did you have a green card?
(IF NEEDED: Are you a permanent resident?)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G18 IF Q.G17 = 2)

G18. Has your status been changed to permanent resident, that is, have you received a Green Card?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(Qs.G19 &G20 DELETED 7/15)

(ASK Q.G21 IF Q.B2 = 1 OR 2)

G21. Counting all locations where your employer does business, what is the total number of people who work for your employer? Please stop me when I get to the right category. Is it ...
(READ LIST. ENTER ONE ONLY)

- 1 1 to 4 persons
- 2 5 to 24
- 4 25 to 49
- 5 50 to 99
- 6 100 to 499
- 7 500 to 999 or
- 8 1,000 persons or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.G21a IF Q.B7=1 or 2)

G21a. Counting all locations where your spouse's employer does business, what is the total number of people who work for your spouse's employer? Please stop me when I get to the right category. Is it ...

(READ LIST. ENTER ONE ONLY)

- 1 1 to 4 persons
- 2 5 to 24
- 3 25 to 49
- 4 50 to 99
- 5 100 to 499
- 6 500 to 999 or
- 7 1,000 persons or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF LANDLINE SAMPLE)

L1. Now thinking about your telephone use. . . Does anyone in your household including yourself, have a working cell phone?

- 1 Yes respondent or someone else has cell phone in household
- 2 No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(AKS IF CELL PHONE SAMPLE)

C1. Now thinking about your telephone use, is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

- 1 Yes, has a home telephone
- 2 No, no home telephone
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

G22. What is the highest level of school you have completed or the highest degree you have received?

(DO NOT READ)

[INTERVIEWER NOTE: Enter code 3-HS grad if R completed training that did NOT count toward a degree]

[FULL INTERVIEWER NOTE: Enter code 3-HS graduate" if R completed vocational, business, technical, or training courses after high school that did NOT count toward an associate degree from a college, community college or university (e.g., training for a certificate or an apprenticeship)]

- 1 Less than high school (Grades 1-8 or no formal schooling)
- 2 High school incomplete (Grades 9-11 or Grade 12 with no diploma)
- 3 High school graduate (Grade 12 with diploma or GED certificate)
- 4 Some college, no degree (includes some community college)
- 5 Two year associate degree from a college or university
- 6 Four year college or university degree/Bachelor's degree (e.g., BS, BA, AB)
- 7 Some postgraduate or professional school, no postgraduate degree
- 8 Post-graduate or professional degree, including master's, doctorate, medical, or law degree (e.g., MA, MS, PhD, MD, JD)
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

G23. What is your zip code?

_____ ZIP CODE

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(Q.G24 MOVED TO BEFORE Q.INC1)

ASK Q.G25a IF Q.INC2=1

INSERT “family/Family income includes income from you yourself, your spouse, or dependent children” if INC1>1

INSERT “personal” if INC1=1

G25a. To help us describe the people who took part in our study, it would be helpful to know which category best describes your (personal/family) income last year before taxes.

(Family income includes income from you yourself, your spouse, or dependent children).

Is your total annual (personal/family) income from all sources, and before taxes, less than (AMOUNT 1), at least (AMOUNT 1) but less than (AMOUNT 2) or (AMOUNT 2) or more?

[INTERVIEWER: IF RESPONDENT REFUSES: Your responses are strictly confidential and are not attached to any identifying information. It is important for us to know this information to help us describe people who took part in our study.]

[INTERVIEWER: IF RESPONDENT SAYS THEY ARE NOT SURE, PROBE: Can you estimate?]

- 1 Less than (AMOUNT 1)
- 2 At least (AMOUNT 1) but less than (AMOUNT 2)
- 3 (AMOUNT 2) or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK Q.G25b IF INC2=2

INSERT “family/Family income includes income from you yourself, your spouse, or dependent children” if INC1>1

INSERT “personal” if INC1=1

G25b. To help us describe the people who took part in our study, it would be helpful to know which category best describes your (personal/family) income last year before taxes.

(Family income includes income from you yourself, your spouse, or dependent children).

Is your total annual (personal/family) income from all sources, and before taxes, less than (AMOUNT 3) or (AMOUNT 3) or more?

[INTERVIEWER: IF RESPONDENT REFUSES: Your responses are strictly confidential and are not attached to any identifying information. It is important for us to know this information to help us describe people who took part in our study.]

[INTERVIEWER: IF RESPONDENT SAYS THEY ARE NOT SURE, PROBE: Can you estimate?]

- 1 Less than (AMOUNT 3)
- 2 (AMOUNT 3) or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

	AMT1 (50%)	AMT2 (100%)	AMT3 (250%)
FamilySize			
1	\$5,800	\$11,500	\$29,000
2	\$7,800	\$15,500	\$39,000
3	\$9,800	\$19,500	\$49,000
4	\$11,800	\$23,600	\$59,000
5	\$13,800	\$27,600	\$69,000
6	\$15,800	\$31,600	\$79,000
7	\$17,800	\$35,600	\$89,000
8	\$19,800	\$39,600	\$99,000
9	\$21,800	\$43,700	\$109,000
10	\$23,800	\$47,700	\$119,000
11	\$25,800	\$51,700	\$129,000
12	\$27,800	\$55,700	\$139,000

(ASK EVERYONE)

Z1. At a later date, news reporters may want to talk further with people who took part in this survey. Would you be willing to talk to a reporter about your views and experiences related to the survey topics at a convenient time?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF QZ1=1)

Z2. So that a reporter might reach you more easily, can you tell me your first name?

- 1 Gave name (SPECIFY) _____
- 2 Declined to be contacted at this point

FOR INTERVIEWER (CELL PHONE SAMPLE ONLY):

INT1. DO NOT READ. Did respondent request money for using their cell phone minutes?

- 1 Yes, requested money
- 2 No, did not request money – GO TO END OF INTERVIEW

(ASK CELL PHONE RESPONDENTS WHO REQUESTED FOR MONEY (INT1=1)):

That's the end of the interview. We'd like to send you \$5 for your time. Can I please have your full name and a mailing address where we can send you the money?

INTERVIEWER NOTE: If R does not want to give full name, explain we only need it so we can send the \$5 to them personally.

- 1 [ENTER FULL NAME] – INTERVIEWER: PLEASE VERIFY SPELLING
- 2 [ENTER MAILING ADDRESS]
- 3 [City]
- 4 [State]
- 5 CONFIRM ZIP from above
- R (VOL.) Respondent does not want the money

(READ TO EVERYONE) THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION

[INTERVIEWER CODE]:

FOR THOSE WHO AGREED TO BE RE-CONTACTED (QZ1=1)

INTERVIEWER1. Please indicate how well this individual communicates: Very well, somewhat well, not too well, or not well at all
(ENTER ONE ONLY)

- 1 Very well
- 2 Somewhat well
- 3 Not too well
- 4 Not well at all

[INTERVIEWER CODE]:

FOR THOSE WHO AGREED TO BE RE-CONTACTED (QZ1=1)

INTERVIEWER2. Do you think this respondent's story would be interesting to a reporter writing about people's experiences with the health care system, or not?

- 1 Yes
- 2 No

[INTERVIEWER CODE]:

(ASK IF INTERVIEWER2 = 1)

INTERVIEWER3. What, in particular, is interesting about this person's story?
(ALLOW MULTIPLE RESPONSES)

- 1 Financial hardship
- 2 Medical hardship
- 3 Strong political views
- 4 Family situation
- 5 Employment-related
- 6 Other (SPECIFY) _____

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