

Methods

Kaiser Health Tracking Poll – July 2017: Methodology

METHODOLOGY

This *Kaiser Health Tracking Poll* was designed and analyzed by public opinion researchers at the Kaiser Family Foundation (KFF). The survey was conducted July 5-10, 2017, among a nationally representative random digit dial telephone sample of 1,183 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 (407) and cell phone (776, including 463 who had no landline telephone) were carried out in English and Spanish by SSRS of Media, PA. Both the random digit dial landline and cell phone samples were provided by Marketing Systems Group (MSG). For the landline sample, respondents were selected by asking for the youngest adult male or female currently at home based on a random rotation. If no one of that gender was available, interviewers asked to speak with the youngest adult of the opposite gender. For the cell phone sample, interviews were conducted with the adult who answered the phone. KFF paid for all costs associated with the survey.

The combined landline and cell phone sample was weighted to balance the sample demographics to match estimates for the national population using data from the Census Bureau's 2015 American Community Survey (ACS) on sex, age, education, race, Hispanic origin, and region along with data from the 2010 Census on population density. The sample was also weighted to match current patterns of telephone use using data from the July-December 2016 National Health Interview Survey. The weight takes into account the fact that respondents with both a landline and cell phone have a higher probability of selection in the combined sample and also adjusts for the household size for the landline sample. 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. Numbers of respondents and margins of sampling error for key subgroups are shown in the table below. For results based on other subgroups, the margin of sampling error may be higher. Sample sizes and margins of sampling error for other subgroups are available by request. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll. Kaiser Family Foundation public opinion and survey research is a charter member of the Transparency Initiative of the American Association for Public Opinion Research.

Group	N (unweighted)	M.O.S.E.
Total	1,183	±3 percentage points
Party Identification		
Democrats	382	±6 percentage points
Republicans	266	±7 percentage points
Independents	406	±6 percentage points
Trump Approval		
Approve of President Trump	444	±5 percentage points
Disapprove of President Trump	694	±4 percentage points

Notes for reading the topline:

- Percentages may not always add up to 100 percent due to rounding.
- Values less than 0.5 percent are indicated by an asterisk (*).
- "Vol." indicates a response was volunteered by the respondent, not offered as an explicit choice
- Questions are presented in the order asked; question numbers may not be sequential.

All trends shown in this document come from the Kaiser Health Tracking Polls except:

01/11: Kaiser Family Foundation/Harvard School of Public Health The Public's Health Care Agenda for the 112th Congress (January 4-14, 2011)

Q29.	Would you rather see Republicans in Congress (continue working on their own plan to repeal and replace the Affordable Care Act) or
	would you rather see them (work with Democrats to make improvements to the Affordable Care Act but not repeal the law)? (rotate Q28
	& Q29) (rotate items in parentheses)

07/17

Continue working on their own plan to repeal and replace the Affordable Care Act Work with Democrats to make improvements to the Affordable Care Act but not repeal the law Something else (VOL)

Don't know/Refused

OTHER QUESTIONS HELD FOR FUTURE RELEASE



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This publication (#9069-T) is available on the Kaiser Family Foundation website at www.kff.org.

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