Screening Questions

Thank you for agreeing to participate in our survey about Health Care and the Consumer! This is strictly for research purposes, and all responses will be kept confidential.

First, we would like to ask you some questions for classification purposes so that we may customize the survey for you.

D1. Are you...?
   Male ......................................................................................................1
   Female ..................................................................................................2

S1. What is your age?
   Under 18 [TERMINATE]........................................................................1
   18-20 [TERMINATE] .............................................................................2
   21-24.....................................................................................................3
   25-29.....................................................................................................4
   30-34.....................................................................................................5
   35-39.....................................................................................................6
   40-44.....................................................................................................7
   45-49.....................................................................................................8
   50-54.....................................................................................................9
   55-59...................................................................................................10
   60-64...................................................................................................11
   65 or older [TERMINATE] .................................................................12

D6a. How many children under the age of 18 do you have some financial responsibility for?
   _____ _____ children [ACCEPT 0-12]

D6b. How many adults (age 18 or over) are in your household?
   _____ _____ adults [ACCEPT 1-12]

S2. Are you currently covered by health insurance?
   Yes........................................................................................................1
   No [TERMINATE]..................................................................................2
S3. [IF COVERED BY HEALTH INSURANCE (S2=1), ASK:] Which of the following describes how you obtain your health insurance coverage?
I am enrolled through my job (current or former).................................1
I am enrolled through my spouse’s/partner’s job (current or former).........2
I am enrolled through my parent’s health plan .........................................3
I purchase it directly from a health insurance carrier ...............................4
I am enrolled in Medicare or a Medicaid plan .......................................5
I am enrolled through the US military or a plan for veterans ....................6
Other (specify) __________________________________________________...7

[TERMINATE IF NOT 21-64 YEARS OLD (S1=1,2,12), NOT COVERED BY HEALTH INSURANCE (S2=2), OR COVERED BY GOVERNMENT OR PARENT’S PLAN (S3=3,5,6)]

S4. Who in your household is covered by your health plan?
Only you .................................................................................................1
You and your spouse/partner ..................................................................2
You and one or more children ..................................................................3
You, your spouse/partner, and one or more children ...............................4
Other (specify) __________________________________________________....5

S5. Does your health plan have a deductible for medical care? [INCLUDE DEFINITION-A deductible is the amount you have to pay before your insurance plan will start paying any part of your medical bills.]
Yes ........................................................................................................1
Yes, but only when I go out of network [SKIP TO S10] .........................2
No [SKIP TO S10] ..................................................................................3
Don’t know [SKIP TO S10] ....................................................................4

S6a. [IF HAVE FAMILY COVERAGE (S4=2,3,4), ASK:] What is the amount of your family deductible for medical care? (If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.)
Have a separate deductible for each family member .............................10
Less than $500 [TERMINATE FOR OVERSAMPLE] ..............................1
$500-$999 [TERMINATE FOR OVERSAMPLE] ......................................2
$1,000-$1,499 [TERMINATE FOR OVERSAMPLE] .................................3
$1,500-$1,999 [TERMINATE FOR OVERSAMPLE] ...............................4
$2,000-$2,999 .......................................................................................5
$3,000-$3,999 .......................................................................................6
$4,000-$4,999 .......................................................................................7
$5,000 or more .....................................................................................8
Don’t know ..............................................................................................9
[new] S6aa. [IF S6a=5] Is your family deductible less than $2,100 or is it $2,100 to $2,999?
Less than $2,100.................................................................1
$2,100-$2,999 ......................................................................2
Don’t know ...........................................................................3

S6b. [IF DON’T KNOW AMOUNT OF DEDUCTIBLE (S6a=9), ASK:] Is the family deductible less than $2,000 or $2,000 or more?
Less than $2,000........................................................................1
$2,000 or more.........................................................................2
Don’t know [TERMINATE FOR OVERSAMPLE]......................3

S7a. [IF HAVE INDIVIDUAL COVERAGE (S4=1,5) OR HAVE SEPARATE DEDUCTIBLES FOR FAMILY COVERAGE (S6a=10), ASK:] What is the amount of your annual per person deductible for medical care? (If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.)
Less than $200 [TERMINATE FOR OVERSAMPLE]...............1
$200-$499 [TERMINATE FOR OVERSAMPLE] ......................2
$500-$999 [TERMINATE FOR OVERSAMPLE] .....................4
$1,000-$1,499 .....................................................................5
$1,500-$1,999 .....................................................................6
$2,000-$3,499 .....................................................................7
$3,500-$4,999 .....................................................................8
$5,000 or more ......................................................................9
Don’t know ..........................................................................10

[new] S7aa. [IF S7a=5] Is your deductible for medical care less than $1,050 or is it $1,050 to $1,499?
Less than $1,050....................................................................1
$1,050-$1,499 ....................................................................2
Don’t know ..........................................................................3

S7b. [IF DON’T KNOW AMOUNT OF DEDUCTIBLE (S7a=10), ASK:] Is the deductible less than $1,000 or $1,000 or more?
Less than $1,000....................................................................1
$1,000 or more .....................................................................2
Don’t know [TERMINATE FOR OVERSAMPLE]....................3
S8. In some health plans, services like annual physicals, doctor visits, immunizations, and preventive care tests, (such as mammograms or screenings for colon cancer), may require a co-pay but would not be subject to the deductible. In other plans, the deductible applies to all medical care. [If you have a separate deductible for prescription drugs, please focus only on your deductible for medical care].

In your plan, does the deductible apply to all medical care?
Yes ........................................................................................................ 1
No ......................................................................................................... 2
Other (specify) .................................................................................... 3
Don’t know ........................................................................................... 4

S9. [DELETED]

S9A. [formerly HP8A] Does your health plan include any coverage for prescription drugs?
Yes ........................................................................................................ 1
No ......................................................................................................... 2
Don’t know ........................................................................................... 3

S9B. [IF HAVE PRESCRIPTION DRUG COVERAGE, S9A = 1] Do you have a separate deductible for prescription drugs?
Yes ........................................................................................................ 1
No ......................................................................................................... 2
Don’t know ........................................................................................... 3

In recent years, several forms of health care savings accounts have become available. The next set of questions deals with these accounts.

S10a. Do you currently have a Flexible Spending Account for health expenses?
[INCLUDE DEFINITION-Accounts offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. For this type of account, any money remaining in the account at the end of the year, or in some cases after March 15th, is lost to the employee. A similar type of account is sometimes available for child care expenses as well.]
Yes ........................................................................................................ 1
No ......................................................................................................... 2
Other (describe) .................................................................................... 3
Don’t know ........................................................................................... 4

S10b. [DELETED]
S11. In the last 2-3 years, a new type of health coverage has become available that is sometimes called Consumer Directed Health Care or Consumer Driven Health Care. This new type of coverage has two components: 1) a special type of savings account that the individual uses to pay health expenses, and 2) a high deductible health plan.

How familiar, if at all, are you with this new type of plan?
Extremely familiar..................................................................................1
Very familiar ..........................................................................................2
Somewhat familiar.................................................................................3
Not very familiar ....................................................................................4
Not at all familiar ...................................................................................5
Don’t know ............................................................................................6

[IF DEDUCTIBLE IS $2,000 OR HIGHER FOR FAMILY (S6a=5-8 OR S6b=2)
OR $1,000 OR HIGHER FOR INDIVIDUAL (S7a=5-9 OR S7b=2), CONTINUE.
ELSE SKIP TO S13.]

S12a. Do you have a special account or fund you can use to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.
Yes........................................................................................................1
No  [SKIP TO S13] ................................................................................2
Don’t know  [SKIP TO S13]...................................................................3

S12b. Are you allowed to roll over unspent money in this account for your use in the following year?
Yes........................................................................................................1
No .........................................................................................................2
Other (describe) _________________________________________..3
Don’t know ............................................................................................4

[new] S12c. Can you carry your account with you if you leave your job?
Yes........................................................................................................1
No .........................................................................................................2
Don’t know ............................................................................................3

S13. [AUTOCODE]
CDHP (S12B=1,3,4)..............................................................................1
HDHP (S12A=2,3 OR S12B=2).............................................................2
Other .....................................................................................................3
Attitudes about Health Plan and Health Care

A1. Please rate your satisfaction with each of the following aspects of your health care. [ROTATE ORDER a-d]

<table>
<thead>
<tr>
<th></th>
<th>Extremely Satisfied</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not too Satisfied</th>
<th>Not at all Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Quality of health care I receive through my plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b.</td>
<td>Providing easy access to doctors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c.</td>
<td>The cost I pay out of my own pocket for my health care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d.</td>
<td>My choice of doctors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e.</td>
<td>Overall satisfaction with my health care plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

A2. How likely are you to recommend your health plan to a friend or co-worker?

Extremely likely ..............................................................1
Very likely .............................................................................2
Somewhat likely ...............................................................3
Not too likely .........................................................................4
Not at all likely .....................................................................5

A3. If you had an opportunity to change health plans or stay with your current plan, how likely would you be to stay with your current plan?

Extremely likely .....................................................................1
Very likely ...............................................................................2
Somewhat likely .....................................................................3
Not too likely to stay .............................................................4
Not at all likely to stay ..........................................................5

A4. How strongly do you agree or disagree with each of the following statements concerning your current health plan? [ROTATE ORDER]

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>My health plan is easy to understand</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b.</td>
<td>My health plan will protect me in the event of an expensive illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c.</td>
<td>The terms of my health plan make me consider costs when deciding whether to see a doctor or to fill a prescription for medication(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d.</td>
<td>My health plan encourages me to adopt a healthier lifestyle</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
e. My health plan provides information to help me choose among physicians, pharmacies, labs, and hospitals

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

A5. [DELETED]

A6. [DELETED]

[new] A7. How strongly do you agree or disagree with the following statements about the health care system: [ROTATE ORDER]

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

a. Providing patients and their families with information about the quality of care provided by doctors, hospitals and other providers should be a priority for the health system

b. Providing patients and their families with information about the cost of care provided by doctors, hospitals and other providers should be a priority for the health system

c. Encouraging people to adopt healthy behavior by paying for preventive screening tests should be a priority for the health system

Your Health Plan

HP1. [IF COVERED THROUGH AN EMPLOYER (S3=1,2), ASK:] Are you offered a choice of health plans? Please include all employment-based plans for which you are eligible, whether through your job or your spouse’s job.

Yes, have choice of plans .................................................................1
No, only one plan available ...............................................................2
Don’t know .......................................................................................3
HP2. [IF HAVE CHOICE OF PLANS THROUGH EMPLOYER (HP1=1) OR PURCHASE DIRECTLY (S3=4), ASK:] What are your two or three main reasons for deciding to enroll in your current health plan? (Check up to 3 responses.)
Lower cost of the premium................................................................. 1
Low out of pocket costs when I see the doctor............................... 2
Good network of physicians and hospitals-your doctor was
in the network .................................................................................. 3
Prior experience with this plan ......................................................... 4
Plan’s good reputation, recommended by others........................... 5
Familiar type of coverage, simple to understand............................ 6
Easy to access care ........................................................................... 7
Opportunity to save money in the account, rollover funds for future years................................................................. 8
Puts you in control of your health care dollars, you make
choices of how your account is spent .............................................. 9
Not much paperwork ..........................................................................10
Specific benefits offered by the plan ................................................ 11
Tax benefits of the plan ..................................................................... 12
Other (specify) .................................................................................. 13

HP3. How long have you been covered by your current health plan?
Less than one year........................................................................... 1
1-2 years ............................................................................................ 2
3-4 years ............................................................................................ 3
5-9 years ............................................................................................ 4
10 years or more ................................................................................. 5
Don’t know ........................................................................................ 6

[new] HP3a. [IF HP3 = 1,2] Just before you were covered by your current plan, did you have health insurance coverage?
Yes.................................................................................................... 1
No ...................................................................................................... 2
Don’t know ........................................................................................ 3

[new] HP3b. [IF HP3a = 2] How long were you without health care coverage?
Less than 1 year............................................................................... 1
1 to 2 years ....................................................................................... 2
More than 2 years .......................................................................... 3
Don’t know ........................................................................................ 4
[new] HP3c. [IF HP3a = 2] Were either of the following important considerations in your decision to obtain your current coverage?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a The tax benefits of the plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b The savings account that was part of the plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

[new] HP3d. [IF HP3a = 2] Would you have selected your current coverage if it had not included the following…

<table>
<thead>
<tr>
<th></th>
<th>Yes, would have purchased</th>
<th>No, would not have purchased</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a The tax benefits of the plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b The savings account that was part of the plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

HP5a. [IF HAVE INDIVIDUAL COVERAGE THROUGH EMPLOYER (S3=1,2 AND S4=1,5), ASK:] How much do you pay each month in premiums for your health insurance plan? (Record your answer under “Other” if your health insurance payments are made weekly, semi-monthly or bi-weekly.)

<table>
<thead>
<tr>
<th>Amount</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing, employer pays all</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20-$49 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50-$99 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100-$199 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$200-$299 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$300 or more per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (How much do you pay for your health insurance plan?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ ___________ □ per week □ twice a month □ every 2 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HP5b. [IF HAVE FAMILY COVERAGE THROUGH EMPLOYER (S3=1,2 AND S4=2,3,4), ASK:] How much do you pay each month in premiums for your health insurance plan? (Record your answer under “Other” if your health insurance payments are made weekly, semi-monthly or bi-weekly.)

<table>
<thead>
<tr>
<th>Amount</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing, employer pays all</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $100 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100-$199 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$200-$299 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$300-$399 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$400-$499 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$500 or more per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (How much do you pay for your health insurance plan?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$ ___________ □ per week □ twice a month □ every 2 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HP5c. [IF INDIVIDUAL PURCHASER (S3=4), ASK:] How much do you pay each month in premiums for your health insurance plan?
Less than $200 per month.................................................................1
$200-$299 per month.................................................................2
$300-$399 per month.................................................................3
$400-$499 per month.................................................................4
$500-$599 per month.................................................................5
$600 or more per month...............................................................6
Other $___________ per quarter..................................................7
Other (specify) __________________________________________ ..8
Don’t know .........................................................................................9

CDHP Only
[IF CDHP (S13=1), CONTINUE. ELSE SKIP TO HP7.]
CD1. [IF COVERED THROUGH EMPLOYER (S3=1,2), ASK:] Does your employer/your spouse’s employer contribute at all to your special savings account for medical expenses?
Yes..............................................................................................1
No ..............................................................................................2
Don’t know .........................................................................................3

CD2. [IF EMPLOYER CONTRIBUTES TO SAVINGS ACCOUNT (CD1=1), ASK:] How much money does your employer/your spouse’s employer contribute to your account annually?
Less than $200................................................................................1
$200-$499......................................................................................2
$500-$749......................................................................................3
$750-$999......................................................................................4
$1,000 or more................................................................................5
Don’t know .........................................................................................6

[new] [IF COVERED THROUGH EMPLOYER (S3=1,2), ASK:] CD2a. Are you (and your spouse) allowed to make contributions to your account?
Yes, allowed .......................................................................................1
No, not allowed ...................................................................................2
Don’t know .........................................................................................3
[IF ALLOWED TO CONTRIBUTE TO EMPLOYER ACCOUNT OR IF INDIVIDUAL PURCHASER, (CD2a=1 or (S3=4 and S13=1))]

CD3. How much money do you (and your spouse) contribute to your account annually?
   Nothing..................................................................................................1
   Less than $500........................................................................................2
   $500-$999..............................................................................................3
   $1,000-$1,499.......................................................................................4
   $1,500 or more......................................................................................5
   Don’t know ............................................................................................6

[ASK ALL CDHP (S13=1]

[new] CD3b. How much money is currently in your account?
   Nothing..................................................................................................1
   Less than $200........................................................................................2
   $200 to $499 ..........................................................................................3
   $500 to $999 ..........................................................................................4
   $1,000 or more......................................................................................5
   Don’t know ............................................................................................6

CD4. How long have you had this savings account?
   Less than 6 months...............................................................................1
   6 months to less than 1 year .................................................................2
   1-2 years ...............................................................................................3
   3-4 years ...............................................................................................4
   5 or more years .....................................................................................5
   Don’t know ............................................................................................6

CD5. [IF HAD ACCOUNT MORE THAN ONE YEAR AND CAN ROLL OVER UNSPENT FUNDS (CD4=3-5 AND S12b=1), ASK:] How much money did you roll over in this account from last year?
   Nothing..................................................................................................1
   Less than $100........................................................................................2
   $100-$299.............................................................................................3
   $300-$499.............................................................................................4
   $500-$999.............................................................................................5
   $1,000-$1,499.......................................................................................6
   $1,500 or more......................................................................................7
   Don’t know ............................................................................................8
[CONTINUE WITH ALL RESPONDENTS.]

HP7. [IF HAVE CHOICE OF PLANS (HP1=1) OR INDIVIDUAL PURCHASER (S3=4), ASK:] Compared to the other health plans available to you, is the cost you pay in premiums for the health plan you selected:

More expensive than all the other plans ................................................1
More expensive than some, but less expensive than others ............2
Less expensive than all the other plans .............................................3
About the same cost as the other plans .........................................4
Don’t know .........................................................................................5

HP9. [IF HAVE A CHOICE OF PLANS (HP1= 1) AND DO NOT HAVE CDHP OR HDHP (S13 NE 1,2), ASK:] To the best of your knowledge, was one of the plans you were offered but did not take a plan with a high deductible (that is, $1000 or more for an individual, $2000 or more for a family)?

Yes ........................................................................................................1
No .......................................................................................................2
Don’t know .........................................................................................3

HP10a. [IF OFFERED HIGH DEDUCTIBLE PLAN (HP9=1), ASK:] Did the high deductible plan that you were offered but did not take also include a savings account that you could use to pay your health care expenses?

Yes ........................................................................................................1
No .......................................................................................................2
Don’t know .........................................................................................3

HP11a. [IF OFFERED CDHP BUT DID NOT TAKE (HP10a=1, ASK:] Why did you decide not to take the high deductible plan with the savings account? (Check all that apply.) (ROTATE ORDER OF RESPONSES.)

It's too complicated, I did not understand it ........................................1
I did not like the high out-of-pocket costs ........................................2
It is too much trouble to open and/or manage the savings account .....3
I did not like the network of doctors and hospitals .........................4
I am more familiar with the plan I selected ......................................5
This plan was not recommended to me .............................................6
I did not have the money to put into a savings account ..................7
The tax benefits were not attractive enough ...................................9
Other (specify) ...................................................................................8

HP10b. [IF HDHP (S13=2), ASK:] Were you offered or were you aware of the option to open a savings account that you could use to pay your health care expenses?

Yes ........................................................................................................1
No .......................................................................................................2
Don’t know .........................................................................................3
HP11b. [IF OFFERED AN ACCOUNT BUT DID NOT TAKE (HP10b=1), ASK:] Why did you decide not to open a health savings account? (Check all that apply.) [ROTATE ORDER OF RESPONSES]
It's too complicated, I did not understand it ...........................................1
It is too much trouble to open and/or manage the savings account .................................................................3
This account was not recommended to me ...........................................6
I did not have the money to put into a savings account .........................7
The tax benefits were not attractive enough .........................................9
Other (specify) __________________________________________ ..8

Habits
H1. Do you currently smoke cigarettes?
Yes ........................................................................................................1
No .........................................................................................................2
Decline to answer ..............................................................................3

H2. In the past four weeks, how many days per week on average did you exercise for at least 30 minutes?
Never ....................................................................................................1
1 day per week, on average .................................................................2
2-3 days per week, on average .............................................................3
4-5 days per week, on average .............................................................4
More than 5 days per week, on average ...............................................5

H4. What is your height and weight?
Height: _______ feet _______ inches Weight: _______ pounds
Decline to answer Decline to answer

H5. Have you had a physical exam in the past 12 months?
Yes ........................................................................................................1
No .........................................................................................................2

Health Care History
HC1. In general, how would you rate your health?
Excellent ..............................................................................................1
Very good .............................................................................................2
Good .....................................................................................................3
Fair ........................................................................................................4
Poor ......................................................................................................5
HC2. Do you [IF HAVE FAMILY COVERAGE (S4=2,3,4) SHOW BOTH COLUMNS AND INSERT “or other family members covered by the same health plan”] have any of the following conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>A. You</th>
<th>B. Other Family Members With Same Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Allergies</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>b. Arthritis</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>c. Asthma, emphysema or lung disease</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>d. Cancer</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>e. Depression</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>f. Diabetes</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>g. Heart attack or other heart disease</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>h. High cholesterol</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
<tr>
<td>i. Hypertension, high blood pressure or stroke</td>
<td>Yes 1</td>
<td>Yes 1</td>
</tr>
</tbody>
</table>

HC3. Please indicate below how often you used each of the following types of medical services (IF ENROLLED 1 YEAR OR MORE (HP3=2-6) INSERT “in the past 12 months”; IF ENROLLED LESS THAN 1 YEAR (HP3=1 INSERT “since joining your current health plan”).

<table>
<thead>
<tr>
<th>Service</th>
<th>None</th>
<th>Once</th>
<th>2-3 times</th>
<th>4-5 times</th>
<th>6+ times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Filled a prescription at a pharmacy or by mail order</td>
<td>Yes 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Visited a doctor’s office or medical clinic</td>
<td>Yes 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Been treated at a hospital emergency room</td>
<td>Yes 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Been admitted to a hospital</td>
<td>Yes 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Had a diagnostic test such as an x-ray, MRI, blood test, cancer screening or CAT scan</td>
<td>Yes 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
HC4. Over the last 12 months/since you enrolled in this plan, about how much have you had to pay “out of pocket” for each of the following: [SHOW ONLY SECOND COLUMN FOR HOUSEHOLD MEMBERS IF D6a > 0 OR D6b > 1, OTHERWISE SHOW FIRST COLUMN]

A. For prescription medicines

<table>
<thead>
<tr>
<th>Amount</th>
<th>For You Only</th>
<th>For All Members of Your Household, Including You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Less than $100</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>$100 to $199</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>$200 to $499</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>$500 to $749</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>$750 to $999</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>$1,000 to $1,499</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>$1,500 to $1,999</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>$2,000 or more</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

D. For all other medical expenses including doctor visits, hospital care, and diagnostic tests (excluding dental and vision care)

<table>
<thead>
<tr>
<th>Amount</th>
<th>For You Only</th>
<th>For All Members of Your Household, Including You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Less than $100</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>$100 to $199</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>$200 to $499</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>$500 to $749</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>$750 to $999</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>$1,000 to $1,499</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>$1,500 to $1,999</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>$2,000 or more</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>
E. Total medical expenses (including prescription medicines, hospital, tests, and other medical expenses) Do not include the cost of your health insurance premium. [SHOW ANSWERS TO A-D AS REMINDERS.]

For All Members of Your Household, Including You  
For You Only

<table>
<thead>
<tr>
<th>Category</th>
<th>For You Only</th>
<th>For All Members of Your Household, Including You</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Less than $200</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>$200 to $499</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>$500 to $999</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>$1,000 to $1,499</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>$1,500 to $1,999</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>$2,000 to $2,499</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>$2,500 to $4,999</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>$5,000 or more</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

HC5a. In the last 12 months/since you joined your current health plan, have you [OR OTHER FAMILY MEMBERS ON YOUR PLAN] ever not filled a prescription due to cost?  
Yes ........................................................................................................1  
No .........................................................................................................2  
Other (describe) ..................................................................................3  
Not applicable-not given any prescriptions [SKIP TO HC8a].................4

HC6a. In the last 12 months/since you joined your current health plan, have you [OR OTHER FAMILY MEMBERS ON YOUR PLAN] skipped doses to make your medication last longer?  
Yes ........................................................................................................1  
No .........................................................................................................2  
Other (describe) ..................................................................................3
HC6b. [IF SKIPPED DOSES (HC6a=1,3) OR DIDN'T FILL A PRESCRIPTION DUE TO COST (HC5a=1,3), ASK:] Was the prescription(s) that you did not fill or for which you skipped doses meant to treat any of the following conditions? (Check all that apply.)

- Allergies ................................................................................................1
- Arthritis ................................................................................................2
- Asthma, emphysema or lung disease ...................................................3
- Cancer ..................................................................................................4
- Depression ............................................................................................5
- Diabetes ................................................................................................6
- Heart attack or other heart disease .......................................................7
- High cholesterol ....................................................................................8
- Hypertension, high blood pressure or stroke.........................................9
- Other ...................................................................................................10
- Don't know ..........................................................................................11
- Decline to answer................................................................................12

HC8a. [IF INDIVIDUAL COVERAGE, S4 = 1] In the last 12 months/since you joined your current health plan, have you delayed or avoided completely getting any needed health care services for yourself (other than filling a prescription) due to the cost of those services? [Please do not include dental or vision care.]

- Yes ........................................................................................................1
- No .........................................................................................................2
- Not applicable-was not sick in past 12 months/since joined health plan [SKIP TO R1] .................................................................3

HC8b. [IF FAMILY COVERED, S4 = 2-4] In the last 12 months/since you joined your current health plan, have you or any family member on your plan delayed or avoided completely getting any needed health care services (other than filling a prescription) due to the cost of those services? [Please do not include dental or vision care.]

- Yes ........................................................................................................1
- No .........................................................................................................2
- Not applicable-was not sick in past 12 months/since joined health plan [SKIP TO R1] .................................................................3
HC10. [IF DELAYED/AVOIED CARE FOR ANY REASON (HC8a OR HC8b =1),
ASK:] Which of the following types of care did you delay or avoid getting?
(Check all that apply.)
- Visit to doctor’s office (not a specialist) .................................................1
- Visit to specialist’s office........................................................................2
- Trip to a hospital emergency room..........................................................3
- Visit for hospital outpatient care/surgery ...............................................4
- Lab/imaging tests..................................................................................5
- Physical therapy sessions.....................................................................6
- Other (specify) ___________________________________________________ 7

[new] HC11. Which, if any, of the following medical screening tests have you had
done in the time period shown?

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you had your blood pressure checked in the last year?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Have you had a dental exam in the past year?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Have you had a mammogram in the past 2 years? [IF FEMALE OVER 50, D1=2 AND</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>S1=9-11]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Have you had a Pap test in the past 3 years? [IF FEMALE, D1=2]</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Have you had colon cancer screening in the past 5 years? [IF AGE 50+, S1=9-11]</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Have you had your cholesterol checked in the past five years/ [IF HC2f=1 OR</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
How strongly do you agree or disagree with the following statement:

I follow the treatment regimens for my [INSERT CONDITION FROM HC2A] very carefully.

<table>
<thead>
<tr>
<th></th>
<th>a. Condition 1</th>
<th>b. Condition 2</th>
<th>c. Condition 3</th>
<th>d. Condition 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>disagree</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Resources for Information**

R1. How much, if at all, do you use the following as sources for health information?

<table>
<thead>
<tr>
<th>Source</th>
<th>A lot</th>
<th>Some</th>
<th>Not at all</th>
<th>Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Advertisements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. My friends or relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Information provided by my health plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Information provided by my physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Internet or Health websites (other than my health plan’s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Magazine articles or books about health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Nurse advice line/help line</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Stories in news media-TV, radio, newspaper</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
R6. Which source do you most trust for information on health care providers (such as doctors, hospitals, or medical labs)? (Select only one answer.)
Your doctor............................................................................................1
A family member or friend .....................................................................2
A government agency ...........................................................................3
A medical association (American Medical Association, American Heart Association, etc.).................................4
Your health plan ....................................................................................5
A consumer group such as Consumer Reports .....................................5
Health websites (other than your health plan’s) .................................8
Magazine articles or books on health ...............................................9
Stories in news media (TV, radio, newspaper) ....................................10
Other (specify) ___________________________________________ 7

R3. Does your health plan provide any of the following types of information:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. QUALITY OF CARE PROVIDED BY:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. COST OF CARE PROVIDED BY:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

R4. [FOR EACH YES IN R3a/b, ASK:] Have you ever tried to use the health plan’s information to choose a doctor or hospital?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>aa. Quality of care provided by doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ab. Quality of care provided by hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ba. Cost of care provided by doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>bb. Cost of care provided by hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

R5. [FOR EACH YES IN R4a/b, ASK:] Was the information useful?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>aa. Quality of care provided by doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ab. Quality of care provided by hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ba. Cost of care provided by doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>bb. Cost of care provided by hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
R10. Using sources other than your health plan, have you tried to find information about the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. QUALITY OF CARE PROVIDED BY:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. COST OF CARE PROVIDED BY:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

R11. [FOR EACH YES IN R10, ASK:] Were you able to find all of the information you needed about the:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>aa. Quality of care provided by doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ab. Quality of care provided by hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ba. Cost of care provided by doctors including specialists</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>bb. Cost of care provided by hospitals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

R7. [IF RECEIVED SOME CARE (ANY IN HC3=2-5), ASK:] In the last year/Since you joined your current plan, did you do any of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Checked whether my health plan would cover my care</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Checked the price of a doctor’s visit or other health care service before I received care</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Checked the quality rating of a doctor or hospital before I received care from them</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Talked to my doctor about treatment options and costs</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. [new] Used an online cost tracking tool provided by your health plan to manage my health expenses</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. [new] Participated in a wellness program offered through my job or my spouse’s job</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

R8. [IF RECEIVED SOME CARE (ANY IN HC3=2-5), ASK:] In the last year/Since you joined your current plan, did you do any of the following concerning your prescription drugs:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Asked for a generic drug instead of a brand name drug</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Asked for a brand name drug instead of a generic drug</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Asked my doctor to recommend a less costly prescription drug</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
About Your Job

J1. What is your current job status?
   Employed full time.................................................................................1
   Employed part time ...............................................................................2
   Not employed, looking for work .............................................................3
   Homemaker...........................................................................................4
   Retired ..................................................................................................5
   Other (specify) __________________________________________ ..6

[IF EMPLOYED FULL OR PART TIME (J1=1-2), CONTINUE. ELSE SKIP TO D2.]

J2a. [IF J1=1,2 AND S3=2 OR 4] Does your employer offer health insurance to ANY employees?
    Yes........................................................................................................1
    No .........................................................................................................2
    Don’t know ............................................................................................3

J2b. [IF J2A=1] Are you eligible for a health plan offered by your employer?
    Yes........................................................................................................1
    No .........................................................................................................2
    Don’t know ............................................................................................3

J3. [DELETED]

J4. [DELETED]

J5. What are your annual earnings from your job?
   Less than $20,000.................................................................................1
   $20,000-$29,999 ...................................................................................2
   $30,000-$39,999 ...................................................................................3
   $40,000-$49,999 ...................................................................................4
   $50,000-$69,999 ...................................................................................5
   $70,000-$99,999 ...................................................................................6
   $100,000-$149,999 ...............................................................................7
   $150,000 or more..................................................................................8
   Decline to answer..................................................................................9

J6. How many years have you worked for this employer?
   Less than 2 years ..................................................................................1
   2-4 years ...............................................................................................2
   5-9 years ...............................................................................................3
   10 or more years ...................................................................................4

J7. [DELETED]
J8. Including you, how many people work for your employer?  (Include both full-time and part-time employees at all locations and worksites.)

Self-employed with no employees.........................................................1
2-9.........................................................................................................2
10-49.....................................................................................................3
50-199...................................................................................................4
200-499.................................................................................................5
500-1,999..............................................................................................6
2,000-4,999...........................................................................................7
5,000-9,999...........................................................................................8
10,000 or more......................................................................................9
Don’t know ..........................................................................................10

[new] J9. Which of the following best describes the industry in which you work?

Agriculture, forestry, mining...................................................................1
Business services, personal services....................................................2
Construction ..........................................................................................3
Education, social services.....................................................................4
Finance, insurance, real estate .............................................................5
Health services......................................................................................6
Legal services .......................................................................................7
Manufacturing .......................................................................................8
Non-profits, religious organizations .......................................................9
Retail, restaurant .................................................................................10
Technology, communication ................................................................11
Transportation, utilities ........................................................................12
Wholesale trade ...................................................................................13
Other (specify)____________________________________________________14

Demographics

D2. Are you of Hispanic, Spanish or Latino origin or descent?

Yes........................................................................................................1
No .........................................................................................................2
Other (specify) __________________________________________________..3

D3. What is your racial/ethnic background? (Check all that apply.)

White/Caucasian ...................................................................................1
African American/Black .........................................................................2
Asian/Pacific Islander ............................................................................3
Other (specify) __________________________________________________..4
D4. What is the highest grade of school or year of college you completed?
Some high school or less ...........................................................................1
High school graduate ...............................................................................2
Some college ............................................................................................3
Trade or business school .........................................................................4
College graduate ......................................................................................5
Some post graduate work ........................................................................6
Graduate degree .......................................................................................7

D5. What is your current marital status?
Married ......................................................................................................1
Not married, living with a partner ............................................................2
Divorced or separated ............................................................................3
Widowed ...................................................................................................4
Single, never married ..............................................................................5

D7. What was your total annual household income for 2005? (Include income from all sources.)
Less than $20,000 ..................................................................................1
$20,000-$29,999 ....................................................................................2
$30,000-$39,999 ....................................................................................3
$40,000-$49,999 ....................................................................................4
$50,000-$69,999 ....................................................................................5
$70,000-$99,999 ....................................................................................6
$100,000-$149,999 ................................................................................7
$150,000 or more ...................................................................................8
Decline to answer ...................................................................................9

Thank you for completing this survey!