

CONSUMERISM IN HEALTH CARE SURVEY

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...?

- Male1
- Female2

S1. What is your age?

- Under 18 [TERMINATE]1
- 18-20 [TERMINATE].....2
- 21-243
- 25-294
- 30-345
- 35-396
- 40-447
- 45-498
- 50-549
- 55-5910
- 60-6411
- 65 or older [TERMINATE].....12

D6a. How many children under the age of 18 do you have at least 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?

- Yes1
- 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 plan3
- 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 veterans6
- Other (specify) _____ ..7

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

S4. Who in your household is covered by your health plan?

- Only you1
- You and your spouse/partner2
- You and one or more children3
- You, your spouse/partner, and one or more children4
- 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 S9a]2
- No [SKIP TO S9a]3
- Don’t know [SKIP TO S9a]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-\$2,9995
- \$3,000-\$3,9996
- \$4,000-\$4,9997
- \$5,000 or more8
- Don’t know9

S6aa. **[IF S6a=5]** Is your family deductible less than \$2,200 or is it \$2,200 to \$2,999?

Less than \$2,200.....	1
\$2,200-\$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

S7aa. **[IF S7a=5]** Is your deductible for medical care less than \$1,100 or is it \$1,100 to \$1,499?

Less than \$1,100.....	1
\$1,100-\$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
- No2
- Other (specify) _____ 3
- Don't know4

S9A. Does your health plan include any coverage for prescription drugs?

- Yes.....1
- No2
- Don't know3

S9B. **[IF HAVE PRESCRIPTION DRUG COVERAGE (S9A = 1), ASK:]** Do you have a separate deductible for prescription drugs?

- Yes.....1
- No2
- Don't know3

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
- No2
- Other (describe) _____..3
- Don't know4

S11. In the last 5-6 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) health insurance with a high deductible.

How familiar, if at all, are you with this new type of plan?

- Extremely familiar1
- Very familiar2
- Somewhat familiar3
- Not very familiar4
- Not at all familiar5
- Don't know6

[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. These accounts are different from Flexible Spending Accounts.

- Yes1
- 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?

- Yes1
- No2
- Other (describe) _____..3
- Don't know4

S12c. Can you carry your account with you if you leave your job?

- Yes1
- No2
- Don't know3

S13. **[AUTOCODE]**

- CDHP (S12B=1,3,4) 1**
- HDHP (S12A=2,3 OR S12B=2) 2**
- Other 3**

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

	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not too Satisfied	Not at all Satisfied
a. Quality of health care I receive through my plan	1	2	3	4	5
b. Ease of getting an appointment with a doctor when needed	1	2	3	4	5
c. The cost I pay out of my own pocket for my health care	1	2	3	4	5
d. My choice of doctors	1	2	3	4	5
e. Overall satisfaction with my health care plan	1	2	3	4	5

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

- Extremely likely1
- Very likely.....2
- Somewhat likely3
- 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 to stay.....1
- Very likely to stay2
- Somewhat likely to stay.....3
- Not too likely to stay4
- Not at all likely to stay5

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

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
a. My health plan is easy to understand	1	2	3	4	5
b. My health plan will protect me in the event of an expensive illness	1	2	3	4	5
c. 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)	1	2	3	4	5
d. My health plan encourages me to adopt a healthier lifestyle	1	2	3	4	5
e. My health plan provides information to help me choose among physicians, pharmacies, labs, and hospitals	1	2	3	4	5

A7. [deleted]

To determine which questions would be applicable for you, please answer the following.

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

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 HP1.]

J2a. [IF (J1=1,2) AND (S3=2, 4), ASK:] Does your employer offer health insurance to ANY employees?

- Yes1
- No2
- Don't know3

J2b. [IF (J2A=1), ASK:] Are you eligible for a health plan offered by your employer?

- Yes1
- No2
- Don't know3

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 plans1
- No, only one plan available2
- Don't know3

HP1A. [NEW] [IF (HP1=1), ASK:] You said that you were offered a choice of health plans from your or your spouse's employer. How many different health plans did you have to choose from? Please include all employment-based plans for which you are eligible, whether through your job or your spouse's job.

- One, have no choice of plans1
- Two2
- Three3
- Four or more4
- Don't know5

[HP1C deleted]

HP1B1. [IF (S3=1,2), ASK]: Does the employer that provides you health insurance, either your employer or your spouse's employer, tell you how much they are contributing to the cost of your health insurance coverage?

- Yes1
- No2
- Don't know3

HP1B2. [IF (S3=1,2), ASK]: Are you aware that the money your or your spouse’s employer contributes to the cost of your health insurance is not included in your taxable income?

- Yes1
- No2
- Don’t know3

HP2. [IF HAVE CHOICE OF PLANS THROUGH EMPLOYER HP1=1 or PURCHASES 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 premium1
- Low out of pocket costs when I see the doctor.....2
- Good network of physicians and hospitals-your doctor was in the network3
- Prior experience with this plan4
- Plan’s good reputation, recommended by others5
- Familiar type of coverage, simple to understand.....6
- Easy to access care7
- Opportunity to save money in the account, rollover funds for future years8
- Puts you in control of your health care dollars, you make choices of how your account is spent9
- Not much paperwork10
- Specific benefits offered by the plan11
- Tax benefits of the plan12
- Other (specify) _____ 13

HP3. How long have you been covered by your current health plan?

- Less than one year.....1
- 1-2 years2
- 3-4 years3
- 5-9 years4
- 10 years or more5
- Don’t know6

HP3a. [IF HP3 = 1,2] Just before you were covered by your current plan, did you have health insurance coverage?

- Yes1
- No2
- Don’t know3

[HP3b-HP3c-HP3d deleted]

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.)

- Nothing, employer pays all1
- Less than \$20 per month2
- \$20-\$49 per month3
- \$50-\$99 per month4
- \$100-\$199 per month5
- \$200-\$299 per month6
- \$300 or more per month7
- Other (How much do you pay for your health insurance plan?
 \$ _____ per week twice a month every 2 weeks) .8
- Don't know9

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.)

- Nothing, employer pays all1
- Less than \$100 per month2
- \$100-\$199 per month3
- \$200-\$299 per month4
- \$300-\$399 per month5
- \$400-\$499 per month6
- \$500 or more per month7
- Other (How much do you pay for your health insurance plan?
 \$ _____ per week twice a month every 2 weeks) ..8
- Don't know9

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 month1
- \$200-\$299 per month2
- \$300-\$399 per month3
- \$400-\$499 per month4
- \$500-\$599 per month5
- \$600 or more per month6
- Other \$ _____ per quarter7
- Other (specify) _____ ..8
- Don't know9

HP6. During the time that you have had your current health plan, was there ever a time when you had difficulty paying for the cost of your health plan?

- Yes.....1
- No2
- Don't know3

HP7a. During the time that you have had your current health plan, was there ever a time when you were unable to pay, or had difficulty paying, for your medical bills? This can include bills for another family member.

- Yes.....1
- No2
- Don't know3

HP8. During the time you have had your current health plan, have you had to spend ANY time on paperwork or disputes related to medical bills and health insurance for either you or a family member?

- Yes.....1
- No2
- [VOL] Not applicable: did not see doctor during this time.....3
- Don't know4
- Refused.....5

HP8a. [IF (HP8=1), ASK:] Would you say you had to spend a lot of time, some time, or a little time on paperwork or disputes?

- A lot.....1
- Some.....2
- A little3
- Don't know4
- Refused.....5

HP8b. [IF (HP8=2), ASK:] Is that because you did not have any problems with the paperwork or because you did not see a doctor?

- Did not have any problems with paperwork1
- Did not see a doctor2
- Not sure.....3

HP9a. Have the terms or conditions of your health plan encouraged you to take better care of your health, take worse care of your health, or have they made no difference in how you take care of your health?

- Better care1
- No difference2
- Worse care3
- Don't know.....4
- Refused5

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 savings account for medical expenses?

- Yes1
- No2
- Don't know3

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-\$4992
- \$500-\$7493
- \$750-\$9994
- \$1,000 - \$1,4995
- \$1,500 - \$1,9996
- \$2,000 or more.....7
- Don't know8

CD2a. **[IF COVERED THROUGH EMPLOYER (S3=1,2) AND EMPLOYER DOES CONTRIBUTE (CD1=1), ASK:]** Are you (and your spouse) allowed to make contributions to your account?

- Yes, allowed.....1
- No, not allowed2
- Don't know3

CD3. **[IF ALLOWED TO CONTRIBUTE TO EMPLOYER ACCOUNT OR IF INDIVIDUAL PURCHASER, (CD2a=1 or (S3=4 and S13=1)), ASK:]** 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 - \$1,999	5
\$2,000 or more.....	6
Don't know	7

CD3b. **[FOR ALL CDHP (S13=1), ASK:]** How much money is currently in your account?

Nothing.....	1
Less than \$200.....	2
\$200 to \$499	3
\$500 to \$999	4
\$1,000 to \$1,499	5
\$1,500 to \$1,999	6
\$2,000 to \$2,999	7
\$3,000 or more.....	8
Don't know	9

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-\$2993
- \$300-\$4994
- \$500-\$9995
- \$1,000-\$1,4996
- \$1,500 -\$1,9997
- \$2,000 or more.....8
- Don't know9

[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 others2
- Less expensive than all the other plans3
- About the same cost as the other plans4
- Don't know5

HP9. **[IF HAVE A CHOICE OF PLANS (HP1= 1) AND DO NOT HAVE CDHP OR HDHP (S13=3), 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
- No2
- Don't know3

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
- No2
- Don't know3

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 it1
- I did not like the high out-of-pocket costs2
- It is too much trouble to open and/or manage the savings account3
- I did not like the network of doctors and hospitals.....4
- I am more familiar with the plan I selected5
- This plan was not recommended to me6
- 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?

- Yes1
- No2
- Don't know3

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 it1
- It is too much trouble to open and/or manage the savings account3
- This account was not recommended to me6
- 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?

- Yes1
- No2
- Decline to answer.....3

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?

	A. You			B. Other Family Members With Same Health Plan		
	Yes	No	Decline to answer	Yes	No	Decline to answer
a. Allergies	1	2	3	1	2	3
b. Arthritis	1	2	3	1	2	3
c. Asthma, emphysema or lung disease	1	2	3	1	2	3
d. Cancer	1	2	3	1	2	3
e. Depression	1	2	3	1	2	3
f. Diabetes	1	2	3	1	2	3
g. Heart attack or other heart disease	1	2	3	1	2	3
h. High cholesterol	1	2	3	1	2	3
i. Hypertension, or high blood pressure	1	2	3	1	2	3
j. [NEW] Stroke	1	2	3	1	2	3

HC3. Please indicate below how often you **[IF HAVE FAMILY COVERAGE (S4=2,3,4): or other family members on your plan]** 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]**.

	Never	Once	2-3 times	4-5 times	6+ times
a. Filled a prescription at a pharmacy or by mail order	1	2	3	4	5
b. Visited a doctor's office or medical clinic	1	2	3	4	5
e. Had a diagnostic test such as an x-ray, MRI, blood test, cancer screening, or CAT scan	1	2	3	4	5

HC3a1. Thinking back over the last two years, did you **[IF HAVE FAMILY COVERAGE (S4=2,3,4): or other family members on your plan]** ever stay overnight in the hospital?

Yes.....1
 No2

HC4. **[IF ENROLLED 1 YEAR OR MORE (HP3=2-6) INSERT: Over the last 12 months/IF ENROLLED LESS THAN 1 YEAR (HP3=1) INSERT: 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

	For You Only	For All Members of Your Household, Including You
Nothing	1	1
Less than \$100	2	2
\$100 to \$199	3	3
\$200 to \$499	4	4
\$500 to \$749	5	5
\$750 to \$999	6	6
\$1,000 to \$1,499	7	7
\$1,500 to \$1,999	8	8
\$2,000 or more	9	9
Don't know	10	10

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

	For You Only	For All Members of Your Household, Including You
Nothing	1	1
Less than \$100	2	2
\$100 to \$199	3	3
\$200 to \$499	4	4
\$500 to \$749	5	5
\$750 to \$999	6	6
\$1,000 to \$1,499	7	7
\$1,500 to \$1,999	8	8
\$2,000 or more	9	9
Don't know	10	10

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 You Only	For All Members of Your Household, Including You
Nothing	1	1
Less than \$200	2	2
\$200 to \$499	3	3
\$500 to \$999	4	4
\$1,000 to \$1,499	5	5
\$1,500 to \$1,999	6	6
\$2,000 to \$2,499	7	7
\$2,500 to \$4,999	8	8
\$5,000 to \$5,999	9	9
Don't know	11	11

HC5a. **[IF ENROLLED 1 YEAR OR MORE (HP3=2-6):** In the last 12 months/**IF ENROLLED LESS THAN 1 YEAR (HP3=1):** Since you joined this health plan], have you **[IF HAVE FAMILY COVERAGE (S4=2,3,4):** or other family members on your plan] ever not filled a prescription due to cost?

- Yes.....1
- No2
- Other (describe) _____..3
- Not applicable-not given any prescriptions [SKIP TO HC8a].....4

HC6a. **[IF ENROLLED 1 YEAR OR MORE (HP3=2-6):** In the last 12 months/**IF ENROLLED LESS THAN 1 YEAR (HP3=1):** Since you joined this health plan], have you **[IF HAVE FAMILY COVERAGE (S4=2,3,4):** or other family members on your plan] skipped doses to make your medication last longer?

- Yes.....1
- No2
- 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 or high blood pressure 9
- [NEW]** Stroke 10
- Other 11
- Don't know 12
- Decline to answer..... 13

HC8a/b. **[IF INDIVIDUAL COVERAGE (S4 = 1) OR FAMILY COVERAGE (S4=2-4), ASK:] [IF ENROLLED 1 YEAR OR MORE (HP3=2-6): In the last 12 months/IF ENROLLED LESS THAN 1 YEAR (HP3=1): 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 for yourself [or any family member on your plan] (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 HC11]** 3

HC10. **[IF DELAYED/AVOIDED 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

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

	Yes	No	Don't know	Refused
a. Have you had your blood pressure checked in the last year?	1	2	3	4
b. Have you had a dental exam in the past year?	1	2	3	4
c. [IF FEMALE OVER 50, D1=2 AND S1=9-11] Have you had a mammogram in the past 2 years?	1	2	3	4
d. [IF FEMALE, D1=2] Have you had a Pap test in the past 3 years?	1	2	3	4
e. [IF AGE 50+, S1=9-11] Have you had colon cancer screening in the past 5 years?	1	2	3	4
f. Have you had your cholesterol checked in the past five years/ [IF HC2Af=1 OR HC2Ag=1 OR HC2Ah=1 or HC2Ai=1 or HC2Aj=1] in the past year?	1	2	3	4
[item j (Stroke): deleted]				

HC12. [IF HAVE CHRONIC CONDITION – HC2A(You)=1 – ASK FOR UP TO 4 CONDITIONS INDIVIDUALLY, IF MORE THAN 4 – RANDOMLY SELECT WHICH 4 TO BE MENTIONED] How strongly do you agree or disagree with the following statement:

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

	a. Condition 1	b. Condition 2	c. Condition 3	d. Condition 4
Strongly agree	1	1	1	1
Somewhat agree	2	2	2	2
Neither agree nor disagree	3	3	3	3
Somewhat disagree	4	4	4	4
Strongly disagree	5	5	5	5
[VOL] Not applicable, I have no treatment regimen for this condition	6	6	6	6

Resources for Information

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

	A lot	Some	Not at all	Not available
a. Advertisements	1	2	3	4
b. My friends or relatives	1	2	3	4
c. Information provided by my health plan	1	2	3	4
d. Information provided by my physician	1	2	3	4
e. Internet or Health websites (other than my health plan's)	1	2	3	4
f. Magazine articles or books about health	1	2	3	4
g. Nurse advice line/help line	1	2	3	4
h. Newspaper stories	1	2	3	4

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 friend2
- A government agency3
- A medical association (American Medical Association, American Heart Association, etc.).....4
- Your health plan5
- A consumer group such as Consumer Reports.....6
- Health websites (other than your health plan’s)8
- Magazine articles or books on health.....9
- Newspaper stories10
- Other (specify) _____ 7

[ASK ABOUT HOSPITALS ONLY IF SELF/FAMILY MEMBER WAS ADMITTED TO HOSPITAL IN PAST TWO YEARS (HC3A1=1)]

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

	Yes	No	Don’t know
aa. Quality of care provided by hospitals	1	2	3
ab. Cost of care provided by hospitals	1	2	3

R4. **[FOR EACH YES IN R3, ASK:]** Have you ever tried to use the health plan’s information to choose a hospital?

	Yes, tried to use	No, have not tried to use	Don’t know
aa. Health plan’s information about the quality of care provided by hospitals	1	2	3
ab. Health plan’s information about the cost of care provided by hospitals	1	2	3

R5. **[FOR EACH YES IN R4, ASK:]** Was the information useful?

	Yes, useful	No, not useful	Don’t know
aa. Information about the quality of care provided by hospitals	1	2	3
ab. Information about the cost of care provided by hospitals	1	2	3

R10. Using sources **other than your health plan**, have you tried to find information about:

	Yes, have tried	No, have not tried	Don't know
aa. Cost and quality of care provided by hospitals	1	2	3

R11. **[IF YES (R10aa=1), ASK:]** Were you able to find any **useful** information you needed about the:

	Yes	No	Don't know
aa. Cost and quality of care provided by hospitals	1	2	3

[ALL RESPONDENTS]

R3. Does your health plan provide any of the following types of information about doctors, including specialists on:

	Yes	No	Don't know
ba. Quality of care provided by doctors	1	2	3
bb. Cost of care provided by doctors	1	2	3

R4. **[FOR EACH YES IN R3, ASK:]** Have you ever tried to use the health plan's information to choose a doctor?

	Yes, tried to use	No, have not tried to use	Don't know
ba. Health plan's information about the quality of care provided by doctors	1	2	3
bb. Health plan's information about the cost of care provided by doctors	1	2	3

R5. **[FOR EACH YES IN R4, ASK:]** Was the information useful?

	Yes, useful	No, not useful	Don't know
ba. Information about the quality of care provided by doctors	1	2	3
bb. Information about the cost of care provided by doctors	1	2	3

R10. Using sources **other than your health plan**, have you tried to find information about:

	Yes, have tried	No, have not tried	Don't know
ba. Cost and quality of care provided by doctors	1	2	3

R11. **[IF YES (R10ba=1), ASK:]** Were you able to find any **useful** information you needed about the:

	Yes	No	Don't know
ba. Cost and quality of care provided by doctors	1	2	3

R7. **[IF RECEIVED SOME CARE (ANY IN HC3=2-5), ASK:] [IF ENROLLED 1 YEAR OR MORE (HP3=2-6):** In the last 12 months/**IF ENROLLED LESS THAN 1 YEAR (HP3=1):** Since you joined your current health plan], did you do any of the following:

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

R8. **[IF RECEIVED SOME CARE (ANY IN HC3=2-5), ASK:] [IF ENROLLED 1 YEAR OR MORE (HP3=2-6):** In the last 12 months/**IF ENROLLED LESS THAN 1 YEAR (HP3=1):** Since you joined your current health plan], did you do any of the following concerning your prescription drugs:

	Yes	No
a. Asked for a generic drug instead of a brand name drug	1	2
b. Asked for a brand name drug instead of a generic drug	1	2
c. Asked my doctor to recommend a less costly prescription drug	1	2

[IF EMPLOYED (J1=1 or 2) CONTINUE, ELSE SKIP TO D2]

About Your Job

- J6. How many years have you worked for your current employer?
- | | |
|------------------------|---|
| Less than 2 years..... | 1 |
| 2-4 years | 2 |
| 5-9 years | 3 |
| 10 or more years | 4 |
- 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 |
- 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 |
| Government, public service..... | 6 |
| Health services..... | 7 |
| Hospitality, entertainment, arts..... | 8 |
| Legal services | 9 |
| Manufacturing | 10 |
| Non-profits, religious organizations | 11 |
| Retail, restaurant..... | 12 |
| Technology, communication..... | 13 |
| Transportation, utilities | 14 |
| Wholesale trade | 15 |
| Other (specify)..... | 16 |

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

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

D7. What was your total annual household income for 2006? (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!