<table>
<thead>
<tr>
<th>SNO</th>
<th>Survey Name</th>
<th>CMWF On-Line Tracking Survey of Young Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Client Name</td>
<td>The Commonwealth Fund</td>
</tr>
<tr>
<td></td>
<td>Great Plains Project Number</td>
<td>K2964</td>
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<td></td>
<td>Project Director Name</td>
<td>Nukulkij</td>
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<td>Team/Area Name</td>
<td>Survey Science</td>
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<td>Sample Criteria</td>
<td>XSPANISH, 1=English, 2=Spanish, XPRIME, 1=English Dominant, 2=Bilingual, 3=Spanish Dominant, 4=Hispanic missing data, 5=Non-Hispanic</td>
</tr>
</tbody>
</table>

Specified Pre-coding Required
Timing Template Required
Multi-Media
Incentive
Disposition Information
(Provide exact descriptions with reference to question numbers and answer list responses for all groups that daily counts are desired)
Thank you for agreeing to participate in this survey. The purpose of the survey is to find out about young people’s experience with health insurance and healthcare. The survey should take around 15 minutes to complete.

Q1. Are you...?

1. Married
2. Living with partner
3. Divorced
4. Separated
5. Widowed
6. Never married

Q2. How many children or stepchildren depend on you for support?

[smaller font] If there are no children who depend on you for support, please enter 0 in the box below.

___ Record number

[compute DOV HOUSEHOLD_SIZE: 
ADD 1 + ANSWER FROM Q2 + 1 (IF Q1=1 OR 2 ONLY)]

Q3. Do you live in the same house with one or both of your parents for any part of the year?

1. Yes
2. No
3. Parents are deceased

Q4. What is the last grade or class that you completed in school?

1. Less than high school (grades 1-11, grade 12 but no diploma)
2. High school graduate or equivalent (e.g. GED)
3. Some college but no degree including 2 year occupational or vocational programs
4 College graduate (e.g. BA, AB, BS)
5 Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDs, PhD, JD, LLB, DVM)

[SP]
Q5. Are you currently enrolled as a student in [if Q4=1,2,3: a 2 year or 4 year college [if Q4=4,5: or graduate school]]?

1. 2 year college
2. 4 year college
3. Graduate school [SHOW if Q4=4,5]
4. Not currently enrolled in college [if Q4=4,5: or graduate school ]

[SP]
[IF Q5=1,2,3]
Q6. Are you currently enrolled in [if Q5=1,2: college] [if Q5=3: graduate school] full time or part time?

1. Full time
2. Part time

ACCESS EXPERIENCES

[DISPLAY]
Now a few questions about your health care...

[SP]
Q7 Do you have a regular doctor you usually go to when you are sick or need health care?

1 Yes
2 No

[SP]
[IF Q7=2 or Refused]
Q8 Is there one doctor’s group, health center, or clinic you usually go to for most of your medical care?

[SMALLER FONT] Please do not include the hospital emergency room.

1 Yes, I have a usual place for medical care
2 No, I do not have a usual place for medical care
Q9. Where do you usually go when you are sick or need health care?

1. Doctor’s office
2. Community health center or clinic
3. Hospital outpatient department
4. Student health service or other health care facility for students at your school [SHOW IF Q5=1,2,3]
5. Hospital emergency room
6. Urgent care center
7. Clinic in a supermarket, drug store, department store or other retailer
8. Some other place
9. No regular place of care [SHOW IF Q7=2 or Refused; OR Q8=2 or Refused]
10. Never needed care

[PROMPT with text “Your best guess is fine.”]
[IF Q7=1 or Q8=1]

Q10. How long have you been [IF Q7=1: seeing this doctor / IF Q8=1: going to this place] for your medical care?

1. Less than 1 year
2. 1 to less than 3 years
3. 3 to less than 5 years
4. 5 years or more
8. Don’t know [ONLY SHOW IF PROMPTED]

[SP]

Q11. How easy or difficult is it for you to get medical care in the evenings, on weekends, or holidays without going to the hospital or emergency room?

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
5. Never needed care in the evenings, weekends, or holidays

[PROMPT with text “We would like to have your answers to all rows on this question.”]
Q12  In the last 12 months, was there any time when you did any of the following because of the cost?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did not fill a prescription for medicine or skipped medication because of cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Skipped a medical test, treatment or follow-up recommended by a doctor because of cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Had a medical problem but did not go to a doctor or clinic because of cost</td>
<td></td>
<td></td>
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<tr>
<td>d. Did not see a specialist when you or your doctor thought you needed one because of cost</td>
<td></td>
<td></td>
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<tr>
<td>e. Delayed or did not get needed dental care because of cost</td>
<td></td>
<td></td>
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</tbody>
</table>

[IF Q12a=1 OR Q12b=1 OR Q12c=1 OR Q12d=1 OR Q12e=1]

Q13. In the last 12 months, was there ever a time when a health problem got worse because you delayed care?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>8. Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEALTH INSURANCE COVERAGE

[GRID]

Q14. Think about the health insurance you currently have that helps pay for the cost of health care.

[SMALLER FONT] By health insurance we mean insurance plans that cover the costs of doctor and hospital bills in general, and not those that cover only dental, eye care, prescription medicines, or the costs of caring for specific diseases

Are you personally covered by...

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
<th>8. Don’t Know</th>
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<tbody>
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</tbody>
</table>
| a. | Private health insurance offered through an employer or union?  
   [SMALLER FONT] This could be insurance through a current job, a former job, or someone else’s job including a spouse or parent. |
| b. | Health insurance offered through your college or university [SHOW IF Q5=1,2,3] |
| c. | A private health insurance plan that you bought yourself or someone else purchased for you |
| d. | Medicaid [IF STATE NAME FOR MEDICAID IS NOT MEDICAID INSERT: (also known in your state as [State Medicaid name – see spreadsheet], [state CHIP name - see spreadsheet] or some other type of state medical assistance for low-income people) |
| e. | Medicare, the government program that pays health care bills for some disabled people |
| f. | Insurance offered to you because you are in the military or are a veteran. |
| g. | Health insurance through any other source |
Q15. Do either of your parents currently have health insurance?

1 Yes
2 No
8 Don’t know

Q16. Thinking about the employer or union health insurance or private plan that you have, is it in your name, your spouse’s or partner’s name, your parent’s name, or in someone else’s name?

1 Own name
2 Spouse’s/Partner’s name
3 Parent’s name
4 Someone else’s name

Q17. Does this mean you personally have no health insurance now that would cover your doctor or hospital bills?

1 I do not have health insurance
2 I have some kind of health insurance
3 Don’t know [ONLY SHOW IF PROMPTED]

Q18. During the last 12 months – since [PN NOTE: TOGGLE CURRENT MONTH] 2010 – did you have health insurance all the time, or was there a time during the year when you did not have any health coverage?

1 I had health insurance all the time/Always covered
2 I had a time without insurance

Q19. Before you were insured, how long did you go without insurance?
If you had more than one period in the last 12 months without insurance, think about the period that lasted the longest

1. Less than 3 months
2. 3 months to less than 6 months
3. 6 months to less than 1 year
4. 1 to less than 2 years
5. 2 years or more
6. Don’t know [SHOW ONLY IF PROMPTED]

[PROMPT IF REFUSED with text “Your best guess is fine.”]
[IF Q17=1]

Q20. How long have you been without insurance?

1. Less than 3 months
2. 3 months to less than 6 months
3. 6 months to less than 1 year
4. 1 to less than 2 years
5. 2 years or more
6. Don’t know [SHOW ONLY IF PROMPTED]

[IF Q18=2 OR Q17=1]

Q21. What type of coverage did you have just before you became uninsured? Did you have...

1. Private health insurance offered through an employer or union? [SMALLER FONT] This could be insurance through a current job, a former job, or someone else’s job including a spouse or parent.
2. Health insurance offered through your college or university
3. A private health insurance plan that you bought yourself
4. Medicaid [IF STATE NAME FOR MEDICAID IS NOT ‘MEDICAID’ INSERT (also known in your state as state specific Medicaid program), [insert state specific Children’s Health Insurance Program], or another type of state medical assistance for low-income people
5. Medicare, the government program that pays health care bills for people over age 65 and for some disabled people
6. Insurance offered to you because you are in the military or are a veteran
7. Health insurance through any other source
8. I have never had health insurance

[IF Q21=1]

Q22. You indicated that you previously had private health insurance from an employer or union. What was the main reason you lost that coverage?

1. You [IF Q1=1: , your spouse; IF Q1=2: , your partner] or your parent changed or lost your job, or started working less than full time
2 Your employer [SHOW IF Q1=1: your spouse’s employer; SHOW IF Q1=2: your partner’s employer] or your parent’s employer quit offering health benefits to some or all of its employees
3 You were no longer eligible to be covered by your parent’s plan
4 You could no longer afford it.
5 Something else, please specify: ____________________________ [text box]

[IF Q21=2]
[SP]
Q23 You indicated that you previously had health insurance offered through your college or university. What was the main reason you lost that coverage?
   1 You graduated or left school
   2 You could no longer afford it
   3 The benefit package didn’t adequately cover the services you needed
   4 The health plan you were enrolled in was discontinued
   5 Something else, please specify: ____________________________ [text box]

[IF Q21=3]
[SP]
Q24 You indicated that you previously had private health plan that you bought yourself. What was the main reason you lost that coverage?
   1 You could no longer afford it
   2 The benefit package didn’t adequately cover the services you needed
   3 The health plan you were enrolled in was discontinued
   4 Something else, please specify: ____________________________ [text box]

[IF Q21=4]
[SP]
Q25 You indicated that you were previously covered by Medicaid [IF STATE NAME FOR MEDICAID IS NOT ‘MEDICAID’ INSERT (also known in your state as [INSERT STATE NAME FOR MEDICAID] [insert state specific Children’s Health Insurance Program] or another type of state medical assistance for low income people. What was the main reason you lost that coverage?
   1 You were no longer eligible for benefits because of your age, your income or your pregnancy status
   2 You did not re-enroll in Medicaid [INSERT STATE NAME FOR MEDICAID] [insert state specific Children’s Health Insurance Program] or another type of state medical assistance when you needed to
   3 You could no longer afford it
   4 Something else, please specify: _ [TEXT BOX]
Now thinking about your current main health insurance coverage, how would you rate it?
1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

Thinking again about your current health insurance coverage, how long have you had your main health plan?
1 Less than 12 months
2 1 year to less than 2 years
3 2 years to less than 3 years
4 3 or more years
8 Don’t know [SHOW ONLY IF PROMPTED]

You said you have had your current health plan for less than 3 years. What was the main reason you changed health plans?

1 You [SHOW IF Q1=1,2: , your spouse/SHOW IF Q1=2: , your partner] or your parent changed or lost a job
2 Your [SHOW IF Q1=1,2: , your spouse/SHOW IF Q1=2: , your partner’s] or your parent’s company changed health plans
3 You were no longer eligible for your parent’s plan
4 You graduated from college or high school
5 You started working less than full-time
6 You moved away
7 You decided to enroll in a new health plan because the premium was cheaper or it had better benefits
8 You decided to enroll in a new health plan to get the doctors that you wanted
9 The health plan you were enrolled in was discontinued
10 Some other reason, please specify: ____________________________ [text box]

When you changed health plans, did you have to change the doctors or clinic where you normally get care?
1 Yes
Recession Series

[Display]
Now for a few questions related to your job situation...

[SP]
Q30 Have [IF Q1=3-6]: you [IF Q1=1,2]: you or your spouse/partner] lost your job in the last 2 years (since [INSERT MONTH] 2009)?

1 Yes, I lost job
2 Yes, spouse/partner lost job [IF Q1=1,2]
3 Yes, both lost jobs [IF Q1=1,2]
4 No – neither lost jobs [IF Q1=1,2]
5 No [IF Q1 = 3,4,5,6, REFUSED]

[IF Q30=1 OR 3] [SP]
Q31 At the time you lost your job, did you have health insurance through that employer?

1 Yes, had health insurance through that employer
2 No, did not

[Q31=1] [SP]
Q32 When you lost your job, which best describes what happened to your health insurance?

1 You continued your job-based health insurance through a program known as COBRA
2 You became uninsured
3 [IF Q1=1,2]: You went on your spouse/partner’s insurance
4 You went on your parent’s insurance
5 You found insurance through another source

INSURANCE TRANSITIONS IN HIGH SCHOOL AND COLLEGE

[DISPLAY]
Now we would like to ask about your health insurance status when you were younger.

[SP]
T1. In general, did your family have health insurance when you were growing up?

1 Yes, all the time
2 Sometimes, but not all the time
Some people in your family had insurance but not all of you all the time
No
Don’t know

Thinking back to when you were in high school, did you have health insurance …?

All the time
Sometimes, but not all the time
Did not have insurance
Don’t know

_T2_. When you were in high school, what type of health insurance did you have most of the time?

<table>
<thead>
<tr>
<th>1. Yes</th>
<th>2. No</th>
<th>8. Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Private health insurance offered through your parent’s employer or union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Private health insurance plan that your parents purchased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Medicaid (IF STATE NAME FOR MEDICAID IS NOT ‘MEDICAID’ INSERT (also known in your state as [state specific Medicaid program]) – see spreadsheet), [insert state specific Children’s Health Insurance Program], or some other type of state medical assistance for low-income people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Medicare, the government program that pays health care bills for some disabled people</td>
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<td></td>
</tr>
<tr>
<td>e. Insurance offered because your parent is a veteran or was in the military</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Health insurance through any other source</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-12-
T4. When you graduated from or left high school, what happened to your health insurance? Did you....?

1. Continue to get health insurance from the same source you had in high school
2. Switch to a new source of health insurance
3. Lose your health insurance
4. Did not have insurance when graduated/left high school

[IF T4=2 OR T4=3 OR T4=4]
[SP]
T5. What happened [if T4=2 or T4=3: when you [if T4=2: switched, if T4=3: lost] your health insurance coverage] when you graduated or left high school? Did you....?

1. Gain coverage through a college/university health plan [IF Q4=3,4,5 OR Q5=1,2,3]
2. Gain coverage through an employer
3. Gain coverage through your parent’s insurance plan
4. Get private health insurance coverage you bought for yourself
5. Gain coverage through the military
6. Go without health insurance
7. Something else. Please specify ________________ [text box]

[IF T5=1,2,3,4,5 AND T4 NE 4]
[SP]
T6. Was there a gap between when you lost your old health insurance coverage and when you gained your new coverage?

1. Yes
2. No

[PROMPT IF REFUSED with text “Your best guess is fine.”]
[IF (T5=6 AND T4 NE 4) OR T6=1]
[SP]
T7. How long did you go without health insurance?

1. 1 month or less
2. More than 1 month to less than 3 months
3. 3 months to less than 6 months
4. 6 months to less than 1 year
5. 1 year to less than 2 years
6. 2 years or more
8. Don’t know [ONLY SHOW IF PROMPTED]

[PROMPT with text “Your best guess is fine.”]
ASK IF T4=4 AND T5=6
T7A. How long did you go without health insurance?
1 1 month or less
2 More than 1 month to less than 3 months
3 3 months to less than 6 months
4 6 months to less than 1 year
5 1 year to less than 2 years
6 2 years or more
8 Don’t know [ONLY SHOW IF PROMPTED]

[IF Q4=3,4,5 AND Q5 ne 1,2]
[SP]
T8. Thinking back to when you were in college, did you have health insurance ....?

1 All the time
2 Sometimes, but not all the time
3 Did not have insurance
8 Don’t know

[PROMPT WITH TEXT: “We would like to have your answers to all rows on this question.” And show “missing answer” next to the rows where skipped]
[IF T8=1,2]
[GRID]
T9. What type of health insurance did you have most of the time in college?

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
<th>8. Don’t know [ONLY SHOW IF PROMPTED]</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Private health insurance offered through your parent’s employer or union</td>
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<tr>
<td>b. Private health insurance offered through your own employer or your spouse/partner’s employer</td>
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<tr>
<td>c. Health insurance offered through your college or university</td>
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<td></td>
</tr>
<tr>
<td>d. Private health insurance that you bought yourself or someone else purchased for you</td>
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<td>e. Medicaid [IF STATE NAME FOR MEDICAID IS NOT ‘MEDICAID’ INSERT (also known in your state as [state specific Medicaid program]) – see spreadsheet], [insert state specific Children’s Health Insurance Program], or some other type of state medical assistance for low-income people</td>
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<td>f. Medicare, the government program that pays health care bills for some disabled people</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
g. Insurance offered because you are or someone in your family is a veteran or was in the military

h. Health insurance through any other source

[IF T8=1,2,3]
[SP]
T10. When you graduated from or left college, what happened to your health insurance? Did you ....?

1. Continue to get health insurance from the same source you had in college
2. Switch to a new source of health insurance
3. Lose your health insurance
4. Did not have insurance when graduated/left college

[IF T10=2 OR T10=3 OR T10=4]
[SP]
T11. What happened [if T10=2 or 3: when you [if T10=2: switched, if T10=3: lost] your health insurance coverage] when you graduated or left college? Did you...?

1. Gain coverage through an employer
2. Gain coverage through your parent’s insurance plan
3. Gain coverage through your graduate school [show only if Q4=5 OR Q5=3]
4. Get private health insurance coverage you bought for yourself
5. Gain coverage through the military
6. Go without health insurance
7. Something else/other. Please specify ________ [TEXT BOX]

[IF T11=1,2,3,4,5 AND T10 NE 4]
[SP]
T12. Was there a gap between when you lost your old health insurance coverage and when you gained your new coverage?

1. Yes
2. No

[PROMPT with text “Your best guess is fine.”]
[IF (T11=6 AND T10 NE 4) OR T12=1]
[SP]
T13. How long did you go without health insurance?

1. One month or less
2. More than one month to less than 3 months
3. 3 months to less than 6 months
T13A How long did you go without health insurance?

1 One month or less
2 More than one month to less than 3 months
3 3 months to less than 6 months
4 6 months to less than 1 year
5 One year to less than 2 years
6 Two years or more
8 Don’t know [ONLY SHOW IF PROMPTED]

MEDICAL DEBT

[Display]
Now for some questions about your medical bills...

[SP] Q33. During the last 12 months, were there times when you had problems paying or were unable to pay for medical bills for yourself or a family member?

1 Yes
2 No

[SP] Q34. In the last 12 months, were you ever contacted by a collection agency about owing money for medical bills for yourself or your family?

1 Yes
2 No

[IF Q34=1] Q35. Did your bill get sent to a collection agency because of a billing mistake or because you were unable to pay the bill?

1 Billing mistake
2 Unable to pay the bill

[SP] Q36. Over the last 12 months, have you had to change your way of life significantly in order to pay medical bills for yourself or your family?
Q37. Do you currently have any medical bills you are paying off over time? This could include medical bills you are paying off with your credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from this year or previous years and can include bills either for yourself or another family member.

1 Yes
2 No

POSSIBLE DROP

[IF Q37=1]
[NUMBER BOX; RANGE=0 TO 999999; ONLY ALLOW WHOLE NUMBERS, NO DECIMAL PLACES]
Q38. How much are the medical bills you are paying off over time?

1 Less than $2,000
2 $2,000 to less than $4,000
3 $4,000 to less than $8,000
4 $8,000 to less than $10,000
5 $10,000 or more
8 Don’t know [ONLY SHOW IF PROMPTED]

[IF Q33=1 OR Q35=2 OR Q36=1 OR Q37=1]
[SP]
Q39. When you were having difficulties with medical bills, were these bills for someone who was insured at the time the care was provided or was the person uninsured then?

1 Insured at time care was provided
2 Uninsured at time care was provided
3 More than one person with medical bill problems and one person uninsured and the other insured

[PROMPT WITH TEXT: “We would like to have your answers to all rows on this question.” And show “missing answer” next to the rows where skipped]

[GRID]
[RANDOMIZE]
Q40. Have any of the following happened in the past 12 months because of medical bills?

Because of medical bills have you.....
[GRID]
Q41 Has getting health insurance ever factored into your decisions about ...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>a. been unable to pay</td>
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<td>for basic necessities</td>
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<td>like food, heat or</td>
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<td>rent</td>
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<td>b. used up all your</td>
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<td>savings</td>
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<td>c. taken on credit card</td>
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<td>debt</td>
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<td>d. asked your parents or</td>
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<td>other family members</td>
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<td>for financial help</td>
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<td>e. delayed education or</td>
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<td>career plans</td>
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<td>f. been unable to meet</td>
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<td>other debt obligations</td>
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<td>[if any college or</td>
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<td>graduate school (Q4=3,</td>
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<td>4,5) OR (Q5=1,2,3):</td>
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<td>such as school loans</td>
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<td>or tuition payments</td>
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</tbody>
</table>

INSURANCE AND HEALTH CARE COSTS

[IF Q14a=1 OR Q14b=1 OR Q14c=1 OR Q14f=1 OR Q14g=1 OR Q17=2]
[Display]
Now some questions about your current health insurance plan...

[GRID]
Q42. Do you pay all of the premium for your main health plan, pay some of the premium, or do you pay nothing to have this health insurance plan?
A premium is the amount you pay to your insurance company at a regular interval to maintain your insurance coverage. It does not include out of pocket expenses for prescriptions or other expenses such as hospital bills.

This includes money deducted from a paycheck, as well as money you pay directly to the insurance company.

If you are covered by someone else’s insurance does that person pay the premium in full, in part, or pay nothing?

1. Pay premium in full (All)
2. Pay premium in part (Some)
3. Pay nothing

Is this premium amount just for you, that is coverage for a single person, or does it also cover your spouse/partner or children?

1. Own coverage only/Individual plan
2. Yourself and spouse/partner
3. Yourself and children
4. Yourself, spouse/partner and children

How often are premium payments made on this plan?

1. Once a week
2. Every two weeks/twice a month
3. Once a month
4. Once a year
5. Some other timing
8. Don’t know [SHOW ONLY IF PROMPTED]
Q45  About how much do you pay every week in premiums on this plan including any amount deducted from a paycheck?

[smaller font] This amount is the premium you pay for the whole plan, even if it also covers other family members.

1  Less than $10
2  $10 to under $30
3  $30 to under $60
4  $60 to under $100
5  $100 to under $125
6  $125 to under $175
7  $175 or under $200
8  $200 or more
9  Don’t know [only show if prompted]

[prompt with text “Your best guess is fine.”]

[if Q44=2]

[SP]

Q46  About how much do you pay every two weeks/twice a month in premiums on this plan including any amount deducted from a paycheck?

[smaller font] This amount is the premium you pay for the whole plan, even if it also covers other family members.

1  Less than $20
2  $20 to under $60
3  $60 to under $125
4  $125 to under $200
5  $200 to under $250
6  $250 to under $350
7  $350 to under $400
8  $400 or more
9  Don’t know [only show if prompted]

[prompt with text “Your best guess is fine.”]

[if Q44=3]

[SP]

Q47  About how much do you pay every month in premiums on this plan including any amount deducted from a paycheck?

[smaller font] This amount is the premium you pay for the whole plan, even if it also covers other family members.

1  Less than $40
2  $40 to under $125
3  $125 to under $250
$250 to under $400
$400 to under $500
$500 to under $700
$700 to under $800
$800 or more
Don’t know [ONLY SHOW IF PROMPTED]

[SMALLER FONT] This amount is the premium you pay for the whole plan, even if it also covers other family members.

1. Less than $500
2. $500 to under $1,500
3. $1,500 to under $3,000
4. $3,000 to under $4,500
5. $4,500 to under $6,000
6. $6,000 to under $8,000
7. $8,000 to under $10,000
8. $10,000 or more
9. Don’t know [ONLY SHOW IF PROMPTED]

1. Yes, for any medical costs
2. Yes, for going outside the network only
3. No
4. Don’t know

[SMALLER FONT] A deductible is the amount you have to pay before your insurance plan will start paying any part of your medical bills.

[SMALLER FONT] A co-pay is payment for a doctor visit or other medical service and a deductible is the amount you pay before your insurance plan will start paying any part of your medical bills.

1. Yes, for any medical costs
2. Yes, for going outside the network only
3. No
4. Don’t know

[IFQ14a=1 OR Q14b=1 OR Q14c=1 OR Q14f=1 OR Q14g=1 OR Q17=2]
Q49. A deductible is the amount you have to pay before your insurance plan will start paying any part of your medical bills. Does your health plan have a deductible?

[SMALLER FONT] This is your deductible for in-network providers.
1. Less than $100
2. $100 to under $500
3. $500 to under $1,000
4. $1,000 to under $2,000
5. $2,000 to under $3,000
6. $3,000 to under $5,000
7. $5,000 or more
8. Don’t know [ONLY SHOW IF PROMPTED]

[PROMPT WITH TEXT: “We would like to have your answers to all rows on this question.” And show “missing answer” next to the rows where skipped]
[IF Q14a=1 OR Q14b=1 OR Q14c=1 OR Q14d=1 OR Q14e=1 OR Q14f=1 OR Q14g=1 OR Q17=2] [GRID]

Q51. Do you have any insurance to cover all or part of the following health care needs?

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
<th>8. Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Birth control or contraception, such as the Pill or Depo-Provera</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Prescription medicines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Maternity care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Dental care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Vision care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Mental health care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[PROMPT WITH TEXT: “We would like to have your answers to all rows on this question.” And show “missing answer” next to the rows where skipped]
[IF Q14a=1 OR Q14b=1 OR Q14c=1 OR Q14d=1 OR Q14e=1 OR Q14f=1 OR Q14g=1 OR Q17=2] [GRID]

[RANDOMIZE]

Q52. Thinking about your current health insurance, does your health plan ...?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Limit the number of visits to doctors other than mental health providers each year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Limit the number of visits to mental health providers each year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Limit the total dollar amount it will pay for medical care each year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q53. Below is a list of problems some people experience with their health insurance plan. Have you ever had any of these problems with your current health insurance plan?

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>You had expensive medical bills for services not covered by your insurance</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Your doctor charged you a lot more than your insurance would pay and you had to pay the difference</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>The doctor’s office told you they do not accept your insurance</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Your premiums increased a lot [IF Q16 NE 3]</td>
<td></td>
</tr>
</tbody>
</table>

Q54. You said you had a health insurance plan through your college or university when you were in college. Thinking back to your college or university health plan, did you ever have any of these problems with that plan?

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>You had expensive medical bills for services not covered by your insurance</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Your doctor charged you a lot more than your insurance would pay and you had to pay the difference</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>The doctor’s office told you they do not accept your insurance</td>
<td></td>
</tr>
</tbody>
</table>

Q55. In the past 12 months, about how much have you and your family spent out-of-pocket for medical treatments or services that were not covered by insurance?”
[SMALLER FONT] This would include the charges for prescription medicine, dental and vision care, and for medical treatments or tests by a doctor or another health professional, including cost-sharing or deductibles

Please do not include what you may have paid for insurance premiums

1) Under $100
2) $100 to under $200
3) $200 to under $500
4) $500 to under $1,000
5) $1,000 to under $2,000
6) $2,000 to under $3,000
7) $3,000 to under $5,000
8) $5,000 to under $8,000
9) $8,000 or more
10) Don’t know [show if prompted]

TRANSITIONS FROM PEDIATRIC CARE TO YOUNG ADULT CARE

[SP] Q56. Now, thinking back to when you were an adolescent or teenager growing up, in general, did you have a regular doctor or clinic where you usually went when you were sick or needed health care?

1) Yes  
2) No  
3) Don’t know

[PROMPT IF REFUSED with text “Your best guess is fine.”]

[IF Q56=1]

Q57. How old were you when you stopped going to this doctor or clinic for some or all of your medical care?

_____ Years old [NUMBER BOX - RANGE 0 – 29]

98 Still go to this place for some or all of your medical care[SP]

99 Don’t know [ONLY SHOW IF PROMPTED]

[IF AGE GIVEN IN Q57 OR Q57 = Don’t know or Refused]

Q58. After you stopped going to this doctor or clinic, how long was it before you found a new doctor or clinic for your regular medical care?

If you found a new doctor or clinic right away, please enter 0 below
98 Never found a regular doctor or clinic
99 Don’t know

[IF Q58 = DON’T KNOW OR SKIPPED]
[SP]
Q59. Your best guess is fine. Would you say....

1 Less than one month
2 One month to less than 3 months
3 3 months to less than 6 months
4 6 months to less than one year
5 One year to less than two years
6 Two years or more
7 Never found a regular doctor or clinic
8 Don’t know

HEALTH STATUS AND HEALTH BEHAVIORS

[SP]
Q60. On a slightly different topic, in general, how would you describe your own health?

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

[PROMPT IF REFUSED with text “Your best guess is fine.”]
[SP]
Q61. How often have you used tobacco products during the last 12 months?

This includes cigarette smoking and chewing tobacco

1 Never
2 Once a month or less
3 Once a week
4 Several times per week
5 One to two times daily
6 Three or more times daily
8 Don’t know [SHOW ONLY IF PROMPTED]
We would like to have your answers to all rows on this question. And show “missing answer” next to the rows where skipped.

**Q62.** In a typical week, how often do you do each of the following:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vigorous exercise</td>
<td>Never</td>
<td>Once</td>
<td>Twice</td>
<td>Three times</td>
<td>Four times</td>
<td>Five times or more</td>
</tr>
<tr>
<td>b. Moderate exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Muscle strengthening activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[smaller font] **i.e.** running, swimming, aerobic gym machines or classes, basketball, or other sports

[smaller font] i.e. walking or pushing the lawn mower

[smaller font] i.e. lifting weights, yoga, gardening, sit ups or push-ups

**Q63.** In feet and inches, what is your height without shoes on?

- [NUMBER BOX: RANGE 1-9] feet
- [NUMBER BOX: RANGE 0-11] inches

98 Don't know [ONLY SHOW IF PROMPTED]

**Q64.** In pounds, please tell me your present weight, without clothes.

- [NUMBER BOX: RANGE 1-997] pounds

998 Don't know [ONLY SHOW IF PROMPTED]

**Q65.** How many hours of sleep do you usually get each night?

- [NUMBER BOX: range 1 to 20]

Don't know [ONLY SHOW IF PROMPTED]
Q66. In the past year, have any doctors or medical professionals talked to you about ....

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
<th>8. Don’t know [ONLY SHOW IF PROMPTED]</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>the health risks of tobacco use and ways to quit [ONLY SHOW IF Q61=2-6]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>exercise and having a healthy diet and weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>any emotional concerns (for example, depression, relationship problems, violence/bullying, or stress)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>reducing risks associated with sexual activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q67. Does a disability or chronic disease keep you from working full-time or limit housework or other daily activities?

1. Yes
2. No

[SP] Q68. When did you last have a routine check-up or physical exam?

1. Within the past 6 months
2. 7 to less than 12 months ago
3. 1 to less than 2 years ago
4. 2 to less than 3 years ago
5. 3 or more years ago
8. Don’t know [only show if prompted]
Q69. Below is a list of tests given by doctors or other health professionals that screen for medical conditions. Have you had...?

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
<th>8. Don’t know [show only if prompted]</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>your blood pressure checked in the past two years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a dental exam in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Pap test in the past year [IF PPGENDER = 2]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>your height and weight checked in the past three years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[IF Q69c=2,8] [SP] Q70 You said that you [IF Q69c=2: have not had a pap test] [IF Q69c=8: don’t know if you had a pap test] in the past year. Have you had a pap test in the past 3 years?

1. Yes
2. No
8. Don’t know [ONLY SHOW IF PROMPTED]

[IF Q69c=2,8] [SP] Q71 Have you received a reminder that a pap test is due?

1. Yes
2. No

[IF q69C=2] [SP] Q72 What was the main reason you did not receive a pap test in the past year [IF Q70=2: past 2 years]?

1. Too expensive
2. No doctor or no appointment available
3. Could not take time off work
4. Didn’t think I needed it
5. Did not get around to making an appointment
6. Too invasive
7. Something else, please specify: [TEXT BOX]

[IF Q69b=2,8]
[SP]
Q73 Have you received a reminder that a dental exam is due?
  1. Yes
  2. No

[IF q69b=2]
[SP]
Q74 What was the main reason you did not receive a dental exam in the past year?
  1. Too expensive
  2. No appointment available
  3. Could not take time off work
  4. Did not think I needed it
  5. Did not get around to making an appointment
  6. Do not like going to the dentist
  6. Something else, please specify: [TEXT BOX]

HEALTH REFORM

[SP]
Q75 Under the new health reform law, children up to the age of 26 can stay on or enroll in their parents’ health plans if they include dependent coverage. Were you aware of this change?
  1. Yes
  2. No

[SP]
Q76 In the last 12 months, have you stayed on or enrolled in your parents’ health plan?
  1. Yes
  2. No
WORK AND HEALTH CARE

[SP]
Q77. Which of the following best describes your current employment situation?

[SMALLER FONT] Employed full-time is defined as 35 hours or more per week. If less than 35 hours, then part-time.

[SMALLER FONT] If you are self-employed please select whether you are working full-time hours or part-time hours

1. Employed full-time
2. Employed part-time
3. Unemployed, looking for work
4. Not employed for pay
5. Disabled, not working
6. Student, not working
7. Other (homemaker, etc.)

[IF Q77=1,2]
[SP]
Q78. Are you now self-employed or are you employed by someone else?

[SMALLER FONT] If you have more than one job, please think about your main job, where you work the most hours.

1. Self-employed
2. Employed by someone else

[PROMPT IF REFUSED with text “Your best guess is fine.”]
[IF Q77=1,2]
[SP]
Q79. Including all its locations and worksites, not just your own, about how many people are employed by the company or organization you work for in your main job

1. Just you (1 employee)
2. 2 to 10 employees
3. 11 to 24 employees
4. 25 to 49 employees
5. 50 to 99 employees
6. 100 to 499 employees
7. 500 to 999 employees
8. 1,000 or more employees
9. Don’t know [SHOW ONLY IF PROMPTED]

[IF Q77=1,2]
Q80. How long have you \[\text{IF Q78=2, SKIPPED: worked for this company} \text{ IF Q78=1: been self-employed}\]?

1. Less than one year
2. One to two years
3. More than two years

[PROMPT with text “Your best guess is fine.”]
[IF Q77=1,2]
[SP]
Q81 About how much do you make an hour?

[SMALLER FONT] \text{If you have more than one job, think about your main job}

1. Less than $10 per hour
2. $10 to less than $15 per hour
3. $15 to less than $20 per hour
4. $20 or more per hour
8. Don’t know [SHOW ONLY IF PROMPTED]

[IF ( Q78=2 AND Q14a=2,8,SKIPPED) OR ( Q78=2 AND Q14a=1 AND Q16=2,3,4)]
[SP]
Q82. Does your employer offer health insurance to any employees?

1. Yes
2. No
8. Don’t know

[IF Q82=1]
[SP]
Q83. Are you eligible to participate in your employer’s health plan, are you currently in the waiting period to be eligible or are you \textbf{not} eligible to participate in your employer’s health plan?

1. Yes, eligible to participate
2. Currently in the waiting period to be eligible
3. Not eligible to participate
8. Don’t know

[IF Q83=1]
[SP]
Q84. What is the main reason you did \textbf{not} get the health insurance offered to you through your job?

1. You were covered by your parents’ insurance
2 You were covered by your spouse’s or partner’s insurance [IF Q1=1,2]
3 It was too expensive
4 You had other health insurance that you bought on your own
5 You did not need or want health insurance
6 Some other reason, Please specify ____________________ [text box]

FINANCIAL SITUATION

[PROMPT with text “Your best guess is fine.”]

[SP] Q85 Last year, that is in 2010, approximately what was [IF Q1=3-6, SKIPPED]: your personal [IF MARRIED (Q1=1,2): your spouse’s (IF Q4=2: your partner’s) and your] total income from all sources, before taxes?
1 Under $35,000
2 $35,000 or more
8 Don’t know [SHOW IF PROMPTED]

[PROMPT with text “Your best guess is fine.”]

[ASK IF Q85=1]

[SP] Q86 Was your income...?
1 Less than $10,000
2 $10,000 to under $12,5000
3 $12,500 to under $15,000
4 $15,000 to under $20,000
5 $20,000 to under $25,000
6 $25,000 to under $30,000
7 $30,000 to under $35,000
8 Don’t know [SHOW ONLY IF PROMPTED]

[PROMPT with text “Your best guess is fine.”]

[IF Q85=2]

[SP] Q87 Was your income ...?
1 $35,000 to under $40,000
2 $40,000 to under $45,000
3 $45,000 to under $60,000
4 $60,000 to under $80,000
5 $80,000 to under $100,000
6 $100,000 to under $120,000
7 $120,000 to under $140,000
8 $140,000 or more
Q88. Last year, that is in 2010, approximately what was your parents’ annual income from all sources, before taxes?

1. Less than $20,000
2. $20,000 to under $40,000
3. $40,000 to under $60,000
4. $60,000 to under $100,000
5. $100,000 to under $120,000
6. $120,000 to under $140,000
7. $140,000 or more
8. Parents are deceased
9. Don’t know

Q89. How many times have you moved to a new city or town in the last five years?

1. None
2. 1 time
3. 2 times
4. 3 times or more

Q90. Which of the following best describes the place where you now live?

1. A city
2. A suburban area
3. A small town
4. A rural area

Q91. Were you born in the United States?

1. Yes
2. No, other country
[IF Q91=2]
[SP]
Q92 How long have you been in the United States?

1   Less than 1 year
2   1 to less than 5 years
3   5 years or more

[SP]
Q93 Some people are registered to vote and others are not. Are you currently registered to vote?

1   Yes, registered
2   No, not registered

[IF Q93=1]
[SP]
Q94 Did you vote in the most recent national or local election?

1   Yes
2   No

[SP]
Q95 In politics today, do you consider yourself a Republican, a Democrat, an Independent, or something else?

1   Republican
2   Democrat
3   Independent
4   Something else
8   Don't know

PROGRAMMING NOTE: ASK ALL - FOR PRE - TEST ONLY
Q96 Do you have any comments on this survey, for example did you find any of the questions difficult to answer or were there any questions that you did not understand?

[TEXT BOX]

[Display]
That completes the questionnaire. Thank you very much for your time and cooperation. Have a nice day.

Variables from panel to be included in the dataset

Gender
Age
Birth date
Ethnicity/race
Census region
Prevalence of:
  Asthma, chronic bronchitis, or COPD
  Cancer (any type except skin cancer)
  Chronic Pain
  Depression
  Diabetes
  Heart Attack
  Heart Disease
  High Blood pressure
  High Cholesterol
  Mental health condition
  Osteoarthritis
  Stroke
BMI
Language of survey
Language proficiency