The Commonwealth Fund ACA Tracking Survey, April-June 2014

SCREENER FOR RECONTACTS FROM M1098 (Both LL and cell):
(ASK INTRO1R IF RESPONDENT NAME AVAILABLE FROM M1098)
INTRO1R. Hello, I am _______ calling from SSRS. May I please speak with ([INSERT FIRST AND LAST NAME])

VOICEMAIL MESSAGE (IF LANDLINE SAMPLE, LEAVE MESSAGE ON THIRD CALL ATTEMPT. IF CELL PHONE SAMPLE LEAVE MESSAGE ON FIRST CALL ATTEMPT): I am calling for SSRS. We are conducting a national study about health care. This is NOT a sales call. We will try to reach you again.

(INTERVIEWER: IF RESPONDENT ASKS WHY WE WANT TO SPEAK WITH THIS PERSON, READ, AS NEEDED: We are conducting an important national opinion study about health care. Last summer, we spoke with ([INSERT FIRST AND LAST NAME]) about their experiences with health care and health insurance and are now conducting a follow-up study. We have a few follow-up questions for the same person.

INSERT FIRST TEXT IN PARENS IF MAIL=1 (HAVE MAILING ADDRESS)

(IF NECESSARY: Recently, we sent a letter to ([INSERT FIRST AND LAST NAME]) that contained two dollars as an advance way to express our appreciation for helping with our research study.)

[INTERVIEWER: REFER TO HARDCOPY FAQs IF NEEDED]

[INTERVIEWER: IF RESPONDENT SAYS IT IS NOT A GOOD TIME, TRY TO ARRANGE A CALLBACK. OFFER TOLL-FREE NUMBER THEY CAN USE TO CALL BACK TO COMPLETE THE SURVEY 1-866-961-4147]

1 Yes (Qualified respondent is on phone) [INTRO2R] [ASK TO SPEAK WITH RESPONDENT AND REPEAT INTRO1]
2 Qualified respondent is available (not on phone) [SET UP CALLBACK WITH THAT ADULT] [GO TO INTRO3R]
3 Qualified respondent is not available at this time [THANK AND TERMINATE AS RINTRO1R]
4 No one by this name in HH/at this number/Refusal
R (DO NOT READ) Refused [PN: IF THIS IS THE FIRST REFUSAL AT INTRO1R THIS SHOULD BE TREATED AS AN INITIAL REFUSAL]
(ASK IF INTRO1R=1)
INTRO2R. Hello. We spoke with you last summer about your experiences with healthcare and health insurance. Thanks again for participating. I would like to ask you just a few more questions. To thank you for your participation we are offering you a $25 check.

(IF THE RESPONDENT IS NOT SURE THAT HE/SHE REMEMBERS PARTICIPATING IN THE SURVEY: The person we spoke provided their name and address and said that it would be okay if we called back. Recently, we sent you a letter that contained two dollars as an advance way to express our appreciation for helping with our research study and to let you know that we would be calling.)

(INTEVI annoyed NOTE: THE RESPONDENT MAY NOT RECALL THE INTERVIEW SINCE IT HAPPENED LAST SUMMER. PLEASE SELECT CODE 1 AS LONG AS RESPONDENT HAS PREVIOUSLY CONFIRMED THAT HIS/HER NAME IS (INSERT FIRST AND LAST NAME) AND IS WILLING TO CONTINUE)

(IF NECESSARY: Our questions are for research purposes only and your answers are strictly confidential.)

1 Continue [IF LL GO TO AGE_R IF CELL PHONE GO TO CELL_R]
2 Respondent needs to be called back, not currently available [SET UP CALLBACK]
R (DO NOT READ) Refused [THANK AND TERMINATE AS RINTRO2R]

[PN: IF THIS IS THE FIRST REFUSAL AT INTOR2R THIS SHOULD BE TREATED AS AN INITIAL REFUSAL]
(ASK IF INTRO1R=4 OR NO NAME RECORDED IN M1098)
(READ TEXT IN FIRST PARENS IF NO NAME RECORDED IN M1098 OR IF
INTRO4R=3; IF INTRO1=4, TEXT SHOULD START WITH "Last summer...")
(PN: INSERT GENDER FROM M1098 (342.1S11.3) IN FIRST PARENS; INSERT AGE
(AGE) IF AGE=1, INSERT 'between the ages of 19 AND 64 IF AGE=2)

INTRO3R. (Hello, I am ________ calling from SSRS.) Last summer, we spoke with a
(male/female) at this phone number who at the time was [INSERT AGE years
old/between the ages of 19 and 64] about their experiences with health care and health
insurance. I would like to speak with this same person again to ask just a few more
questions. To thank them for participating we are offering a $25 check.

PN: SHOW TEXT BELOW IF MAIL=2 (HAVE EMAIL ADDRESS BUT NOT A MAILING
ADDRESS); INSERT (Recently, we sent an email to (INSERT EMAIL ADDRESS) to
express our appreciation for helping with our research study and letting them know
about the follow-up survey and that we would be calling.)

Can I speak with the same person to ask a few more questions?

(INTERVIEWER NOTE: RESPONDENT MAY BE 1 YEAR OLDER BECAUSE OF
LAPSE IN TIME SINCE LAST INTERVIEW; IF RESPONDENT IS AGE 66 OR OLDER,
SELECT CODE 4)

IF NECESSARY: I am not selling anything.

1  Qualified respondent is on phone
2  Qualified respondent is available (not on phone)
3  Qualified respondent is not available at this time
4  No one with this age/gender in HH/at this number
R  (DO NOT READ) Refused

[PN: IF THIS IS THE FIRST REFUSAL AT INTRO3R THIS SHOULD BE TREATED
AS AN INITIAL REFUSAL]
Hello, I am ______ calling from SSRS. Last summer, we spoke with an adult at this phone number about their experiences with health care and health insurance.

(Just to confirm, you are a/an [INSERT AGE – year old (INSERT GENDER FROM M1098)]?

(Just to confirm, you are between the ages of 19 and 64?)

We would like to thank you for participating again and want to ask a few more questions. To thank you for participating we are offering a $25 check.

1 Yes, willing to continue
2 Yes, but wants to be called back
3 No (but person is available/living in HH)
4 No one with this age/gender in HH/at this number
9 Refused

[PN: IF THIS IS THE FIRST REFUSAL AT INTRO4R THIS SHOULD BE TREATED AS AN INITIAL REFUSAL]
CELL_R. Before we continue, are you driving (OPTIONAL: and unable to complete the survey)?

1. Respondent is not driving  GO TO AGE_R
2. Respondent is driving/cannot continue  SET UP CALL BACK
R. Refused  THANK AND TERMINATE

[PN: IF THIS IS THE FIRST REFUSAL AT CELL_R THIS SHOULD BE TREATED AS AN INITIAL REFUSAL]

AGE_R. What is your age?

(INTERVIEWER NOTE: RECORD EXACT AGE AS TWO-DIGIT CODE)
(INTERVIEWER NOTE: IF RESPONDENT PROVIDES AGE THAT IS UNDER 19 OR OVER 65, PLEASE RECONFIRM THAT YOU HAVE HEARD THE CORRECT AGE BEFORE RECORDING RESPONDENT AGE)

___________ (RECORD AGE) (Range 19 -- 97) GO TO SEX

IF AGE <19  GO TO INCENTIVE
(RANGE AS AGE_R<19)
RR (DO NOT READ) Refused

(ASK SC4_R IF LL SAMPLE AND AGE_R=RR)
SC4_R. So could you please tell me if you are between the ages of 19 to 64 or age 65 or older?

1. (DO NOT READ) Under age 19  GO TO INCENTIVE (TERM AS SC4_R=1)
2. Between the ages of 19 to 64, or  GO TO SEX
3. Age 65 or older?  GO TO SEX
R. (DO NOT READ) Refused  GO TO SEX

SCREENER FOR EXCEL, PRESCREENED SAMPLE (Both LL and cell):

INTRO_EX1:
Hello, I am _____ calling for SSRS. We are conducting an important national opinion study about health care.

(IF NECESSARY: Our questions are for research purposes only and your answers are strictly confidential.)

(IF NECESSARY: I want to assure you we are not selling anything.)

VOICEMAIL MESSAGE (IF LANDLINE SAMPLE, LEAVE MESSAGE ON THIRD CALL ATTEMPT. IF CELL PHONE SAMPLE LEAVE MESSAGE ON FIRST CALL ATTEMPT): I am calling for SSRS. We are conducting a national study about health care. This is NOT a sales call. We will try to reach you again.
PRESCREENED EXCEL CELL PHONE SAMPLE:

CELL1_EX. So that I can ask you the right questions, could you please tell me if you are less than 19 years old, between the ages of 19 and 64, or older than 64?

1 Less than 19 years (0 to 18) THANK AND TERMINATE
2 19 to 64 years GO TO CELL3_EX
3 Older than 64 (65 or older) THANK AND TERMINATE
R Refused THANK AND TERMINATE

[PN: IF THIS IS THE FIRST REFUSAL AT CELL1_EX THIS SHOULD BE TREATED AS AN INITIAL REFUSAL]

CELL3_EX. (INTERVIEWER: ONLY IF RESPONDENT ASKS ABOUT INCENTIVE: At the end of the survey, we would like to send you $5 in appreciation of your time.) Before we continue, are you driving (OPTIONAL: and unable to complete the survey)?

1 Continue, on cell phone and not driving GO TO AGE_EX
2 Respondent is driving/cannot continue SET UP CALL BACK
R Refused THANK AND TERMINATE

[PN: IF THIS IS THE FIRST REFUSAL AT CELL3_EX THIS SHOULD BE TREATED AS AN INITIAL REFUSAL]

PRESCREENED EXCEL LANDLINE SAMPLE

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

HH19TO64_EX. So that I can ask you the right questions, could you please tell me how many adults between ages 19 and 64 live in your household? Please include yourself and all the adults ages 19 to 64 who live with you.

# ADULTS AGE 19-64 (RANGE 0-10)
11 11 or more adults 19 to 64 in HH
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

(PN: IF HH19TO64_EX=0, TERMINATE AS TQHH19TO64_EX)

[PN: IF THIS IS THE FIRST REFUSAL AT HH19TO64_EX THIS SHOULD BE TREATED AS AN INITIAL REFUSAL]
(ASK SC1_EX IF HH19TO64_EX=1)
SC1_EX. May I please speak to the adult who is between the ages of 19 and 64?
1 Continue with current respondent GO TO AGE_EX
2 New respondent coming to phone RE-READ INTRO_EX1 AND ASK SC1_EX
3 New respondent not available SCHEDULE CALL BACK
R (DO NOT READ) Refused TERMINATE RECORD AS RQSC1_EX

(ASK SC2_EX IF HH19TO64_EX=2+,DD,RR)
(PN: ASK MALE 50% OF THE TIME, ASK FEMALE 50% OF THE TIME, ALLOW FOR PERCENT TO CHANGE)
SC2_EX. May I speak with the youngest (male/female) who is between the ages of 19 to 64 and is now at home?
1 Continue with current respondent GO TO AGE_EX
2 New respondent coming to phone RE-READ INTRO AND RE-ASK SC2_EX
3 New respondent not available GO TO SC3_EX
4 No (male/female), age 19 to 64, in HH GO TO SC3_EX
R (DO NOT READ) Refused TERMINATE AS RQSC2_EX

(PN: INSERT OPPOSITE GENDER FROM SC2_EX)
SC3_EX. May I speak with the youngest (female/male) who is between the ages of 19 to 64 and is now at home?
1 Continue with current respondent GO TO AGE_EX
2 New respondent coming to phone RE-READ INTRO AND RE-ASK SC3_EX
3 New respondent not available SCHEDULE CALL BACK
4 No (female/male), age 19 to 64, in HH SCHEDULE CALL BACK WITH (MALE/FEMALE) ASKED FOR IN Q.SC3_EX
R (DO NOT READ) Refused TERMINATE, RECORD AS RQSC3_EX

AGE_EX. What is your age?
(interviewer note: record exact age as two-digit code.)
____________ (record age) (range 12-97)
RR (DO NOT READ) Refused

IF AGE_EX = 18 OR UNDER AND CELL PHONE SAMPLE TERMINATE AND RECORD AS TQAGE_EX
IF AGE_EX = 18 OR UNDER AND LANDLINE SAMPLE, RE-ASK HH19TO64_EX ONE TIME. DO NOT RE-ASK, TERMINATE AND RECORD AS TQAGE_EX THE SECOND TIME.

IF AGE_EX = 19-64 GO TO INS_EX1

IF AGE_EX = 65 OR OLDER AND CELL PHONE SAMPLE TERMINATE AND RECORD AS TQAGE_EX

IF AGE_EX = 65 OR OLDER AND LANDLINE SAMPLE, RE-ASK HH19TO64_EX ONE TIME. DO NOT RE-ASK, TERMINATE AND RECORD AS TQAGE_EX THE SECOND TIME.

IF AGE_EX = R AND CELL PHONE SAMPLE GO TO INS_EX1

IF AGE_EX = R AND LANDLINE SAMPLE GO TO SC4_EX

(ASK SC4_EX IF LL SAMPLE AND AGE=R)

SC4_EX. So could you please tell me if you are (READ LIST)?

1. Under age 19
   RE-ASK HH19TO64_EX ONE TIME, DO NOT RE-ASK TERMINATE RECORD AS TQSC4_EX IF SECOND TIME

2. Between the ages of 19 to 64, or
   GO TO INS_EX1

3. Age 65 or older
   RE-ASK HH19TO64_EX ONE TIME, DO NOT RE-ASK TERMINATE RECORD AS TQSC4_EX IF SECOND TIME

R (DO NOT READ) Refused
TERMINATE RECORD AS RQSC4_EX

READ: First, we have a few questions about your health insurance coverage.

(ASK IF AGE_EX=19 TO 64 OR SC4_EX=2)

INS_EX1. Do you currently have health insurance?

1. Yes
2. No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
**INS_EX2. How do you obtain your health insurance? Is it through your or your spouse’s employer or union, Medicare, Medicaid, or in some other way?**

(INTERVIEWER NOTE: EMPLOYER INSURANCE COULD BE THROUGH THE RESPONDENT’S CURRENT OR FORMER JOB OR SOMEONE ELSE’S JOB.)

(INTERVIEWER NOTE: SELECT CODE 3 IF THE RESPONDENT IS COVERED THROUGH MEDICAID.

SELECT CODE 4 IF THE RESPONDENT IS COVERED THROUGH THE MARKETPLACE OR A PRIVATE PLAN BOUGHT DIRECTLY FROM A HEALTH PLAN/INSURANCE COMPANY.)

1. Your or your spouse’s employer or union
2. Medicare (IF NECESSARY: This is the government program that pays health care bills for people over age 65 and for some disabled people)
3. Medicaid
4. Some other way
0. (DO NOT READ) Uninsured  
D. (DO NOT READ) Don’t know  
R. (DO NOT READ) Refused
INS_EX3. As of December 31, 2013, did you have health insurance?

1. Yes
2. No
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

INS_EX4. As of December 31, 2013, did you have insurance that you had purchased directly from an insurance company or through a broker?

1. Yes
2. No
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

INS_EX5. As of March 31, 2014, had you selected or enrolled in insurance through the Marketplace

1. Yes
2. No
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

CONTINUE TO SEX IF INS_EX1=2 OR INS_EX2=3,4,0 OR INS_EX3=2 OR INS_EX4=1 OR INS_EX5=1

TERMINATE IF INS_EX5=2,D,R 4
ASK IF RDD LL OR RDD CELL:
INTRODUCTION:
Hello, I am _____ calling for SSRS. We are conducting an important national opinion study about health care.

(IF NECESSARY: Our questions are for research purposes only and your answers are strictly confidential.

(IF NECESSARY: I want to assure you we are not selling anything.)

VOICEMAIL MESSAGE (IF LANDLINE SAMPLE, LEAVE MESSAGE ON THIRD CALL ATTEMPT. IF CELL PHONE SAMPLE LEAVE MESSAGE ON FIRST CALL ATTEMPT): I am calling for SSRS. We are conducting a national study about health care. This is NOT a sales call. We will try to reach you again.

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

1 Less than 19 years (0 to 18) THANK AND TERMINATE
2 19 to 64 years GO TO CELL3
3 Older than 64 (65 or older) THANK AND TERMINATE
R Refused THANK AND TERMINATE

CELL3. (INTERVIEWER: ONLY IF RESPONDENT ASKS ABOUT INCENTIVE: At the end of the survey, we would like to send you $5 in appreciation of your time.)
Before we continue, are you driving (OPTIONAL: and unable to complete the survey)?

1 Continue, on cell phone and not driving GO TO AGE
2 Respondent is driving/cannot continue SET UP CALL BACK
R Refused THANK AND TERMINATE

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

HH19TO64. So that I can ask you the right questions, could you please tell me how many adults between ages 19 and 64 live in your household? Please include yourself and all the adults ages 19 to 64 who live with you.

_________ # ADULTS AGE 19-64 (RANGE 0-10)
11 11 or more adults 19 to 64 in HH
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(PN: IF HH19TO64=0, TERMINATE AS TQHH19TO64)
(ASK SC1 IF HH19TO64=1)
SC1. May I please speak to the adult who is between the ages of 19 and 64?

   1 Continue with current respondent       GO TO AGE
   2 New respondent coming to phone        RE-READ INTRO AND ASK SC1
   3 New respondent not available          SCHEDULE CALL BACK
   R (DO NOT READ) Refused                 TERMINATE RECORD AS RQSC1

(ASK SC2 IF HH19TO64=2+, DD, RR)
(PN: ASK MALE 50% OF THE TIME, ASK FEMALE 50% OF THE TIME, ALLOW FOR PERCENT TO CHANGE)
SC2. May I speak with the youngest (male/female) who is between the ages of 19 to 64 and is now at home?

   1 Continue with current respondent       GO TO AGE
   2 New respondent coming to phone         RE-READ INTRO AND RE-ASK SC2
   3 New respondent not available           GO TO SC3
   4 No (male/female), age 19 to 64, in HH  GO TO SC3
   R (DO NOT READ) Refused                 TERMINATE AS RQSC2

(ASK SC3 IF SC2 =3,4)
(PN: INSERT OPPOSITE GENDER FROM SC2)
SC3. May I speak with the youngest (female/male) who is between the ages of 19 to 64 and is now at home?

   1 Continue with current respondent       GO TO AGE
   2 New respondent coming to phone         RE-READ INTRO AND RE-ASK SC3
   3 New respondent not available           SCHEDULE CALL BACK
   4 No (female/male), age 19 to 64, in HH  SCHEDULE CALL BACK WITH (MALE/FEMALE) ASKED FOR IN Q.SC3
   R (DO NOT READ) Refused                 TERMINATE, RECORD AS RQSC3

(ASK IF CELL3=1 OR SC1=1 OR SC2=1 OR SC3=1)
AGE. What is your age?

   (INTERVIEWER NOTE: RECORD EXACT AGE AS TWO-DIGIT CODE.)
   ____________ (RECORD AGE) (Range 12-97)
   RR (DO NOT READ) Refused
IF AGE = 18 OR UNDER AND CELL PHONE SAMPLE TERMINATE AND RECORD AS TQAGE
IF AGE = 18 OR UNDER AND LANDLINE SAMPLE, RE-ASK HH19TO64 ONE TIME.
DO NOT RE-ASK, TERMINATE AND RECORD AS TQAGE SECOND TIME
IF AGE = 19-64 GO TO SEX
IF AGE = 65 OR OLDER AND CELL PHONE SAMPLE TERMINATE AND RECORD AS TQAGE
IF AGE = 65 OR OLDER AND LANDLINE SAMPLE, RE-ASK HH19TO64 ONE TIME.
DO NOT RE-ASK, TERMINATE AND RECORD AS TQAGE SECOND TIME
IF AGE = R AND CELL PHONE SAMPLE GO TO SEX
IF AGE = R AND LANDLINE SAMPLE GO TO SC4

(ASK SC4 IF RDD LL SAMPLE AND AGE=R)

SC4. So could you please tell me if you are (READ LIST)?

1   Under age 19  RE-ASK HH19TO64 ONE TIME, DO NOT RE-ASK TERMINATE
               RECORD AS TQSC4 IF SECOND TIME
2   Between the ages of 19 to 64, or  GO TO SEX
3   Age 65 or older  RE-ASK HH19TO64 ONE TIME, DO NOT RE-ASK TERMINATE
                  RECORD AS TQSC4 IF SECOND TIME
R   (DO NOT READ) Refused  TERMINATE RECORD AS RQSC4
(Biennial 2007 D1; Marketplace 2013)
**BASE: ALL QUALIFIED RESPONDENTS**
SEX. RECORD RESPONDENTS SEX (ASK ONLY IF NECESSARY)

1. Male
2. Female

(Biennial Trend 2007 Q2)
**BASE: ALL RESPONDENTS**
Q1. How confident are you that if you become seriously ill you will be able to afford the care you need? Are you very confident, somewhat confident, not too confident, or not at all confident? (ENTER ONE ONLY)

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)
**BASE: ALL RESPONDENTS**
Q1a. How confident are you that if you become seriously ill, you will be able to get high quality care when you need it? Are you very confident, somewhat confident, not too confident, or not at all confident? (ENTER ONE ONLY)

1. Very confident
2. Somewhat confident
3. Not too confident
4. Not at all confident
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(Source: Biennial 2010, 2012 Q2, Quality of Care 2006 Q5; Marketplace 2013)
**BASE: ALL QUALIFIED RESPONDENTS**
Q2. Do you have a regular doctor you usually go to when you are sick or need health care?

1. Yes
2. No
3. (DO NOT READ) Has more than one regular doctor
4. (DO NOT READ) No but has physician assistant or nurse practitioner
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(Biennial 2010, 2012 Q3, 2008 International Survey Q1005; Marketplace 2013)
**BASE: NO REGULAR DOCTOR OR DON'T KNOW or REFUSED (Q2=2,D,R)**

Q3. Is there one doctor's group, health center, or clinic you usually go to for most of your medical care?

(INTERVIEWER NOTE: Please do not include the hospital emergency room.)

1  Yes, have a usual place for medical care  
2  No, do not have a usual place for medical care  
D  (DO NOT READ) Don't know  
R  (DO NOT READ) Refused

(Trend: Gen Pop 2011 and 2012 Q10; Marketplace 2013)
**BASE: ALL QUALIFIED RESPONDENTS**

[PN: IF Q.2=1 OR 3 OR 4, OR Q3=1 DO NOT DISPLAY RESPONSE CODE 08]

Q4. Where do you usually go when you are sick or need health care? (READ LIST UNTIL ENDORSED)

01 Doctor’s office or private clinic  
02 Community health center or other public clinic  
03 Hospital outpatient department  
04 Hospital emergency room  
05 Urgent care center  
06 Retail clinic  
07 Some Other Place  
08 (DO NOT READ) No regular place of care  
09 (DO NOT READ) Never needed care  
DD (DO NOT READ) Don’t know  
RR (DO NOT READ) Refused

Q5. DELETED

Q8. DELETED
BASE: ALL QUALIFIED RESPONDENTS

Q5. Are you currently married, living with a partner, divorced, separated, widowed, or have you never been married?

1  Married
2  Living with a partner
3  Divorced
4  Separated
5  Widowed
6  Never married
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

BASE: ALL QUALIFIED RESPONDENTS

Q6. Are you the parent or guardian of any children or stepchildren 25 years of age or younger?

(IF YES, FOLLOW UP WITH: Is this just one child or do you have more than one child 25 years of age or younger?)

1  Yes, just one child
2  Yes, more than one child
3  No children age 25 or younger
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

BASE: ALL QUALIFIED RESPONDENTS

Q7. In what State do you reside?

(DO NOT READ LIST)

1  ____________ (LIST OF STATES)
R (DO NOT READ) Refused

(PN: CREATE 'STATE' VARIABLE; IF RESPONDENT PROVIDES STATE FOR Q 7 STATE=RESPONSE IN Q7, IF LANDLINE SAMPLE AND RESPONDENT REFUSED Q7, USE SAMPLE STATE, IF CELL PHONE SAMPLE AND RESPONDENT REFUSED, STATE=UNKNOWN)

(PN: USE MARKETPLACE NAME PROVIDED IF STATE=AR, CA, CO, CT, DC, HI, ID, IL, KY, MD, MA, MN, NV, NM, NY, OR, RI, VT, WA)
AWARENESS OF ACA INSURANCE OPTIONS

(ACA Tracking Surveys October and December 2013 CW-1)

BASE: ALL QUALIFIED RESPONDENTS

(INSERT TEXT “also known as…” IN PARENS IF STATE IS KNOWN AND STATE HAS MARKETPLACE NAME)

Q8. Since the beginning of October, under the health reform law, also known as the Affordable Care Act, new marketplaces have been open in each state where people who do not have affordable health insurance through a job, can shop and sign up for health insurance.

Are you aware of this new marketplace (also known as (INSERT STATE MARKETPLACE NAME) in your state?

INTERVIEWER NOTE: If respondent says “do you mean Obamacare”, then say: “It is sometimes referred to as Obamacare.”

1 Yes, I am aware
2 No, I am not aware
D (DO NOT READ) Don’t know enough to say
R (DO NOT READ) Refused

(ACA Tracking Surveys October and December 2013 CW-2)

BASE: ALL QUALIFIED RESPONDENTS

(INSERT TEXT IN PARENS IF STATE IS KNOWN AND STATE HAS MARKETPLACE NAME)

Q9a. Many people without affordable health insurance through a job may be eligible for financial help to pay for their health insurance in these new marketplaces (also known as (INSERT STATE MARKETPLACE NAME) in your state). Are you aware that financial assistance for health insurance is available under the reform law?

(INTERVIEWER NOTE: If respondent says “do you mean Obamacare”, then say: “It is sometimes referred to as Obamacare.”)

1 Yes, I am aware
2 No, I am not aware
D (DO NOT READ) Don’t know enough to say
R (DO NOT READ) Refused
(ACA Tracking Surveys October and December 2013 CW-2a)

**BASE: ALL QUALIFIED RESPONDENTS**

Q9b. People who go to the marketplaces may also find out that their income makes them eligible for Medicaid under the reform law. Are you aware that the health care reform law makes Medicaid available to more Americans?

(INTerviewer Note: If respondent says “do you mean Obamacare”, then say: “It is sometimes referred to as Obamacare.”)

1. Yes, I am aware
2. No, I am not aware
D (DO NOT READ) Don’t know enough to say
R (DO NOT READ) Refused
PERSONAL CURRENT INSURANCE COVERAGE

(Modified Biennial Trend 2001 Q20, 2003 Q10, 2005 Q17, 2007 Q12, 2010 Q12, 2012 Q14; Marketplace 2013 MODIFIED)

BASE: ALL QUALIFIED RESPONDENTS

[PN: IF STATE=CALIFORNIA INSERT: “Medi-Cal”]

[PN: IF Q10a=2 D or R AND Q10b=2, D or R AND Q10c=2, D OR R AND Q10d=2, D or R AND Q10e=2,D,R: DISPLAY ITEM F]

(PN: INSERT ‘FIRST’ FOR ITEM A; CAPITALIZE ‘ARE’ FOR ITEMS B-F)

Q10. Now I would like to ask you about any health insurance you CURRENTLY have that helps pay for the cost of health care. I’m going to read a list of a few types of health insurance, and I’d like you to tell me which of these you have, if any. (First), are you now PERSONALLY covered by (INSERT ITEMS IN ORDER)?

(INTERVIEWER: IF RESPONDENT IS NOT SURE WHICH INSURANCE IS INCLUDED SAY: Please think about insurance plans that cover the costs of doctor and hospital bills IN GENERAL, and NOT those that cover ONLY dental or eye care or the costs of caring for specific diseases.)

(INTERVIEWER: IF RESPONDENT TRIES TO SAY THE TYPE OF INSURANCE THEY HAVE INSTEAD OF GOING THROUGH THE LIST SAY: I’m sorry but I have to ask about each type of insurance for the survey. Please just tell me “no” if you don’t have this type)

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

a. Private health insurance offered through an employer or union. This could be insurance through a current or former job, your job or someone else’s job.
b. A health insurance plan that you signed up for through a health insurance marketplace (also known as INSERT STATE MARKETPLACE NAME in your state) created by the Affordable Care Act. (INTERVIEWER NOTE: If respondent says do you mean Obamacare, then say: “It is sometimes referred to as Obamacare.”)
INTERVIEWER NOTE: If respondents says they have selected or enrolled in a plan but that it has not yet gone into effect, code them as “Yes”
c. A health insurance plan that you bought directly from an insurance company.
d. Medicaid [IF STATE SPECIFIC NAME FOR MEDICAID IS NOT MEDICAID INSERT: also known in your state as [state specific Medicaid program]]
e. Medicare, the government program that pays health care bills for people over age 65 and for some disabled people
f. Health insurance through ANY other source, including military or veteran’s coverage

Marketplace 2013)

**BASE: NOT COVERED BY ANY INSURANCE OR UNDESIGNATED (Q10a=2,D,R AND Q10b=2, D,R AND Q10c=2, D,R AND Q10d=2, D,R AND Q10e=2, D,R AND Q10f=2,D,R)**

Q11. Does this mean that 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
D (DO NOT READ) Don't know
R (DO NOT READ) Refused


**BASE: HAS EMPLOYER-BASED INSURANCE (Q10a=1)**

IF Q5=1 INSERT: “your spouse’s name” AND SHOW CODE 2
IF Q5=2 INSERT: “your partner’s name” AND SHOW CODE 2
IF AGE=19-25 INSERT: “your parent’s name” AND SHOW CODE 3

Q12. Is the employer or union health insurance that you have in your name (,your spouse’s name,/your partner’s name,/your parent’s name,) or in someone else’s name?

(ENTER ONE ONLY)

1. Own name
2. Spouse’s/Partner’s name
3. Parent’s name
4. Someone else’s name
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(Trend: Gen Pop 2011 Q27, 2012 Q27 MODIFIED; Marketplace 2013 Q15a)

**BASE: HAS EMPLOYER-BASED INSURANCE (Q10a=1)**

IF Q.12=1, INSERT ‘your’; IF Q.12=2,3,4,D,R, INSERT “this”

Q12a. Does (your/this) health plan offer coverage for dependents including children and/or spouses?

1. Yes
2. No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q.16-Q18. DELETED

(NEW)
BASE: HAS EMPLOYER-BASED INSURANCE (Q10a=1)

Q12b. How long have you had health insurance through this employer?

(READ LIST.)

1 Three months or less
2 Four months to less than 1 year
3 1 year to less than 2 years
4 2 years to less than 3 years
5 3 or more years
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)

BASE: HAS EMPLOYER-BASED INSURANCE FOR LESS THAN 1 YEAR THRU THIS EMPLOYER (Q12b=1,2)

(PN: FOR CODE 1, INSERT “or your partner” if Q5=2; INSERT “or your spouse” if Q5=1; INSERT “or your parent” if AGE=19-25)

(SCRAMBLE CODES 1-4)

Q12c. You said that you have had health insurance through this employer for less than one year. Were you able to obtain health insurance in the past year because…?

(READ LIST. ENTER ONE ONLY)

1 You (or your partner/spouse) (or your parent) recently started working for this employer
2 This employer had not offered coverage before but began offering coverage in the last year
3 This employer has offered coverage in the past, but you (or your partner/spouse) (or your parent) only recently became eligible for the employer’s health benefits, or
4 This employer has offered coverage in the past, but you (or your partner/spouse) (or your parent) only decided to accept it in the past year
7 (DO NOT READ) Another reason (SPECIFY) __________________
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(NEW)
**BASE: HAS MEDICAID (Q10d=1)**
Q13. How long have you had Medicaid coverage?
(READ LIST. ENTER ONE ONLY)

1 Three months or less
2 Four months to six months
3 Seven months to less than 1 year
4 1 year or more
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)
**BASE: HAS HAD MEDICAID FOR LESS THAN 1 YEAR (Q13=1,2,3)**
Q13a. You said that you have had Medicaid for less than 1 year. Prior to getting your Medicaid coverage, were you uninsured or did you have health insurance?

1 Uninsured
2 Had health insurance
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)
**BASE: HAVE ANY CHILDREN Q6=1,2**
Q14. [SHOW IF Q6 =1: Does your child (SHOW 1ST PARENS); SHOW IF Q6=2 (SHOW 2ND PARENS): Do any of your children] have health insurance coverage now?
(SHOW NOTE IF Q6=2: IF yes, is that all or some of your children?)
(DO NOT SHOW CODE 2 IF Q6=1)

1 (Yes, child has)/(all children have health insurance)
2 Some children have health insurance, others are uninsured
3 (No, child is)/(All children are uninsured).
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(Gen Pop 2011, 2012 Q43)
(INSERT STATE-SPECIFIC CHIP PROGRAM, IF ANY; IF NOT INSERT ‘CHIP’)
(IF STATE = HI, IN, ME, MA, MN, OK, RI THEN INSERT “CHIP OR Medicaid also
known as (INSERT STATE SPECIFIC MEDICAID PROGRAM) IN YOUR
STATE”)

**BASE: HAVE ANY CHILDREN WHO ARE INSURED (Q14=1,2)**

Q15. [SHOW IF Q6=1: Is your child; SHOW IF Q6=2: Are any of your children] now
enrolled in (STATE-SPECIFIC CHIP PROGRAM/CHIP), Medicaid [IF STATE
NAME FOR MEDICAID IS NOT ‘MEDICAID’ INSERT (also known in your state
as STATE-SPECIFIC MEDICAID PROGRAM)], or another state insurance
program for low income people?

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

**ACCESSING THE MARKETPLACES**

(October and December ACA Tracking Surveys 2013 CW-3)

**BASE: ALL QUALIFIED RESPONDENTS**

(IF Q10b=1 INSERT “Can I confirm - you have”)

Q16. As I mentioned, since the beginning of October, under the health reform law,
also known as the Affordable Care Act, new marketplaces have been open in
each state where people who do not have affordable health insurance through
a job, can shop and sign up for health insurance. (Can I confirm – you
have/Have you) gone to this new marketplace to shop for health insurance?
This could be by mail, in person, by phone, or on the Internet.

1  Yes
2  No
3  (DO NOT READ) Someone else (e.g., spouse) went to marketplace to
shop for respondent’s/family’s health insurance
D  (DO NOT READ) Don’t know
R  (DO NOT READ) Refused
(NEW)

**BASE: DID NOT VISIT MARKETPLACE (IF Q16=2) AND AWARE OF MARKETPLACE (IF Q8=1)**

(PN: ASK ITEM a FIRST AND ITEM e LAST; RANDOMIZE ITEMS b-d; IF ITEM a=1, DO NOT ASK ITEMS b-e)

(PN: IF UNINSURED (Q11=1,D,R), DO NOT ASK ITEM a)

Q16a. You said that you have not visited the marketplace. What are the reasons you did not visit the marketplace? Is it because (INSERT ITEM)?

(READ AS NEEDED: Was this a reason you didn’t visit the marketplace?)

1 Yes
2 No
D Don’t Know
R Refused

a. You already have health insurance.
b. You didn’t think you would be eligible for health insurance
c. You didn’t think you could afford health insurance
d. You don’t think you need health insurance
e. Of some other reason [SPECIFY]

(ACA Tracking Survey, December 2013 MODIFIED CW-3a1)

**BASE: HAS HAD MEDICAID LESS THAN ONE YEAR BUT DID NOT VISIT MARKETPLACE IF Q13=1,2,3 AND Q16 =2, D, R**

Q17. Previously you said that you had signed up for Medicaid in the past year. You just indicated that you did not go to the marketplace to shop for insurance. Did you sign up for Medicaid some other way, such as through the mail, going to a government office, or at a doctor’s office, clinic, or hospital?

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(NEW)
**BASE: MARKETPLACE VISITORS (If Q16=1, 3) AND NOT NEW MEDICAID**
(Q13=4,D,R OR Q13 IS NOT ASKED)

Q18. At the time [IF Q16=1: you visited the marketplace] [IF Q16=3: someone else visited the marketplace for you], were you uninsured or did you have health insurance?

1. Uninsured
2. Had health insurance
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

(NEW)
**BASE: INSURED WHEN VISITED THE MARKETPLACE (If Q18=2) OR HAS HAD MEDICAID FOR <1 YEAR AND PREVIOUSLY INSURED (If Q13a=2)**
(PN: IF Q13a=2, DO NOT ASK ITEM c)
(PN: IF Q13a=2, INSERT VERBIAGE IN PARENS)

Q18a. What type of health insurance did you have (prior to getting your Medicaid coverage)? Did you have (INSERT ITEM)?

(INTERVIEWER: IF RESPONDENT TRIES TO SAY THE TYPE OF INSURANCE THEY HAVE INSTEAD OF GOING THROUGH THE LIST SAY: I'm sorry but I have to ask about each type of insurance for the survey. Please just tell me "no" if you did not have this type)

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

a. Private health insurance offered through an employer or union. This could be insurance through a current or former job, your job or someone else's job.
b. A health insurance plan that you bought directly from an insurance company.
c. Medicaid [IF STATE SPECIFIC NAME FOR MEDICAID IS NOT MEDICAID INSERT: also known in your state as [state specific Medicaid program]]
d. Health insurance through ANY other source, including military or veteran’s coverage
(NEW)

**BASE: UNINSURED WHEN VISITED MARKETPLACE (If Q18=1) OR UNINSURED WHEN GOT MEDICAID (Q13a=1)**

Q18b. At the time [IF Q16=1: you visited the marketplace] [IF Q16=3; someone else visited the marketplace for you] [IF Q13a=1 you got Medicaid], how long had you been uninsured?

(READ LIST ONLY IF NECESSARY)

1. Three months or less
2. Four months to six months
3. Seven months to 11 months
4. One to two years
5. More than two years
6. (DO NOT READ) Never had health insurance
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

(ACA Tracking Surveys Oct. and Dec. 2013, MODIFIED CW-3b)

**BASE: MARKETPLACE VISITORS ASK (IF Q16=1)**

Q19. Did you visit the marketplace once or more than one time?

(IF RESPONDENT SAYS MORE THAN ONCE, ASK: About how many times did you visit-the marketplace altogether? Your best estimate is fine)

__________ (RANGE = 2-50)

01 Once/one time
DD. (DO NOT READ) Don’t know
RR. (DO NOT READ) Refused

(ACA Tracking Surveys Oct. and Dec. 2013, CW-4)

**BASE: MARKETPLACE VISITORS (IF Q16=1)**

(Rotate 1-4/4-1)

(Rotate same order for Q20, Q21, Q22, Q23a, 28a, 36c)

(DO NOT ROTATE ITEMS a-b)

Q20. How easy or difficult was it to find (INSERT ITEM)? Would you say that it was (READ LIST)

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
N. (DO NOT READ) Impossible
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

a. A plan with the type of coverage you need
b. A plan you could afford
Q21. How easy or difficult was it to compare the (INSERT ITEM) of different insurance plans? Would you say it was…?

(READ LIST)

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
N (DO NOT READ) Impossible
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

a. Benefits covered
b. Premium costs
c. Potential out of pocket costs from deductibles and co-pays

Q22. How easy or difficult was it to compare the doctors, clinics and hospitals available under different insurance plans? Would you say it was…?

(READ LIST)

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult
N (DO NOT READ) Impossible
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q23. Did you try to find out if you are either eligible for financial assistance to help pay for your plan, or if you are eligible for Medicaid?

1. Yes
2. No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ACA Tracking Surveys October and December 2013, CW_6)

BASE: TRIED TO FIND OUT IF ELIGIBLE FOR FINANCIAL ASSISTANCE OR MEDICAID (IF Q23=1)
(ROTATE 1-4/4-1)
(ROTATE SAME ORDER FOR Q20, Q21, Q22, Q23a, Q28a, Q36c)

Q23a. How easy or difficult was it to find out if you are eligible for financial assistance or for Medicaid? Would you say it was…?
(READ LIST)

1 Very easy
2 Somewhat easy
3 Somewhat difficult
4 Very difficult
N (DO NOT READ) Impossible
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ACA Tracking Surveys October and December 2013, CW-7)

BASE: MARKETPLACE VISITORS (IF Q16=1)
(INSERT PARENS IF STATE IS KNOWN AND STATE HAS MARKETPLACE NAME)

Q24. Overall, how would you describe your experience in trying to get health insurance through the marketplace (also known as (INSERT STATE MARKETPLACE NAME) in your state? Would you say that your experience was …?
(READ LIST)

1 Excellent
2 Good
3 Fair, or
4 Poor
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused
(ACA Tracking Survey, December MODIFIED CW-7a)

**BASE: VISITED MARKETPLACE MORE THAN ONCE (ASK IF Q19>=2)**

(If response given in Q19=2 is ‘2’, insert ‘second’; if response given in Q19=2 is ‘3+’, insert ‘last’)

(Rotate 1-3/3-1; include rotate variable in data file)

Q25. You said that you visited the marketplace more than once. From your first visit to your (second/last) visit, did your experience in trying to get health insurance through the marketplace (also known as (insert state marketplace name) in your state (read list)...?

1. Improve
2. Stay about the same
3. Get worse
4. (Do Not Read) Don’t Know
5. (Do Not Read) Refused

**III. ENROLLING IN A HEALTH PLAN**

(ACA Tracking Survey, December MODIFIED)

**BASE: MARKETPLACE VISITORS (ASK IF Q16=1,3)**

(If 10b=1(individual coverage through marketplace) insert “Can I confirm – you selected” and “ed”; otherwise, insert “Did you select”)

(If Q16=3, show: “or did someone else select” and “for you or your family”)

Q26. (Can I confirm – you selected/Did you select) (or did someone else select) a private health plan or enroll(ed) in Medicaid (for you or your family)?

(INTERVIEWER NOTE: If respondent says ‘yes,’ clarify if they selected a ‘private health plan’ (CODE 1), ‘enrolled in Medicaid’ (CODE 2), selected a plan but don’t know if it’s a private plan or Medicaid’ (CODE 4))

1. Yes, selected a private health plan
2. Yes, enrolled in Medicaid
3. No, did not (select a health plan/enroll in Medicaid)
4. (Do Not Read) Yes, selected a plan, not sure if it’s a private plan or Medicaid
5. (Do Not Read) Don’t Know
6. (Do Not Read) Refused
(ACA Tracking Surveys October and December 2013, CW-8b modified)

**BASE: SELECTED PRIVATE COVERAGE THROUGH MARKETPLACE OR NOT SURE OF TYPE OF PLAN (ASK IF Q26=1, 4)**

Q26b. Were you eligible for financial assistance to help pay for your health plan, not eligible, or did you not find out if you are eligible for financial assistance?

1. Yes, eligible for financial assistance
2. No, not eligible for assistance
3. Did not find out if I am eligible for financial assistance
4. DO NOT READ) I did not ask to be considered for financial assistance
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

(NEW)

**BASE: SELECTED PRIVATE COVERAGE THROUGH MARKETPLACE OR NOT SURE OF TYPE OF PLAN (IF Q26=1,4)**

Q27a. Health plans are sold at four different levels of coverage: bronze, silver, gold, and platinum. And some people including young people under 30 can purchase a catastrophic plan. What level of coverage did you select? Did you select a…?

(READ LIST. ENTER ONE ONLY)

1. Bronze plan
2. Silver plan
3. Gold plan
4. Platinum plan or a
5. Catastrophic plan
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(NEW)
**BASE: SELECTED PRIVATE COVERAGE THROUGH MARKETPLACE (IF Q26 =1,4 )**

Q27b. What was the most important factor in your decision about which plan to select? Would you say it was…?
(READ LIST. ENTER ONE ONLY)?

(RANDOMIZE CODES 1-3)
1 The amount of the premium
2 The amount of the deductible and other copayments
3 That your preferred doctor, health clinic or hospital is included in your plan’s network
5 (DO NOT READ) Signed up through insurance company directly (Did not formally select a plan)
7 Other [SPECIFY] ______________
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)
**BASE: SELECTED PRIVATE COVERAGE THROUGH MARKETPLACE OR NOT SURE OF TYPE OF PLAN (If Q26 =1,4,.)**

(ROTATE VERBIAGE IN PARENS AND RESPONSE OPTIONS IN SAME ORDER)

Q27c. In choosing plans, some people (prefer to pay a higher premium so that they have lower deductibles or co-payments). Other people (prefer to pay lower premiums in exchange for higher deductibles or co-payments). What best describes the choice you made? Did you select a plan with…?
(READ LIST. ENTER ONE ONLY)?

1 A higher premium with lower deductibles or co-payments
2 A lower premium with higher deductibles or co-payments
3 (DO NOT READ) Plan had both high premiums and high deductibles and co-pays
4 (DO NOT READ) Plan had both low premiums and low deductibles and co-pays
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)
**BASE: SELECTED PRIVATE PLAN THROUGH MARKETPLACE (IF Q26=1, 4) **

Q27d. Some health plans provide more limited choices for doctors, clinics, and hospitals and charge lower premiums than plans with a larger selection of doctors and hospitals. When you were deciding which plan to choose, did you have the option of choosing a less expensive plan with fewer doctors or fewer hospitals?

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

(NEW)
BASE: OPTION OF PURCHASING LESS EXPENSIVE PLAN (IF Q27d=1)
Q27d1. Did you select the less expensive plan with fewer doctors or hospitals?

1  Yes
2  No
D  (DO NOT READ) Don’t know
R  (DO NOT READ) Refused
Does (the plan you selected or) your new Medicaid coverage include all, some, or none of the doctors that you wanted OR do you not know which doctors are included on your plan?

(ENTER ONE ONLY)

(INTERVIEWER NOTE: IF THE RESPONDENT SAYS THAT PLAN INCLUDES AT LEAST ONE DOCTOR, PLEASE SELECT CODE 2)

1 All of the doctors you wanted
2 Some of the doctors you wanted
3 None of the doctors you wanted
D Don’t know which doctors are included on plan/through Medicaid
R (DO NOT READ) Refused

Have you used your new (health insurance plan or) Medicaid coverage to visit a doctor, hospital, or other health care provider, or to pay for prescription drugs?

1 Yes
2 No
3 (DO NOT READ) Plan has not yet gone into effect
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Prior to getting your new health insurance plan, would you have been able to access and/or afford this care?

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
Q28. Since getting your new (health plan or) Medicaid coverage, have you tried to find a new primary care doctor or general doctor?

1. Yes
2. No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q28a. How easy or difficult was it for you to find a new primary care doctor or general doctor? Was it…?

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult, or
5. Could you not find a doctor
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q28b. How long did you have to wait to get your first appointment to see this doctor? Were you able to get your appointment?

1. Within one week
2. In 8 to 14 days
3. In 15 days to 30 days
4. After more than 30 days to 6 weeks
5. After more than 6 weeks
6. (DO NOT READ) Have not tried to make an appointment
7. (DO NOT READ) Have not been able to get/or still waiting for an appointment
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(Gen Pop 2011 Q19 MODIFIED)
**BASE: SELECTED COVERAGE THROUGH MARKETPLACE (Q26=1,2,4) OR HAS NEW MEDICAID FOR LESS THAN ONE YEAR (Q13=1,2,3)**
PN: IF Q26=1,4, INSERT VERBIAGE IN PARENS

Q29. Since getting your new (health plan or) Medicaid coverage have you seen or needed to see any specialist doctors? By Specialist we mean doctors like surgeons, heart or allergy doctors that specialize in one area of health care.

1. Yes
2. No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q 29a. DELETED

(Gen Pop 2011 Q20 modified skip)
**BASE: NEEDED TO SEE SPECIALIST (IF Q29=1)**

Q29b. How long did you have to wait to get your first appointment to see this specialist? Were you able to get your appointment

(READ LIST. ENTER ONE ONLY)

[INTERVIEWER NOTE: IF RESPONDENT SAYS HAS SEEN MORE THAN ONE SPECIALIST, ASK ABOUT THE MOST RECENT TIME]

[INTERVIEWER NOTE: IF RESPONDENT HAS SEEN SPECIALIST BEFORE "First appointment refers to the first appointment since you got your new health plan."]

1. Within one week
2. In 8 to 14 days
3. In 15 days to 30 days
4. After more than 30 days to 6 weeks
5. After more than 6 weeks
6. (DO NOT READ) Have not tried to make an appointment
7. (DO NOT READ) Have not been able to get/or still waiting for an appointment
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ACA Tracking Surveys October and December 2013, CW-11)

BASE: SELECTED COVERAGE THROUGH MARKETPLACE (IF Q26 =1,2,4) OR HAS MEDICAID FOR LESS THAN ONE YEAR (Q13=1,2,3)

(ROTATE 1-4/4-1)
(ROTATE SAME ORDER FOR Q30, Q 31C)

Q30. Overall, how optimistic are you that your new health insurance is going to improve your ability to get the health care that you need? Are you…?

(READ LIST. ENTER ONE ONLY)

1  Very optimistic
2  Somewhat optimistic
3  Not very optimistic
4  Not at all optimistic
5  (DO NOT READ) Depends
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)

BASE: SELECTED COVERAGE THROUGH MARKETPLACE (IF Q26=1,2,4) OR HAS MEDICAID FOR LESS THAN ONE YEAR (Q13=1,2,3)

(ROTATE VERBIAGE IN PARENS AND RESPONSE OPTIONS IN SAME ORDER)

Q31a. You said that you had selected a private health plan or enrolled in Medicaid. Would you say you are (better off now) or (worse off now) than you were before you had this new plan, or has there been no effect?

(ENTER ONE ONLY)

1  Better off
2  Worse off
3  Had no effect
4  (DO NOT READ) Too soon to tell
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q31b. DELETED
(NEW)

BASE: SELECTED COVERAGE THROUGH MARKETPLACE (IF Q26=1,2,4) OR HAS MEDICAID FOR LESS THAN ONE YEAR (Q13=1,2,3)

(ROTATE 1-4/4-1)

(ROTATE SAME ORDER FOR Q30, Q 31C)

Q31c. Overall, how satisfied are you with this new health insurance? Would you say you are…?

(READ LIST. ENTER ONE ONLY)

1 Very satisfied
2 Somewhat satisfied
3 Not very satisfied
4 Not at all satisfied
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q32. DELETED
IV. NOT ENROLLING IN A HEALTH PLAN

(ACA Tracking Surveys October and December 2013 CW-12 MODIFIED)

BASE: VISITED MARKETPLACE BUT DID NOT SELECT COVERAGE (IF Q26=3 AND Q16=1)

(SCRAMBLE ITEMS a-e; ALWAYS ASK ITEM f LAST)

Q33. Can you tell me why you did not select a health insurance plan or enroll in Medicaid when you visited the marketplace? Was it because (INSERT ITEM)?

(READ AS NEEDED: Was this a reason why you didn’t select a health insurance plan or enroll in Medicaid?)

1  Yes
2  No
D  Don’t know
R  Refused

a. You are still working on your application
b. The internet website you were using had technical difficulties
c. You were not eligible for Medicaid or financial assistance
d. You could not find a plan with the type of coverage you need
e. You could not find a plan you could afford
f. Of some other reason (Specify)
(ACA Tracking Surveys October and December 2013 MODIFIED, CW-13)

**BASE = DID NOT GO TO MARKETPLACE OR DID NOT SELECT A PLAN/ENROLL IN MEDICAID (Q16=2, D, R ) OR (Q26=3, D, R)

(IF (Q26=3, D, R) INSERT “BACK”)

(INSERT PARENS IF STATE IS KNOWN AND STATE HAS MARKETPLACE NAME)

Q34. How likely are you to go (back) to the marketplace (also known as (INSERT STATE MARKETPLACE NAME) in your state) to find out about your coverage options? Would you say you are…?

(READ LIST. ENTER ONE ONLY)?

(IF NECESSARY/RESPONDENT SAYS THAT ENROLLMENT IS CLOSED: The enrollment period for health insurance in the marketplaces for coverage this year ended on March 31. Open enrollment for health insurance next year begins on November 15. People may sign up for Medicaid at any time.)

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. (DO NOT READ) I am already enrolled in a health plan or Medicaid or other insurance
6. (DO NOT READ) Haven’t decided yet
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

**Q.19. DELETED**

**BASE:** NOW INSURED (Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 OR Q10f=1 OR Q11=2) OR SELECTED PRIVATE INSURANCE/ENROLLED IN MEDICAID THROUGH MARKETPLACE (Q.26=1,2,4)

(PN: IF YES TO ONLY ONE (Q10a-Q10e) INSERT: “your health insurance coverage”

IF YES TO MORE THAN ONE (Q10a-Q10e) INSERT: “all the health insurance you have combined”

IF Q26=1,2,4 INSERT: “your health insurance coverage”)

(PN: SHOW CODE 7 IF Q.26=1,2,4)

**Q35.** Now thinking about (your health insurance coverage/all the health insurance you have combined), how would you rate it? Would you say it is excellent, very good, good, fair, or poor?

(ENTER ONE ONLY)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. (DO NOT READ) Too soon to tell
7. (DO NOT READ) Currently uninsured/new plan has not yet taken effect
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

**Q.22-Q26.** DELETED
INDIVIDUAL COVERAGE

(ACA Tracking Surveys, December MODIFIED)
BASE: INDIVIDUAL COVERAGE (Q10c=1) OR HAD INDIVIDUAL COVERAGE BEFORE VISITING MARKETPLACE/NEW MEDICAID COVERAGE (Q18a_b=1)

Q35 a. Did you receive a letter from your insurance company last year telling you that they would be cancelling your health plan in 2014?

1 Yes, received a letter
2 No, did not receive a letter
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q35b. Did your insurance company offer you the option of renewing your plan so that you could keep your coverage?

1 Yes, was offered the option to renew
2 No, was not offered the option to renew
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q35c. Did you renew your coverage?

1 Yes
2 No
3 (DO NOT READ) Haven’t decided yet
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
AFFORDABILITY AND QUALITY OF INSURANCE

(Biennial Trend 2001 Q50, 2003 Q30, 2005 Q47, 2007 Q37, 2010 Q34, modified to ask of ALL insured, 2012 Q37; Marketplace 2013 Q29)

BASE: NOW INSURED (Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 OR Q10f=1 OR Q11=2) OR SELECTED PRIVATE INSURANCE/ENROLLED IN MEDICAID THROUGH MARKETPLACE (Q.26=1,2,4)

Q36. Do you pay ALL of the premium for your health plan, pay SOME of the premium, or do you pay nothing to have this health insurance plan?

(PN: SHOW NOTE BELOW IF Q.26=1,2,4)

(IF RESPONDENT SAYS THAT THEY HAVE NOT STARTED PAYING THE PREMIUM YET, ASK “Will you pay ALL of the premium your health plan, pay SOME of the premium, or will you pay nothing to have this health insurance plan (through the Marketplace)?)

(IF RESPONDENT SAYS THEY ARE COVERED BY SOMEONE ELSE’S INSURANCE, SAY: Do you happen to know if the main policyholder pays ALL, SOME or NOTHING to have that health insurance plan?)

(IF RESPONDENT SAYS THEY PAY NOTHING, SAY: Is that because the main policyholder pays ALL, SOME or NOTHING to have that health insurance plan)

1 Pay premium in full (All)
2 Pay premium in part (Some)
3 Pay nothing
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
Q.36a. Is this (premium amount just for you, that is,) coverage for a single person, or is it for a family plan?

(INTERVIEWER NOTE: Code any insurance that covers more than just the respondent alone as a family plan “2”)

(INTERVIEWER NOTE: Even if the respondent does not pay for the premium, probe to find if the coverage is for single person or family.)

1 Own coverage only/Individual plan
2 Family plan (includes plans that cover spouse, children and any others)
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q31-33. DELETED

Q36b. About how much do you pay every month in premiums on this plan including any amount deducted from a paycheck? Do you pay…?

(PN: SHOW NOTE BELOW IF Q.26=1,2,4)

(IF RESPONDENT SAYS THAT THEY HAVE NOT STARTED PAYING THE PREMIUM YET, ASK “How much will you pay every month in premiums on this plan including any amount deducted from a paycheck? Will you pay…?)

(READ LIST. ENTER ONE ONLY)?

(IF NECESSARY, READ: This amount is the premium you pay for the whole plan, even if it also covers other family members.)

(PROBE DON’T KNOW: Your best guess is fine)

1 Less than $40
2 $40 to under $125
3 $125 to under $250
4 $250 to under $400
5 $400 to under $500
6 $500 to under $700 OR
7 $700 or more
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(Gen Pop 2011, 2012 Q58)

**BASE: PAYS ALL OR SOME OF PREMIUM (Q36=1,2)**

(ROTATE SAME ORDER FOR Q20, Q21, Q22, Q23a, 28a, 36c)

Q36c. How easy or difficult is it for you to afford the premium costs for your health insurance?

(READ LIST)

1. Very easy
2. Somewhat easy
3. Somewhat difficult
4. Very difficult

N (DO NOT READ) Impossible
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

**Q36. DELETED**


**BASE: NOW INSURED (Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 OR Q10f=1 OR Q11=2) OR SELECTED PRIVATE INSURANCE/ENROLLED IN MEDICAID THROUGH MARKETPLACE (Q.26=1,2,4)**

Q37. 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?

(PN: SHOW NOTE BELOW IF Q.26=1,2,4)

(IF RESPONDENT SAYS HE/SHE IS CURRENTLY UNINSURED, ASK: “Does your new health plan through the Marketplace have a deductible?”)

(IF RESPONDENT CONFUSES DEDUCTIBLE AND CO-PAY, SAY: 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
2. No
3. (DO NOT READ) Yes, for going outside the network
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
**BASE: HEALTH PLAN HAS A DEDUCTIBLE (Q37=1)**

Q38. What is your annual deductible per person?
(READ LIST ONLY IF NECESSARY)

(IF PERSON ASKS WHETHER IN-NETWORK OR OUT-OF-NETWORK, SAY: in-network)
(PROBE DON’T KNOW: Your best guess is fine)

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 OR
7. $5,000 or more per person
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

**BASE: DON’T KNOW OR REFUSED DEDUCTIBLE (Q.38= D or R)**

Q39. Your best guess is fine, would you say your annual deductible is less than $1,000 or $1,000 or more per person?

1. Less than $1000
2. $1000 or more
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

Q.42-Q43. DELETED

**HEALTH STATUS AND CHRONIC CONDITIONS**


**BASE: ALL QUALIFIED RESPONDENTS**

Q40. On a slightly different topic...In general, how would you describe your own health? Would you say it is excellent, very good, good, fair, or poor?
(ENTER ONE ONLY)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(Biennial Trend 2007 Q56 with modified programming instruction, 2010 Q54 modified, 2012 Q60; Marketplace 2013 Q45)
(item a: Biennial Trend 2007 Q56a, 2010 Q54a, 2012 Q60a; Marketplace 2013)
(item b: Biennial Trend 2007 Q56b-c modified, 2010 Q54b modified, 2012 Q60b; Marketplace 2013)
(item c: (Biennial Trend 2001 Q68 modified, 2003 Q48 modified, 2005 Q70, 2007 Q56d, 2010 Q54c, 2012 Q60c; Marketplace 2013)
(item d: Biennial Trend 2001 Q68 modified, 2003 Q48 modified, 2005 Q70, 2007 Q56e, 2010 Q54d, 2012 Q60d; Marketplace 2013)
(item e: Biennial 2010 Q54e, 2012 Q60e; Marketplace 2013)
(item f: ; Marketplace 2013)
(item g: ; Marketplace 2013)

**BASE: ALL QUALIFIED RESPONDENTS**

PN: FOR FIRST ITEM INSERT: “first”
PN: FOR REMAINING ITEMS INSERT: “what about”

(SCRAMBLE ITEMS a-f)

Q41. Has a doctor or another health professional told you that you have any of the following health problems or conditions?  (First,/What about) (INSERT ITEM)?

(READ AS NECESSARY: Has a doctor or another health professional told you that you have that?)

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

a. Hypertension or high blood pressure
b. Heart disease
c. Diabetes
d. Asthma, emphysema, or lung disease
e. High cholesterol
f. Depression or anxiety

Q47-Q53. DELETED
Q. 61 DELETED
Under the health reform law, many Americans have become eligible for Medicaid. The Supreme Court has allowed states to choose whether to expand Medicaid to cover more of their residents. Do you generally favor or oppose making Medicaid available to more residents in your state? (GET ANSWER, THEN ASK: Is that strongly favor/oppose or somewhat favor/oppose)

1. Strongly favor
2. Somewhat favor
3. Somewhat oppose
4. Strongly oppose
5. (DO NOT READ) Unable to answer if favor or oppose (Specify why)
D (DO NOT READ) Don’t know enough to say
R (DO NOT READ) Refused

Do you know whether your state has expanded Medicaid under the health reform law?

[INTERVIEWER NOTE: If respondent says that state is expanding Medicaid but in a different way than other states, such as through premium support or the “private option”, code as “1”.

1. Yes, state expanded
2. Yes, state not expanding
D No, do not know what state decided
R (DO NOT READ) Refused

Do you generally favor or oppose your state’s decision on whether to expand Medicaid? (GET ANSWER, THEN ASK: Is that strongly favor/oppose or somewhat favor/oppose)

(ENTER ONE ONLY)

1. Strongly favor
2. Somewhat favor
3. Somewhat oppose
4. Strongly oppose
D (DO NOT READ) Don’t know enough to say
R (DO NOT READ) Refused

Q63. DELETED
(ACA Tracking Survey, October 2013 CW-14)

**BASE: ASK ALL RESPONDENTS**

(ROTATE VERBIAGE IN PARENS)

Q43. Do you have a generally (favorable) or generally (unfavorable) opinion of the new insurance options available under the health reform law? (GET ANSWER THEN ASK) Is that a very (favorable/unfavorable) or somewhat (favorable/unfavorable) opinion?

(ENTER ONE ONLY)

1. Very favorable
2. Somewhat favorable
3. Somewhat unfavorable
4. Very unfavorable
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW—Kaiser Family Foundation Tracking Poll June 2013)

**BASE: SOMEWHAT OR VERY UNFAVORABLE VIEW (Q43=3,4)**

(ROTATE VERBIAGE IN PARENS AND RESPONSE OPTIONS IN SAME ORDER)

Q44. Would you say that your unfavorable view is more because health reform (goes too far) or (doesn’t go far enough) in changing health insurance and the health care system?

1. Goes too far
2. Doesn’t go far enough
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
FACTUALS AND DEMOGRAPHICS

Finally, I have a few more questions so we can describe the people who took part in our survey...


**BASE: ALL QUALIFIED RESPONDENTS**

D4. Are you now employed full-time, part-time, are you retired, are you unemployed but looking for work, or are you not employed for pay?

(INTERVIEWER NOTE: Employed full-time is defined as 30 hours or more per week. If less than 30 hours, code as part-time)

(IF RESPONDENT SAYS THEY ARE SELF-EMPLOYED, PROBE WITH: “Are you self-employed working full-time hours or part-time hours?”)

01 Employed full-time
02 Employed part-time
03 Retired
04 Unemployed, but looking for work
05 Not employed for pay
06 (DO NOT READ) Disabled
07 (DO NOT READ) Student
08 (DO NOT READ) Other (homemaker, etc.)
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused


**BASE: EMPLOYED FULL OR PART-TIME (D4=1,2)**

D6. Are you now SELF-employed or are you employed by someone else?

(IF RESPONDENT HAS MORE THAN ONE JOB, READ: Please think about your MAIN job, where you work the most hours)

1 Self-employed
2 Employed by someone else
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(NEW)

**BASE: (SELECTED COVERAGE THROUGH MARKETPLACE (IF Q26=1,2,4) OR HAS MEDICAID FOR LESS THAN ONE YEAR (Q13=1,2,3)) AND EMPLOYED PART-TIME OR FULL-TIME (D4=1, 2)**

Q32. Because of your new health insurance, have you considered making a change in your employment, such as switching jobs, reducing your hours, deciding to retire before age 65, or starting your own business?

1. Yes
2. No
3. (DO NOT READ) Haven’t thought about it
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

D6a, D7, D8, D9, D9a, D9b, D9c DELETED

**BASE: EMPLOYED FULL- OR PART-TIME (D4=1,2)**

D10. Including all its locations and worksites, not just your own, about how many people are employed by your company or organization? Just stop me when I get to the right category. Would you say there are…?

(READ LIST. ENTER ONE ONLY)

1. 10 employees or less
2. 11 to less than 25 employees
3. 25 to less than 50 employees
4. 50 to less than 100 employees
5. 100 to less than 500 employees
6. 500 to less than 1,000 employees
7. 1,000 or more employees?

D (DO NOT READ) Don't know
R (DO NOT READ) Refused


**BASE: EMPLOYED FULL OR PART-TIME (D4=1,2)**

D11. About how much do you make an hour? Is it ..(READ LIST)?

(IF RESPONDENT HAS MORE THAN ONE JOB, READ: Please think about your MAIN job, where you work the most hours)

1. Less than $10 per hour
2. $10 to less than $15 per hour
3. $15 to less than $20 per hour, OR
4. $20 or more per hour

D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

D14a, D14b, D14c DELETED
D15. DELETED
D16. DELETED

**BASE: ALL QUALIFIED RESPONDENTS**

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

(DO NOT READ LIST; PROBE FOR CLARITY IF NECESSARY)

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 (incl. 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)

D (DO NOT READ) Don’t know

R (DO NOT READ) Refused
(Biennial 2012 HH1; Marketplace 2013)
(PN: FOR LANDLINE SAMPLE, RANGE SHOULD START WITH RESPONSE IN HH19TO64)

**BASE: ALL QUALIFIED RESPONDENTS**

HH1. How many people, including yourself, live in your household?

(INTERVIEWER NOTE: HOUSEHOLD MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HOUSEHOLD AS THEIR PRIMARY PLACE OF RESIDENCE, INCLUDING THOSE WHO ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR AWAY AT SCHOOL. THIS INCLUDES INFANTS, CHILDREN AND ADULTS.)

__________ (ENTER NUMBER) (RANGE: 1-10)

97 11 or more
99 Don’t know/Refused

(ASK IF HH1>1 OR RR)
(PN: GEN IN ’0’ IF HH1=1)

CHILDHH. How many children, under age 19, are living in your household?

__________ (ENTER NUMBER) (RANGE 0- (HH1-1))

D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK IF CHILDDHH > 0)
(ASK IF KIDS IN HH)

PARENT. Are you the parent or guardian of any of those children, or not?

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

(ASK IF PARENT=1)
(IF CHILDDHH=1 AND PARENT=1, GEN IN 1 FOR PARENTHHH)
(ASK IF PARENT/GUARDIAN OF ANY CHILDREN IN HH)

PARENTHHH. Of how many of these children are you the parent or guardian?

________________ (RECORD NUMBER 0- ANSWER AT CHILDDHH)

DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

**BASE: ALL QUALIFIED RESPONDENTS**

HISP. Are you, yourself, of Latino or Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?

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


**BASE: ALL QUALIFIED RESPONDENTS**

RACE. What is your race? Are you white, black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or other Pacific Islander? You may select more than one race. (ACCEPT MULTIPLE RESPONSES)

1   White
2   African American/Black
3   Asian
4   American Indian or Alaska Native
5   Native Hawaiian or other Pacific Islander
6   Other (SPECIFY)__________
D   (DO NOT READ) Don’t know
R   (DO NOT READ) Refused
(Marketplace 2013)
QUESTIONS D18 AND D20 HAVE BEEN REPLACED WITH THE INCOME QUESTIONS BELOW
PN: Calculate FamSize variable as following:

IF Q.5 =1, 2 AND PARENTHH=0,DD,RR, FamSize=2
IF Q.5 D2=3-6,D,R AND PARENTHH=0,DD, RR, FamSize=1
If Q.5 =1,2 and PARENTHH>0, FamSize=2+PARENTHH
If Q.5 =3-6,D, R AND PARENTHH>0, FamSize=1 + PARENTHH

(ASK EVERYONE)
(If not married and has no children Q.5 =3-6,D,R AND PARENTHH=0,DD, RR), insert first verbiage in paren “personal”) (If married or has children (Q.5 =1, 2 AND PARENTHH=0,DD,RR OR(Q.5 =1,2 and PARENTHH>0, FamSize=2+PARENTHH) OR(If Q.5 =3-6,D, R AND PARENTHH>0), insert second verbiage in paren “family”)
(If married/partnered (Q.5 =1,2): insert “and your (spouse if Q5 =1/partner if Q5 =2)”
(If have children (PARENTHH>0): insert “and your (if PARENTHH=1 insert child/if PARENTHH>1, insert children) under age 19 who (is/are) living in your household”

D18. To help us describe the people who took part in our study, it would be helpful to know which category best describes your (personal/family) income last year before taxes.
[Family income includes income from you yourself, (and your (spouse/partner)), (and your (child/children) under age 19 who (is/are) living in your household).

Is your total annual (personal/family) income from all sources, and before taxes, less than (AMOUNT 1), at least (AMOUNT 1) but less than (AMOUNT 3) or (AMOUNT 3) or more?

(INTERVIEWER NOTE: PLEASE READ NUMBER AMOUNTS SLOWLY AND CAREFULLY)
(INTERVIEWER NOTE: RESPONDENT COULD BE THE PARENT OR GUARDIAN OF CHILDREN LIVING IN THE HOUSEHOLD)
(PROBE DON'T KNOW: Your best guess is fine)

1 Less than (AMOUNT 1)
2 At least (AMOUNT 1) but less than (AMOUNT 3)
3 (AMOUNT 3) or more
D (DO NOT READ) Don't know
R (DO NOT READ) Refused
(ASK D.18a IF D18=2)
D.18a. Is that less than (AMOUNT 2) or (AMOUNT 2) or more?

(INTERVIEWER NOTE: PLEASE READ NUMBER AMOUNTS SLOWLY AND CAREFULLY)
PROBE DON'T KNOW: Your best guess is fine

01 Less than (AMOUNT 2)
02 (AMOUNT 2) or more
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

(ASK D.18b IF D18=1)
D.18b. Is that less than (AMOUNT 0) or (AMOUNT 0) or more?

(INTERVIEWER NOTE: PLEASE READ NUMBER AMOUNTS SLOWLY AND CAREFULLY)
PROBE DON'T KNOW: Your best guess is fine)

01 Less than (AMOUNT 0)
02 (AMOUNT 0) or more
DD (DO NOT READ) Don't know
RR (DO NOT READ) Refused

(PN: QUESTIONS D18, D18a, and D18b REFER TO THE TABLE BELOW)

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<th>AMT1 (138%)</th>
<th>AMT2 (250%)</th>
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(Marketplace 2013)
**BASE: NON HISPANIC (Q.HISP=2, D, OR R)**

D17. Were you born in the United States?

1 Yes
2 No, other country
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(Biennial 2012 BIRTH_HISP; Marketplace 2013)
**BASE: ALL HISPANICS (Q.BIRTH_HISP IF Q.HISP=1)**

BIRTH_HISP. Were you born in the United States, on the island of Puerto Rico, or in another country?

1 U.S.
2 Puerto Rico
3 Another country
R (DO NOT READ) Refused

(NEW)
**BASE: NOT BORN IN THE U.S (D17=2,D,R OR BIRTH_HISP=2,3,D,R)**

YEARS_US. About how many years have you lived in the United States?

1 Less than 1 year
2 1 to 4 years
3 5 to 10 years
4 More than 10 years
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)
**BASE: NOT BORN IN THE U.S. (D17=2,D,R OR BIRTH_HISP=3, D,R)**

IMMIGRATION. Are you a citizen of the United States?

1 Yes
2 No
3 Application pending
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(NEW)
**BASE: NOT A CITIZEN (IMMIGRATION=2, 3, D, R)**

**IMMIGRATION2.** Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

[INTERVIEWER NOTE IF NEEDED: “People usually call this a ‘Green Card’ but the color can also be pink, blue, or white.”]

1. Yes
2. No
3. Application pending
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(NEW)
**BASE: CONDUCTED INTERVIEW IN SPANISH (CURLANG=SPANISH)**

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

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

(Biennial Trend 2007 D25, 2010 D18, 2012 D18; Marketplace 2013, modified base)

**BASE: ALL CITIZENS (IMMIGRATION=1 OR D17=1 OR BIRTH_HISP=1,2)**

**D21.** Some people are registered to vote and others are not. Are you currently registered to vote?

1. Yes, registered
2. No, not registered
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused


**BASE: ALL QUALIFIED RESPONDENTS**

**D23.** 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
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK IF LANDLINE SAMPLE)
L1. Now thinking about your telephone use...Does anyone in your household, including yourself, have a working cell phone?
   1 Yes, respondent or someone in household has cell phone
   2 No
   D (DO NOT READ) Don’t know
   R (DO NOT READ) Refused

(ASK IF CELL PHONE SAMPLE)
C1. Now thinking about your telephone use, is there at least one telephone INSIDE your home that is currently working and is not a cell phone?
   1 Yes, has a home telephone
   2 No, no home telephone
   D (DO NOT READ) Don’t know
   R (DO NOT READ) Refused

(ASK EVERYONE)
ZIP. What is your zip code?

ENTER ZIPCODE
RR (DO NOT READ) Refused

(P.N. PLEASE ADD VERIFICATION SCREEN FOR INTERVIEWERS TO CHECK ZIP CODE ENTERED)

INTERVIEWER ONLY: Did respondent provide the following 5 digit zip code?
(INSERT ZIP CODE)

1 Yes (CONTINUE)
2 No (RE-ASK ZIP)
INCENTIVE INFORMATION COLLECTION

FOR INTERVIEWER (RDD CELL PHONE SAMPLE AND PRE-SCREENED EXCEL CELL SAMPLE ONLY):
INT1. DO NOT READ. Did respondent request money for using their cell phone minutes?

1   Yes, requested money
2   No, did not request money – GO TO THANK AND END INTERVIEW

(ASK RDD CELL PHONE RESPONDENTS WHO REQUESTED FOR):
We’d like to send you $5 for your time. Can I please have your full name and a mailing address where we can send you the money?
INTERVIEWER NOTE: If R does not want to give full name, explain we only need it so we can send the $5 to them personally.

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

(ASK RECONTACT RESPONDENTS FROM M1098 IF MAIL=1 OR MAIL=3)
INC_Rec1. May I please confirm your address so we can send you $25 as a thank you for participating?

(INTERVIEWER NOTE: IF ANY PORTION OF ADDRESS IS MISSING PLEASE ASK RESPONDENT FOR MISSING INFORMATION)

(PN: INSERT SAMPLE ADDRESS)

Does anything need to be corrected?

1  No, it’s ok as is
2  Edit the name (GO TO INC_Rec2)
3  Edit the address line 1
5  Edit the City
6  Edit the state
7  Edit the Zip
8  Edit All
R  (DO NOT READ) Refused/Respondent does not want money
(ASK IF (INC_Rec1>=2 and INC_REC is not R) OR (MAIL=2))
INC_Rec2. Can I please have your full name and a mailing address where we can send you the money?
INTERVIEWER NOTE: If R does not want to give full name, explain we only need it so we can send the $25 to them personally.

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

(READ TO ALL)
THANK AND END INTERVIEW: That completes the interview. Thank you very much for your time and cooperation. Have a nice day/evening.

PN: PLEASE INCLUDE THE FOLLOWING IN THE DATA SET:
1) CENSUS REGION
2) LANGUAGE OF INTERVIEW
3) RURAL/URBAN CODE
4) OVERSAMPLING STRATA CODE