The Commonwealth Fund ACA Tracking Survey, March-May 2017

SCREENER FOR RECONTACTS FROM M1098 (Both LL and cell) DELETED PRIOR TO WAVE 4

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

INTRO_EX1:
Hello, my name is ____ calling for SSRS. We are conducting an important national study about health care.

[IF SAMPLE=PRESCREENED: To thank you for your time we will send you a $5 check, if you qualify and complete this survey.]

(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, including yourself?

__________ # 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
(ASK INS_EX2 IF INS_EX1=1)

INS_EX2. How do you obtain your MAIN health insurance? Is it through your or your spouse’s employer or union, Medicare, Medicaid, or in some other way such as through the marketplace or through coverage you’ve purchased on your own?

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

(INTELLIGENT NOTE: SELECT CODE 1 IF RESPONDENT IS COVERED THROUGH MILITARY). SELECT CODE 3 IF THE RESPONDENT IS COVERED THROUGH MEDICAID.

SELECT CODE 4 IF THE RESPONDENT IS COVERED THROUGH THE MARKETPLACE (AFFORDABLE CARE ACT) 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, INS_EX4 AND INS_EX5 DELETED PRIOR TO WAVE 4

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

ELSE TERMINATE AND READ “Thank you for your time. You did not qualify for our survey. Those are all the questions we have for you today.”
ASK IF RDD LL OR RDD CELL:

INTRODUCTION:
Hello, my name is _____ calling for SSRS. We are conducting an important national 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. 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, including yourself?

__________ # 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
**BASE: ALL QUALIFIED RESPONDENTS**

SEX. Pardon me, but I’m required to verify, what is your gender?

1. Male
2. Female
3. Other (WRITE IN IF RESPONSE OFFERED. NOT NECESSARY TO SPECIFY)
R (DO NOT READ) Refused

**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

**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
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

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
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
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= CA, CO, CT, DC, HI, ID, 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, 2014 Q8 modified, 2015 Q8, 2016 Q8, 2017 Q8)

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

Q8. Under the health reform law, also known as the Affordable Care Act, there are marketplaces 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 these marketplaces also known as Health Care DOT gov or [(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, 2014 Q9a modified, 2015 Q9a, 2016 Q9a, 2017 Q9a)

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 marketplaces also known as Health Care DOT gov or [(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, 2014 Q9b modified, 2015 Q9b, 2016 Q9b, 2017 Q9b)

**BASE: ALL QUALIFIED RESPONDENTS**

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

(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 Survey 2016 Q9c, 2017 Q9c)

**BASE: ALL QUALIFIED RESPONDENTS**

Q9c. Are you aware that under the health care reform law you may have to pay a penalty through your income tax returns if you do not sign up for health insurance?

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 Survey 2016 Q9d, 2017 Q9d)

**BASE: AWARE OF INCOME TAX PENALTY OR DON’T KNOW ENOUGH TO SAY (IF Q9c=1, D,R)**

Q9d. Did you pay a penalty on your income tax returns for NOT enrolling in health insurance last year?

1 Yes
2 No
3 (DO NOT READ) Does not pay taxes
D (DO NOT READ) Don’t know enough to say
R (DO NOT READ) Refused
PERSONAL CURRENT INSURANCE COVERAGE


BASE: ALL QUALIFIED RESPONDENTS

Variation: 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. 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. Medicaid [IF STATE SPECIFIC NAME FOR MEDICAID IS NOT MEDICAID INSERT: also known in your state as [state specific Medicaid program]]

c. A health insurance plan that you signed up for through a health insurance marketplace also known as Health Care DOT gov or [(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”)

d. A health insurance plan that you bought directly from an insurance company.

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

**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
(ACA Tracking Survey 2015 Q12c, 2016 Q12c, 2017 Q12c)

**BASE: Has Medicaid and Marketplace coverage (Q10b=1 and Q10c=1)**

Q12c. You said that you have both Medicaid and a private health insurance plan you purchased through the marketplace. Is your main health insurance Medicaid, or a private health plan you purchased through the marketplace, or are you uncertain about what type of plan you have?

1. Medicaid
2. A private health plan you purchased through the marketplace
3. Uncertain whether it is Medicaid or a private health plan
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ACA Tracking Survey 2015 Q12d, 2016 Q12d, 2017 Q12d)

**BASE: Has Medicaid and Medicare (Q10b=1 and Q10e=1)**

Q12d. You said that you have both Medicaid and Medicare. Can I confirm that you have both Medicaid and Medicare coverage?

1. Yes, have both Medicaid and Medicare coverage
2. No, have Medicaid only
3. No, have Medicare only
4. Uncertain whether I have Medicaid or Medicare or both.
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ACA Tracking Survey 2014 Q13, modified skip, 2015 Q13 modified base, 2016 Q13, 2017 Q13 modified codes)

**BASE: HAS MEDICAID (Q10b=1 and Q10c=2,D,R AND Q10E=2,D,R) OR Q12c=1,3,D,R OR Q12d=2**

Q13. How long have you had Medicaid? (READ LIST)

(IF NECESSARY, “Please provide your best estimate if you are not sure how long you have had Medicaid).

1. Less than 12 months
2. 12 months or longer
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ACA Tracking Survey 2015 Q13a modified base, 2016 Q13a modified base, 2017 Q13a modified base)

**BASE: HAS HAD MEDICAID FOR LESS THAN 12 MONTHS (Q13=1)**

Q13a. Did you get your Medicaid coverage on or after January first, 2017?

1. Yes, got Medicaid on/after January 1, 2017
2. No, got Medicaid before January 1, 2017
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ACA Tracking Survey 2015 Q14, 2016 Q14 modified codes, 2017 Q14 modified codes)

**BASE: HAS MARKETPLACE (Q10C=1 AND Q10B=2,D,R) OR Q12c=2**

Q14. How long have you had a health plan you bought through the marketplace?

(ENTER ONE ONLY) (READ LIST)
(IF NECESSARY: Please provide your best estimate if you are not sure how long you have had your marketplace plan).

1. Less than 12 months
2. 12 months or longer
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ACA Tracking Survey 2015 Q14a, 2016 Q14a modified base, 2017 Q14a modified base)

**BASE: HAS HAD HEALTH PLAN THROUGH THE MARKETPLACE FOR LESS THAN 12 MONTHS (Q14=1)**

Q14a. Did your health coverage through the marketplace begin on or after January first, 2017?

1. Yes, health coverage through marketplace began on/after January 1, 2017
2. No, health coverage through marketplace began before January 1, 2017
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
ACCESSING THE MARKETPLACES
(October and December ACA Tracking Surveys 2013 CW-3, 2014 Q16, 2015 Q16, 2016 Q16, 2017 Q16)

BASE: ALL QUALIFIED RESPONDENTS
(IF Q10c=1 INSERT “Can I confirm - you have”)

Q16. As I mentioned, under the health reform law, also known as the Affordable Care Act, there are marketplaces in each state where people who do not have affordable health insurance through a job, can shop and sign up for health insurance. These marketplaces have been available since October 2013 (Can I confirm – you have visited/ Have you ever visited) a marketplace to shop for health insurance? This could be on the Internet, by phone, or in person

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

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

(ACA Tracking Survey 2017 Q16a1)
BASE: MARKETPLACE VISITORS (Q16=1 OR 3)
(IF Q16=1 INSERT ’your) (IF Q16=3 INSERT ‘their)

Q16a1. And when was (your/their) most recent visit to the marketplace? Was it… (READ LIST)?

1 Within the last 12 months
2 More than 12 months ago
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
BASE: DID NOT VISIT MARKETPLACE TO SHOP AND AWARE OF MARKETPLACE IF (If Q16=2) AND (Q8=1)
(PN: ASK ITEM a FIRST AND ITEM i LAST; RANDOMIZE ITEMS b-f; IF ITEM a=1, DO NOT ASK ITEMS b-i)
(PN: IF UNINSURED (Q11=1,D,R), DO NOT ASK ITEM a)
Q16a. You said that you have not visited the marketplace to shop for health insurance. 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 (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

a. You already have health insurance.
b. You went someplace else to look for health insurance coverage
c. You didn’t think you would be eligible for health insurance
d. You didn’t think you could afford health insurance
e. You don’t think you need health insurance
f. You thought the Affordable Care Act was going to be repealed
i. Of some other reason [SPECIFY]

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. Thinking about YOUR MOST RECENT VISIT to the marketplace, 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
(ACA Tracking Surveys October and December, 2013, CW-5, 2014 Q21a-c and 2014 Q22, 2015 Q21, 2016 Q21, 2017 Q21)

BASE: MARKETPLACE VISITORS (IF Q16=1)

(ROTATE 1-4/4-1)

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

(SCRAMBLE ITEMS A-D)

(PN: SHOW “And thinking about your most recent visit to shop for health insurance” ONLY FOR FIRST ITEM”. FOR SUBSEQUENT ITEMS SHOW “And how easy or difficult was it to compare the…” AND INCLUDE THIS IF NECESSARY NOTE (READ IF NECESSARY “thinking about your most recent visit to shop for health insurance”)

Q21. And thinking about YOUR MOST RECENT VISIT to shop for health insurance, 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
d. Doctors, clinics, and hospitals included in the coverage
(ACA Tracking Surveys October and December 2013, CW-7, 2014 Q24, 2015 Q24, 2016 Q24, 2017 Q24)

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

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

Q24. Again, thinking about your **MOST RECENT VISIT** to shop for health insurance, 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 2017 Q25a)

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

Q25a. Again, thinking about your **MOST RECENT VISIT** to shop for health insurance, approximately how many health plans did you have to choose from? Your best guest is fine. Did you have...

(READ LIST)?

1. One plan
2. Two to four plans
3. Five or more plans
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ACA Tracking Survey 2017 Q25b)

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

Q25b. (READ IF NECESSARY: Again, thinking about your **MOST RECENT VISIT** to shop for health insurance.) How satisfied were you with the number of health plans that were available for you to choose from. Were you...

(READ LIST)?

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
(ACA Tracking Surveys, December 2013, modified CW3c, 2015 CW3c, 2016 CW3c, 2017 CW3c)

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

CW-3c. When you shopped for health insurance, did you ever receive any personal assistance to help you select an insurance plan? This could have included calling a telephone hotline, or getting help from an insurance broker, navigator, or in some other way.

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

(ACA Tracking Survey 2017 Q25c)

**BASE: MARKETPLACE VISITORS WHO VISITED IN THE LAST 12 MONTHS (IF Q16=1)**

Q25c. When you shopped for health insurance, did you use a tool on the website that helped you estimate what your total yearly costs might be for the year for different plan options? This is sometimes known as a cost-calculator.

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

(ACA Tracking Survey 2017 Q25d)

**BASE: RECENT MARKETPLACE VISITORS WHO USED THE COST CALCULATOR (IF Q25c=1)**

Q25d. How helpful was this cost-calculator in choosing a plan? Was it… (READ LIST)?

1. Very helpful
2. Somewhat helpful
3. Not very helpful
4. Not at all helpful
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
III. ENROLLING IN A HEALTH PLAN

PRIOR TO WAVE 4: Q26A MOVED UP FROM AFTER Q26

(ACA Tracking Survey 2015 Q26a, 2016 Q26a, 2017 Q26a)

BASE: MARKETPLACE VISITORS AND NOT CURRENTLY COVERED WITH MARKETPLACE OR MEDICAID COVERAGE (Q16=1,3 AND Q13=D,R OR Q13 IS NOT ASKED) AND (Q14=D,R OR Q14 IS NOT ASKED)

Q26a. Are you currently enrolled in either a private health plan that you got through the marketplace, or in Medicaid?

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

1 Yes, currently enrolled in a private health plan
2 Yes, currently enrolled in Medicaid
3 No, not currently enrolled in a private plan or Medicaid coverage
4 (DO NOT READ) Yes, currently enrolled in health insurance through the Marketplace, not sure if it’s a private plan or Medicaid
5 (DO NOT READ) Yes, enrolled in a private plan but did not get it through the marketplace
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

(ACA Tracking Survey 2015 Q26b modified codes, 2016 Q26b, 2017 Q26b modified codes)

BASE: CURRENTLY HAVE PRIVATE PLAN OR MEDICAID (Q26a=1,2,4)

Q26b. How long have you have you had [If private health plan Q26a=1: health insurance through a private health plan that you purchased through the marketplace? (IF NECESSARY: This can include more than one plan)] [If Medicaid Q26a=2: your Medicaid coverage?] [If Q26a=4, this health insurance? (READ LIST)]

1 Less than 12 months
2 12 months or longer
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused
(ACA Tracking Survey 2015 Q26bb modified base, 2016 Q26bb, 2017 Q26bb modified base)

BASE: HAVE PRIVATE PLAN OR MEDICAID FOR LESS THAN 12 MONTHS AND CURRENTLY HAVE PRIVATE PLAN OR MEDICAID (Q26b=1)

Q26bb. Did you get (IF Q26a=1: your health coverage through the marketplace) (IF Q26a=2: your Medicaid coverage) (IF Q26a=4: this health insurance) on or after January first, 2017?

1 Yes, got coverage on/after January 1, 2017
2 No, got coverage before January 1, 2017
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ACA Tracking Survey 2017 Q26bc)

BASE: HAS MARKETPLACE COVERAGE (Q14=1,2,D,R OR Q26a=1)

Q26bc. You said you had a private plan you purchased through the marketplace. Thinking back to when you first enrolled, did you enroll during the regular open enrollment period, usually November through January, or did you sign up at some other time during the year? This is usually called a special enrollment period.

1 During the regular open enrollment period
2 Some other time during the year
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ACA Tracking Survey 2014 Q26b modified, 2015 Q27, 2016 Q27, 2017 Q27 modified question text and codes)

BASE: CURRENTLY ENROLLED IN MARKETPLACE PLAN (Q26A=1) OR HAS MARKETPLACE PLAN AS MAIN PLAN (Q14=1,2,D,R)

Q27. Some people qualify for financial assistance that lowers their premiums for marketplace plans. This assistance comes in the form of a tax credit. Do you currently qualify for a tax credit that lowers your premium?

1 Yes, qualify for a tax credit
2 No, do not qualify for a tax credit
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused
INSURANCE COVERAGE PRIOR TO MARKETPLACE OR MEDICAID

(ACA Tracking Survey 2014 Q18 modified, 2015 Q18 modified base, 2016 Q18 modified base, 2017 Q18 modified base)

BASE: CURRENTLY HAS MARKETPLACE COVERAGE, OR MEDICAID (Q26a = 1,2,4 or Q13=1,2,D,R or Q14=1,2,D,R)

Q18. Before you got your marketplace or Medicaid coverage, were you uninsured or did you have health insurance?

1 Uninsured
2 Had health insurance
3 (DO NOT READ) Had Medicaid for whole life
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
Q18a. What type of health insurance did you have prior to getting your Marketplace or 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)

PLEASE SHOW THIS INTERVIEWER NOTE IF Q18=2 AND (Q26a=2,4 OR Q13=1,2

(INTERVIEWER: IF RESPONDENT SAYS THAT THEY HAD A DIFFERENT MEDICAID PLAN BEFORE THEIR CURRENT MEDICAID SAY: And what type of health insurance did you have before getting any Medicaid coverage?)

PLEASE SHOW THIS INTERVIEWER NOTE IF Q18=2 AND (Q26a=1,4 OR Q14=1,2,D,R

(INTERVIEWER: IF RESPONDENT SAYS THAT THEY HAD A DIFFERENT MARKETPLACE PLAN BEFORE THEIR CURRENT MARKETPLACE PLAN SAY: And what type of health insurance did you have before getting any health plan through the marketplace?)

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

a. 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.

d. Medicaid [IF STATE SPECIFIC NAME FOR MEDICAID IS NOT MEDICAID INSERT: also known in your state as [state specific Medicaid program]

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 or) Healthcare DOT gov, created by the Affordable Care Act. (INTERVIEWER NOTE: If respondent says do you mean Obamacare, then say: “It is sometimes referred to as Obamacare.”)

c. A health insurance plan that you bought directly from an insurance company.

e. Health insurance through ANY other source, including military or veteran’s coverage
(ACA Tracking Survey 2014 Q18b, 2015 Q18b modified base, 2016 Q18b, 2017 Q18b modified options)

**BASE: UNINSURED WHEN OBTAINED CURRENT HEALTH INSURANCE (If Q18=1)**

Q18b. At the time you got your marketplace or Medicaid coverage how long had you been uninsured?

(READ LIST ONLY IF NECESSARY)

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

**SWITCHING MARKETPLACE AND MEDICAID PLANS**

(ACA Tracking Survey 2015 Q26d, 2016 Q26d modified base, 2017 Q26d modified base)

**BASE: CURRENTLY HAS MARKETPLACE PRIVATE PLAN AND HAS HAD IT SINCE BEFORE JAN 2017 (Q26A=1 AND (Q26BB=2, D, R OR Q26B=2, D, R)) OR Q14A=2, D, R OR Q14=2, D, R**

Q26d. Thinking back over the time you have had your marketplace coverage, have you had the same plan the whole time or have you changed plans?

1. Same plan
2. Changed Plans
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused
(ACA Tracking Survey 2015 Q26f modified base and modified text, 2016 Q26f modified question text, 2017 Q26f modified base)

**CURRENTLY HAS MARKETPLACE PRIVATE PLAN AND HAS HAD IT SINCE BEFORE JAN 2017 (Q26A=1 AND (Q26BB=2, D,R, OR Q26B= 2,D,R)) OR Q14A=2,D,R OR Q14=2,D,R**

Q26f. And overall, has the amount you have to pay in premiums for your (IF26D=1 INSERT health plan/IF 26D=2, D, R INSERT health plans) increased, decreased, or did it stay about the same?

(IF NECESSARY: This is with regard to the time you have had any health plan through the marketplace)

1  Increased
2  Decreased
3  Stayed about the same
D  (DO NOT READ) Don’t Know
R  (DO NOT READ) Refused

(ACA Tracking Survey 2017 Q26fa)

**BASE: IF PREMIUMS INCREASED OR DECREASED ON MARKETPLACE PLAN (IF Q26f=1,2)**

PN: IF Q26F=1 INSERT ‘increased’. IF Q26F=2 INSERT ‘decreased’
PN: ROTATE ITEMS IN PARENS
PN: ROTATE CODES IN SAME ORDER FOR Q26FA AND Q26HA

Q26fa. Would you say the amount you have to pay in premiums for your (IF26D=1 INSERT health plan/IF 26D=2, D, R INSERT health plans) has (increased/decreased) by (a lot) or by (a little)?

(IF NECESSARY: This is with regard to the time you have had any health plan through the marketplace)

1  Increased/Decreased by a lot
2  Increased Decreased by a little
D  (DO NOT READ) Don’t Know
R  (DO NOT READ) Refused
CURRENTLY HAS MARKETPLACE PRIVATE PLAN AND HAS HAD IT SINCE BEFORE JAN 2017 (Q26A=1 AND (Q26BB=2, D,R OR Q26B=2,D,R)) OR Q14A=2,D,R OR Q14=2,D,R

Q26g. A deductible is the amount you have to pay before your insurance plan will start paying any of your medical bills. Does your marketplace plan have a deductible?

(IF Respondent confuses deductible and co-pay, say: A co-pay is the 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
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

BASE: COVERED BY MARKETPLACE PLAN SINCE BEFORE JAN 2017 AND MARKETPLACE PLAN HAS A DEDUCTIBLE (Q26g=1)

Q26h. And, over the time you have had a health plan through the marketplace, has your deductible amount increased, decreased or has it stayed about the same?

1 Increased
2 Decreased
3 Stayed about the same.
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

BASE: IF DEDUCTIBLE HAS INCREASED ON PLAN (IF Q26h=1, 2)

PN: IF Q26h=1 INSERT ‘increased’. IF Q26h=2 INSERT ‘decreased’
PN: ROTATE ITEMS IN PARENS
PN: ROTATE CODES IN SAME ORDER FOR Q26FA AND Q26HA

Q26ha. Has your deductible amount (increased/decreased) by (a lot) or by (a little)?

1 (Increased/Decreased) by a lot
2 (Increased/Decreased) by a little
D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused
(ACA Tracking Survey 2015 Q26k modified base and question text, 2016 Q26k modified question text, 2017 Q26k multi-response to single response question)
(SRAMBLE ITEMS 01-03. ASK 97 LAST)
BASE: COVERED BY MARKETPLACE PLAN SINCE BEFORE JAN 2017 AND STAYED IN THE SAME PLAN(Q26D=1)

Q26k. You said that you stayed with the same plan the whole time you had marketplace coverage. What is the main reason you kept the same plan? Was it because (READ LIST)?

01 You are satisfied with your plan
02 You like your doctors and didn’t want to change
03 It was easier to stay in your plan
97 Or some other reason (SPECIFY)
DD (DO NOT READ) Don’t Know
RR (DO NOT READ) Refused

(ACA Tracking Survey 2015 Q26l, 2016 Q26l, 2017 Q26l multi-response to single response question)
(SRAMBLE ITEMS 01-03; ASK 97 LAST)
BASE: COVERED BY MARKETPLACE PLAN SINCE BEFORE JAN 2017 AND CHANGED PLANS (Q26D=2)

Q26l. What is the main reason why you changed plans? Was it because…INSERT ITEM

01 Your old plan was no longer being offered
02 Your new plan has a lower premium than your old plan
03 Your new plan has more of the doctors or hospitals you want
97 Or some other reason..(SPECIFY)
DD (DO NOT READ) Don’t Know
RR (DO NOT READ) Refused
(ACA Tracking Survey 2014 Q27b, 2015 Q27b, 2016 Q27b modified question text, 2017 Q27b modified base)

**BASE: CURRENTLY ENROLLED IN MARKETPLACE PLAN (Q26a=1,4) OR (Q14=1,2,D,R)**

Q27b. While choosing your current plan, what was the most important factor in your decision about which plan to select? Would you say it was…?

(READ IF NECESSARY: “By your current plan we mean the plan that you are currently enrolled in. This may or may not have gone into effect yet”)

(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

(ACA Tracking Survey 2014 Q27d, 2015 Q27d, 2016 Q27d modified question text, 2017 Q27d modified base)

**BASE: CURRENTLY ENROLLED IN MARKETPLACE PLAN (Q26a=1,4) OR (Q14=1,2,D,R)**

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. While choosing your current plan, did you have the option of choosing a less expensive plan with fewer doctors or fewer hospitals?

(READ IF NECESSARY: “By your current plan we mean the plan that you are currently enrolled in. This may or may not have gone into effect yet.”)

1. Yes
2. No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ACA Tracking Survey 2014 Q27d1, 2015 Q27d1, 2016 Q27d1, 2017 Q27d1)

**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

(ACA Tracking Surveys October and December 2013 CW-10, 2014 Q27e MODIFIED, 2015 Q27e modified base and question text, 2016 Q27e, 2017 Q27e modified base)

**BASE: CURRENTLY HAS INSURANCE ((Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 OR Q10f=1) OR (Q11=2) OR (Q26a=1, 2, 4, 5))**

Q27e. Does your current insurance include all, some, or none of the doctors that you want OR do you not know which doctors are included on your plan?

(READ IF NECESSARY: “By current insurance we mean the insurance that you are currently enrolled in. This may or may not have gone into effect yet”.)

(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 want
2. Some of the doctors you want
3. None of the doctors you want
D Don’t know which doctors are included in insurance
R (DO NOT READ) Refused
BASE: CURRENTLY HAS INSURANCE ((Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 OR Q10f=1) OR (Q11=2) OR (Q26a=1, 2, 4, 5))

Q19aa. How satisfied are you with the doctors covered by your current 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
5 (DO NOT READ) I have not tried to get care
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

BASE: CURRENTLY ENROLLED IN MARKETPLACE PLAN, OR MEDICAID (Q26A=1,2,4) OR Q13=1,2,D,R OR Q14=1,2,D,R

Q27f. Over the time that you have had your health coverage through the marketplace or Medicaid, have you used this 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

BASE: HAS USED NEW HEALTH INSURANCE PLAN (Q27f=1)

Q27g. Prior to getting this coverage, would you have been able to access and/or afford this care?

(INTERVIEWER: IF RESPONDENT ASKS WHAT IS MEANT BY “this coverage” SAY “This refers to your current coverage through the Marketplace or Medicaid”.)

1 Yes
2 No
D (DO NOT READ) Don't know
R (DO NOT READ) Refused
Q28. Over the time that you have had your health coverage through the marketplace or Medicaid, 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. Thinking back to the last time you made an appointment with this doctor, how long did you have to wait to get this appointment? 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
BASE: CURRENTLY ENROLLED IN MARKETPLACE PLAN, OR MEDICAID (Q26A=1,2,4) OR Q13=1,2,D,R OR Q14=1,2,D,R
Q29. Over the time that you have had your health coverage through the marketplace or Medicaid, 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

BASE: NEEDED TO SEE SPECIALIST (IF Q29=1)
Q29b. Thinking back to the last time you made an appointment with a specialist, how long did you have to wait to get this appointment? 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]
(ADAPTED FROM BIENNIAL SERIES)
(Item A is NEW; item B is Trend Older Adults 2004 Q43a modified, 2005 Q35b, 2007 Q27b, 2010 Q25b, 2012 Q28b modified; item C 2010 International Survey Q1515-3 modified, 2010 Q25d, 2012 Q28d)
(ACA Tracking Survey 2016 Q31, 2017 Q31)
RANDOMIZE ITEMS A-D
BASE: ASK IF NOW INSURED OR CURRENTLY ENROLLED IN MARKETPLACE PLAN OR MEDICAID (Q26A=1,2,4,5 or (Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 OR Q10f=1) OR Q11=2)
Q31. Please tell me if you have ever had this problem with YOUR CURRENT MAIN health insurance plan. (INSERT ITEM)... Has this ever happened while you’ve had your current plan?

1 Yes
2 No
3 (DO NOT READ) I have not tried to get care
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

d. You or a family member received care at a hospital that you thought was covered by your insurance, but you received a bill from a doctor who was not covered by your plan.

(ACA Tracking Survey 2014 Q31c, 2015 Q31c, 2016 Q31c, 2017 Q31c modified base)
BASE: NOW INSURED OR CURRENTLY ENROLLED IN MARKETPLACE PLAN OR MEDICAID (Q26A=1,2,4,5 OR (Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 OR Q10f=1) OR Q11=2)
(ROTATE 1-4/4-1)
(ROTATE SAME ORDER FOR Q30, Q 31C, Q31d)
Q31c. Overall, how satisfied are you with your 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
IV. NOT ENROLLING IN A HEALTH PLAN

(ACA Tracking Surveys October and December 2013 CW-12 MODIFIED; 2014 Q33, 2015 Q33, 2016 Q33 modified items, 2017 MODIFIED Q33)

BASE: VISITED MARKETPLACE BUT DID NOT SELECT COVERAGE (Q16=1 AND Q26a=3)

(SCRAMBLE ITEMS 01-03. ASK 97 LAST)

Q33. Can you tell me THE MAIN REASON you did not obtain a private health insurance plan or Medicaid coverage when you visited the marketplace? Was it because (READ LIST)?

01 You could not find a plan you could afford
02 You obtained health insurance through another source
03 You decided you didn’t need health insurance
97 Or some other reason (SPECIFY)
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused
AFFORDABILITY AND QUALITY OF INSURANCE


BASE: NOW INSURED OR CURRENTLY ENROLLED IN MARKETPLACE PLAN OR MEDICAID (Q26A=1,2,4,5 or (Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 or Q10f=1) OR Q11=2

Q36. Now I want to ask you some questions about what you pay for your health insurance. Do you pay ALL or SOME of the premium for your MAIN health plan, or do you pay nothing to have this health insurance?

(PN: SHOW NOTE BELOW IF Q.26a=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 all or some of the premium
2  Pay nothing
D  (DO NOT READ) Don’t know
R  (DO NOT READ) Refused

(Underinsured Tracking Survey, Sept 2014 CW11a, ACA Tracking Survey 2015 Q36_1, 2016 Q36_1, 2017 Q36_1)

BASE: PAYS NOTHING FOR PLAN OR DK/REF (IF Q36=2, D, R)

Q36_1. Does someone else in your family pay a premium for your MAIN health plan?

(INTERVIEWER NOTE: This premium amount includes money deducted from a paycheck, as well as money paid directly to the insurance company. If you receive government financial assistance, this amount is just the amount that you are responsible for paying.)

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

**BASE: ANSWERS PREMIUM QUESTION AND HAS FAMILY (Q36=1,2 AND (Q5=1,2)**

(IF Q36=1 OR 2, INCLUDE VERBIAGE IN PARENS)

Q36a. 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

**BASE: PAYS ALL OR SOME OF PREMIUM (Q36=1 OR 36_1=1)**

IF Q36=1, insert “do you pay/you”

IF Q36_1=1, insert “does someone else in your family pay/they”

Q36b. About how much (do you/does someone else in your family) pay every month in premiums on this plan including any amount deducted from a paycheck? Do (you/they) pay…?

(PN: SHOW NOTE BELOW IF Q.26a=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 UNTIL ENDORSED. 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, ACA Tracking Surveys 2014 Q36c, 2015 Q36c, 2016 Q36c, 2017 Q36c)

**BASE: PAYS ALL OR SOME OF PREMIUM (Q36=1 or Q36_1=1)**

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

(IF Q36=1 INSERT: you)

(IF Q36_1=1 INSERT: the person paying the premium)

Q36c. How easy or difficult is it for (you/the person paying your premium) 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


**BASE: NOW INSURED OR CURRENTLY ENROLLED IN MARKETPLACE PLAN OR MEDICAID (Q26A=1,2,4,5 or (Q10a=1 OR Q10b=1 OR Q10c=1 OR Q10d=1 OR Q10e=1 or Q10f=1) OR Q11=2**

Q37. [IF Q26g NE 1: “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?”]

[IF Q26g=1: “Can I confirm that your health plan has a deductible?”]

(PN: SHOW NOTE BELOW IF Q.26a=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 ONLY ONCE: 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
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; ACA Tracking Surveys 2013 Q45, 2014 Q41, 2015 Q41)

(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
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?

(INTROVIEVER 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
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: 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, 2015 HH1, 2016 HH1, 2017 HH1)
(PN: FOR LL 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 (DO NOT READ) 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 CHILDHH > 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 CHILDHH=1 AND PARENT=1, GEN IN 1 FOR PARENTHH)
(ASK IF PARENT/GUARDIAN OF ANY CHILDREN IN HH)
PARENTHH. Of how many of these children are you the parent or guardian?

__________ (RECORD NUMBER 0- ANSWER AT CHILDHH)
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
7 Other (SPECIFY)__________
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

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 parens “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 parens “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 (IF PARENTHH=1, INSERT ‘is’/IF PARENTHH>1 INSERT ‘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)
D18a. 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
(Marketplace 2013, ACA Tracking Survey 2014 d18b, 2015 D18b, 2016 D18b, 2017 D18b)

(ASK D.18b IF D18=1)
D18b. 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)
POVERTY LEVELS MODIFIED, 2016 LEVELS USED HERE

<table>
<thead>
<tr>
<th>Family Size</th>
<th>AMT0 (100%)</th>
<th>AMT1 (138%)</th>
<th>AMT2 (250%)</th>
<th>AMT3 (400%)</th>
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<tbody>
<tr>
<td>1</td>
<td>$11,880</td>
<td>$16,394</td>
<td>$29,700</td>
<td>$47,520</td>
</tr>
<tr>
<td>2</td>
<td>$16,020</td>
<td>$22,108</td>
<td>$40,050</td>
<td>$64,080</td>
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<tr>
<td>3</td>
<td>$20,160</td>
<td>$27,821</td>
<td>$50,400</td>
<td>$80,640</td>
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<td>4</td>
<td>$24,300</td>
<td>$33,534</td>
<td>$60,750</td>
<td>$97,200</td>
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<tr>
<td>5</td>
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<td>$39,247</td>
<td>$71,100</td>
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<td>$44,960</td>
<td>$81,450</td>
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<td>7</td>
<td>$36,730</td>
<td>$50,687</td>
<td>$91,825</td>
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<td>12</td>
<td>$57,530</td>
<td>$79,391</td>
<td>$143,825</td>
<td>$230,120</td>
</tr>
</tbody>
</table>

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
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

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

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
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

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

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

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

ZIP. What is your zip code?

________ ENTER ZIPCODE
RR (DO NOT READ) Refused
(PN: 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 (PRESCREENED EXCEL SAMPLE)

FOR INTERVIEWER (PRE-SCREENED EXCEL): FOR PRE-SCREENED SAMPLE SELECT CODE 1 ALWAYS. IF THEY EXPLICITLY SAY THEY DO NOT WANT $5 SELECT CODE ‘R’ IN FOLLOW-UP QUESTION.

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 PRESCREENED EXCEL 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.

(PN: PLEASE INCLUDE THE CODE ‘R (DO NOT READ) Respondent does not want the money’ AS AN OPTIONAL CODE WITH ALL OTHER CODES)

1 [ENTER FULL NAME] – INTERVIEWER: PLEASE VERIFY SPELLING
2 [ENTER MAILING ADDRESS]
3 [City]
4 [State]
5 CONFIRM ZIP from above
R (DO NOT READ) 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.