Hello. My name is ___________ and I’m calling on behalf of the Commonwealth of Massachusetts. I’m with Social Science Research Solutions.

(INTERVIEWER SHOULD CONFIRM THAT RESPONDENT IS 18 OR OLDER. OTHERWISE ASK TO SPEAK WITH SOMEONE IN THE HOUSEHOLD WHO IS 18 OR OLDER)

IF RDD or listed telephone from USPS sample: We are working on a study about health care in Massachusetts. As a thank you for your contribution to this important research, we will enter eligible households in a drawing for a $100 gift certificate or 2 Red Sox tickets.

IF other USPS sample: We are working on a study about health care in Massachusetts. As a thank you for your contribution to this important research, we will send eligible households $20 and also enter you in a drawing for a $100 prize or 2 Red Sox tickets.

As you may know, Massachusetts is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. The state would like to better understand how to improve access to affordable health insurance.

INTERVIEWER: IF YOU REACH A CHILD, ASK TO SPEAK TO AN ADULT.

FOR RDD sample: Your telephone number was randomly selected from phone numbers in Massachusetts. Your participation in this study is voluntary and will be a great help. This study takes only about 25 minutes. (IF NEEDED: It tends to be a bit shorter for smaller households and a bit longer for larger households.) (IF NEEDED, READ: As I mentioned, we’re offering a chance to win a pair of Red Sox tickets or a $100 gift certificate to each eligible household that completes the survey as a thank you.)

FOR USPS sample with listed landline phone: Your address was randomly selected from residential addresses in Massachusetts. Your participation in this study is voluntary and will be a great help. This study takes only about 25 minutes. (IF NEEDED: It tends to be a bit shorter for smaller households and a bit longer for larger households.) (IF NEEDED, READ: As I mentioned, we’re offering a chance to win a pair of Red Sox tickets or a $100 gift certificate to each eligible household that completes the survey as a thank you.)
FOR remaining USPS sample: Your address was randomly selected from residential addresses in Massachusetts. Your participation in this study is voluntary and will be a great help. This study takes only about 25 minutes. (IF NEEDED: It tends to be a bit shorter for smaller households and a bit longer for larger households.) (IF NEEDED, READ: As I mentioned, we’re offering a $20 payment to each eligible household that completes the survey as a thank you. We’re also offering a chance to win a pair of Red Sox tickets or a $100 gift certificate.)

INTRO3. Before we start, let me tell you that everything you say will be kept private. Your answers will be combined with those of other people in Massachusetts. The study will not be used for marketing purposes and your decision whether or not to participate will not have any effect on anything to do with your insurance coverage, health care, or your relationship with any state agencies in Massachusetts. You may skip over questions or stop the interview at any time you wish.

IF RESPONDENT RAISES CONCERNS ABOUT THE INDIVIDUAL MANDATE: Since all of the information that you provide will be kept private, there is no way that anything you say could be used to determine whether you are complying with the individual mandate on insurance coverage.

INTRO4. If you have questions about the study, I can give you a phone number now or at the end of the survey that you can call to find out more about the study.

For questions about the survey, please call Kathy Langdale 1-800-633-1986.

To speak with the Division of Health Care Finance and Policy about this survey, please call 617-988-3100.
S1. First of all, is this a second home or vacation home?

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

S1a. Is this home in Massachusetts?

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

IF NO, STOP INTERVIEW

S5. Is this a house, condominium, apartment, mobile home, some other kind of private residence, or something else? (DO NOT READ)

1  House or row house
2  Condominium or apartment
3  Mobile home or trailer
4  Other private residence
10 Other Non-private residence (such as a group home)
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(IF S5 = 10, D, R READ: THANK YOU. WE ARE ONLY INTERVIEWING PEOPLE IN THEIR PRIVATE RESIDENCE.)

(ASK S1B IF S1=1 AND RDD SAMPLE or USPS SAMPLE WITH LISTED LANDLINE PHONE
IF REMAINING USPS SAMPLE, READ: Thank you. We are only interviewing people at their main residence. TERMINATE
ASK S1b IF S1=1)

S1b. Is the telephone number I dialed, xxx-xxx-xxxx, the number I would use to reach you at your main residence?

1  Yes CONTINUE
2  No (READ: Thank you. We are only interviewing people at their main residence. TERMINATE)

D (DO NOT READ) Don’t know (READ: Thank you. We are only interviewing people at their main residence. TERMINATE)
R (DO NOT READ) Refused  (READ: Thank you. We are only interviewing people at their main residence. TERMINATE)

(IF Q.S1 = D OR R OR Q.S1b=2, D OR R TERMINATE AND RECORD AS TQS1. IF Q.S1 = 2 OR Q.S1b=1, CONTINUE)

(INTerviewer READ) I’d like to begin by asking some questions about health insurance coverage for people in your household.

S2. Can you answer questions about health insurance for people in this household?
   1 Yes
   2 No
   D (DO NOT READ) Don’t know
   R (DO NOT READ) Refused

(IF S2=2, D, R; ASK S3)

S3. Is another adult available who could answer questions about health insurance?
   1 Yes  GET PERSON ON PHONE AND CONTINUE [SKIP TO INTRO1]
   2 No  SET UP CALL BACK.
   D (DO NOT READ) Don’t know (THANK AND TERMINATE)
   R (DO NOT READ) Refused (THANK AND TERMINATE)

S4. How many people currently live or stay here? Please include anyone temporarily away for school or the armed services.
   (PROBE: Include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and National Guard members who are deployed.)
   (Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the regular Armed Forces living somewhere else.)

   ________ people (RANGE 1-10)
   D (DO NOT READ) Don’t know (THANK AND TERMINATE)
   R (DO NOT READ) Refused (THANK AND TERMINATE)
(INTERVIEWER READ IF Q.S4 = 2+) I need some general information about the people in this house so that one person can be picked at random to talk about their access to health insurance.

ASK S6 TO S9 IN SUCCESSION FOR EACH MEMBER OF THE HOUSEHOLD
(PN: Questions S6 – S9 can be used to create a “HH Roster” listing each person in HH)
S6. Starting with yourself, what is your age?
   (INTERVIEWER IF RESPONDENT DK/REFUSES AGE: I understand your reluctance to give your age, but this information is totally confidential. It is very important that we gather this information accurately to help improve health insurance coverage for Massachusetts’ families. IF RESPONDENT STILL DK/REFUSES AGE, ASK Q.S6a1)

   ____________ (AGE)
   RR  (DO NOT READ) Refused

(ASK Q.S6a1 IF Q.S6 = DD OR RR)
S6a1. Could you please tell me if you are…?
   (READ LIST. ENTER ONE ONLY)

   1 Less than 18 years of age
   2 18 years of age or older
   D  (DO NOT READ) Don’t know
   R  (DO NOT READ) Refused
(IF S6<18 OR Q.S6a1 = 1, D, OR R; ASK S6A)
S6A. Is there someone available who is 18 or older?

1 Yes GET PERSON ON PHONE AND CONTINUE [SKIP TO INTRO1]
2 No SET UP CALL BACK
D (DO NOT READ) Don’t know (THANK AND TERMINATE)
R (DO NOT READ) Refused (THANK AND TERMINATE)

S6aa. RECORD RESPONDENT GENDER

1 Male
2 Female

S6(b-j). And the next person’s age?
(INTERVIEWER IF RESPONDENT DK/REFUSES AGE: I understand your reluctance to give other household members’ ages, but this information is totally confidential. It is very important that we gather this information accurately to help improve health insurance coverage for Massachusetts’ families. IF RESPONDENT STILL DK/REFUSES AGE, ASK Q.S6b1)

__________ years (ENTER AGE 1-110)
00 Less than 1 year old
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(ASK Q.S6b1 FOR EACH Q.S6b-j = DD OR RR)
S6b1. Could you please tell me if this person is…?
(READ LIST. ENTER ONE ONLY)

1 Less than 18 years of age
2 18 years of age or older
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

IF Q.S6(b-j) = 18+ OR Q.S6b1 = 2, INSERT “person” and “male or female”
IF Q.S6(b-j) IS <18 OR Q.S6b1 = 1, INSERT “child” and boy or girl
S7(b-j). Is this (child/person) (a boy or a girl/male or female)?

1 Male/Boy
2 Female/Girl
R (DO NOT READ) Refused
S8(b-j). What is this person’s relationship to you?

(DO NOT READ. ENTER ONE ONLY. R CAN PROVIDE UP TO ONE PARTNER AND FOUR PARENTS, GUARDIAN AND WARD SHOULD BE CODED BEFORE ANY OTHER RELATIONSHIP EXCEPT PARENT OR STEPPARENT OR CHILD/STECHELDR/FOSTER CHILD, SO A GRANDPARENT AND GUARDIAN SHOULD BE CODED AS GUARDIAN)

(INTERVIEWER IF RESPONDENT REFUSES RELATIONSHIP: I understand your reluctance to give your relationship to other members of your household, but this information is totally confidential. It is very important that we gather this information accurately to help improve health insurance coverage for Massachusetts’ families. IF RESPONDENT STILL REFUSES RELATIONSHIP, THANK AND TERMINATE.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Spouse (wife/husband)</td>
</tr>
<tr>
<td>02</td>
<td>Unmarried partner / significant other</td>
</tr>
<tr>
<td>03</td>
<td>Child / stepchild / foster child/ward</td>
</tr>
<tr>
<td>04</td>
<td>Parent / Stepparent / foster parent/guardian</td>
</tr>
<tr>
<td>05</td>
<td>Sibling / Stepsister / Stepbrother</td>
</tr>
<tr>
<td>06</td>
<td>Grandparent / Step-grandparent</td>
</tr>
<tr>
<td>07</td>
<td>Grandchild / Step-grandchild</td>
</tr>
<tr>
<td>08</td>
<td>Son-in-law / Daughter-in-law</td>
</tr>
<tr>
<td>09</td>
<td>Father-in-law / Mother-in-law</td>
</tr>
<tr>
<td>10</td>
<td>Other relative</td>
</tr>
<tr>
<td>11</td>
<td>Employer</td>
</tr>
<tr>
<td>12</td>
<td>Employee (maid, nanny, au pair, housekeeper, etc.)</td>
</tr>
<tr>
<td>13</td>
<td>Professional caregiver (nurse, aide, etc.)</td>
</tr>
<tr>
<td>14</td>
<td>Other non-relative</td>
</tr>
<tr>
<td>DD</td>
<td>Don’t know</td>
</tr>
<tr>
<td>RR</td>
<td>Refused</td>
</tr>
</tbody>
</table>

ASK IF S6 >/= 16

S9 What is the highest level of school [you have/she has/he has] completed or the highest degree [you have/she has/he has] received?

(DO NOT READ. ENTER ONE ONLY)

<table>
<thead>
<tr>
<th>Code</th>
<th>Level of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than high school (grades 1-11, grade 12 but no diploma)</td>
</tr>
<tr>
<td>2</td>
<td>High school graduate or equivalent (e.g. GED)</td>
</tr>
<tr>
<td>3</td>
<td>Some college but no degree (incl. 2 year occupational or vocational programs)</td>
</tr>
<tr>
<td>4</td>
<td>Associates Degree (not occupation or vocational programs)</td>
</tr>
<tr>
<td>5</td>
<td>College graduate (e.g. BA, AB, BS)</td>
</tr>
<tr>
<td>6</td>
<td>Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDs, PhD, JD, LLB, DVM)</td>
</tr>
<tr>
<td>D</td>
<td>Don’t know</td>
</tr>
<tr>
<td>R</td>
<td>Refused</td>
</tr>
</tbody>
</table>
(IF Q.S7=1 INSERT “he”; IF Q.S7=2, INSERT “she”, ELSE INSERT “they”)

(IF S6(a-j) = >16 ASK)

S9a [Are you /Is she /Is he] currently working for pay?

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

FOR RESPONDENT, INSERT “you”

(IF Q.S4 = 1, READ VERBIAGE IN PARENS)

S10. I will be asking some specific insurance coverage questions about one randomly chosen person from your household. For those questions my computer has selected [you/TARGET].

(I will be asking some specific questions about your insurance coverage)

INTERVIEWER RECORD

1 Respondent
2 Target

(P.N. – IF RANDOM PERSON CHOSEN IS TARGET AND Q.S6b1 = D OR R FOR THAT PERSON OR Q.S8b-j = RR FOR THAT PERSON, THANK AND TERMINATE)

S10a. What is the first name or initials of the person I selected?

1 Answer given (SPECIFY) ______________
R Refused

IF AGE >=17, ASK Q.S11 AND IDENTIFY SPOUSE/PARTNER (S11=1 OR 2) IN THE ROSTER (TSPOUSE)

INSERT “is this person” IF Q.S10 = 2

IF TARGET IS RESPONDENT’S SPOUSE/PARTNER, GEN IN CODE 1 OR CODE 02 (RESPONDENTS WHO ARE ALSO TARGETS SHOULD BE ASKED THIS QUESTION IF Sba-j NE 01)

IF ONE PERSON HOUSEHOLD, (S4 =1) DO NOT SHOW CODE 2, LIVING WITH PARTNER

S11. Are you (is this person) currently:

1 Married
2 Living with partner
3 Divorced
4 Separated
5 Widowed
6 Never Married
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
IF TARGET IS THE RESPONDENT, SKIP TO SETUP 1
(ASK Q.S12 OF EVERYONE EXCEPT FOR RESPONDENT)

S12(b-j). It would be helpful to know the relationship between the other members of your household and (INSERT NAME OR INITIALS FROM Q.S10a OR RELATIONSHIP FROM Q.S8[b-j])? What is the relationship of your (RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j] if multiple members with same relationship code] to the TARGET)?

(DO NOT READ, ENTER ONE ONLY, GUARDIAN AND WARD SHOULD BE CODED BEFORE ANY OTHER RELATIONSHIP EXCEPT PARENT OR STEPPARENT OR CHILD/STEPCHILD/FOSTER CHILD, SO A GRANDPARENT AND GUARDIAN SHOULD BE CODED AS GUARDIAN))

01 Spouse (wife/husband)
02 Unmarried partner / significant other
03 Child / stepchild / foster child/ward
04 Parent / Stepparent / foster parent/guardian
05 Sibling / Stepsister / Stepbrother
06 Grandparent / Step-grandparent
07 Grandchild / Step-grandchild
08 Son-in-law / Daughter-in-law
09 Father-in-law / Mother-in-law
10 Other relative
11 Employer
12 Employee (maid, nanny, au pair, housekeeper, etc.)
13 Professional caregiver (nurse, aide, etc)
14 Other non-relative
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused
ASK IF S12(b-j) NE 04 AND TAGE<18
S12-1. Are any members of your household the legal guardian or caretaker of (TARGET)?

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

ASK IF Q.S12-1=1
S12-2. Which household member (or members) is (TARGET’s) legal guardian or caretaker?  
(DO NOT READ, ALLOW MULTIPLE)

01 Spouse (wife/husband)  
02 Unmarried partner / significant other  
03 Child / stepchild / foster child/ward  
04 Parent / Stepparent / foster parent/guardian  
05 Sibling / Stepsister / Stepbrother  
06 Grandparent / Step-grandparent  
07 Grandchild / Step-grandchild  
08 Son-in-law / Daughter-in-law  
09 Father-in-law / Mother-in-law  
10 Other relative  
11 Employer  
12 Employee (maid, nanny, au pair, housekeeper, etc.)  
13 Professional caregiver (nurse, aide, etc)  
14 Other non-relative  
DD (DO NOT READ) Don’t know  
RR (DO NOT READ) Refused

[PN: ALL HH MEMBERS CODED AS GUARDIAN SHOULD = 04 IN S12]
SETUP1:

P.N. - Create the following variables to be used in remainder of survey

HH_COUNT – Number of people in household (S4)
TMARR – 1 if TARGET is married/partner; 0 otherwise
TPAR – 1 if TARGET is parent; 0 otherwise
TAGE – TARGET’s age
TFEM – 1 if TARGET is female; 0 otherwise
TFAM_COUNT – Number of people in TARGET’s family.
  IF TAGE<19 & TMARR=0 & TPAR=0: TARGET+PARENTS+SIBLINGS<19 FROM ROSTER
  IF TAGE<19 & (TMARR=1 OR TPAR=1): TARGET+SPOUSE+CHILDREN<19 FROM ROSTER
  IF TAGE>18: TARGET+SPOUSE+CHILDREN<19 FROM ROSTER
HEALTH INSURANCE

INSERT “you/have/do you” IF Q.S10 = 1
INSERT “NAME/INITIALS/RELATIONSHIP/has/does…” IF Q.S10 = 2
(ASK ITEMS b, i, j, and l if TAGE>17)
(ASK ITEM c IF H1b < 1 >)
(ASK ITEM l IF H1b AND H1c < 1 >)
(ASK ITEM M IF H1l AND H1b AND H1c < 1 >)
(ASK ITEM k if TAGE>15 AND </=64 AND H1b AND H1c < 1 >)

H1. I am going to read you a list of different types of health insurance coverage. Please tell me if (you / TARGET) currently (have/has) any of the following types of insurance. Please exclude any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.
(Do you/does TARGET) currently have (READ LIST)?
IF RESPONDENT ASKS TO SKIP THROUGH INSURANCE QUESTIONS, SAY: I’m sorry, but I have to read all of the insurance categories.”
  1  Yes
  2  No
D  (DO NOT READ) Don’t know
R  (DO NOT READ) Refused

a. DELETED
b. Health insurance through (your/TARGET’s) work or union (Probe: This insurance could be through COBRA, through a former employer or a retiree benefit.)
c. Health insurance through someone else’s work or union (Probe: This insurance could be through COBRA, through a former employer or a retiree benefit.)
d. Medicare (PROBE: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.)
f. Veteran's Affairs, Military Health, TRICARE or CHAMPUS
g. DELETED
h. MassHealth or Medicaid (PROBE: This is a Massachusetts program for low- and moderate-income families with children, seniors, and people with disabilities. You may know it as CommonHealth, Family Assistance, the Medical Security Program, or the Insurance Partnership. (You/TARGET) may have coverage under MassHealth through a health insurance plan.)
i. Commonwealth Care or CommCare? (PROBE: This is a program that provides insurance at either no cost or at subsidized rates for low- and moderate-income adults. (You/TARGET) would have coverage under CommCare through a health insurance plan.)
j. Commonwealth Choice? This is a program that helps people purchase a health insurance plan. (You/TARGET) could obtain coverage under Commonwealth Choice from the Connector or directly from a health insurance plan. The Connector is a state agency that helps Massachusetts residents find health insurance coverage.
k. A qualifying student health insurance plan? (PROBE: A QSHIP is a health insurance plan that is sponsored by a college or university.)
l. Health insurance bought directly by (you / TARGET) (PROBE: For example, bought directly from Blue Cross Blue Shield or another company or bought through an insurance broker.)
m. Health insurance bought directly by someone else
(ASK Q.H1ba IF Q.H1b = 1)
H1ba. Is this an individual policy or is it a family policy?
   (READ IF NECESSARY: The health insurance through (your/TARGET’s) work or union?)

   1 Individual policy
   2 Family policy (covers more than one person)
   D (DO NOT READ) Don’t know
   R (DO NOT READ) Refused

(ASK IF H1c=1 & TAGE<26)
H1ca. Is this through (your/TARGET’s) parent or guardian?
   (READ IF NECESSARY: The health insurance through someone else’s work or union?)

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

(ASK IF H1m=1)
H1ma. Is this an individual policy or is it a family policy?
   (READ IF NECESSARY: The health insurance bought directly by someone else?)

   1 Individual policy
   2 Family policy (covers more than one person)
   D (DO NOT READ) Don’t know
   R (DO NOT READ) Refused

(ASK IF H1m=1 & TAGE<26)
H1mb. Is this through your/TARGET’s parent or guardian?
   (READ IF NECESSARY: The health insurance bought directly by someone else?)

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

(ASK IF H1b, H1c, H1d, H1f, H1h, H1i, H1j, H1k, H1l, H1m ALL= <>)
H1n. Do (you/TARGET) currently receive care through Free Care? PROBE: This used to be called the Uncompensated Care Pool and is now called the Health Safety Net. You may know it as CareNet.

   1 Yes
   2 No
   D (DO NOT READ) Don’t know
   R (DO NOT READ) Refused
H2. Do you currently have any other type of insurance? (DO NOT READ, ALLOW MULTIPLE)

1. Workers compensation for specific injury/illness
2. Employer pays for bills, but not an insurance policy
3. Family member pays out of pocket for any bills
4. Other Non Insurance Payment Source
5. Indian Health Service (IHS)
7. Other Insurance (SPECIFY) __________
N. No other insurance
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused

(IF Q.H1 = 2, D OR R TO ALL AND Q.H2 = 1-4 ONLY, READ:)
For the purposes of this survey, we’ll assume that (you do/TARGET does) not have health insurance.”
NOW GO TO Q.H6
IF H2=5 ONLY SKIP TO H3C

(ASK Q.H3 IF Q.H1 = 2, D, R FOR ALL AND Q.H2 = N, D OR R)
INSERT “you do” IF Q.S10 = 1
INSERT “NAME/INITIALS/RELATIONSHIP does…” IF Q.S10 = 2
H3. Just to be sure I have this right, (you do/TARGET does) not have health insurance coverage. Is that correct?

1. Yes
2. No
D. (DO NOT READ) Don’t know
R. (DO NOT READ) Refused
(ASK Q.H3a IF Q.H3 = 2)
INSERT “you” IF Q.S10 = 1
INSERT “they” IF Q.S10 = 2
H3a What insurance do (you/they) have? (DO NOT READ, ENTER ONE ONLY) (Probe: if
you can, it might be helpful to look at (your/their) insurance card to help identify the
type of insurance.)

01 DELETED
02 Health insurance through (your / TARGET’s) work or union
03 Health insurance through someone else’s work or union
04 Medicare
05 Railroad Retirement Plan
06 Veteran’s Affairs, Military Health, TRICARE or CHAMPUS
07 Indian Health Service
08 MassHealth or Medicaid
09 Commonwealth Care or CommCare
10 Commonwealth Choice
11 Student health plan
12 Health insurance bought directly by (you / TARGET)
13 Health insurance bought directly by someone else
14 Free Care /Health Safety Net
15 Workers compensation for specific injury/illness
16 Employer pays for bills, but not an insurance policy
17 Family member pays out of pocket for any bills
18 Other Non Insurance Payment Source
97 Other Insurance (SPECIFY) __________
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(IF Q.H3a = 15-18, READ:) 
INSERT “you do” IF Q.S10 = 1
INSERT “TARGET does” IF Q.S10 = 2
For the purposes of this survey, we’ll assume that (you do/TARGET does) not have health
insurance.
NOW GO TO Q.H6

(ASK Q.H3b IF Q.H3a = DD OR RR)
INSERT “you/your” IF Q.S10 = 1
INSERT “they/their” IF Q.S10 = 2
H3b When (you/they) go to a doctor, health clinic, or hospital, does anyone else pay for
some or all of (your / their) medical bills?

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
H3c. I understand that (you receive / TARGET receives) services through the (Indian Health Service/Free Care). In addition to this, does anyone else pay for (your / TARGET’s) bills when (you/they) go to a doctor or hospital?

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

For the purposes of this survey, (Indian Health Service/Free Care) is not considered comprehensive insurance. For our survey, we’ll assume that (you do/TARGET does) not have health insurance.
NOW GO TO Q.H6
(ASK Q.H4 IF Q.H3b = 1 OR Q.H3c = 1)
H4. And who is that?
(DO NOT READ, ENTER ONE ONLY)

01 DELETED
02 Health insurance through (your / TARGET’s) work or union
03 Health insurance through someone else’s work or union
04 Medicare
05 Railroad Retirement Plan
06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
07 Indian Health Service
08 MassHealth or Medicaid
09 Commonwealth Care or CommCare
10 Commonwealth Choice
11 Student health plan
12 Health insurance bought directly by (you / TARGET)
13 Health insurance bought directly by someone else
14 Free Care /Health Safety Net
15 Workers compensation for specific injury/illness
16 Employer pays for bills, but not an insurance policy
17 Family member pays out of pocket for any bills
18 Other Non Insurance Payment Source
97 Other Insurance (SPECIFY) __________
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(IF Q.H4 = 07 OR 14-18, READ:)
INSERT “you do” IF Q.S10 = 1
INSERT “TARGET does” IF Q.S10 = 2
For purposes of this survey, we’ll assume (you do/TARGET does) not have insurance.
NOW GO TO Q.H6

(ASK Q.H-4a IF Q.H3a = 2 OR 3 OR Q.H4 = 2 OR 3)
INSERT “your” IF Q.S10 = 1
INSERT “TARGET’s” IF Q.S10 = 2
H4a. Is this an individual policy or is it a family policy?
(READ IF NECESSARY IF Q.H3a OR Q.H4 = 2: The health insurance through
(your/TARGET’s) work or union?)
(READ IF NECESSARY IF Q.H3a OR Q.H4 = 3: The health insurance through
someone else’s work or union?)

1 Individual policy
2 Family policy (covers more than one person)
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK Q.H4b IF Q.H3a OR Q.H4 = 13 AND IF TARGET<26 [Q.S6 <26 OR
Q.S6(b-j) <26])
INSERT “your” IF Q.S10 = 1
INSERT “TARGET’s” IF Q.S10 = 2
H4b. Is this through (your/TARGET’s) parent or guardian?

(READ IF NECESSARY IF H3a or H4 = 13: The health insurance bought directly by
someone else?)

(READ IF NECESSARY IF H3a or H4 = 3: The health insurance through someone elses
work or union?)

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

SETUP2

P.N.: CREATE VARIABLES FOR INSURANCE STATUS to use in rest of survey

TINS

TINS

1 TARGET is insured (Q.H1a-f = 1 OR Q.H1h-m = 1 OR H2 = 7 OR
H3a = 02-06, 08-13 OR H4 = 02-06, 08-13, 97)
0 NOT insured ([Q.H1 = 2, D, OR R TO ALL AND Q.H2 = 1-4 AND
H3 = 2] OR [Q.H3a = 15-18 OR Q.H3c = 2, D, OR R OR Q.H4 = 07
OR 14-18])

P.N.: CREATE VARIABLES FOR INSURANCE STATUS TO USE IN REST OF
SURVEY

(ASK IF TINS=1)
IF TAGE>=1 USE 1ST VERBIAGE IN PARENS
IF TAGE<1 USE 2ND VERBIAGE IN PARENS
INSERT “Have you” IF Q.S10 = 1
INSERT “Has TARGET ” IF Q.S10 = 2
H5. [(Have you/Has TARGET) had insurance coverage for all of the past 12 months?]
[Has TARGET had insurance coverage for all of the time since he/she was born?]

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
H6. How many months during the past 12 months were (you / TARGET) without health insurance coverage?

__________ months (RANGE 1-12)
00 Less than 1 month
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

H7. How long has it been since (you/TARGET) had any health insurance?
(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

01 ANSWER GIVEN IN YEARS __________# (2-50) years
02 ANSWER GIVEN IN MONTHS__________# (1-24) months
00 Less than 1 month
NN NEVER HAD COVERAGE
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

H8. I’m going to read a list of reasons that people sometimes give for why they don’t have health insurance. Please tell me if these are reasons that (you/target) (do/does) not have health insurance? How about (INSERT)?

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

a. The person in family who had health insurance lost job or changed employers
b. The person in family who had health insurance is no longer part of the family because of divorce, separation or death
c. Family member’s employer does not offer coverage or not eligible for employer’s coverage
d. Lost eligibility for MassHealth or CommCare
e. Cost is too high
g. Don’t need insurance
h. Don’t know how to get insurance
i. Traded health insurance for another benefit or higher pay
j. Some other reason (SPECIFY) __________________
H9 Thinking back to the last time (you/TARGET) had health insurance, what type of insurance did (you/TARGET) have?

(Do not read list. Up to 5 responses allowed)

01 DELETED
02 Health insurance through (your/TARGET’s) work or union
03 Health insurance through someone else’s work or union
04 Medicare
05 Railroad Retirement Plan
06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
07 Indian Health Service
08 MassHealth or Medicaid
09 Commonwealth Care or CommCare
10 Commonwealth Choice
11 Student health plan
12 Health insurance bought directly by you
13 Health insurance bought directly by someone else
14 Free Care Program /Health Safety Net
15 Other Non Insurance Payment Source
95 Other Insurance#1 (Specify) __________
96 Other Insurance#2 (Specify) __________
97 Other Insurance#3 (Specify) __________
98 Other Insurance#4 (Specify) __________
99 Other Insurance#5 (Specify) __________
DD (Do not read) Don’t know
RR (Do not read) Refused

H10 At any time in the past 12 months, did (you / TARGET) receive care under the Free Care? (Probe: This used to be called the Uncompensated Care Pool and is now called the Health Safety Net. You may know it as CareNet.)

1 Yes
2 No
D (Do not read) Don’t know
R (Do not read) Refused
The next questions concern the health insurance that the other people in your household have at this time. In answering these questions, please exclude any health insurance plans that cover only ONE type of service, like plans for dental care or prescription drugs.

(PN: PROCEED DOWN HH ROSTER LIST. ASK Q.S13 THRU Q.I7 IN A SERIES FOR EACH PERSON IN HH EXCEPT TARGET)

INSERT “Do you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Does your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER FROM Q.S7(b-j) IF OTHER PERSON IN HH

S13. Do you/ Does your (RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) currently have health insurance?

1  Yes        SKIP TO I1
2  No         SKIP TO I3
D (DO NOT READ) Don’t know  REPEAT FOR NEXT PERSON HH ROSTER
R (DO NOT READ) Refused     REPEAT FOR NEXT PERSON HH ROSTER
(ASK Q.11 IF Q.S13 = 1)
(ASK ITEM c IF I1b < 1 >)
(ASK ITEMS b, i, j, and l if S6>17)
(ASK ITEM I IF I1b AND I1c < 1 >)
(ASK ITEM m IF I1I AND I1b AND I1c <1 >)
(ASK ITEM k if S6>15 AND </=64 OR I1b AND I1C < 1 >)

INSERT “are you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “is this person” IF OTHER PERSON IN HH
(UPTO 5 RESPONSES ALLOWED)

I1. What type of health insurance (are you/is this person) covered by? Is it (INSERT)?

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

IF RESPONDENT ASKS TO SKIP THROUGH INSURANCE QUESTIONS, SAY: I’m sorry, but I have to read all of the insurance categories.”

a.  DELETED
b.  Health insurance through (your/his/her) work or union? (IF TAGE<18, ADD PROBE FOR FIRST ADULT: This insurance could be COBRA, through a former employer or a retiree benefit.)
c.  Health insurance through someone else’s work or union (Probe: This insurance could be through COBRA, a former employer or a retiree benefit.)
d.  Medicare (IF TAGE<18, ADD PROBE FOR FIRST ADULT: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.)
f.  Veteran's Affairs, Military Health, TRICARE or CHAMPUS
g.  DELETED
h.  MassHealth or Medicaid (PROBE: This is a Massachusetts program for low- and moderate-income families with children, seniors, and people with disabilities. You may know it as CommonHealth, Family Assistance, the Medical Security Program, or the Insurance Partnership. (You/he/she) may have coverage under MassHealth through a health insurance plan.)
i.  Commonwealth Care or CommCare (IF TAGE<18, ADD PROBE FOR FIRST ADULT: This is a program that provides insurance at either no cost or at subsidized rates for low- and moderate-income adults. (You/he/she) would have coverage under CommCare through a health insurance plan.
j.  Commonwealth Choice? This is a program that helps people purchase a health insurance plan. (You/TARGET) could obtain coverage under Commonwealth Choice from the Connector or directly from a health insurance plan. The Connector is a state agency that helps Massachusetts residents find health insurance coverage.
k.  A qualifying student health insurance plan (IF TAGE<18, ADD PROBE FOR FIRST HH MEMBER AGE >16: This is a health insurance plan that is sponsored by a college or university.)
l.  Health insurance bought directly by (you/him/her) (IF TAGE<18, ADD PROBE FOR FIRST ADULT: For example, bought directly from Blue Cross Blue Shield or another company or bought through an insurance broker.)
m.  Health insurance bought directly by someone else
I1m. Do (you/they) currently receive care through Free Care?

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

I1bb. Is the insurance through work an individual policy or is it a family policy?
(READ IF NECESSARY: The health insurance through (your/his/her) work or union?)

1. Individual policy  
2. Family policy (covers more than one person)  
D (DO NOT READ) Don’t know  
R (DO NOT READ) Refused

I2. (Do you/Does he/she) currently have any other type of insurance?
(DO NOT READ, SELECT ANSWERS)

1. Workers compensation for specific injury/illness  
2. Employer pays for bills, but not an insurance policy  
3. Family member pays out of pocket for any bills  
4. Other Non Insurance Payment Source  
5. Indian Health Service (IHS)  
6. Other Insurance (SPECIFY)__________  
7. No other insurance  
D (DO NOT READ) Don’t know  
R (DO NOT READ) Refused
(IF Q.I2 = 5 OR Q.I1m = 1 ONLY, READ:)
INSERT “Free Care Program”, IF Q.I1n = 1
INSERT “Indian Health Service”, IF Q.I2 = 5
The (Free Care /Indian Health Service) is not considered comprehensive insurance
for the purposes of this survey”
NOW GO TO Q.I3

(IF Q.I2 = 1-4 ONLY, READ:)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “he” IF OTHER PERSON IN HH AND Q.S7 = 1
INSERT “she” IF OTHER PERSON IN HH AND Q.S7 = 2
For the purposes of this survey, we’ll assume that (you/he/she) does not have health
insurance.
NOW GO TO Q. I5

(ASK Q.I3 IF Q.S13 = 2 OR Q.I2 = N,D,R)
INSERT “You do” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER
FROM Q.S7(b-j) does “ IF OTHER PERSON IN HH
I3. Just to be sure I have this right. (You do/RELATIONSHIP FROM Q.S8[b-j] [INSERT
AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) does) not have health insurance
coverage. Is that correct?

1 Yes
2 No
D (DO NOT READ)
R (DO NOT READ)
IF Q.13 = 2 ASK Q.13a
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “he” or “him” IF OTHER PERSON IN HH AND Q.S7 = 1
INSERT “she” or “her” IF OTHER PERSON IN HH AND Q.S7 = 2

I3a. What insurance do you/they have? (Probe: If you can, it might be helpful to look at your/their insurance card to help identify the type of insurance.)
(DO NOT READ, ENTER ONE ONLY)

01 DELETED
02 Health insurance through (your / TARGET’s) current work or union
03 Health insurance through someone else’s current work or union
04 Medicare
05 Railroad Retirement Plan
06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
07 Indian Health Service
08 MassHealth or Medicaid
09 Commonwealth Care or CommCare
10 Commonwealth Choice
11 Student health plan
12 Health insurance bought directly by (you / TARGET)
13 Health insurance bought directly by someone else
14 Free Care Program /Health Safety Net
15 Workers compensation for specific injury/illness
16 Employer pays for bills, but not an insurance policy
17 Family member pays out of pocket for any bills
18 Other Non Insurance Payment Source
97 Other Insurance (SPECIFY) __________
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

IF I3a = 07,14-18 , READ:
INSERT “You do” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER FROM Q.S7(b-j) does “ IF OTHER PERSON IN HH
For the purposes of this survey, we’ll assume that (you do/TARGET does) not have health insurance.
NOW SKIP TO Q.15
(ASK Q.I4 IF Q.I1b-m = 1 TO ANY OR Q.I2 = 7 OR Q.I3a = 02-06, 08-13)
IF TAGE>=1, USE 1ST VERBIAGE IN PARENS
IF TAGE<1 USE 2ND VERBIAGE IN PARENS
INSERT “Have you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Has your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER
FROM Q.S7(b-j) “ IF OTHER PERSON IN HH
I.4. [(Have you/Has your RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER
FROM Q.S6[b-j] AND S7 [b-j]) had insurance coverage for all of the past 12 months?]
[Has your RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM
Q.S6[b-j] AND S7 [b-j]) had insurance coverage for all of the time since he/she was
born?]

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

(ASK IF Q.I4=2 OR Q.I3a=07, 14-18 OR Q.I4=2; ELSE SKIP TO NEXT PERSON OR IF
LAST PERSON SKIP TO SETUP3)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER
FROM Q.S7(b-j) “ IF OTHER PERSON IN HH
I.5. How many months during the past 12 months were (you / your RELATIONSHIP
FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) without
health insurance coverage?

__________# months (RANGE 1-12)
LL Less than 1 month
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

IF PERSON IS CURRENTLY INSURED (Q.I1b-f OR h-l = 1 TO ANY OR Q.I2 = 5
OR Q.I3a = 01-06, 08-13) SKIP TO NEXT PERSON OR IF LAST PERSON SKIP TO
SETUP3
(ASK IF MINS=0)
(ASK Q.16 IF Q.13 = 21, D, OR R OR Q.13a = 07, 14-18)
INSERT "you" IF PERSON ASKING ABOUT IS RESPONDENT
INSERT "your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER FROM Q.S7(b-j) “ IF OTHER PERSON IN HH

16. How long has it been since (you/your RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) had any health insurance?
   (PROBE FOR MONTHS IF LESS THAN 2 YEARS)
   01 ANSWER GIVEN IN YEARS __________# (2-50) years
   02 ANSWER GIVEN IN MONTHS __________# (1-24) months
   NN NEVER HAD COVERAGE
   DD (DO NOT READ) Don’t know
   RR (DO NOT READ) Refused

   IF Q.16 = NN SKIP TO NEXT PERSON OR IF LAST PERSON SKIP TO SETUP3

(ASK Q.17 IF Q.16 NE NN)
INSERT “you IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER FROM Q.S7(b-j)/he/she “ IF OTHER PERSON IN HH
(ASK ITEMS 02, 05, 09, 12 if S6[b-j]>17)
(ASK ITEM 10 if S6 [b-j] >15)

17. Thinking back to the last time (you/your RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) had health insurance, what type of insurance did (you/he/she) have?
   (DO NOT READ, UP TO 5 RESPONSES ALLOWED)
   01 Cobra - DELETED
   02 Health insurance through work or union
   03 Health insurance through someone else’s work or union
   04 Medicare
   05 Railroad Retirement Plan
   06 Veteran's Affairs, Military Health, TRICARE or CHAMPUS
   07 Indian Health Service
   08 MassHealth or Medicaid
   09 Commonwealth Care or CommCare
   10 Commonwealth Choice
   11 Student health plan
   12 Health insurance bought directly by you/him/her
   13 Health insurance bought directly by someone else
   14 Free Care/Health Safety Net
   15 Other Non Insurance Payment Source
   95 Other Insurance #1(SPECIFY) __________
   96 Other Insurance #2 (SPECIFY) __________
   97 Other Insurance # 3(SPECIFY) __________
   98 Other Insurance # 4 (SPECIFY) __________
   99 Other Insurance #5 (SPECIFY) __________
   DD (DO NOT READ) Don’t know
   RR (DO NOT READ) Refused
(ASK Q.18 IF S13=2 OR I1 ALL=2 AND I3=1 OR I3a=07, 14-18)
(ASK Q.18 IF I4=2)
INSERT “you” IF Q.S10 = 1
INSERT “TARGET” IF Q.S10 = 2
18 At any time in the past 12 months, did (you/your RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) receive care under Free Care (PROBE: This used to be called the Uncompensated Care Pool and is now called the Health Safety Net. You may know it as CareNet)

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

NOW SKIP TO NEXT PERSON OR IF LAST PERSON SKIP TO SETUP3

SETUP3

CREATE VARIABLES FOR INSURANCE STATUS OF TARGET’S SPOUSE/PARTNER AND/OR PARENT/GUARDIAN

SESI = 1 IF SPOUSE/PARTNER HAS INSURANCE THROUGH OWN WORK OR UNION (Q.S8b-j = 01 or 02 AND [Q.I1b = 1 OR Q.I3a = 02])
PESI = 1 IF ANY PARENT/GUARDIAN HAS INSURANCE THROUGH OWN WORK OR UNION (Q.S8b-j = 04 AND [Q.I1b = 1 OR Q.I3a = 02])
SFAM=1 IF SPOUSE HAS FAMILY COVERAGE THROUGH OWN WORK OR UNION ([IF RESPONDENT = TARGET AND S8b-j = 01] OR S12b-j = 01) AND [(Q.I1b = 1 AND I1bb=2) OR (Q.I3a=02]
PFAM=1 IF TARGET’S PARENT/GUARDIAN HAS FAMILY COVERAGE THROUGH OWN WORK OR UNION IF (TARGET = 03 IN S8b-j OR S12b-j=4), AND [(Q. I1b = 1 and QI1bb=2) AND (TARGET<26]
EMPLOYMENT

INSTRUCTIONS FOR SEQUENCE E1 TO E14:
IF TAGE<15: PROCEED THROUGH ROSTER FOR TARGET’S PARENTS OR GUARDIAN
IF TAGE= 15-25: PROCEED THROUGH ROSTER FOR TARGET, TARGET’S SPOUSE (IF PRESENT) AND TARGET’S PARENTS (IF PRESENT)
IF TAGE>25: PROCEED THROUGH ROSTER FOR TARGET & TARGET’S SPOUSE (IF PRESENT)

My next questions ask about employment.

I’d like to start by asking about (you/TARGETRELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]).

FOR SUBSEQUENT PEOPLE: Now I’d like to ask about (you/TARGET/RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]).

INSERT “Are you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Is TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “Is your RELATIONSHIP FROM Q.S8[b-j]/AGE FROM Q.S6[b-j]/GENDER FROM Q.S7(b-j) “ IF OTHER PERSON IN HH

E1. (Are you /Is TARGET/Is your RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) currently…

1 Self-employed
2 Employed by military
3 Employed by someone else
4 Unpaid worker for a family business
5 Retired
6 Unemployed and looking for work
7 Unemployed and not looking for work
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK Q.E2 IF Q.E1 = 1-3)
INSERT “Do you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Does TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “Does your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER FROM Q.S7(b-j)” “ IF OTHER PERSON IN HH

E2. (Do you/Does TARGET/Does your RELATIONSHIP FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) have more than one job, including part-time, evening or weekend work?

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK Q.E3 IF Q.E2 = 1)
INSERT “Do you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Does TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “Does your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER
FROM Q.S7(b-j)” “IF OTHER PERSON IN HH
E3. Altogether, how many jobs (do you/does TARGET/does your RELATIONSHIP FROM
Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) have?

1 2 jobs
2 3 jobs
3 4 or more jobs
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK Q.E4 IF Q.E1 = 1-3)
INSERT “Do you/your/you/work” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Does TARGET/their/he/works” IF PERSON ASKING ABOUT IS “TARGET
PERSON” AND Q.S7 = 1
INSERT “Does TARGET/their/she/works” IF PERSON ASKING ABOUT IS “TARGET
PERSON” AND Q.S7 = 2
INSERT “Does your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER
FROM Q.S7(b-j)/their/he/she “ IF OTHER PERSON IN HH
E4. How many hours per week (do you/does TARGET/(does your RELATIONSHIP
FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) usually
work at (your/their) (READ IF E2=1; main) job? IF NEEDED: By main job, I mean
the one at which (you/he/she) usually (work/works) the most hours.

________ hours (1-100)
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(ASK Q.E5 IF Q.E2 = 1)
INSERT “Do you/your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Does TARGET/their” IF PERSON ASKING ABOUT IS “TARGET
PERSON”
INSERT “Does your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER
FROM Q.S7(b-j)/their” IF OTHER PERSON IN HH
E5. How many hours per week (do you/does TARGET/does your RELATIONSHIP FROM
Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) usually work at
(your/their) other jobs?

________ hours (ENTER # OF HOURS 1-100)
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused
(ASK Q.E6 IF Q.E=1-3)
INSERT “have you/your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “has TARGET/their” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “has your RELATIONSHIP FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER FROM Q.S7(b-j)/their” IF OTHER PERSON IN HH
E6. How long (have you/has TARGET/has your RELATIONSHIP FROM Q.S8/[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) worked for (your/their) (READ IF E2=1: main) job?
PROBE FOR MONTHS IF LESS THAN 2 YEARS

01 ANSWER GIVEN IN YEARS (ENTER # OF YEARS 2-60)
02 ANSWER GIVEN IN MONTHS (ENTER # OF MONTHS 1-24)
LL Less than 1 month
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(ASK Q.E7 IF Q.E2 = 1)
( IF Q.E1 =1, READ VERBIAGE IN PARENS)
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “your RELATIONSHIP’s FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER FROM Q.S7(b-j)” IF OTHER PERSON IN HH
E7. Counting all locations where this employer operates, are there more than 50 people working for (your/TARGET’s/your RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) employer?
( Including (yourself/TARGET/your RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) are there more than 50 people working for this business?)

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK Q.E8 IF Q.E7 = 2)
INSERT “business” IF Q.E1 = 1; OTHERWISE, INSERT “employer”
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “your RELATIONSHIP’s FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER
FROM Q.S7(b-j)” IF OTHER PERSON IN HH
E8. Which category best represents the total number of persons who work for
(your/TARGET’s your RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER
FROM Q.S6[b-j] AND S7 [b-j]) (employer/business)? Would it be…?
1 Just one
2 Between 2 and 10
3 Between 11 and 50
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK Q.E9 IF Q.E7 = 1)
INSERT “business” IF Q.E1 = 1; OTHERWISE, INSERT “employer”
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “your RELATIONSHIP’s FROM Q.S8(b-j)/AGE FROM Q.S6(b-j)/GENDER
FROM Q.S7(b-j)” IF OTHER PERSON IN HH
E9. Which category best represents the total number of persons who work for
(your/TARGET’s/ your RELATIONSHIP’s FROM Q.S8[b-j] [INSERT
AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) (employer/business)? Would it be…?
1 Between 51 and 100
2 Between 101 and 500
3 Between 501 and 1000
4 Over 1000
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
E10. Does the place where (you work/TARGET works/your RELATIONSHIP’s FROM Q.S8(b-j) [INSERT AGE/GENDER FROM Q.S6(b-j) AND S7 [b-j] works) at (your/their) main job offer health insurance as a benefit to any of its employees?

INTERVIEWER: ASK ABOUT PRIMARY EMPLOYER IF HAVE MULTIPLE EMPLOYERS

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

E11. (Are you /Is TARGET/Is your RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j] offered health insurance through (your/their) work? (Probe: Could (you/they) get health insurance through (your/their) work?

1   Yes
2   No
D   (DO NOT READ) Don’t know
R   (DO NOT READ) Refused
E12. Earlier you mentioned that (you / TARGET/ your RELATIONSHIP’s FROM Q.S8(b-j) [INSERT AGE/GENDER FROM Q.S6(b-j) AND S7 [b-j]) had health insurance coverage through (your/their) employer. Could dependents be covered under that health insurance?

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

E13. (Are you/Is TARGET/Is your RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) a veteran of the United States military?

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

E14. (Are you/Is TARGET/Is your RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) currently a full-time student? (IF NECESSARY: greater than three-fourths time)?

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
ACCESS, USE AND COST

(ASK EVERYONE)
INSERT “your/you/go/are” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s/goes/he/she/is/his/her” IF PERSON ASKING ABOUT IS “TARGET PERSON”

A1. My next questions ask about [your/ TARGET’s] recent health care experiences. Is there a place where [you/ TARGET’s] usually [go/goes] when [you/(he/she)] [are/is] sick or when [you/(he/she)] need advice about [your/(his/her)] health?

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

(ASK Q.A2 IF Q.A1 = 1)

A2. What kind of place is it? Is it…? (READ LIST. ENTER ONE ONLY)

1 A doctor’s office or private clinic
2 A community health center or other public clinic
3 A hospital outpatient department
4 A hospital emergency room
5 An urgent care center that is not part of a community health center
6 Or, some other place
7 (DO NOT READ) Doesn’t go to one place most often
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK EVERYONE)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”

A3. The next questions are about the health care [you/ TARGET] received in the past 12 months. In the past 12 months, how many times did [you/ TARGET] receive care in a hospital emergency room?
(READ LIST IF NECESSARY. ENTER ONE ONLY)

0 None
1 1 time
2 2 times
3 3 times
4 More than 3 times
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK Q.A3a IF Q.A3 = 1-4)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “TARGET’s parent IF TAGE<18)

A3a. The last time (you/TARGET) went to a hospital emergency room, was it for a condition
that (you/TARGET/TARGET’S parent) thought could have been treated by a regular
doctor if he or she had been available?

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

(ASK Q.A3b IF Q.A3a = 1)

A3b. I’m going to read you a list of reasons why some people go to the emergency room.
Please tell me if any of these were important reasons for (your/TARGET’S) last visit to
a hospital emergency room. (INSERT) Was this an important reason?

1. Yes
2. No
D DK
R Refused

a. (You were/TARGET was) unable to get an appointment at the doctor's office or clinic
as soon as (you/TARGET) thought one was needed
b. (You/TARGET) needed care after normal operating hours at the doctor's office or
clinic
c. (You/TARGET) owed money to the doctor's office or clinic
d. It was more convenient to go to the hospital emergency room
(ASK EVERYONE)
(IF TFEM=1 & TAGE>15 AND <50, INSERT “other than to have a baby”)
INSERT “were you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “was TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
A4. In the past 12 months, (were you/ was TARGET] a patient in a hospital overnight (other than to have a baby)?

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

(ASK EVERYONE)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “or pediatrician” IF TAGE<18
A5. In the past 12 months, how many times did [you/ TARGET] visit a general doctor who treats a variety of illnesses? For example, a doctor (or pediatrician) in general practice, family medicine or internal medicine. Please do not include care you received when you were hospitalized overnight or in hospital emergency rooms.
(READ LIST IF NECESSARY. ENTER ONE ONLY)

0 None
1 1 time
2 2 times
3 3 times
4 More than 3 times
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK Q.A5a IF Q.A5 = 1-4)
(IF A5 = 1, INSERT “Was this visit”; IF A5 = 2-4, INSERT “Were any of those visits”)
A5a. (Was this visit/Were any of those visits) for a check-up, physical examination or for other preventive care?

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
A6. In the past 12 months, did [you/TARGET] visit a specialist? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care. Please do not include care [you/TARGET] received when [you/TARGET] were hospitalized overnight or in hospital emergency rooms.

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

A7. In the past 12 months, did [you/TARGET] see a dentist or a dental hygienist?

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

A8. In the past 12 months, did [you/TARGET] take any prescription drugs?

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
A9. Still thinking about the past 12 months, was there any time that [you/ TARGET/ RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]] did (INSERT) because of cost?

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

a. Not fill a prescription for medicine (for TARGET)

b. Not get doctor care that (you/TARGET) needed

c. Not get specialist care that (you/TARGET) needed (IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

d. Not get dental care that (you/TARGET) needed

ASK EVERYONE
A9b. Next, I’m going to read you a list of problems some people experience when they try to get health care. Please tell me if (you have/TARGET has) had these problems in the past 12 months. (INSERT). Has this happened to (you/TARGET) in the past 12 months?

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

a. (You were/TARGET was) unable to get an appointment at the doctor's office or clinic as soon as (you/TARGET) thought one was needed

b. (You were/TARGET was) told by a doctor’s office or clinic that they weren’t accepting patients with (your/TARGET’s) type of health insurance.

c. (You were/TARGET was) told by a doctor’s office or clinic that they weren't accepting new patients.
A10. "My next questions are about the health care costs that [you/(your family)/TARGET/TARGET's family) had in the past 12 months. First, I'd like to ask about how much was spent "out of pocket" for health care in the past 12 months for [you/TARGET] (and your family/and[his/her] family). "Out of pocket" is the amount of money you pay that is not covered by any insurance or special assistance that you might have. It does not include any premiums that you pay for your health insurance or any health care costs that will be reimbursed. Please include costs for prescription medicines, dental and vision care, and all other medical expenses, including for doctors, hospitals, tests and equipment. Please include co-pays in your estimate.

"How much was spent "out of pocket" for health care in the past 12 months for [you/TARGET] (and your family/and[his/her] family)? Was it....?"
(READ LIST. ENTER ONE ONLY)

1 Less than $200
2 $200 to under $500
3 $500 to under $1,000
4 $1,000 to under $3,000
5 $3,000 to under $5,000
6 $5,000 or more
7 (DO NOT READ) DID NOT USE CARE
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK EVERYONE)
INSERT “you” when respondent is TARGET and TARGET’s TFAM_COUNT= 1
INSERT “your family” when respondent is TARGET and TARGET’s TFAM_COUNT> 1
INSERT “TARGET” when TARGET is not respondent and TARGET’s TFAM_COUNT=1
INSERT “TARGET’s FAMILY” when TARGET is not respondent and TARGET’s TFAM_COUNT> 1
A11. In the past 12 months, did [you/your family/TARGET/TARGET's family] have any problems paying or [were you/were they] unable to pay any of [your/their] medical bills? This would include doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills, or home care bills.

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

HEALTH STATUS

My next questions are about (your/TARGET’s) health.

(ASK EVERYONE)
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET PERSON”
HS1. Would you say (your / TARGET’s) health, in general, is excellent, very good, good, fair, or poor?

1   Excellent
2   Very good
3   Good
4   Fair
5   Poor
D   (DO NOT READ) Don’t know
R   (DO NOT READ) Refused

(ASK EVERYONE)
INSERT “Are you/your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Is TARGET/his/her IF PERSON ASKING ABOUT IS “TARGET PERSON”
HS2. (Are you/ Is TARGET) limited in any way in (your/his/her) activities because of a physical, mental, or emotional problem?

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

Now I have a few questions about insurance programs available through the state of Massachusetts for those who are uninsured.

P.N. - FOR TARGET<18 ASK ABOUT “TARGET’S PARENTS”

(ASK P1 THROUGH P4 IF Q.H3=1 OR Q.H2=1-5 ONLY OR Q.H3c=2,D, OR R OR Q.H4=07 OR14-18)
INSERT “Have you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Has TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “Has TARGET’s parents” IF TAGE<18)

P1. (Have you /Has TARGET/Has TARGET’s parents) ever asked for or been given information about any of the programs available in Massachusetts for people who are uninsured? This would include MassHealth, Commonwealth Care or Commonwealth Choice, among others.

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

INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET/he/she” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “TARGET’s parent/he/she/TARGET” IF TAGE<18)

P2. If (you / TARGET/TARGET’s parents) learned (you /(she/he) /TARGET) were eligible for health coverage through one of these programs, would (you / he/she) enroll (//TARGET)?

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

(ASK P3 IF P2=2, D,R)
INSERT “you/your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET/he/she/her/his” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “TARGET’s parent/he/she/her/his/TARGET” IF TAGE<18)

P3. If (you / TARGET/TARGET’s parents) learned (you/ (she/he)/ TARGET) were eligible for health coverage through one of these programs at no cost to (you / TARGET) or (your /her/his) family, would (you /she/he) enroll (//TARGET)?

1  Yes
2  No
D  (DO NOT READ) Don’t know
R  (DO NOT READ) Refused
P4. I’m going to read you a list of reasons people sometimes give for not enrolling in programs. Please tell me which of these are important reasons (you / TARGET) are not enrolled in one of the programs available in Massachusetts for people who are uninsured?

01 Have other insurance
02 Cost was too high
03 Don’t like the benefits package
04 Too much hassle/paperwork
05 Don’t need or don’t want insurance
06 Not eligible for coverage
07 Don’t know about programs
08 Don’t know how to enroll in programs
09 Don’t want to enroll in a public program
97 Something else (SPECIFY) __________________

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

HEALTH REFORM

(ASK EVERYONE)
HR1. Now I have some general questions about health insurance in Massachusetts. As you may know, Massachusetts has a law that is aimed at providing health insurance for all Massachusetts residents. In general, do you support or oppose this Massachusetts law?

1 Support
2 Oppose
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK EVERYONE)
HR2. As part of that law, Massachusetts now requires that residents of the state either obtain health insurance or pay a fine. The requirement applies to everyone except people that a state agency determines can’t afford the cost of a policy. Have you heard or read about this requirement? It is called the individual mandate.

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK Q.HR3 IF Q.HR2 = 1 AND TAGE >=18)
INSERT “your/you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s/TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”

HR3. For the next question, I’m going to read you a list of ways the individual mandate may have affected (your (your/TARGET’s) current health insurance coverage. Please tell me when I get to the one that describes the way the individual mandate affected (you/TARGET).

1. The individual mandate had no effect because (you/TARGET) already had coverage
2. (You/TARGET) obtained coverage because of the individual mandate.
3. (You/TARGET) tried to obtain coverage because of the individual mandate but could not find coverage (you/he/she) could afford
4. (You/TARGET) decided not to obtain coverage and will just pay the penalty.
5. Something else (SPECIFY) ________

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

BACKGROUND

Now, I’d like to ask a few questions to help us describe the people who participated in our survey.

(ASK EVERYONE)
INSERT “Are you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”

D1. (Are you/TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

1. No, not of Hispanic origin
2. Yes, Mexican, Mexican American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, other Spanish/Hispanic/Latino
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK EVERYONE)
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET PERSON”
D2. Which one or more of the following would you say is (your/TARGET’s) race? (READ LIST. ENTER ALL THAT APPLY)

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or other Pacific Islander
5. American Indian or Alaska Native
6. Some other race (SPECIFY) ______________
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK Q.D3 IF Q.S4>1)
INSERT “you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET PERSON”

D3. Are all of the other people in this household of the same race and ethnicity as (you/TARGET)?

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

(ASK IF D3 = 2, D OR R AND ASK Q.D4 AND Q.D5 IN A SERIES FOR EACH MEMBER IN HH)
D4. Is your (RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j]) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

1. No, not of Hispanic origin
2. Yes, Mexican, Mexican American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, other Spanish/Hispanic/Latino
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK Q.D4 AND Q.D5 IN A SERIES FOR EACH MEMBER IN HH)

D5. Which one or more of the following would you say is (RELATIONSHIP’s FROM Q.S8[b-j] [INSERT AGE/GENDER FROM Q.S6[b-j] AND S7 [b-j])’s race? (READ LIST. ENTER ALL THAT APPLY)

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or other Pacific Islander
5. American Indian or Alaska Native
6. Some other race (SPECIFY) ______________
7. (DO NOT READ) Don’t know
8. (DO NOT READ) Refused

ASK D6 – D6a FOR OUTBOUND PHONE SURVEY ONLY
(Universe outbound phone calls only)

D6. Next I have a few questions about the number I dialed to reach you. Is the number (INSERT PHONE NUMBER FROM SAMPLE) a cell phone?

1. Yes, Cell phone
2. No
3. (DO NOT READ) Don’t know
4. (DO NOT READ) Refused

(ASK Q.D6a IF Q.D6 = 2)

D6a. Is this telephone number?

1. Listed
2. Unlisted
3. (DO NOT READ) Don’t know
4. (DO NOT READ) Refused

(ASK EVERYONE)

INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s” IF PERSON ASKING ABOUT IS “TARGET PERSON”

D7. I would like to ask about any regular, landline telephone numbers in your household, that is, all your phone numbers other than cell phone numbers. How many different landline telephone numbers does your household have?

________ Landline phone numbers (RANGE 0-10)

DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused
D7a. I’d like to verify the information you just provided. I believe you indicated that (your/TARGET’s) household has no landline telephone service for incoming and outgoing calls. Is this correct?

1 Yes  
2 No (RE-ASK Q.D7)  
D (DO NOT READ) Don’t know  
R (DO NOT READ) Refused

D7b. Is this an unlisted telephone number?

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

D7c. Are any of these listed numbers?

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

D8. Excluding any landline numbers used exclusively for fax machines, security systems, the internet, or a professional business, how many of these (INSERT RESPONSE FROM Q.D7) landline telephone numbers are used for incoming calls?

_________ Landline phone numbers (RANGE 0-10)  
DD (DO NOT READ) Don’t know  
RR (DO NOT READ) Refused

D9. Do any members of your household currently have a working cell phone?

1 Yes  
2 No  
D (DO NOT READ) Don’t know  
R (DO NOT READ) Refused
D9a. How many people in the household have a cell phone?

________ number of people (RANGE 1-10)

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

D10. Is this residence?

1 Owned by or being bought by you or someone in your household
2 Rented for cash
3 Occupied without payment of rent
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

D11. How long (have you/has TARGET) lived in Massachusetts? IF NEEDED

PROBE FOR MONTHS IF LESS THAN 2 YEARS, IF NEEDED: If (you/TARGET) moved away for a while, how long (have you/has TARGET) lived in Massachusetts since moving back to the state?

01 ANSWER GIVEN IN YEARS __________ # (2-100) years
02 ANSWER GIVEN IN MONTHS __________ # (0-24) months
03 Lived in Massachusetts for entire life
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

D12. (Were you/Was TARGET) born in the United States?

1 Yes
2 No
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused
(ASK Q.D13 IF Q.D12 = 2)
INSERT “Are you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “Is TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
D13. (Are you/Is TARGET) a citizen of the United States?

1  Yes
2  No
D  (DO NOT READ) Don’t know
R  (DO NOT READ) Refused
IN1. My final questions are about income. This information is important because it helps the state understand how to make health care more affordable.

(If TAGE < 18 & TMARR = 0 & TPAR = 0 & RESPONDENT IS PARENT AND RESPONDENT IS MARRIED, READ :)
(If HH_COUNT IS GREATER THAN FAM_COUNT INCLUDE VERBIAGE IN PARENS)
I’m interested in your family income, that is your income PLUS the income of your immediate family. (By immediate family I mean your spouse and the children or stepchildren under 19 who are living with you). For these questions, I’d like you to think back to 2009. During 2009, did you or any of your family members receive any income from wages or salary?

(If TAGE < 18 & TMARR = 0 & TPAR = 0 & RESPONDENT IS PARENT AND RESPONDENT IS NOT MARRIED, READ :)
(If HH_COUNT IS GREATER THAN FAM_COUNT INCLUDE VERBIAGE IN PARENS)
I’m interested in your family income, that is your income PLUS the income of your immediate family. (By immediate family I mean the children or stepchildren under 19 who are living with you). For these questions, I’d like you to think back to 2009. During 2009, did you or any of your family members receive any income from wages or salary?

(If TAGE < 18 & TMARR = 0 & TPAR = 0 & RESPONDENT IS NOT PARENT, READ ;)
(If HH_COUNT IS GREATER THAN FAM_COUNT INCLUDE VERBIAGE IN PARENS)
I’m interested in TARGET’s family income, that is the income from his/her parents PLUS the income of any immediate family. (By immediate family I mean parents and siblings under 19 who are living with TARGET). For these questions, I’d like you to think back to 2009. During 2009, did any of TARGET’s family members receive any income from wages or salary?

(If TMARR = 1 & FAM_COUNT > 2, READ ;)
(If HH_COUNT IS GREATER THAN FAM_COUNT INCLUDE VERBIAGE IN PARENS)
INSERT “your/you” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET’s/his/her/TARGET” IF PERSON ASKING ABOUT IS “TARGET PERSON”
I’m interested in [your/ TARGET’s] family income, that is [your/ TARGET’s] income PLUS the income of [your/his/her] immediate family. (By immediate family I mean [your/(his/her)] spouse and the children or stepchildren under 19 who are living with [you/ TARGET]). For these questions, I’d like you to think back to 2009. During 2009, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?
I’m interested in (your/ TARGET’s) family income, that is [your/ TARGET’s] income PLUS the income of [your/his/her] spouse. For these questions, I’d like you to think back to 2009. During 2009, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?

I’m interested in [your/TARGET’s] family income, that is [your/ TARGET’s] income PLUS the income of the children or stepchildren under 19 who are living with [you/TARGET]. For these questions, I’d like you to think back to 2009. During 2009, did [you/ TARGET] or any of [your/(his/her)] family members receive any income from wages or salary?

For these questions, I’d like you to think back to 2009. During 2009, did [you/ TARGET] (or any of [your/ his/her] family members) receive (INSERT)?

1. Any dividend income or any interest income from bonds, money market accounts, CDs or other investments
2. Social Security benefits or any type of cash assistance
3. Income from any other sources, such as self-employment, alimony, child support, contributions from family or others, unemployment compensation, worker’s compensation or veteran’s payments, pensions, or anything else

INSERT “you/your” IF PERSON ASKING ABOUT IS RESPONDENT
Thinking about all the different sources of income [you/ TARGET] (and [your/ TARGET’s] immediate family) received in 2009, what was the combined total income from all sources before taxes and other deductions? Was it under (INSERT AMT5 FOR FAMILY SIZE) or was it (INSERT AMT5 FOR FAMILY SIZE) or more?

PROBE: Your best estimate is fine.

1 Under (INSERT AMT5)
2 (INSERT AMT5) or more
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

(ASK Q.IN4 IF Q.IN3 = 1)

Now, just stop me when I get to the right category. Was [your/ TARGET’S] total (family) income …?

IF NEEDED: The computer gives me different income values for the question depending on the size of your family. (IF NEEDED, PROBE: Your best estimate is fine)

(READ LIST. ENTER ONE ONLY)

1 Less than (INSERT AMT1)
2 (INSERT AMT1) to (INSERT AMT2)
3 (INSERT AMT2) to under (INSERT AMT3)
4 (INSERT AMT3) to under (INSERT AMT4)
5 (INSERT AMT4) to under (INSERT AMT5)
D (DO NOT READ) Don’t know
R (DO NOT READ) Refused

NOW GO TO Q.IN6
(ASK Q.IN5 IF Q.IN3 = 2, D, OR R)
INSERT “your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET”s” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “family” IF FAM_COUNT > 1
IN5. Now, just stop me when I get to the right category. Was [your/ TARGET’S] total 
(family) income …?

PROBE: Your best estimate is fine.
(READ LIST. ENTER ONE ONLY)

1  (INSERT AMT5) to under (INSERT AMT6)
2  (INSERT AMT6) to under (INSERT AMT7)
2  (INSERT AMT7) to under (INSERT AMT8)
3  (INSERT AMT8) or more
D  (DO NOT READ) Don’t know
R  (DO NOT READ) Refused

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(ASK Q.IN6 IF TAGE>17 & EVER UNINSURED IN PRIOR YEAR [TINS=0 OR Q.H6 = 0+] OR
IF TAGE <18 & TARGET'S PARENTS EVER UNINSURED IN PRIOR YEAR [H1ca OR Q.H4b = 1 AND MINSb-j = 0 OR Q.I5 = 0-12)
INSERT “you/your” IF PERSON ASKING ABOUT IS RESPONDENT
INSERT “TARGET/his/her” IF PERSON ASKING ABOUT IS “TARGET PERSON”
INSERT “TARGET’s parent/their IF TAGE<18)
IN6. Finally, will (you/TARGET/TARGET’S parents) pay or have (you/(he/she)/they) paid a
penalty in (your/his/her/their) taxes this year for not having insurance coverage in 2009?

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

(ASK ZIP OF ALL)
ZIP  What is your zip code?

(IF NEEDED: If you have more than one residence, please tell me the zip code of your primary
residence.)

__________________  (ENTER ZIP CODE)
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(ASK STREET IF CALL-OUT TO ABS SAMPLE)
STREET    To help us insure the quality of our survey data, could you tell me the name of the
street that you live on?

(IF NEEDED: If you have more than one residence, please tell me the name of the street of your
primary residence.)

(IF NEEDED: We do not need your full stress address, only the name of the street that you live
on.

__________________  (ENTER STREET NAME)
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(ASK PHONE4 IF RDD WEB RESPONDENT)
PHONE4    For statistical purposes, we need to confirm that “1234” are the LAST 4 digits of
a working phone in your household. We will not use this information for anything other than to
help us insure the quality of our survey data.

1. Yes, “1234” is the last 4 digits of one of my household’s working phone numbers
2. No, “1234” is NOT the last 4 digits of one of my household’s working phone numbers
THANKS  We really appreciate your participation in this study. What was the main reason that you agreed to complete this survey?

____________________________ (ENTER VERBATIM; WILL NOT BE CODED)
DD (DO NOT READ) Don’t know
RR (DO NOT READ) Refused

(EVERYONE:)
FINAL: That was my last question. Do you have any questions for me?

IF NEEDED READ

For more information on health care coverage in Massachusetts, I can give you two customer service numbers:

For MassHealth, call 1-800-841-2900
For CommCare or CommChoice through the Connector, call 1-877-623-6765

IF RDD OR LISTED TELEPHONE FROM USPS SAMPLE READ 1ST VERBIAGE IN PARENS
IF OTHER USPS SAMPLE, READ 2ND VERBIAGE IN PARENS
The last thing I need is your name and mailing address to (enter you in the drawing for the $100 gift certificate or Red Sox tickets as our thank you for your contribution to this important research/send you your $20 thank you for your contribution to this important research and enter you in the DRAWING for the $100 gift certificate or 2 Red Sox tickets.)

Name: _____________________________
Street: _____________________________
City: ______________________________
Zip code: ___________________________