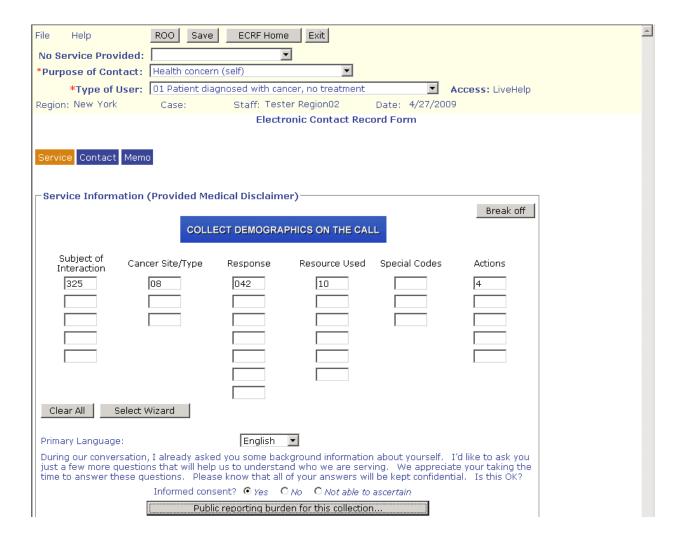
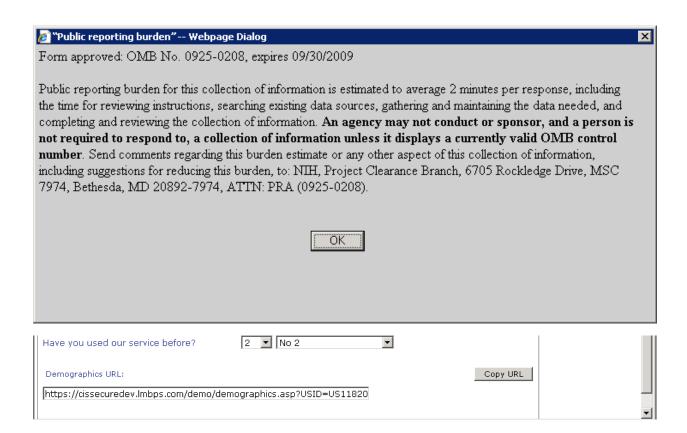
APPENDIX 2 B

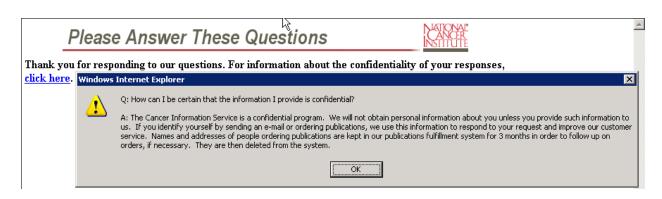
DATA COLLECTION INSTRUMENTS AND ELECTRONIC CONTACT RECORD FORM (ECRF)

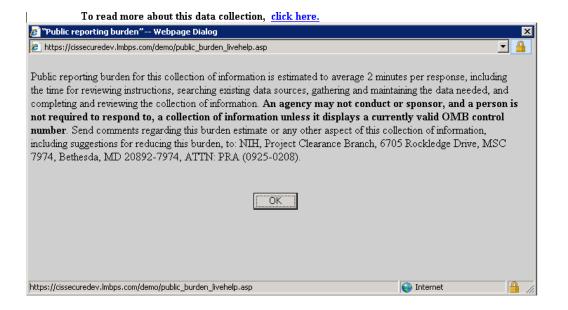
LIVEHELP QUESTIONS

LiveHelp Point of Access - Information Specialist Screen









Form approved: OMB No. 0925-0208, expires 09/30/2009 How did you find our site today?

44

Female

□ White
College graduate

20850

YES

YES

A doctor's office

All 12 months

\$80,000 or more

Are you female or male?

Which of these categories best describes your ethnic background?

Which of these categories best describes your racial background?

(Select all that apply)

What is your age?

✓ American Indian or Alaska Native
 ✓ Asian
 ✓ Black or African American
 ✓ Native Hawaiian or Other Pacific Islander

-

•

-

Not Hispanic or Latino 🔻

What is the highest level of education you have completed?

What is your home ZIP code?

For use by U.S. residents only.

Is there a place you usually go to when you are sick or need advice about your health?

What kind of place do you go most often?

In the last 12 months, did you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Would you say you had this coverage during all 12 months or less than 12 months?

Which type of coverage did you have...

Was it private, such as an HMO, Blue Cross, Kaiser, Aetna?

What was your total household income from all sources before taxes last year?

Including yourself, how many people living in your household are supported by this total household income?

ie?

Clear Page Submit

4