

Enclosure 2: Affordable Care Cognitive Interview English Screener 8/9/12

Thank you for your interest in this project. Let me tell you a little more about it. I work for (Research Support Services, Inc. (RSS)/the Center for Survey Research at UMass Boston), and we are conducting a study for the U.S. Census Bureau to help them understand how people think about health insurance and how they pay for coverage. We will be conducting interviews about these topics, but we **won't** be asking any questions about medical conditions or about your health.

If you qualify for this study, we will pay you \$40 to complete the interview. The interview needs to be face to face, but our interviewers can meet with you at a time and location convenient to you. The interview takes about 60 minutes. All information you provide is confidential and protected by law so it cannot be released to anyone outside the research team. Do you have a few minutes for me to ask you the questions to see if you qualify? (IF YES, PROCEED. IF NOT, ARRANGE FOR CALLBACK)

1. Your Name? _____
2. How old are you? _____
3. Are you male or female? _____
4. And how did you hear about this study?
 - a. LETTER → Ask Q. 4a& 4b
 - b. CRAIGSLIST
 - c. CSR/RSS REPRESENTATIVE
 - d. FRIEND/RELATIVE
 - e. FLYER
 - f. NEWSPAPER AD
 - g. ORGANIZATION/BUSINESS
 - h. OTHER, SPECIFY: _____

[LETTER ONLY] 4a. Could you tell me, on the letter, who it asks you to call? MARK FEATURE BELOW

- a. CommChoice - UMB logo in bottom right corner distinguishing feature [Spanish: Amanda/English: Marsha]
- b. CommCare partial subsidized - UMB logo in bottom left [Spanish: Anna/English: Dottie]

4b. Was the letter addressed to you?

- a. YES → SKIP TO QUESTIONS 6-12 THEN FOLLOW INSTRUCTIONS TO SKIP TO Q. 25
- b. NO → CONTINUE 5

5. And, you indicated you heard through [way heard]; Can you tell me about your situation and why you thought you would qualify for the study?

DEMOGRAPHIC QUESTIONS

6. Are you of Hispanic, Latino or of Spanish origin? YES NO
7. I am going to read a list of race categories. Please choose one or more races that you consider yourself to be: White; Black or African American; American Indian or Alaska Native; Asian; Or Native Hawaiian or Other Pacific Islander.
- White
 - Black or African American
 - American Indian or Alaska native
 - Asian
 - Native Hawaiian or Other Pacific Islander
8. Are you currently married? YES NO
9. How many children under the age of 18 live in your household? _____
10. Counting you, how many adults live in your household? _____
11. What is the highest level of education you have completed? (INCLUDE EQUIVALENT EDUCATION LEVEL IN OTHER COUNTRIES)
- 18th grade or less
 - Some high school but did not graduate
 - High school graduate or GED
 - Some college or 2-year degree
 - 4-year college graduate
 - More than 4-year college degree
12. Is English your native language?¹
- YES→ In what country were you born?: _____
 - NO→What is your native (primary) language?_____
- 10a How well do you speak English? Would you say: very well, well, not well, or not at all?

¹The Spanish version of the screener asks if Spanish is the native language, if not, where they were born. It also asks how well they speak Spanish and how well they speak English:

¿Es el español su lengua materna?

YES → ¿En qué país nació?_____

NO → ¿Cuál es su lengua materna o principal?_____

¿Qué tan bien habla español? ¿Diría que muy bien, bien, no muy bien, o para nada?

Muy bien

Bien

No muy bien → Skip to END do not schedule

Para nada→ Skip to END do not Schedule

10a. ¿Qué tan bien habla inglés? ¿Diría que muy bien, bien, no muy bien, o para nada?

Muy bien

Bien

No muy bien

Para nada

- a. Very well → Continue to Screener Instruction
- b. Well → Continue to Screener Instruction
- c. Not very well → Skip to END do not schedule for English group
- d. Not at all → Skip to END do not schedule for English group

SCREENER INSTRUCTION: IF R RECEIVED LETTER (YES TO Q. 4B) SKIP TO SCHEDULING Q 25

13. Do you currently have health insurance coverage?

- Yes → Continue to 14
- No → Continue to 13a

13a. Are you currently working?

- Yes → Skip to Scheduling Q. 25
- No → Skip to Scheduling Q. 25

14. On your health insurance card can you please read it to me/describe any logo/picture you see there?

LOGO IS THE DOUBLE C NOT THE SURROUNDING PORTION--



- COMMCARE/COMMCHOICE/COMMBRIDGE LOGO PRESENT (SKIP TO SCHEDULING 16a)
- NONE/NOT DOUBLE C
- DOESN'T HAVE CARD (SKIP TO Q16)

15. On the bottom could you tell me if it lists a plan name/What is it?

- COMMCARE/COMMCHOICE/COMMBRIDGE PRESENT (SKIP TO SCHEDULINGS Q16a)
- NONE/NOT DOUBLE C

16. Is your insurance through **Commonwealth Choice (COMMCHOICE)**, **Commonwealth Care (COMMCARE)** **The Health Connector or something else?**

- CommChoice → Skip to Scheduling Q. 25
- CommCare → Continue to 16a
- Commonwealth Care Bridge → Continue to 16a
- The Health Connector → Continue to 16a
- SOMETHING ELSE → Skip to Q17
- DON'T KNOW → Skip to Q17

16a Do you pay a monthly premium (a fixed amount every month for your health insurance)?

- Yes→Skip to Scheduling Q25
- No→Skip to **Thank you** at end of screener

17. What kind of health insurance do you have?

- Blue Cross/Blue Shield
- Boston Medical Center (BMC) Healthnet
- Celticare
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Network Health
- Neighborhood Health Plan
- Tufts Health Plan
- MassHealth (SKIP TO Q22)
- Other: _____

18. Do you pay a monthly premium (a fixed amount every month for your health insurance)?

- Yes
- No→Skip to **Thank you** at end of screener

19. Are you currently working?

- Yes
- No (SKIP TO Q21)

20. Do you get your health insurance through your employer?

- Yes (SKIP TO Q22)
- No

21. Is your insurance through Masshealth?

- Yes
- No
- DK

22. Have you changed or have you had health insurance at any time since January 2011?

- YES→Please tell me how you got it.
(PROBE FOR WHO PROVIDED IT AND HOW THEY APPLIED; [IF R Mentions The Connector/CommChoice/CommCare go to 22a then scheduling Q25])

NO→Skip to 23

22a When you had [CommChoice/CommCare], did you pay a monthly premium (a fixed amount every month for your health insurance)?

Yes→Skip to Scheduling Q25

No→Skip to **Thank you** at end of screener

23. The Health Connector is a state agency that helps Massachusetts residents find health care coverage. Have you had health insurance through the Health Connector since January 2011??

YES→ [Specify_____] return to Q. 22a and follow skip to Q25;

NO

UNSURE/DON'T KNOW

24. Have you gotten health insurance through **Commonwealth Choice (COMMCHOICE)**, **Commonwealth Care (COMMCARE)** or **Commonwealth Care Bridge since January 2011?**

Yes -→ Which program did you have your insurance through...

CommChoice

CommCare

Commonwealth Care Bridge

No

DON'T KNOW

SCHEDULING

25. What is the best phone number for me to contact you at if you qualify for the study?

26. Is there another number as well? _____

27. If you are scheduled for an interview, do you want me to send you a reminder by email, if so I'll need your email address:

28. If you qualify for the study, I want to pass on to the interviewer some information about your general schedule. Are there any days and times of the week you are unavailable, and any days that are best for

you? [Record Days and times that are GOOD]

DAYS: MON TUE WED THU FRI SAT SUN

TIMES: MORNING AFTERNOON EVENING ALL DAY

OR SPECIFY: _____

29. And when are some good times for the interviewer to reach you to schedule the interview?

DAYS: MON TUE WED THU FRI SAT SUN

SPECIFY TIME: _____

Thank you for your information. I'm going to pass it on to my supervisor who will let me know if you qualify for the study. If you do I will call you back and let you know. [An interviewer will also call you to set up an interview].