

Healthy Indiana Plan 2.0 Beneficiary Survey: Disenrollees & Lockouts

SURVEY INSTRUCTIONS

- Answer each question by filling in the circle to the left of your answer, like this: Yes
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **GO TO QUESTION 1**

No

The Centers for Medicare & Medicaid Services is conducting this survey to ask about your recent experiences receiving health care and should take about **15 minutes to complete**. Your participation is voluntary, and there is no loss of benefits or penalty of any kind for deciding not to participate. You may skip any questions that you do not feel comfortable answering. Your participation in this research is private, and we will not share your name or any other identifying information with any outside organization. You may notice a number on the cover of the survey. This number is **ONLY** used to let us know if you returned the survey. Please contact Thoroughbred Research Group toll-free at 844-859-7862 with questions about this research.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1300**. The time required to complete this information collection is estimated to average **15 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About Your HIP 2.0 Enrollment

The State of Indiana currently runs an insurance program called the Healthy Indiana Plan (also called HIP 2.0) for Hoosiers ages 19 to 64.

1. Are you currently enrolled in the “Healthy Indiana Plan 2.0” (also called “HIP 2.0”)?
 - Yes → **GO TO QUESTION 38**
 - No
 - Not sure/Don't know → **GO TO END**
2. Have you ever been enrolled in HIP 2.0?
 - Yes
 - No → **GO TO END**
 - Not sure/Don't know → **GO TO END**

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3. Were you enrolled in HIP 2.0 within the last 12 months?

- Yes
- No → GO TO END

4. With which HIP 2.0 health plan were you enrolled?

- Anthem
- MDwise
- MHS – Managed Health Services
- Not sure/Don't know

Experiences After Leaving HIP 2.0

The following questions are about your understanding and experiences since you left HIP.

5. Do you have any health insurance coverage right now?

- Yes
- No → GO TO QUESTION 8
- Not sure/Don't know → GO TO QUESTION 8

6. How long have you had your current health insurance coverage?

- Less than one month
- Between 1 and 6 months
- More than 6 months

7. After you were no longer enrolled in HIP 2.0, how long did it take you to get your current health insurance coverage?

- Less than one month
- Between 1 and 6 months
- More than 6 months

8. After you were no longer enrolled in HIP 2.0, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?

- Yes
- No → GO QUESTION 10
- Not sure/Don't know → GO QUESTION 10

9. What types of health care were you unable to get because you could not pay for transportation or could not get transportation?

Please mark one answer in each row.

	Could not pay for transportation	Could not get transportation	No trouble with transportation for this type of care	N/A
a. A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency room care for a non-emergency condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. After you were no longer enrolled in HIP 2.0, was there any time you needed health care but did not get it because of costs other than transportation?

- Yes
- No → GO QUESTION 12
- Not sure/Don't know → GO QUESTION 12

11. After you were no longer enrolled in HIP 2.0, what types of health care were you unable to get because of costs other than transportation?

Please mark one answer in each row.

	Yes	No	N/A
a. A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency room care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Why did you leave HIP 2.0? Please mark one answer in each row.

<i>I left HIP 2.0 because...</i>	Yes	No	Not sure
a. I got an increase in my income and was no longer eligible for HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I had other health insurance available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I did not finish my paperwork and return it in time to stay in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I did not pay my contribution (for example: forgot, was too late, did not have money)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Would you try to re-enroll in HIP 2.0 if you became eligible for the program again?

- Yes
- No
- Not sure/Don't know

POWER Accounts and Contributions

The following questions are about your understanding and experiences with HIP contributions and POWER accounts while you were in HIP 2.0.

14. While you were in HIP 2.0, did you have a POWER account? POWER accounts are health savings accounts called Personal Wellness and Responsibility Accounts.

- Yes
- No → GO TO QUESTION 16
- Not sure/Don't know → GO TO QUESTION 16

15. While you were in HIP 2.0, did you know how much money was in your POWER account?

- Yes, I knew exactly how much
- Yes, I had a pretty good idea
- No, I did not really know at all

16. While you were in HIP 2.0, were you required to make a contribution(s)?

- Yes
- No → GO TO QUESTION 21
- Not sure/Don't know → GO TO QUESTION 22

17. While you were in HIP 2.0, how was that contribution(s) paid?

- I paid it
- Someone paid the full amount for me
- I paid part and someone else paid part
- The contribution has not been paid
- Not sure/Don't know

18. While you were in HIP 2.0, would you say the amount you were required to contribute was:

- More than I could afford
- An amount I could afford
- Less than I could afford
- Not sure/Don't know

19. While you were in HIP 2.0, how worried were you about not having enough money to pay your contribution(s)?

- Not at all worried
- A little worried
- Somewhat worried
- Very worried
- Extremely worried

20. After you were no longer enrolled in HIP 2.0, was any part of your contribution(s) returned to you or refunded?

- Yes → GO TO QUESTION 24
- No → GO TO QUESTION 24
- Account had zero balance → GO TO QUESTION 24
- Not sure/Don't know → GO TO QUESTION 24

21. Why did you not contribute?

Please mark one answer in each row.

	Yes	No	Not sure
a. I did not have to contribute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I could not afford to make the contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I did not understand how to contribute/too confusing to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I did not think contributing helped me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs. While you were in HIP 2.0, would you say the amount you were required to pay in copays was:

- More than I could afford
- An amount that I could afford
- Less than I could afford
- Not sure/Don't know

23. While you were in HIP 2.0, how worried were you about not having enough money to pay your copays?

- Not at all worried
- A little worried
- Somewhat worried
- Very worried
- Extremely worried

24. While you were in HIP 2.0, what did you think would happen, if anything, if a person's contribution was not made on time?

- Nothing would change → GO TO QUESTION 26
- Their HIP 2.0 coverage would end
- They would get automatically moved to HIP Basic → GO TO QUESTION 26
- Not sure/Don't know → GO TO QUESTION 26

25. How long did you think a person would need to wait to re-enroll in HIP 2.0?

- No wait time
- 3 months
- 6 months
- 12 months
- Not sure/Don't know

26. How easy or hard was it to understand how to use a POWER account?

- Very easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Very hard

27. For each of the following statements about POWER accounts, please tell us whether you agree, disagree, or are not sure.

Please mark one answer in each row.

	Agree	Disagree	Not sure
a. The State of Indiana contributes to POWER accounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. HIP 2.0 contribution(s) go to POWER accounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. POWER accounts help people pay for the health care services they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. POWER accounts help people understand the cost of their health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. POWER accounts make people feel comfortable about paying for their health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How easy or hard was it to understand what happened to any leftover money in a POWER account at the end of the year?

- Very easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Very hard

Preventive services are routine health care services that include getting a flu shot, annual checkups, blood pressure checks, family planning services, prenatal services, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems. The following questions ask about your experience with preventive services and POWER accounts in HIP 2.0.

29. Is the cost of preventive services paid from the POWER account?

- Yes
- No
- Not sure/Don't know

30. If someone gets all or some of their recommended preventive services, would some of the remaining money in a POWER account get rolled over to next year?

- Yes
- No
- Not sure/Don't know

31. Please tell us whether you agree, disagree or are not sure about with the following statement: **POWER accounts make it more likely for someone to try and get all or some of their recommended preventive services.**

- Agree
- Disagree
- Not sure/Don't know

Access

For the following questions please think about your health care experience since you left HIP.

32. After you were no longer enrolled in HIP 2.0, did you go to a doctor, nurse, or any other health professional or get prescription drugs?

- Yes
- No → GO TO QUESTION 36
- Not sure/Don't know → GO TO QUESTION 36

33. After you were no longer enrolled in HIP 2.0, were you asked to pay a copay at your most recent visit? Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.

- Yes
- No → GO TO QUESTION 35
- No, I was asked to pay the whole bill → GO TO QUESTION 35
- Not sure/Don't know → GO TO QUESTION 35

34. How was that copay paid, if at all?

- I paid it
- Someone paid it for me
- The co-payment was not paid
- Not sure/Don't know

35. After you were no longer enrolled in HIP 2.0, were any of your health care visits for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Yes
- No
- Not sure/Don't know

Satisfaction with Healthy Indiana Plan

36. Thinking about your overall experience with HIP 2.0, would you say you are:

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied → GO TO QUESTION 52
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/Don't know → GO TO QUESTION 52

37. Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below.

Please mark one answer in each row.

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
a. Length of time for coverage to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ability to see my doctors with HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Choice of doctors in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Coverage of health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Understanding how POWER accounts work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cost of contribution(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. HIP 2.0 enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

→ GO TO QUESTION 52

HIP Basic enrolled, formerly HIP Plus enrolled

38. Are you currently in HIP Basic?

- Yes
- No → GO TO END
- Not sure/Don't know → GO TO END

39. Thinking about your current HIP Basic coverage, how does it compare to HIP Plus? Is it better, about the same, or worse?

- Better than HIP Plus coverage
- About the same as HIP Plus coverage → GO TO QUESTION 42
- Worse than HIP Plus coverage → GO TO QUESTION 41
- Not sure/Don't know → GO TO QUESTION 42

40. Why do you think your current HIP Basic coverage is better? *Mark one or more.*

- I like the benefits in HIP Basic better than HIP Plus → GO TO QUESTION 42
- I think HIP Basic is cheaper than HIP Plus → GO TO QUESTION 42
- Other reason → GO TO QUESTION 42

41. Why do you think your current HIP Basic coverage is worse? *Mark one or more.*

- I liked the benefits in HIP Plus better than HIP Basic
- I think HIP Plus is cheaper than HIP Basic
- Other reason

42. Would you try to re-apply for HIP Plus if you became eligible for HIP Plus again?

- Yes
- No
- Not sure/Don't know

43. While you were in HIP Plus, what did you think would happen, if anything, if your contribution(s) were not made on time?

- Nothing would change
- My HIP 2.0 coverage would end
- They would automatically get moved to HIP Basic
- Not sure/Don't know

44. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because you could not pay for transportation or could not get transportation?

- Yes
- No → GO TO QUESTION 46
- Not sure/Don't know → GO TO QUESTION 46

45. What types of health care were you unable to get because you could not pay for transportation or could not get transportation?

Please mark one answer in each row.

	Could not pay for transportation	Could not get transportation	No trouble with transportation for this type of care	N/A
a. A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency room care for a non-emergency condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because of costs other than transportation?

- Yes
- No → GO TO QUESTION 48
- Not sure/Don't know → GO TO QUESTION 48

47. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, what types of health care were you unable to get because of costs other than transportation?

Please mark one answer in each row.

	Yes	No	N/A
a. A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency room care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Thinking about your experience in HIP Basic, would you say you are:

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied → **GO TO QUESTION 50**
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/Don't know → **GO TO QUESTION 50**

49. Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below in HIP Basic.

Please mark one answer in each row.

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
a. Length of time for coverage to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ability to see my doctors with HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Choice of doctors in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Coverage of health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Understanding how POWER accounts work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cost of contribution(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. HIP 2.0 enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Thinking about your experience in HIP Plus, would you say you are:

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied → **GO TO QUESTION 52**
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/Don't know → **GO TO QUESTION 52**

51. Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below in HIP Plus.

Please mark one answer in each row.

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
a. Length of time for coverage to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ability to see my doctors with HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Choice of doctors in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Coverage of health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Understanding how POWER accounts work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cost of contribution(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. HIP 2.0 enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Coverage Cost and Payment Options

We are studying ways to meet people’s health care needs, and would like your thoughts about what you would like in your benefits package.

People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor’s office, go to the hospital, or get prescription drugs.

52. If you could choose how to pay for your health care services, what would you choose?

- I would choose to pay copays at my health care visits
- I would choose to make monthly contributions
- It does not matter to me

53. How important are each of the following factors when thinking about enrolling in a benefits package?

Please mark one answer in each row.

	Very important	Somewhat important	Not at all important
a. The cost of monthly contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The cost of copays for doctor visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The cost of copays for non-emergency visits to the emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The cost of copays for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The length of time with no coverage if I miss a monthly contribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. If I lose coverage, being able to pay a missed contribution to get my coverage back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics/About You

54. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

55. What is the highest grade or level of school that you have completed?

- 8th 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

56. What best describes your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- A homemaker
- A full-time student
- Unable to work for health reasons
- Unemployed

57. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

58. Are you male or female?

- Male
- Female

59. Are you of Hispanic, Latino/a, or Spanish origin? *One or more categories may be selected.*

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin

60. What is your race? *Mark one or more.*

- White
- Black or African-American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Some other race

61. Please circle the number of people in your family (including yourself) that live in your household. Mark only one answer that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

Family size (including yourself)	Family Income Per Year	
One person	<input type="radio"/> At or below \$6,000	<input type="radio"/> At or above \$12,000 and less than \$16,000
	<input type="radio"/> Above \$6,000 and less than \$12,000	<input type="radio"/> At or above \$16,000
Two people	<input type="radio"/> At or below \$8,000	<input type="radio"/> At or above \$16,000 and less than \$22,000
	<input type="radio"/> Above \$8,000 and less than \$16,000	<input type="radio"/> At or above \$22,000
Three people	<input type="radio"/> At or below \$10,000	<input type="radio"/> At or above \$20,000 and less than \$28,000
	<input type="radio"/> Above \$10,000 and less than \$20,000	<input type="radio"/> At or above \$28,000
Four people	<input type="radio"/> At or below \$12,000	<input type="radio"/> At or above \$24,000 and less than \$33,000
	<input type="radio"/> Above \$12,000 and less than \$24,000	<input type="radio"/> At or above \$33,000
Five people	<input type="radio"/> At or below \$14,000	<input type="radio"/> At or above \$28,000 and less than \$39,000
	<input type="radio"/> Above \$14,000 and less than \$28,000	<input type="radio"/> At or above \$39,000
Six people	<input type="radio"/> At or below \$16,000	<input type="radio"/> At or above \$33,000 and less than \$45,000
	<input type="radio"/> Above \$16,000 and less than \$33,000	<input type="radio"/> At or above \$45,000
Seven people	<input type="radio"/> At or below \$18,000	<input type="radio"/> At or above \$37,000 and less than \$51,000
	<input type="radio"/> Above \$18,000 and less than \$37,000	<input type="radio"/> At or above \$51,000
Eight people	<input type="radio"/> At or below \$20,000	<input type="radio"/> At or above \$41,000 and less than \$56,000
	<input type="radio"/> Above \$20,000 and less than \$41,000	<input type="radio"/> At or above \$56,000
Nine people	<input type="radio"/> At or below \$23,000	<input type="radio"/> At or above \$45,000 and less than \$62,000
	<input type="radio"/> Above \$23,000 and less than \$45,000	<input type="radio"/> At or above \$62,000
Ten or more people	<input type="radio"/> At or below \$25,000	<input type="radio"/> At or above \$49,000 and less than \$68,000
	<input type="radio"/> Above \$25,000 and less than \$49,000	<input type="radio"/> At or above \$68,000

62. Did someone help you complete this survey?

- Yes
- No → **THANK YOU. Please return the completed survey in the postage-paid envelope.**

63. How did that person help you? *Mark one or more.*

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language

THANK YOU

Please return the completed survey in the postage-paid envelope.

**Thoroughbred Research Group, Inc.
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