

Individual Marketplace Tracking Survey

INTRO: Good morning/afternoon/evening. This is _____. I am calling from _____. We are conducting a random, nationally representative survey of adults aged 18 to 64. Your household/telephone number has been selected for the survey. Is there someone in your household I may speak with?

We are conducting a survey about health insurance and the healthcare law, and are interested in your opinions. We are not selling anything or asking for any kind of contributions or donations. Your responses will be completely confidential.

[IF RESPONDENT WANTS MORE CLARIFICATION ABOUT THE SURVEY SPONSOR: The Centers for Medicare & Medicaid Services is the government agency responsible for Medicare and Medicaid. It regularly sponsors research to help evaluate the health care Americans receive. May I continue?]

Screener

To begin with, I am going to ask you some questions about yourself, your health insurance situation, and your general health.

DG2. Just to confirm your age, could you please tell me, in what year were you born?

RECORD YEAR _____
DK/REF (VOL) _____ -1
[TERMINATE IF YEAR IS <1948 OR >1994 OR IF DG2=-1]

DGM1. When it comes to healthcare and health insurance, do you usually make decisions on your own, with someone else's help, or do you rely on someone else to make those decisions for you?

[IF NECESSARY, READ LIST TO CLARIFY.]

I make those decisions on my own without talking to anyone else	1
I make those decisions on my own, but talk with others about it	2
I make those decisions with someone else's help	3
I rely on someone else to make those decisions for me	4
DK/REF (VOL)	-1

[IF DGM1=4, ASK TO SPEAK WITH DECISION-MAKER]
[TERMINATE IF DGM1=-1]

ING1. Do you currently have health insurance coverage?

Yes	1
No	2
DK/REF (VOL)	-1

[IF ING1=1, GO TO ING2A]
[IF ING1=2, GO TO ING2B]
[TERMINATE IF ING1=-1]

ING2A. How do you currently get health insurance to cover your hospital expenses or doctor's visits? Do you get it through [READ LIST stop at first YES]

- Your current or former employer 1
 - Your spouse or partner's current or former employer 2
 - {ASK IF AGE<=26} Your parents' health plan 3
 - A plan you purchase on your own, directly from a health insurance company 4
 - A COBRA health insurance plan 5
 - Medicare for people 65 or older, or with certain disabilities 6
 - [State Medicaid name], Medicaid, or State Assistance 7
 - TRICARE, VA, or Veteran's Health Insurance 8
 - Other (Specify)_____ 9
 - DK/REF (VOL) -1
- [CONTINUE TO NEXT SECTION IF ING2A=4,5]
[TERMINATE IF ING2A=1, 2, 3, 6, 7, 8, 9, -1]

ING2B. Do you currently get help paying for your hospital expenses or doctor's visits from any of the following? [READ LIST]

- Your current or former employer 1
 - Your spouse or partner's current or former employer 2
 - Any local, state, or federal government assistance program 3
 - Do not get any help paying 4
 - DK/REF (VOL) -1
- [CONTINUE IF ING2B=4]
[TERMINATE IF ING2B=1, 2, 3, -1]