

EVALUATION OF FROM COVERAGE TO CARE IN COMMUNITIES

Appendix E

Listing of Survey Changes with Reinstatement

(CMS-10632; OMB 0938-1342)

NOTE: Blue italicized headers indicate the reasons for changes from the prior surveys. Changes from the previously approved surveys appear in green text.

Partner Survey Additions/Changes

Surveying Those Not Using C2C Materials

Are you a person in your organization who is knowledgeable about resources that aim to help people with new health care coverage understand their benefits and connect to primary care?

- Yes [START AT ITEM 1]
- No [CONTINUE]

Would you please provide the name, email, and phone number of the person within your organization who is knowledgeable about these matters? _____

Have you ever heard of the *From Coverage to Care* program through CMS, which aims to help people with health care coverage understand their benefits and connect to primary care?

- a. Yes
- b. No

Does your organization rely on an outside source for information and materials (such as pamphlets, posters, or websites) to help people with health care coverage understand their benefits and connect to primary care?

- a. Yes
- b. No [SKIP TO MODULE 6]

Where do you go for information and materials to help people understand their health care coverage and connect to primary care? (OPEN-ENDED RESPONSE)

How did you first learn about [RESPONSE 7 NAME]? From.. (Please check all that apply)

- a. [RESPONSE 7 NAME] website
- b. [RESPONSE 7 NAME] correspondence such as newsletter or distribution list
- c. Webinar where [RESPONSE 7 NAME] was discussed
- d. [RESPONSE 7 NAME] office/distribution

- e. Another organization in my community
- f. A professional organization/society
- g. A person in my community
- h. The media
- i. Online search
- j. Don't know
- k. Other (please specify: _____)

When did you first learn about [RESPONSE 7 NAME]? (Choose most appropriate estimate)

- a. In the last six months
- b. Between six and twelve months ago
- c. More than a year ago
- e. Don't know

Snowball Sampling Question. We are trying to identify organizations that might benefit from C2C materials, but who are not currently using C2C materials. Are there other organizations in your area that provide services to health care consumers that are similar to the services you provide? [IF YES] Would you indicate the name of the organization, the name of the contact person, the phone number of the contact person, and the email address of the contact person? We would like to contact them for a similar survey. It is OK if you do not know all of this information. Please list the information that you know. _____

Getting Additional Information on Organizations

How many unpaid volunteers does your organization have in total? (Please choose most appropriate)

- a. Small (less than 25 volunteers)
- b. Medium (26-99 volunteers)
- c. Large (100-249 volunteers)
- d. Very large (250+ volunteers)

How long have you worked at the organization?

- a. Less than one year
- b. 1 year to less than 4 years
- c. 4 years to less than 6 years
- d. 6-10 years

More than 10 years

Changes to Items to Reflect Current C2C Efforts

When did your organization first learn about C2C? (Choose most appropriate estimate)

- a. In the last six months
- b. Between six and twelve months ago
- c. One to two years ago
- d. Three to five years ago
- e. More than five years ago
- f. Don't know

Which C2C materials did your organization order? Please select all that apply (Include categorized list of materials in drop box)

- a. Roadmap to Better Care
- b. A Roadmap to Behavioral Health and a Healthier You
- c. Roadmap Poster Tabloid
- d. Step 1: Put Your Health First
- e. Step 2: Understand Your Health Coverage
- f. Sample Insurance Card
- g. Step 3: Know Where to Go
- h. Differences Between Your Provider's Office and the Emergency Department
- i. Step 4: Pick a Provider
- j. Step 5: Make an Appointment
- k. Step 6: Be Prepared for Your Visit
- l. Step 7: Decide if the Provider is Right for You
- m. Step 8: Next Steps After Your Appointment
- n. Sample Explanation of Benefits
- o. 5 Ways to Make the Most of Your Health Coverage
- p. Preventive Services Flyer
- q. Coronavirus and Your Health Coverage: Get the Basics
- r. Stay Safe: Getting the Care You Need, at Home
- s. [ADDITION OF FUTURE MATERIALS]
- t. Other (specify _____)

How does your organization share C2C information and materials with patients and other members of your community? (Please choose all that apply)

- a. Hand out materials and talk about them during community health fairs
- b. Hand out materials and talk about them during health insurance enrollment sessions
- c. Use materials in courses/training we offer
- d. Place materials on table or wall displays in our organization or other public spaces for community members to pick up
- e. Distribute materials to other partner organizations who pass them out
- f. Mail materials to community members
- g. Hand out or mail materials in response to community member requests
- h. Re-post C2C materials directly on our website
- i. Social media (e.g., Facebook, Twitter)
- j. Email or email listservs
- k. Text messaging (i.e., SMS, MMS)
- l. Other (please specify: _____)

Of the ways selected in the last question, in your experience, what forms of sharing C2C materials were most helpful to community members? (Please choose top 3)

- a. Hand out materials and talk about them during community events/health fairs
- b. Hand out materials and talk about them during enrollment sessions
- c. Use materials in courses/training we offer
- d. Place materials on table or wall displays in our organization or other public spaces for community members to pick up
- e. Distribute materials to other organizations who pass them out

- f. Mail materials to community members
- g. Hand out or mail materials in response to community member requests
- h. Re-post C2C materials directly on our website
- i. Social media (e.g., Facebook, Twitter)
- j. Email or email listservs
- k. Text messaging (i.e., SMS, MMS)
- l. Other (please specify: _____)

How has your organization shared C2C materials and messages with other organizations in your community? (Please choose all that apply)

- a. Told colleagues or other community organizations about C2C
- b. Mailed C2C materials to other organizations
- c. Distributed C2C materials to other organizations at community events (for example, at a health fair)
- d. Presented C2C information to organizations (for example, at a local meeting)
- e. Re-post C2C materials directly on our website
- f. Social media (e.g., Facebook, Twitter)
- g. Email or email listservs
- h. Text messaging (i.e., SMS, MMS)
- i. Other (Please specify: _____)
- j. We have not shared materials

In your experience, what form of sharing C2C materials with other organizations was most helpful to them? (Please choose one)

- a. Told colleagues or other community organizations about C2C
- b. Mailed C2C materials to other organizations
- c. Distributed C2C materials to other organizations at community events (for example, at a health fair)
- d. Presented C2C information to organizations (for example, at a local meeting)
- e. Re-post C2C materials directly on our website
- f. Social media (e.g., Facebook, Twitter)
- g. Email or email listservs
- h. Text messaging (i.e., SMS, MMS)
- k. Other (Please specify: _____)

When it comes to health care in your community, what would you say are the biggest barriers individuals face? [PLEASE RANK TOP 3 CHOICES]

- a. Individuals do not know how to access health care services
- b. Individuals do not know how to find a regular provider or source of care
- c. Individuals do not understand the importance of health care
- d. Individuals do not understand the importance of health insurance
- e. Individuals do not understand how to use their insurance benefits
- f. Individuals do not understand when it is appropriate to use emergency or urgent care services
- g. Individuals do not understand how to access health services online (e.g., patient portals)
- h. Individuals do not have the resources (e.g., electronic devices, internet access) to access health services online (e.g., patient portals)

- i. Individuals do not understand the importance of preventive health services (e.g., vaccinations, screenings)
- j. Individuals do not understand how to stay safe when there are public-health concerns (e.g., COVID-19, SARS)
- k. Individuals do not understand how to access health care services when there are public-health concerns (e.g., COVID-19, SARS)
- l. Other (please specify:)

For the next four questions, consider if the following issues would be considered a priority for your organization and if any messaging was used on the topic.

	<i>A. Is this topic an area of focus or a top priority of your organization?</i>	<i>B. Did your organization use any messaging or materials in its work on this topic? (Please choose all that apply) [OPTIONS A & B HIDDEN IF NOT C2C AWARE AND NOT ORDERED]</i>
<i>Access to health services</i>	<i>(Yes/No drop down menu – SKIP part B if NO)</i>	<ul style="list-style-type: none"> <i>a. Used C2C materials on this topic</i> <i>b. Adapted C2C materials to our community’s needs</i> <i>c. Used other materials on this topic (please specify: _____)</i> <i>d. Created our own materials/messages on this topic</i>
<i>Find a regular provider or source of care</i>	<i>(Yes/No drop down menu – SKIP part B if NO)</i>	<ul style="list-style-type: none"> <i>a. Used C2C materials on this topic</i> <i>b. Adapted C2C materials to our community’s needs</i> <i>c. Used other materials on this topic (please specify: _____)</i> <i>d. Created our own materials/messages on this topic</i>
<i>Understand insurance benefits and how to use insurance</i>	<i>(Yes/No drop down menu – SKIP part B if NO)</i>	<ul style="list-style-type: none"> <i>a. Used C2C materials on this topic</i> <i>b. Adapted C2C materials to our community’s needs</i> <i>c. Used other materials on this topic (please specify: _____)</i> <i>d. Created our own materials/messages on this topic</i>
<i>Access appropriate care/services</i>	<i>(Yes/No drop down menu – SKIP part B if NO)</i>	<ul style="list-style-type: none"> <i>a. Used C2C materials on this topic</i> <i>b. Adapted C2C materials to our community’s needs</i> <i>c. Used other materials on this topic (please specify: _____)</i> <i>d. Created our own materials/messages on this topic</i>

Members of my community are better prepared to deal with public health concerns (e.g., COVID-19, SARS).

- Strongly disagree

- Disagree
- Neutral
- Agree
- Strongly agree
- Don't know/I don't work with the community directly

Members of my community ...

- a. Are aware of online portals (e.g., insurance, hospital, doctor office).
- b. Know how to use online portals.
- c. Have lots of questions about how to use online portals.
 - Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
 - Don't know/I don't work with the community directly
- d. [ASK IF Agree OR Strongly Agree TO 34d] Would you please list some examples of questions that members of your community have about online portals.

After seeing or using C2C materials... Organizations in my community felt more prepared to deal with public health concerns (e.g., COVID-19, SARS).

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
- Don't know/I didn't share materials with other organizations

After using C2C materials...

- a. Navigators learned more about why prevention and primary care is important for consumer health.
- b. Navigators learned more about health insurance and how to use it.
- c. Navigators learned more about helping people choose coverage that best meets their needs and expectations.
- d. Navigators learned more about inappropriate use of emergency or urgent care.
- e. Navigators learned more about encouraging the use of more regular and or/preventive care.
- e. Navigators learned more about helping people find a provider and make an appointment.
 - Strongly disagree
 - Disagree
 - Neutral
 - Agree
 - Strongly agree
 - Don't know/I didn't share materials with Navigators

[For responses of very helpful or helpful, ask] Why was that material helpful to your organization? (please choose all that apply)

- a. It addressed one of the biggest health care-related problems or needs in my community.
- b. It was the easiest set of materials for our organization to communicate with community members.
- c. It was the easiest set of materials for community members to understand.
- d. Health care navigators learned a lot from these materials.
- e. Other (please specify: _____)

[For responses of very unhelpful or unhelpful, ask] Why was that material unhelpful to your organization? (please choose all that apply)

- a. It did not address relevant needs in my community.
- b. It was the most difficult set of materials for our organization to communicate with community members.
- c. It was the most difficult set of materials for community members to understand.
- d. Health care navigators did not learn much from these materials.
- e. Other (please specify: _____)

Has your organization used any of the C2C online resources? (check all that apply)

- a. Someone in our organization has visited the C2C website.
- b. Someone in our organization has downloaded C2C materials.
- c. Someone in our organization has watched the C2C videos available on the website.
- d. Our organization uses the C2C website or other online resources to discuss C2C topics with community members/patients.
- e. Other (please specify): _____
- f. No one has used C2C online resources.

Consumer Survey Additions/Changes

Additional Relevant Items Available in Ipsos Knowledge Panel

Gender

Age

Marital status

- Married
- Widowed
- Divorced
- Separated
- Never married
- Living with partner

Children

- Age
- Gender
- Number

Education

- No formal education
- 1st, 2nd, 3rd, or 4th grade
- 5th or 6th grade
- 7th or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, no diploma
- High school graduate—high school diploma or the equivalent (GED)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional or doctorate degree

Race

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- 2+ races

Hispanic origin

- Mexican, Mexican-American, Chicano
- Puerto Rican
- Cuban, Cuban American
- Other Spanish/Hispanic/Latino

Household income

- Less than \$5,000
- \$5,000 to \$7,499
- \$7,500 to \$9,999
- \$10,000 to \$12,499
- \$12,500 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$84,999
- \$85,000 to \$99,999
- \$100,000 to \$124,999

- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 or more

Home ownership

- Owned or being bought by you or someone in your household
- Rented for cash
- Occupied without payment of cash rent

Domicile location

- ZIP code
- County
- Metro area
- Urban/suburban/rural
- DMA
- State
- Region

Household head (yes/no)

Empty-nester (yes/no)

Internet access

- By paying a cell phone company or internet service provider
- Without paying a cell phone company or internet service provider
- No access to the internet in my house, apartment, or mobile home

Personal/household Internet use locations

- Home
- Work
- School or library
- Another place

Personal/household Internet access mode at home

- Cellular data plan for a smartphone or other mobile device
- High-speed Internet service such as cable, DSL, or fiber-optic service
- Satellite Internet service
- Dial-up service
- Other service

Employment status

- Working—as a paid employee
- Working—self-employed
- Not working—on temporary layoff from a job
- Not working—looking for work
- Not working—retired
- Not working—disabled
- Not working—other

Employed full time or part time (yes/no, of employed)

Currently a student (yes/no, of students)

Currently a stay-at-home spouse or partner (yes/no)

Sexual orientation

- Gay or Lesbian
- Straight, that is, not gay
- Bisexual
- Something else

Gender identity

- Cisgender
- Transgender
- Other

U.S. citizenship

- Born a citizen
- Naturalized citizen
- Not a citizen

Self-reported health status (options not presented in reference)

Height/weight/BMI

Personal medical conditions

- Acid reflux disease
- ADHD or ADD
- Asthma, chronic bronchitis, or COPD
- Cancer
- Concussion
- Chronic pain (such as low back pain, neck pain, or fibromyalgia)
- Diabetes or pre-diabetes
- Eye condition (other than poor vision)
- Gastrointestinal condition
- Heart attack, heart disease, or other heart condition
- Hepatitis C
- High blood pressure
- High cholesterol
- HIV/AIDS
- Inflammatory Bowel Disease (IBD) (such as Ulcerative colitis or Crohn's disease)
- Kidney disease
- Menopause or perimenopause
- Migraines
- Multiple sclerosis
- Nonalcoholic fatty liver disease
- Osteoarthritis, joint pain, or inflammation
- Osteoporosis or osteopenia
- Psoriasis
- Pulmonary Arterial Hypertension (PAH)

- Rheumatoid arthritis
- Seasonal allergies
- Sexual dysfunction
- Sleep disorders such as sleep apnea or insomnia
- Stroke
- Traumatic brain injury
- Uterine fibroids

Personal mental health conditions

- Anxiety disorder
- Bipolar disorder
- Depression
- Mood disorders
- Schizoaffective disorder
- Schizophrenia

Diagnosed with Type 1 diabetes/Type 2 diabetes/Pre-diabetes or IGT

How diabetes is managed (options not presented in reference, of those with diabetes)

Type of cancer diagnosis (options not presented in reference, of those with diabetes)

Frequency of VIGOROUS exercise and frequency of LIGHT OR MODERATE exercise (options not presented in reference)

Type of health insurance

- Through own or someone else's employer or union
- Medicare
- Medicaid or a state medical assistance plan
- Health insurance you bought through an insurance exchange
- Veteran's Affairs, Department of Defense, or other military program
- Health insurance from some other source

Ever covered by health insurance purchased through a state or federal exchange (yes/no)

Year in which first purchased health insurance through an exchange (yes/no, of those purchasing exchange plan)

Sources of health information in past 12 months

- Doctor
- Pharmacist
- Nurse, nurse practitioner, or physician's assistant
- Relative, friend, or co-worker
- Someone you know who has a particular medical condition
- Disease-related association or society
- Patient support group or foundation
- Educational forum at a local clinic, hospital, community center, or other location
- Pharmaceutical company
- Health insurance company
- Newspapers or magazines
- Television

- The internet
- Social media
- Health care app

Attitudes about vaccination (options not presented in reference)

Changes Due to Also Interviewing People with Marketplace Plans

[SCREENER]

KnowledgePanel records indicate that you have health insurance through [POPULATE WITH Medicare / Medicaid or a state medical assistance plan / Health insurance you bought through an insurance exchange]. Is this still your insurance provider?

- Yes [CONTINUE]
- No [ASK INSURANCE TYPE QUESTION AND CONTINUE ONLY IF ONE OF THREE SELECTED INSURERS]
- Don't know [END SURVEY]

Measures of Additional Relevant Constructs and Refinement of Prior Measures

Health Insurance Literacy

Please assume the following information is on your health insurance card. Please refer to this card to answer the following questions...

INSURANCE COMPANY NAME	
Plan type: PPO	Member Name: Jane Doe Member Number: 123-45-678
Effective Date: 12/21/2019	Group Number: 98765-432
Prescription Group #: 13579	PCP Copay: \$15.00 Specialist Copay: \$25.00 Emergency Room Copay: \$75.00
Prescription Copay: \$15.00 Generic \$20.00 Name brand	Member Service: 800-123-4567

- Your doctor's office asks you for your health insurance member number. Please enter it here: _____
- The pharmacy fills a generic prescription for you. How much money total will you need to pay out of your own pocket for this prescription? _____
- You have forgotten to mail in your monthly insurance premium and you are not sure what to do. What number should you call? _____

- d. Your doctor's office asks you if you have a PPO (preferred provider organization) or an HMO (health maintenance organization). Which do you have? _____
- e. You have visited your primary care physician, because of a cold that will not go away. How much will you have to pay out of pocket for the visit? _____
- f. This is your first insurance plan you have enrolled in. You visited the ER on 12/19/2019. Will this insurance plan cover the services you received? yes/no
- g. Will you have to pay more out of pocket for an ER visit or a PCP visit? PCP/ER
- h. Your pharmacist asks you if you want the brand name prescription or you would like the generic alternative. How much more money will you need to pay out of your pocket for the brand name? _____

Functional Health Literacy

This information is on the back of a container of a pint of ice cream.

Nutrition Facts			
Serving Size		½ cup	
Servings per container		4	
Amount per serving			
Calories	250	Fat Cal	120
		%DV	
Total Fat	13g		20%
Sat Fat	9g		40%
Cholesterol	28mg		12%
Sodium	55mg		2%
Total Carbohydrate	30g		12%
Dietary Fiber	2g		
Sugars	23g		
Protein	4g		8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

- If you eat the entire container, how many calories will you eat? [Answer: 1,000 is the only correct answer]
- If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? [Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container.]
- Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? [Answer: 33 is the only correct answer]
- If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? [Answer: 10% is the only correct answer]

Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

- Is it safe for you to eat this ice cream? [yes/no; Answer: No]
- (Ask only if the patient responds “no” to question 5): Why not? [Answer: Because it has peanut oil.]

General Health Literacy

How confident are you filling out medical forms by yourself?

- Extremely confident
- Quite confident
- Somewhat confident
- A little confident
- Not at all confident

Provider Fosters Health Literacy

These next questions ask about the person or place from whom you receive most of your health care services. This is often referred to as your provider. With this provider in mind, how often...

- Does this provider give you all the information you want about your health?
- Does this provider encourage you to talk about all your health problems or concerns?
- Does this provider ask you to repeat back or describe how you are going to follow their instructions?
- Did this provider give you easy to understand instructions about how to take your medicines?
- Are the results of your blood test, x-ray, or other test easy to understand?
 - Never
 - Almost never
 - Sometimes
 - Usually
 - Almost always
 - Always

Self-Reported Use of Preventive Services

About how long has it been since you had bloodwork to try to prevent future health problems?

- Within past 12 months
- Within past 1-2 years
- Within past 3-4 years
- Within past 5-6 years
- More than 7 years
- Never
- Don't know

Do you have Hypertension, Diabetes, or Heart Disease?

- Yes [ASK NEXT QUESTION]
- No [SKIP TO 22]
- Don't Know [SKIP TO 22]

Has a doctor given you instructions on how to manage your condition?

- Yes [ASK NEXT QUESTION]
- No [SKIP TO 20]
- Don't Know [SKIP TO 20]

Have you generally followed your doctor's instructions?

- Yes
- No
- Don't Know

Have you received regular diagnostic tests (blood pressure, A1C, and/or cholesterol count) for your chronic condition?

- Yes [ASK NEXT QUESTION]
- No [SKIP TO 22]
- Don't Know [SKIP TO 22]

Have your test results been within the acceptable range your doctor mentioned?

- Yes
- No
- Don't Know

Have you taken a test to see if you have COVID-19 (also called the coronavirus or SARS-CoV-2)?

- Yes
- No
- Don't know

Domain: Patient-Centeredness of Experience

How often do providers:

- Give you the chance to ask all the health-related questions you have?
- Give the attention you need to your feelings and emotions?
- Involve you in decisions about your health care as much as you want?.
- Make sure you understand the things you need to do to take care of your health?
- Explain things in a way you can understand?
- Spend enough time with you.?
- Help you deal with feelings of uncertainty about your health or health care?
 - Always
 - Often
 - Sometimes
 - Never

Domain: Discrimination in Medical Settings

Please indicate how often each of the following happen when you are receiving medical services.

- You are treated with less courtesy than other people.
- You are treated with less respect than other people.
- You receive poorer service than others.

- A doctor or nurse acts as if he or she thinks you are not smart.
- A doctor or nurse acts as if he or she is afraid of you.
- A doctor or nurse acts as if he or she is better than you.
- You feel like a doctor or nurse is not listening to what you were saying.
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

Miscellaneous Refinements

Tell me which of these apply to your last urgent care visit? Check all that apply.

- The doctor's office did not have any available sick appointments

I feel confident that I know...

- When to go to my doctor or another health care professional instead of going to the emergency room or an urgent care.
- When to go to an urgent care instead of going to my doctor or another health care professional or the emergency room.
- When to go to the emergency room instead of going to my doctor or another health care professional or an urgent care.
 - Not at all confident
 - Slightly confident
 - Moderately confident
 - Very confident

If you needed or wanted to see a behavioral or mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker, do you know how to get this care?

- Yes
- No

During the past 12 months, how many times have you needed information or materials to help you understand your health insurance coverage or insurance terms?

- Not at all [SKIP NEXT ITEM]
- Once
- 2 to 4 times
- 5 to 10 times
- More than 10 times

During the past 12 months, how many times have you sought out health insurance information or materials to help you understand your health insurance coverage or insurance terms?

- Not at all
- Once
- 2 to 4 times
- 5 to 10 times
- More than 10 times

Changes to Items to Reflect Current C2C Efforts

How do you prefer to see or receive resources that help you understand your health insurance coverage or insurance terms? Please rank the top three sources you use.

- From an assister or navigator while enrolling in health insurance
- At your provider's office or other health care setting
- Event (i.e., a community event, health promotion fair, etc.)
- From an informational table or bulletin board (e.g., at a community organization or library)
- Online (e.g., by visiting a website)
- Social media (Facebook, Twitter, etc.)
- Print (Newspaper, magazine, poster, etc.)
- Mail
- Radio
- Television
- I do not know where to find resources on health insurance
- Other: _____

Please indicate the extent to which you agree or disagree that *From Coverage to Care* (C2C) materials encouraged you to obtain health insurance or continue your health insurance coverage.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Have you seen *From Coverage to Care's* (C2C): "A Roadmap to Better Care and a Healthier You"?

- Yes [ASK NEXT QUESTION]
- No [SKIP TO ITEM 47]
- Don't Know [SKIP TO ITEM 47]

Have you seen [INSERT C2C MATERIAL NAME]?

- Yes [ASK NEXT QUESTION]
- No [SKIP TO ITEM 51]
- Don't Know [SKIP TO ITEM 51]

Please rate the following statements to indicate how your understanding of the following topics have changed as a result of seeing [INSERT C2C MATERIAL NAME]?

- [Insert Learning Objective 1]
- [Insert Learning Objective 2]
- [Insert Learning Objective 3]
- [Insert Learning Objective 4]
- [Insert Learning Objective 5]
- Other: _____
 - My understanding is the same as it was before I saw C2C materials.
 - I have a slightly better understanding.
 - I have a better understanding.
 - I have a much better understanding.

Please indicate the extent to which you were satisfied with [INSERT C2C MATERIAL NAME]?

- [Insert Learning Objective 1]
- [Insert Learning Objective 2]
- [Insert Learning Objective 3]
- [Insert Learning Objective 4]
- [Insert Learning Objective 5]
 - Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied

Please indicate the extent to which you agree that [INSERT C2C MATERIAL NAME]?

- [Insert Learning Objective 1]
- [Insert Learning Objective 2]
- [Insert Learning Objective 3]
- [Insert Learning Objective 4]
- [Insert Learning Objective 5]
 - Strongly Disagree
 - Disagree
 - Agree
 - Strongly Agree