

## 2024 SIPP Redesign Cognitive Interviewing Protocol

Participant ID #: | | | | | | | |

Interview Date:                   |\_|\_|/|\_|\_|/|\_|\_|\_|\_| (mm/dd/yyyy)

Interviewer initials:     |     |     |

Start Time: \_\_\_\_\_ AM / PM      End Time: \_\_\_\_\_ AM / PM

Mode:

**Section 1:**    **\*\* READ/ PARAPHRASE THE FOLLOWING TEXT\*\***

Greeting: Hello. My name is \_\_\_\_\_, and I work for the Census Bureau.

Thank you for agreeing to participate in our study.

INTERVIEWER NOTE: CLEAR YOUR AREA OF ANY SENSITIVE INFORMATION OR INAPPROPRIATE MATERIALS THAT COULD BE VIEWED BY OTHERS BEFORE ACTIVATING YOUR WEBCAM

I'm going to activate my webcam so that we can have a little bit more interpersonal interaction. If you want to do so as well, click on the camera icon and allow access. If you would prefer not to turn your camera on, that's fine too.

What: The Survey of Income Program Participation is conducted by the Census Bureau. It collects information about topics such as where people live, their employment, health insurance and programs people may participate in. We're working to improve the survey by changing some of the questions. Before we finalize the questions in the survey, we want to test them with people like yourself to make sure the questions are easy to understand and answer.

We are interested in your feedback so we can know what people think of the survey questions and how we can potentially improve them. I'm going to ask you to read through and respond to the survey questions. I'll ask you some questions along the way: what you think certain questions are asking, and what your reactions to them are. There are no right or wrong answers. Please give me your honest impressions, whether good or bad.

How: If this were the real survey, you would either receive it in the mail or receive an invitation to complete the survey online. In a couple of minutes, I am going to ask you to complete the survey just as you would if you were at home but with one major difference.

Think Aloud: I would like you to think aloud as you read and answer the questions in the survey. I am interested in your feedback on the questions, but I am also interested

in the process you go through in your mind as you come up with answers to the questions in the survey. I would like you to tell me everything that you are thinking and feeling as you come up with your responses to the survey questions. You might have some questions about the survey that come up as we go. You can still ask these questions, but I will wait until the end to answer them. I want to use this time to get your thoughts and opinions.

**Interruptions:** I will stop you at a couple of points and ask you some questions about your feedback, or about the questions themselves. I am also going to ask you some questions at the end. There are no right or wrong answers, because only you know what you are thinking.

Do you have any questions before we begin?

**Confidentiality:** Our session today is completely confidential. Your participation in this study is completely voluntary, and you can decline to answer any particular question.

**Recording:** So that I don't have to rely on my memory later on, I'd like to record this interview. That way, I can focus today on what you're saying rather than having to concentrate on taking notes. Is that ok with you? **[IF NO, DO NOT RECORD INTERVIEW]**

**Screensharing:** So that I can follow along with you as you go through the survey questions, I'm going to ask that you share your screen with me. I can walk you through how to do that if you don't know how.

1. **PASTE THE CONSENT FORM LINK IN THE CHAT WINDOW AND ASK THE PARTICIPANT TO CLICK ON IT**

**CONSENT FORM** ([Link forthcoming](#))

**\*\*HAVE PARTICIPANT SHARE THEIR SCREEN\*\***  
**(IF NEEDED) WALK THE PARTICIPANT THROUGH SHARING THEIR SCREEN:**

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### Consent Process

2. **READ/PARAPHRASE THE PARAGRAPH BELOW TO VERBALLY INFORM THE PARTICIPANT THAT PART OF THE CONSENT FORM IS AUTHORIZATION FOR THE SESSION TO BE RECORDED:**

**Consent Process:** Before we turn our attention to the survey questions, we need to get some paperwork out of the way. I need you to sign this form acknowledging that your

participation today is completely voluntary. You can stop at any time and can decline to answer any question you would prefer not to. **[IF INTERVIEW IS BEING RECORDED]** Signing this form also gives me permission to record this session for my notes. It will be stored in a secure location and no one but me or my colleagues on this project will ever access it.

**3. HAVE PARTICIPANT FILL IN NAME AND ADDRESS, SIGN, AND SUBMIT ELECTRONIC CONSENT.**

**\*\*REMIND THE PARTICIPANT THAT THE ADDRESS THEY ENTER WILL BE WHERE THE \$50 WILL BE SENT TO THEM AFTER THE INTERVIEW SO TO MAKE SURE THEY ENTER IT CORRECTLY\*\***

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**START INTERVIEW**

OK, let's begin. Please remember to think aloud as you go through the survey.

**INTERVIEWER: NOTE ANY CONFUSION OR DIFFICULTIES PARTICIPANTS HAVE WITH THE QUESTIONNAIRE.**

**IF PARTICIPANT IS NOT BEING TALKATIVE DESPITE REMINDERS, ASK THEM TO POINT OUT THINGS THEY DON'T LIKE OR FIND CONFUSING, AS WELL AS THINGS THEY DO LIKE IN THE QUESTIONNAIRE.**

**Intro Items**

**INTERVIEWER: VERIFY THE AGE OF THE REFERENCE CHILD. IF THE PARTICIPANT HAS MORE THAN ONE CHILD, SELECT THE ONE THAT IS IN THE AGE RANGE OF THE T1 OR THE T2/3 QUESTIONNAIRE, BASED ON PRIORITY FOR THE INTERVIEW.**

## **Section A – Residency (JTW)**

**A1.**

**Did you live at [insert current street address] every month from [MONTH1] [YEAR] to [MONTH6] 2024?** (*Instructions and Help Link*).

Yes → *Go to Employment Section*

No → *Go to A2*

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

**A2.**

**During which months did you live at [current street address]?**

Month 1, Year  
 Month 2, Year  
 Month 3, Year  
 Month 4, Year  
 Month 5, Year  
 Month 6, Year  
 None of these

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

**A3.**

**Where did you live during [most recent month NOT selected above] [year]? Report where [you] lived for most of [month].** *Please provide a street name or other nickname to help you remember this residence. This unique residence name can be a house or building number plus street name, city name, or some other way to refer to the residence.*

Country: {DROP DOWN – United States or Outside of the United States}\_\_\_\_

State:\_\_\_\_\_

County: \_\_\_\_\_

City/Town Name: \_\_\_\_\_

Street name or nickname: \_\_\_\_\_

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

**Standard Probes:**

1. In your own words, what do you think the instruction was telling you to do?
2. [IF NEEDED]: Was the reference to the “nickname” clear or unclear?

**A4.**

**In addition to [most recent month NOT selected in A2], which other months did you live at [Nickname/street name or insert other nonblank field from A3]?**

List the months NOT selected above or referenced in previous question.

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

**A5.**

**You reported living in the following locations from [MONTH1] [YEAR] to [MONTH6] [YEAR].**

MONTH1, YEAR: [Nickname] in [COUNTY or CITY], [STATE]

MONTH2, YEAR: [Nickname] in [COUNTY or CITY], [STATE]

MONTH3, YEAR: [Nickname] outside the United States

MONTH4, YEAR: [Nickname] outside the United States

MONTH5, YEAR: [Nickname] outside the United States

MONTH5, YEAR: [Nickname] outside the United States

**Did [Name2] also live at these locations during these same months?**

Yes

No

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

**Standard Probes:**

1. Do you feel that you have the knowledge needed to answer this question about others in your household? How confident would you be?
2. Thinking about the other questions you just saw, do you think you could answer those questions about the other members of your household?

**Standard Probes [at the end of this section]:**

1. How easy or difficult was it for you to answer the questions about where you lived?  
(IF NEEDED) What was most difficult?

2. How confident are you in your answers to the questions about where you lived?  
(IF NEEDED) Tell me more. What are you least confident in?
3. Were there any questions that you found confusing?  
(IF NEEDED) Which ones were most confusing? How did you come up with your answer to those questions?
4. Is there anything else you would say about the questions we just talked about?

### **Section B – Employment (LFSB)**

#### **B1. Do you CURRENTLY have a job or business, or do any kind of work for pay?**

Yes

No [SKIP TO B3]

#### **Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. [IF YES] Briefly tell me a little about what type of work you do.

#### **B2. Thinking about your main job, what is the name of your employer?**

*If you have MORE THAN ONE JOB: answer for the job in which you work the MOST hours.*

*If you are SELF-EMPLOYED: check the box below and enter the name of your business.*

*If you work for a CONTRACTING OR CONSULTING COMPANY, report the name of the company, not the client organization.*

☐ Self-employed

Employer Name [\_\_\_\_\_]

SKIP TO B4

#### **Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. IF NEEDED: Did you read the instructions? If yes, did you find them helpful?
2. Do you have more than one job? Did you have any trouble deciding which job to report about?
3. Did you have any difficulty answering this question?

**B3. Now we're going to ask about the last six months. At any time between [MONTH] 2023 and [MONTH] 2024, did you have a job or business, or do any kind of work for pay?**

Yes – [SKIP TO B6]

No – [SKIP to Section C]

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. Did you have any difficulty answering this question?
2. IF YES - Tell me a little about what type of work you did.

**B4. Did you work for [employer1] every month from [MONTH] 2023 to [MONTH] 2024?**

Yes [SKIP TO B8]

No [GO TO B5, THEN SKIP TO B8]

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. Did you have any difficulty answering this question?
2. How well do you recall the date that you started this job?
3. IF NECESSARY: Do you know the exact date? How about the month or week? How well could you estimate it?

**B5. During which months were you working for [employer1]? *Select all that apply.***

- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ None of these months

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. [IF NEEDED]: Did you have any difficulty answering this question?

**B6. Thinking about your main job between [MONTH] 2023 and [MONTH] 2024, what was the name of your employer?**

*If you had MORE THAN ONE JOB: answer for the job in which you worked the MOST hours.*

*If you were SELF-EMPLOYED: check the box below and enter the name of your business.*

*If you worked for a CONTRACTING OR CONSULTING COMPANY, report the name of the company, not the client organization.*

☐ Self-employed

Employer Name [\_\_\_\_\_]

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. IF NEEDED: Did you read the instructions? If yes, did you find them helpful?
2. Do you have more than one job? Did you have any trouble deciding which job to report about?
3. Did you have any difficulty answering this question?

**B7. During which months were you working for [employer2]? Select all that apply.**

- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ None of these months

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. Did you have any difficulty answering this question?
2. How well do you recall the date that you started this job?



3. IF NECESSARY: Do you know the exact date? How about the month or week? How well could you estimate it?

**B8. In addition to working for [EMPLOYERS], did you have any OTHER jobs or businesses, or do any OTHER kind of work for pay between [MONTH] 2023 and [MONTH] 2024?**

Yes

No – [SKIP to B11]

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. Did you have any difficulty answering this question?
2. IF YES - Tell me a little about what type of work you did.

**B9. How many OTHER employers did you work for at any time between [MONTH] 2023 and [MONTH] 2023? Include yourself if you were self-employed or owned your own business. If you were self-employed, count work with multiple customers, clients, or businesses as one job.**

[\_\_\_\_\_]

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. Did you have any difficulty answering this question?

**B10. What was/were the name(s) of your other employers between [MONTH] 2023 and [MONTH] 2024?**

*If you were SELF-EMPLOYED: check the box and enter the name of your business.*

*If you worked for a CONTRACTING OR CONSULTING COMPANY, report the name of the company, not the client organization.*

EMPLOYER 1

☐ Self-employed

Employer Name [\_\_\_\_\_]

**EMPLOYER 2**

☐ Self-employed

Employer Name [\_\_\_\_\_]

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. Did you have any difficulty answering this question?

(Repeat Questions B11a-B11d for the number of employers reported.)

Employer X:

**B11a. During which months did you work for [EMPLOYERX]? Select all that apply. [SKIP B11a FOR EMPLOYER1 AND EMPLOYER2 ONLY].**

- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ [MONTH] [YEAR]
- ☐ None of these months

**Standard Probes:**

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

1. Did you have any difficulty answering this question?

**The next questions are about your income from your employer(s) before taxes and other deductions.**

**B11b. Which of the following types of regular pay [do/did] you receive from [EMPLOYERX]? Select only one.**

- ☐ Fixed annual salary

- ☐ Hourly wage
- ☐ Other

**Standard Probes:**

1. Can you tell me how you came up with your answer to this question?
2. Was this question easy or hard to answer?
3. Do you think there are any response options that are missing?

**B11c. What is the easiest way for you to report your pay rate or salary information (before taxes and other deductions) from [EMPLOYERX]?**

- ☐ Annual salary
- ☐ Hourly
- ☐ Weekly
- ☐ Pay every two weeks
- ☐ Monthly
- ☐ Pay twice per month
- ☐ Some other way

**Standard Probes:**

1. What time frame were you considering when you answered this question?
2. In your own words, how would you describe your pay rate or salary information? [IF NEEDED]: Would you use the terms presented in the response categories, or something else?
3. Was it easy or difficult for you to choose an answer? [IF NEEDED]: Did you have any trouble understanding the response categories?
4. Do you see a difference between ‘annual salary’ and ‘actual gross amount earned’? How about ‘pay every two weeks’ and ‘pay twice per month’?
5. [IF OTHER]: Tell me more about how you are paid.

**B11d. What [is/was] the gross dollar amount of your [FILL based on B11C] before any taxes or deductions from [EMPLOYERX] [DATE FILL]?**

**Standard Probes:**

1. What does “gross dollar amount” mean to you?
2. How easy was it for you to report your gross pay for this question, or did you report your take home pay?
3. What types of pay did you include? [INTERVIEWER NOTE: Did respondent include all types that were reported in B11b or did they only limit to the type they reported in B11c?]

4. What time period were you thinking about? (INTERVIEWER NOTE: IF NECESSARY, Probe on whether there were any changes in their pay during the last 6-12 months.)
5. Was this easy or difficult for you to answer?

**B11b. What other types of pay [do/did] you receive from [EMPLOYERX]?**

- ☐ Commission
- ☐ Tips
- ☐ Overtime
- ☐ Bonus pay
- ☐ None of these

**Standard Probes – End of section B:**

1. How easy or difficult was it to answer questions about your employment?
2. Were there any questions that were hard to understand or difficult to recall?
3. Do you think you would be able to answer questions like this for other people in your household? As in, do you know their employers, when they started, and how much they are paid?
  - a. What about their tips, commission or overtime pay?
  - b. If you were asked about when your [roommate/spouse/family member/child] started their job, would you be able to answer that?

**Section C – SNAP (PPITB)**

**C1.**

**Do you CURENTLY receive Food Stamps or SNAP benefits?**

- Yes

- No

**Standard Probes:**

1. What do you think this question is asking?  
[IF NEEDED] What do you think is meant by Food Stamps or SNAP benefits?
2. If instead of “Food Stamps or SNAP benefits” we asked about [STATE PROGRAM NAME] or [STATE EBT CARD NAME]”, would you be familiar with those terms?

- a. Would your answer to the question change if we asked it that way?
3. [IF “YES” to C1] Is there another way you refer to it? Another name for it?
4. Did anybody else in your household receive Food Stamps or SNAP benefits?
  - a. How do you know?
  - b. [IF NEEDED] How confident are you?

## C2.

**Now we’re going to ask about the last 6 months. At any time between [MONTH 1] and [MONTH 6] did you receive Food Stamps or SNAP benefits?** *Instructional Text as needed.*

- Yes → Go to C3

- No → Go to Health Insurance Section

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

## C3.

**Did you receive Food Stamps or SNAP benefit every month from [MONTH 1] to [MONTH 6]?** *Instructional Text as needed.*

Yes → Go to C5

No → Go to C4

## Standard Probes:

1. [IF YES] Was there any time, even for just one month, when you were not receiving the benefits?
2. Was this question easy or difficult to answer?  
[IF NEEDED] Why/Tell me more about that.
3. Another way we could ask about this is by asking if there were any months between [MONTH1] and [MONTH2] that you did not receive SNAP benefits. Would that question be easier, the same, or more difficult to answer?  
[IF NEEDED] Tell me more about that.

## C4.

**During which months did you receive Food Stamps or SNAP benefits?** *Select ALL that apply.*

Month 1  
Month 2  
Month 3  
Month 4  
Month 5  
Month 6

None of these

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

**C5.**

**How much did you receive each month?** *[Numeric Entry for each month]*

Month 1 Amount

Month 2 Amount

Month 3 Amount

Month 4 Amount

Month 5 Amount

Month 6 Amount

**Standard Probes:**

1. How easy or difficult was it to answer this question?
2. [IF NEEDED] Were you estimating the amounts or did you know an exact amount?
3. How confident are you in your response to this question?
4. [IF All amounts are the same] Sometimes monthly amounts for SNAP change because of cost of living adjustments or due to changes in the household like a birth or a job change. At any time between [MONTH 1] and [MONTH 6] did any circumstances change in your household that changed your benefit amounts?  
[IF Yes] Do you think you could remember what your benefits amounts were before and after the change?

**C6.**

**You reported receiving the following Food Stamps or SNAP benefits from [MONTH1] [YEAR] to [MONTH6] [YEAR].**

MONTH YEAR: Amount: \$[AMOUNT]

MONTH YEAR: Amount: \$[AMOUNT]

etc..

**Was [NAME] covered by the same Food Stamps or SNAP benefits as you during these same months?**

Yes

No

**Standard Probes:**

1. How easy or difficult was it to answer this question? Tell me more about that.  
[IF NEEDED] Is this person covered under the same SNAP benefits that you receive?

2. Is there another person living in your household who receives SNAP benefits that are not part of the SNAP benefits you receive?
3. [IF YES] How confident are you in your ability to answer questions about SNAP benefits that others in the household may receive?

**Standard Probes – End of Section 3 for those who receive SNAP benefits:**

1. Who in your household would be the most knowledgeable about the SNAP benefits being received? Is that the same who applied for the benefits?
2. From your point of view, what does it mean for somebody in the household to be covered by the SNAP benefits you reported?
3. [IF Yes to C1 or C2] We're interested in understanding how names are related to SNAP benefits. What names are on your SNAP benefits card?  
[IF NEEDED] Why are those names on the card?  
Do you have more than one SNAP benefit card?
4. Is there a primary card holder or owner of the SNAP benefits?  
[IF NEEDED] How would you decide who that is?

**Section 4 – Health insurance (HDSB)**

**D1.**

**Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Do NOT include plans that cover only one types of service, such as dental, drug, or vision plans. Select all that apply. (Help link)*

- a. Insurance through a current or former employer, union, or professional association (of this person or another family member)
- b. Medicare, for people 65 and older, or people with certain disabilities
- c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability
- d. Insurance purchased directly from an insurance company, a broker, or a State or Federal Marketplace, such as HealthCare.gov
- e. Veteran's health care (enrolled for VA)
- f. TRICARE or other military health care
- g. Indian Health Service
- h. Any other type of health insurance or health coverage plan – Specify
- i. No health insurance or health coverage plan

Yes to any → Go to D3

No → Go to D2

**Standard Probes:**

1. [IF D1 is not “I”] In your own words, tell me about the type of health insurance or coverage plan that you have.
2. [IF NEEDED] What types of services does that insurance cover?

**D2.**

Now we’re going to ask about the last 6 months. At any time between APRIL 2023 and SEPTEMBER 2023, were you covered by any type of health insurance or health coverage plans? Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

Yes → Go to D2a

No → Go to Debriefing Questions

**Standard Probes:**

1. Can you tell me how you came up with your answer to this question?
2. Another way we might ask this question is: Have you been uninsured at any time during the past 6 months?  
How would you answer that question?
3. Would that question be easier, the same, or more difficult to answer than the first version of the question?  
[IF NEEDED] Tell me more about that.
4. [IF NO] Do you think you would be able to answer questions about the type of health insurance that other people in your household? How about the months that they were covered? How confident would you be answering these questions about others in your household?

**[IF YES to D2] D2a.**

Which of the following health insurance or health coverage plans were you covered by at any time between [MONTH][YEAR] and [MONTH] [YEAR]? Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

*(List of health insurance types from D1)*

- Yes to any → Go to D6

- No (or “None of these”) → Go to Go to Debriefing Probes



**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

**D3.**

[Repeat for each insurance selected on the same screen] Were you covered by [HEALTH INSURANCE X (from Q1)] every month from MONTH 2023 to MONTH [YEAR]?  
(Instructions and Help Link).

Yes → Go to D5

No → Go to D4

**Standard Probes:**

1. Can you tell me how you came up with your answer to this question?
2. Another way we might ask this question is: Have you been uninsured at any time during the past 6 months?  
How would you answer that question?
3. Would that question be easier, the same, or more difficult to answer than the first version of the question?  
[IF NEEDED] Tell me more about that.

**D4.**

[Repeat for each insurance selected. Display on the same screen]. During which months were you covered by [INSURANCE X (from Q1)]? Select all that apply.

Month 1, Year

Month 2, Year

Month 3, Year

Month 4, Year

Month 5, Year

Month 6, Year

None of these

→ Go to D5

**Standard Probes:**

1. Can you tell me how you came up with your answer to this question?

**D5.**

Were you covered by any OTHER types of health insurance or health coverage plans at any time between [MONTH] [YEAR] and [MONTH] [YEAR]? *Select all that apply.*

*(List of health insurance types from D1)*

Yes → Go to D6

No → Go to Debriefing Probes

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

**D6.**

[Repeat for each insurance selected. Display on the same screen]. During which months were you covered by [NEWLY SELECTED INSURANCE X (from Q2a or Q5)]? Select all that apply.

Month 1, Year

Month 2, Year

Month 3, Year

Month 4, Year

Month 5, Year

Month 6, Year

None of these

**INTERVIEWER: IF PARTICIPANT DISPLAYS CONFUSION OR HESITATION, PROBE AS NEEDED**

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**Person 2+ (if related, otherwise repeat Person 1)**

**D7.**

You reported the following health insurance coverage:

- [MONTH] [YEAR] - (INSURANCE X and INSURANCE Y)
- [MONTH] [YEAR] - (INSURANCE X)
- [MONTH] [YEAR] - (INSURANCE X)
- ...

Was [NAME] covered by the exact **same** type(s) of insurance as you during these **same** months?

Yes → Go to D5

**Standard Probes:**

4. Can you tell me how you came up with your answer to this question?
5. Do you think you would be able to answer questions about the type of health insurance that other people in your household might have? How about the months that they were covered? How confident would you be answering these questions about others in your household?
6. [IF YES] Was this the same policy or just the same type of insurance that you had?

**Standard Probes – End of Section D:**

1. How easy or difficult is it to answer questions about your health insurance coverage?
2. Were there any terms or words that were confusing or hard to understand?
3. If you were asked, would you be able to answer questions about the details of your health insurance coverage, for example whether it was cost-sharing, who the policy holder is, what the premiums are, what the deductibles are? How easy would it be?  
[IF NEEDED] If you were asked questions about these things would you try to answer them?

**(IF THERE IS TIME) GENERAL DEBRIEFING PROBES:**

1. Overall, what would you say about the questions that you looked at today? If needed:  
Tell me more about that.
2. Do you think there are questions some people would find confusing? Which ones?
3. Is there anything else you would like to tell us that you haven't already mentioned?

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Thank you for your feedback today. Your participation is greatly appreciated, and your input has been really helpful.

**\*\*REMIND THE PARTICIPANT THAT THEY WILL RECEIVE THE \$25 INCENTIVE VIA MAIL IN APPROXIMATELY ONE WEEK\*\***

If you recall when you signed the consent form at the beginning of our session we noted that you would receive \$50 in the mail upon completing this session. You can expect to receive it in about one week.