

## Well Being 373

### aca\_1 opinion of health reform bill

As you may know, a health reform bill (the Affordable Care Act or Obamacare) will take effect in 2014. Given what you know about the reform law, do you have a generally favorable or unfavorable opinion of it?

- 1 Very favorable
- 2 Somewhat favorable
- 3 Somewhat unfavorable
- 4 Very unfavorable
- 5 Don't know

### aca\_2 family better or worse with reform

Do you think you and your family will be better or worse off under the reform law or don't you think it will make much difference?

- 1 Better off
- 2 Worse off
- 3 Not much difference
- 4 Don't know

### aca\_3 country better or worse with reform

Do you think the country as a whole will be better or worse off under the reform law or don't you think it will make much difference?

- 1 Better off
- 2 Worse off
- 3 Not much difference
- 4 Don't know

IF cardinal( 369 preload for 5a item 1 )> 0 or cardinal( 369 preload for 5b item 1 )>0 or cardinal( 366 preload for 5a item 1 )>0 or cardinal( 366 preload for 5b item 1 )>0 or cardinal( 365 preload for 5 item 1 )>0 THEN

### aca\_4b\_change 4b any change to 2014 coverage

Previously you told us you have the following health insurance for 2014: [fill for 5 set of enumerated] Since the last time you took this survey, has there been any change to the type of health insurance that will cover you in 2014?

- 1 No changes since last survey
- 2 Yes, there are changes (select changes on next page)
- 3 This information is not correct (please correct on the next page)

IF 4b any change to 2014 coverage = Yes, there are changes (select changes on next page) or 4b any change to 2014 coverage = This information is not correct (please correct on the next page)

THEN

[The following questions are displayed as a table]

### aca\_5b 5b coverage chosen for 2014

Which coverage options have you chosen for health insurance in 2014? Please check all that apply.

- 1 Insurance through my or my spouse's/partner's employer/union
- 2 Insurance through my parents employer/union
- 3 Retiree Insurance through my or my spouse's/partner's former employer/union
- 4 Insurance through your state's or the federal health insurance exchange or marketplace
- 5 Self-pay insurance or private health insurance not through your state's or the federal health insurance exchange or marketplace
- 6 Medicare, which is primarily for persons over 65

- || 7 Medi-Gap, which may be identified on the front of your policy as "Medicare Supplemental Insurance"
- || 8 Medicaid, also known as State medical assistance, which is for some persons with limited income and resources
- || 9 Military health care (TRICARE/VA/CHAMP-VA)
- || 10 State-sponsored health insurance
- || 11 Other Government program \$Answer2\$
- || 12 Other \$Answer3\$
- || 13 No coverage of any type

|| **aca\_5b\_other\_gob** 5b Other Government program

|| String

|| **aca\_5b\_other** 5b Other

|| String

|| [End of table display]

|| IF No coverage of any type in 5b coverage chosen for 2014 and cardinal( 5b coverage chosen  
 || for 2014 )> Insurance through my or my spouse's/partner's employer/union THEN

|| **error\_one\_and\_none** error one and none

|| You selected an answer and also marked "No coverage of any type". Your answers are important  
 || to us. Please go back and check your answer.

|| ENDIF

|| ENDIF

|| ELSE

|| **aca\_4a** have health insurance for 2014

|| Do you currently have health insurance that will cover you in 2014?

|| 1 Yes

|| 2 No

|| IF have health insurance for 2014 = Yes THEN

|| [The following questions are displayed as a table]

|| **aca\_5a** 5a coverage options chosen for 2014

|| Which coverage options have you chosen for health insurance in 2014? Please check all that  
 || apply.

|| 1 Insurance through my or my spouse's/partner's employer/union

|| 2 Insurance through my parents employer/union

|| 3 Retiree Insurance through my or my spouse's/partner's former employer/union

|| 4 Insurance through your state's or the federal health insurance exchange or marketplace

|| 5 Self-pay insurance or private health insurance not through your state's or the federal health insurance exchange or  
 || marketplace

|| 6 Medicare, which is primarily for persons over 65

|| 7 Medi-Gap, which may be identified on the front of your policy as "Medicare Supplemental Insurance"

|| 8 Medicaid, also known as State medical assistance, which is for some persons with limited income and resources

|| 9 Military health care (TRICARE/VA/CHAMP-VA)

|| 10 State-sponsored health insurance

|| 11 Other Government program \$Answer2\$

|| 12 Other \$Answer3\$

|| 13 No coverage of any type

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||
|| aca_5a_other_gob 5a Other Government program
||
|| String
||
|| aca_5a_other 5a Other
||
|| String
||
|| [End of table display]
|| IF No coverage of any type in 5a coverage options chosen for 2014 and cardinal( 5a coverage
|| options chosen for 2014 )> Insurance through my or my spouse's/partner's employer/union THEN
|||
||| error_one_and_none error one and none
||| You selected an answer and also marked "No coverage of any type". Your answers are important
||| to us. Please go back and check your answer.
|||
||| ENDIF
||
|| ENDIF
|
ENDIF

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[The following questions are displayed as a table]

**aca\_6\_intro** intro aca6

Has a doctor ever told you or a household member that you (they) have any of the following? Please check all that apply.

**aca\_6\_asthma** your or hh member have asthma

Asthma

1 Individual

2 Household member

**aca\_6\_ADHD** your or hh member have ADHD

ADHD

1 Individual

2 Household member

**aca\_6\_diabetes** you or hh member have diabetes

Diabetes

1 Individual

2 Household member

**aca\_6\_heart\_disease** your or hh member have heart disease

Heart disease

1 Individual

2 Household member

**aca\_6\_blood\_pressure** you or hh member have high BP

High blood pressure

1 Individual

2 Household member

**aca\_6\_cholesterol** you or hh member high cholesterol

High cholesterol

- 1 Individual
- 2 Household member

**aca\_6\_pain** you or hh member Chronic pain  
Chronic pain

- 1 Individual
- 2 Household member

**aca\_6\_depression** you or hh member depression  
Depression

- 1 Individual
- 2 Household member

**aca\_6\_other\_condition** you or hh member other conditions  
Other conditions that required extensive medical treatment

- 1 Individual
- 2 Household member

**aca\_6\_none** None of the above  
None of the above

- 1 Individual
- 2 Household member

[End of table display]

**CS\_001** HOW PLEASANT INTERVIEW

Could you tell us how interesting or uninteresting you found the questions in this interview?

- 1 Very interesting
- 2 Interesting
- 3 Neither interesting nor uninteresting
- 4 Uninteresting
- 5 Very uninteresting