

## Well Being 420

**S0\_1** How many people currently live in your household?

How many people currently live in your household (include yourself)?

Range: 1..99

**S0\_2** How many children live with you?

How many children (people under 18 that you claim as dependents) live with you?

Integer

IF How many people currently live in your household? != EMPTY AND How many children live with you? != EMPTY THEN

|  
| IF How many children live with you? >= How many people currently live in your household? THEN

||  
|| **S0\_2\_check** S0\_2\_check  
|| You reported that there are [How many people currently live in your household? ] [How many people currently live in your household? ]\_members in your household (including you) and [How many children live with you? ] [How many children live with you? ]\_children living with you. Is this correct? If not, please go back and correct it.

||  
|ENDIF

|  
ENDIF

**statereside** STATE RESIDE

Now we would like to know about where you live. In which state do you reside?

- 1 ALASKA
- 2 ALABAMA
- 3 ARIZONA
- 4 ARKANSAS
- 5 CALIFORNIA
- 6 COLORADO
- 7 CONNECTICUT
- 8 DELAWARE
- 9 FLORIDA
- 10 GEORGIA
- 11 HAWAII
- 12 IDAHO
- 13 ILLINOIS
- 14 INDIANA
- 15 IOWA
- 16 KANSAS
- 17 KENTUCKY
- 18 LOUISIANA
- 19 MAINE
- 20 MARYLAND
- 21 MASSACHUSETTS
- 22 MICHIGAN
- 23 MINNESOTA
- 24 MISSISSIPPI
- 25 MISSOURI
- 26 MONTANA
- 27 NEBRASKA
- 28 NEVADA
- 29 NEW HAMPSHIRE

- 30 NEW JERSEY
- 31 NEW MEXICO
- 32 NEW YORK
- 33 NORTH CAROLINA
- 34 NORTH DAKOTA
- 35 OHIO
- 36 OKLAHOMA
- 37 OREGON
- 38 PENNSYLVANIA
- 39 RHODE ISLAND
- 40 SOUTH CAROLINA
- 41 SOUTH DAKOTA
- 42 TENNESSEE
- 43 TEXAS
- 44 UTAH
- 45 VERMONT
- 46 VIRGINIA
- 47 WASHINGTON
- 48 WEST VIRGINIA
- 49 WISCONSIN
- 50 WYOMING
- 51 WASHINGTON D.C.
- 52 PUERTO RICO

**S0\_3** Are you currently covered by health insurance?

Are you currently covered by health insurance?

1 Yes

2 No

[Questions S0\_4 to S0\_4\_other are displayed as a table]

**S0\_4** Which coverage options have you chosen for yourself only in 2015?

Which coverage options have you chosen for health insurance for yourself only in 2015? 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[medicaid name of state where respondent lives ], 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 or other insurance, please specify: \$Answer2\$

12 No coverage of any type/uninsured

**S0\_4\_other** OTHER Which coverage options have you chosen for yourself only in 2015?

Which coverage options have you chosen for health insurance for yourself only in 2015? Please check all that apply.

String

IF Are you currently covered by health insurance? != EMPTY AND Which coverage options have you chosen for yourself only in 2015? != EMPTY THEN

| IF Are you currently covered by health insurance? = No AND Which coverage options have you chosen  
| for yourself only in 2015? != No coverage of any type/uninsured THEN

|| **insurance\_check1** insurance\_check1

|| In the previous question, you reported that you have health insurance. However, two questions ago,  
|| you said that you are uninsured. Please go back to correct your answer to one of these two questions.

||  
| ENDIF

| IF Are you currently covered by health insurance? = Yes AND No coverage of any type/uninsured IN  
| Which coverage options have you chosen for yourself only in 2015? THEN

|| **insurance\_check2** insurance\_check2

|| In the previous question, you reported that you do not have a health insurance. However, two  
|| questions ago, you said that you are insured. Please go back to correct your answer to one of these  
|| two questions.

||  
| ENDIF

| ENDIF

IF Calculated from S0\_2 = No child AND FPLZero = 1 AND Medicaid^FLMedicaidStateAKA, which is for some  
persons with limited income and resources IN Which coverage options have you chosen for yourself only  
in 2015? THEN

| **thresholdCheck2** Medicaid and covered by the program through another eligibility

| You've answered that you are covered by Medicaid[medicaid name of state where respondent lives ],  
| however adults without dependent children in [State name] are ineligible for Medicaid. If you have  
| dependent children or you are not covered by Medicaid[medicaid name of state where respondent lives ],  
| please go back and change your answer. If you are eligible for Medicaid and covered by the program  
| through another eligibility category, please continue.

|  
| ENDIF

IF Medicaid threshold != EMPTY THEN

| IF Medicaid threshold != "\$0" THEN

|| **S0\_5** Last year, was your income below Medicaid threshold

|| Last year, was your income less than [Medicaid threshold]?

|| 1 Yes

|| 2 No

||  
| ENDIF

| IF Last year, was your income below Medicaid threshold = No AND Medicaid^FLMedicaidStateAKA, which is  
| for some persons with limited income and resources IN Which coverage options have you chosen for  
| yourself only in 2015? THEN

|| **thresholdCheck** citizenCheck

|| You answered that Medicaid insures you, but reported that your income last year was above the  
|| Medicaid eligibility income threshold of [Medicaid threshold] in [] Is this correct? If not, please  
|| go back to correct your answers.

||  
| ENDIF

| **S0\_6** Are you a US citizen or a permanent legal resident for 5 years or more  
| Are you a US citizen or have you been a permanent legal resident for 5 years or more?  
| 1 Yes  
| 2 No

| IF Are you a US citizen or a permanent legal resident for 5 years or more = No AND  
| Medicaid^FLMedicaidStateAKA, which is for some persons with limited income and resources IN Which  
| coverage options have you chosen for yourself only in 2015? THEN

| | **citizenCheck** citizenCheck  
| | You answered that you are covered by Medicaid, but that you are not a U.S. citizen or a permanent  
| | resident, a requirement for Medicaid enrollment. Is this correct? If not, please go back to correct  
| | your answers.

| ENDIF

| IF Binary Medicaid Expansion or No = AND Are you a US citizen or a permanent legal resident for 5  
| years or more = Yes AND Last year, was your income below Medicaid threshold != Yes THEN

| | **S0\_5a** For non-expansion states income between state's threshold and expansion states'  
| | Last year, was your income between [Medicaid threshold] and [Medicaid threshold]2?  
| | 1 Yes  
| | 2 No

| ENDIF

ENDIF

IF For non-expansion states income between state's threshold and expansion states' = Yes THEN

| **S0\_7** State didn't expand Medicaid, were you aware of this?  
| Are you aware that [State name] did not expand access to Medicaid[medicaid name of state where  
| respondent lives ] in 2015 under the new healthcare law called the Affordable Care Act or Obamacare?  
| 1 Yes  
| 2 No

| **S0\_8** Would you enroll in Medicaid if eligible  
| According to your previous answers, you would be eligible for Medicaid[medicaid name of state where  
| respondent lives ] if [State name] had expanded health insurance coverage through the Affordable Care  
| Act. If you were eligible for Medicaid[medicaid name of state where respondent lives ], would you enroll?  
| 1 Yes  
| 2 No

ENDIF

IF Are you a US citizen or a permanent legal resident for 5 years or more = Yes THEN

| IF Last year, was your income below Medicaid threshold = Yes OR For non-expansion states income  
| between state's threshold and expansion states' = Yes THEN

| | **S0\_9** Foregone doctor / clinic visit  
| | In that past 12 months, was there any time when you needed to visit a doctor or clinic because of a  
| | medical problem, but didn't because you couldn't afford it?  
| | 1 Yes  
| | 2 No

```
||
|| S0_10 Foregone prescription medicines
|| In that past 12 months, was there any time when you needed a prescription medicine but didn't fill
|| it because you couldn't afford it?
|| 1 Yes
|| 2 No
||
|| S0_11 Problems paying medical bills
|| In the past 12 months, have you had problems paying medical bills or been unable to pay medical bills?
|| 1 Yes
|| 2 No
||
|| S0_12 Do you currently owe anything in medical bills?
|| Do you currently owe anything in medical bills?
|| 1 Yes
|| 2 No
||
|| IF Do you currently owe anything in medical bills? = Yes THEN
||
|| S0_13 How much do you owe in medical bills currently?
|| How much do you owe in medical bills currently?
|| Real
||
|| ENDIF
||
| ENDIF
|
ENDIF
```

```
IF Last year, was your income below Medicaid threshold = Yes AND Are you a US citizen or a permanent
legal resident for 5 years or more = Yes THEN
```

```
| IF Medicaid^FLMedicaidStateAKA, which is for some persons with limited income and resources IN Which
| coverage options have you chosen for yourself only in 2015? OR No coverage of any type/uninsured IN
| Which coverage options have you chosen for yourself only in 2015? THEN
```

```
|| S1_intro consent for additional questions
|| We would like to ask you some additional questions about your health and wellbeing. You will earn an
|| additional $7 dollars for completing this survey.Would you like to take the rest of this survey?
```

```
|| 1 Yes
|| 2 No
```

```
|| IF consent for additional questions = No THEN
```

```
|| EXIT
|| ENDIF
```

```
|| S1_1 health is excellent, very good, good, fair, or poor
|| Would you say your health is excellent, very good, good, fair, or poor?
```

```
|| 1 Excellent
|| 2 Very good
|| 3 Good
|| 4 Fair
|| 5 Poor
```

```
|| S1_2 Have you been admitted to the hospital in the last year?
```

|| Have you been admitted to the hospital in the last year?

|| 1 Yes

|| 2 No

||

|| IF Have you been admitted to the hospital in the last year? = Yes THEN

||

|| **S1\_2\_times** How many times were you admitted the hospital in the last year?

|| How many times were you admitted the hospital in the last year?

|| Integer

||

|| ENDIF

||

|| [Questions S1\_3 to S1\_3\_other are displayed as a table]

||

|| **S1\_3** What is your usual source of care?

|| What is your usual source of care?

|| 1 Primary care doctor

|| 2 Emergency Room

|| 3 Urgent Care Facility

|| 4 None

|| 5 Other, please specify \$Answer2\$

||

|| **S1\_3\_other** OTHER What is your usual source of care?

|| What is your usual source of care?

|| String

||

|| **S1\_4** Spent on health care that included staying overnight

|| In the last three months, how much did your household spend on health care that included staying overnight in a hospital or health clinic?

|| String

||

|| **S1\_5** Spent on health care from doctors, nurses, tests, imaging services, or medical devices

|| In the last three months, how much did your household spend on health care from doctors, nurses, tests, imaging services, or medical devices?

|| String

||

|| **S1\_6** Spent on prescription drugs and medicines

|| In the last three months, how much did your household spend on prescription drugs and medicines?

|| String

||

|| **S1\_7** Spent on other health or medical care, excluding dental care

|| In the last three months, how much did your household spend on other health or medical care, excluding dental care?

|| String

||

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

||

|| **well\_intro** well\_intro

|| Now, we would like to learn about how you felt yesterday. How did you feel? Please rate each feeling on the scale given. A rating of 0 means that you did not experience that feeling at all. A rating of 6 means that this feeling was a very important part of the experience. Please mark the number between 0 and 6 that best describes how you felt yesterday.

||

|| **S1\_9** rate happy

|| Happy

|| 1 0

|| 2 1  
|| 3 2  
|| 4 3  
|| 5 4  
|| 6 5  
|| 7 6  
||

|| **S1\_10** rate depressed

|| Depressed/blue

|| 1 0  
|| 2 1  
|| 3 2  
|| 4 3  
|| 5 4  
|| 6 5  
|| 7 6  
||

|| **S1\_11** rate worried

|| Worried/anxious

|| 1 0  
|| 2 1  
|| 3 2  
|| 4 3  
|| 5 4  
|| 6 5  
|| 7 6  
||

|| [End of table display]

|| **S1\_12** now vs one month

|| Now we would like to ask a few questions on how you make financial decisions. In the following questions we ask about imaginary situations. We ask that you imagine what you would do if presented with these options in real life. Would you prefer receiving \$100 guaranteed today or \$150 guaranteed one month from today?

- || 1 \$100 guaranteed today
- || 2 \$150 guaranteed one month from today

|| **S1\_13** Risk Preference

|| Suppose that you are the only income earner in the family. Your doctor recommends that you move because of allergies, and you have to choose between two possible jobs. The first would guarantee your current total family income for life. The second is possibly better paying, but the income is also less certain. There is a 50-50 chance the second job would double your total lifetime income and a 50-50 chance that it would cut it in half. Would you take the first job or the second job?

- || 1 First job
- || 2 Second job

|| **S1\_14** six months vs seven months

|| Would you prefer receiving \$100 guaranteed six months from today or \$150 guaranteed seven months from today?

- || 1 \$100 guaranteed six months from today
- || 2 \$150 guaranteed seven months from today

|| **S2\_1** percent chance receive medical care in the next year that would cost \$1,000

|| Now, we'd like to learn more about what you expect to pay in health care costs in the next year. Please report a number between 0 (will not happen) and 100 (will happen with certainty). What is the percent chance that you will receive medical care (including prescription drugs, outpatient procedures, hospitalizations, and medical devices) in the next year that would cost \$1,000? The care

|| could be paid for by either you or your insurance company.

|| Range: 0..100

|| **S2\_2** percent chance receive medical care in the next year that would cost \$5,000

|| What is the percent chance that you will receive medical care (including prescription drugs,  
|| outpatient procedures, hospitalizations, and medical devices) in the next year that would cost  
|| \$5,000? The care could be paid for by either you or your insurance company.

|| Range: 0..100

|| **S2\_3** percent chance receive medical care in the next year that would cost \$10,000

|| What is the percent chance that you will receive medical care (including prescription drugs,  
|| outpatient procedures, hospitalizations, and medical devices) in the next year that would cost  
|| \$10,000? The care could be paid for by either you or your insurance company.

|| Range: 0..100

|| **S2\_4** Has a family member or close friend spent the night in the hospital in the last year?

|| Has a family member or close friend spent the night in the hospital in the last year?

|| 1 Yes

|| 2 No

|| **S3\_1** How stressed do you feel about your personal finances?

|| How stressed do you feel about your personal finances? [From 1 to 5, 1 meaning overwhelmingly  
|| stressed and 5 meaning not stressed at all]

|| 1 1 Overwhelmingly stressed

|| 2 2

|| 3 3

|| 4 4

|| 5 5 Not stressed at all

|| **S3\_2** Need 2000 for an emergency

|| Suppose you had only one week to raise \$2,000 for an emergency. Which of the following best describes  
|| how hard it would be for you to raise the money?

|| 1 I could easily raise the money

|| 2 I could raise the money, but it would involve some sacrifices

|| 3 I would have to do something drastic to raise the money

|| 4 I don't think I could raise the money

|| **S4\_1** Cognitive Reflections Test 1

|| A bat and a ball cost \$1.10 in total. The bat costs \$1.00 more than the ball. How much does the ball  
|| cost?

|| String

|| **S4\_2** Cognitive Reflections Test 2

|| If it takes 5 machines 5 minutes to make 5 widgets, how long would it take 100 machines to make 100  
|| widgets?

|| String

|| **S4\_3** lake question

|| In a lake, there is a patch of lily pads. Every day, the patch doubles in size. If it takes 48 days  
|| for the patch to cover the entire lake, how long would it take for the patch to cover half of the  
|| lake?

|| Real

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

|| **S5\_intro** S5\_intro

|| The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

|| **S5\_1** unable to control important things in life  
|| ...that you were unable to control the important things in your life?

- || 1 Never
- || 2 Almost never
- || 3 Sometimes
- || 4 Fairly often
- || 5 Very often

|| **S5\_2** personal problems  
|| ...confident about your ability to handle your personal problems?

- || 1 Never
- || 2 Almost never
- || 3 Sometimes
- || 4 Fairly often
- || 5 Very often

|| **S5\_3** things were going your way  
|| ...that things were going your way?

- || 1 Never
- || 2 Almost never
- || 3 Sometimes
- || 4 Fairly often
- || 5 Very often

|| **S5\_4** difficulties piling up  
|| ...that difficulties were piling up so high that you could not overcome them?

- || 1 Never
- || 2 Almost never
- || 3 Sometimes
- || 4 Fairly often
- || 5 Very often

|| [End of table display]

|| IF No coverage of any type/uninsured IN Which coverage options have you chosen for yourself only in 2015? THEN

|| **S6\_intro1** S6\_intro1

|| Based on your answers to the previous questions, you are eligible for Medicaid[medicaid name of state where respondent lives ] in your state, a free or low cost health insurance program. However, to exactly determine whether you are eligible for Medicaid[medicaid name of state where respondent lives ], see your state's enrollment website or ask at an enrollment office. You've also reported that you have no health insurance coverage. We'd like to ask you a set of questions to understand why.

|| **S6\_1** Had you heard of Medicaid  
|| Previous to this survey, had you heard of Medicaid[medicaid name of state where respondent lives ]?

- || 1 Yes
- || 2 No

|| **S6\_2** Are you interested in signing up for Medicaid  
|| Are you interested in signing up for Medicaid[medicaid name of state where respondent lives ]?

- || 1 Yes
- || 2 No

|||  
||| **S6\_3** Why have you decided not to sign up to Medicaid  
||| Why have you decided not to sign up to Medicaid[medicaid name of state where respondent lives ]?  
||| Open

|||  
||| **S6\_4** Do you plan to affiliate to Medicaid in the next 3 months  
||| Do you plan to sign up yourself[FLFamily] for Medicaid[medicaid name of state where respondent  
||| lives ] in the next 3 months?

- ||| 1 Yes
- ||| 2 No

|||  
||| **S6\_5** Did you file federal taxes last year?  
||| Did you file federal taxes last year?

- ||| 1 Yes
- ||| 2 No

|||  
||| **S6\_6** True or false: Under the ACA, non-enrollees may have to pay a penalty  
||| Please answer true or false: Under the new healthcare law (also called the Affordable Care Act or  
||| Obamacare), those who don't enroll in any type of health insurance may have to pay a penalty.

- ||| 1 True
- ||| 2 False
- ||| 3 Don't know

|||  
||| **S6\_7** Is your native language English?  
||| Is your native language English?

- ||| 1 Yes
- ||| 2 No

|||  
||| **S6\_8** Less likely to enroll in government-supported insurance because of embarrassment  
||| How much do you agree with the following statement? I am less likely to enroll in  
||| government-supported health insurance because of embarrassment.

- ||| 1 Not at all
- ||| 2 A little
- ||| 3 Some
- ||| 4 A lot

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

|||  
||| **S6\_9\_intro** S6\_9\_intro  
||| How important is each of the following reasons in your decision not to enroll in Medicaid[medicaid  
||| name of state where respondent lives ]? 1 = Not important, 5 = Very important.

|||  
||| **S6\_9a** Did not know I was eligible  
||| Did not know I was eligible.

- ||| 1 1 Not important
- ||| 2 2
- ||| 3 3
- ||| 4 4
- ||| 5 5 Very important

|||  
||| **S6\_9b** I don't want/need it  
||| I don't want/need it.

- ||| 1 1 Not important
- ||| 2 2
- ||| 3 3
- ||| 4 4

||| 5 5 Very important

|||

||| **S6\_9c** Too busy

||| Too busy.

||| 1 1 Not important

||| 2 2

||| 3 3

||| 4 4

||| 5 5 Very important

|||

||| **S6\_9d** Never heard of it

||| Never heard of it.

||| 1 1 Not important

||| 2 2

||| 3 3

||| 4 4

||| 5 5 Very important

|||

||| **S6\_9e** Heard of it, but don't know how it works

||| Heard of it, but don't know how it works.

||| 1 1 Not important

||| 2 2

||| 3 3

||| 4 4

||| 5 5 Very important

|||

||| **S6\_9f** Don't understand how to enroll

||| Don't understand how to enroll.

||| 1 1 Not important

||| 2 2

||| 3 3

||| 4 4

||| 5 5 Very important

|||

||| **S6\_9g** Tried to enroll but couldn't

||| Tried to enroll but couldn't.

||| 1 1 Not important

||| 2 2

||| 3 3

||| 4 4

||| 5 5 Very important

|||

||| **S6\_9h** Don't want to be covered by government health insurance

||| Don't want to be covered by government health insurance.

||| 1 1 Not important

||| 2 2

||| 3 3

||| 4 4

||| 5 5 Very important

|||

||| [End of table display]

|| ELSE

|||

||| **S6\_intro2** S6\_intro2

||| Based on your answers to the previous questions, you are already enrolled in Medicaid[] We'd like

||| to ask you a set of questions to understand your experience in Medicaid.

|||  
||| **S6\_10** Are you interested in signing up for Medicaid  
||| Are you interested in signing up again for Medicaid[medicaid name of state where respondent lives ]?  
||| 1 Yes  
||| 2 No  
|||  
||| [The following questions are displayed as a table]  
|||  
||| **S6\_11\_intro** S6\_11\_intro  
||| How important is each of the following reasons in your decision to enroll in Medicaid[medicaid name  
||| of state where respondent lives ]? 1 = Not important, 5 = Very important.  
|||  
||| **S6\_11a** I am in poor health  
||| I am in poor health  
||| 1 1 Not important  
||| 2 2  
||| 3 3  
||| 4 4  
||| 5 5 Very important  
|||  
||| **S6\_11b** My child/children are in poor health  
||| My child/children are in poor health  
||| 1 1 Not important  
||| 2 2  
||| 3 3  
||| 4 4  
||| 5 5 Very important  
|||  
||| **S6\_11c** I am enrolled in case I have a health problem  
||| I am enrolled in case I have a health problem  
||| 1 1 Not important  
||| 2 2  
||| 3 3  
||| 4 4  
||| 5 5 Very important  
|||  
||| **S6\_11d** A friend/family member said that I should enroll  
||| A friend/family member said that I should enroll  
||| 1 1 Not important  
||| 2 2  
||| 3 3  
||| 4 4  
||| 5 5 Very important  
|||  
||| **S6\_11e** I received Medicaid enrollment help from a certified assister or broker  
||| I received Medicaid enrollment help from a certified assister or broker  
||| 1 1 Not important  
||| 2 2  
||| 3 3  
||| 4 4  
||| 5 5 Very important  
|||  
||| [End of table display]  
||| **S6\_12** Did you file federal taxes last year?  
||| Did you file federal taxes last year?  
||| 1 Yes

||| 2 No

|||

||| **S6\_13** True or false: Under the ACA, non-enrollees may have to pay a penalty

||| Please answer true or false: Under the new healthcare law (also called the Affordable Care Act or  
||| Obamacare), those who don't enroll in any type of health insurance may have to pay a penalty.

||| 1 True

||| 2 False

||| 3 Don't know

|||

||| **S6\_14** Is your native language English?

||| Is your native language English?

||| 1 Yes

||| 2 No

|||

||| **S6\_15** Less likely to enroll in government-supported insurance because of embarrassment

||| How much do you agree with the following statement? I am less likely to enroll in  
||| government-supported health insurance because of embarrassment.

||| 1 Not at all

||| 2 A little

||| 3 Some

||| 4 A lot

|||

||| ENDIF

|||

||| IF No coverage of any type/uninsured IN Which coverage options have you chosen for yourself only in  
||| 2015? THEN

|||

||| **S7\_1** Have you ever been enrolled in Medicaid in the past?

||| Have you ever been enrolled in Medicaid[medicaid name of state where respondent lives ] in the past?

||| 1 Yes

||| 2 No

|||

||| IF Have you ever been enrolled in Medicaid in the past? = Yes THEN

|||

||| **S7\_1a** What year were you last enrolled in Medicaid?

||| What year were you last enrolled in Medicaid[medicaid name of state where respondent lives ]?

||| Integer

|||

||| ENDIF

|||

||| **S7\_2** How much to do you know about Medicaid?

||| How much to do you know about the Medicaid[medicaid name of state where respondent lives ]  
||| enrollment process?

||| 1 Nothing

||| 2 A little

||| 3 Some

||| 4 A lot

|||

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

|||

||| **S7\_3\_minutes** how much time it would take to enroll in Medicaid?

||| [FLS7\_3Q] (answer in either minutes or hours)

||| Real

|||

||| **S7\_3\_hours** how much time it would take to enroll in Medicaid?

||| [FLS7\_3Q]

```
||| Real
|||
||| S7_3_notThought Not thought about it
||| [FLS7_3Q]
||| 1 I haven't thought about it
|||
||| [End of table display]
||| IF how much time it would take to enroll in Medicaid? = EMPTY AND how much time it would take to
||| enroll in Medicaid? = EMPTY AND Not thought about it = EMPTY THEN
|||
||| S7_3_empty S7_3_empty
||| You did not answer the previous question. Your answers are important to us. Please return to the
||| previous question and answer it to the best of your ability.
|||
||| ENDIF
|||
||| S7_4 how much it would cost to enroll in Medicaid?
||| [FLS7_4Q] to enroll in Medicaid[medicaid name of state where respondent lives ]?
||| String
|||
||| S7_5 What percent of the bill would Medicaid pay if you had a heart attack?
||| What percent of the bill would Medicaid[medicaid name of state where respondent lives ] pay if you
||| had a heart attack?
||| Range: 0.0..100.0
|||
||| S7_6 Do you know someone who is covered by Medicaid
||| Do you know someone in your family or among your close friends who is covered by Medicaid[medicaid
||| name of state where respondent lives ]?
||| 1 Yes
||| 2 No
|||
||| S7_7 How difficult to find a primary care doctor that accepts Medicaid
||| How difficult do you think it would be to find a primary care doctor that accepts
||| Medicaid[medicaid name of state where respondent lives ]?
||| 1 Very difficult
||| 2 Difficult
||| 3 Neither difficult nor easy
||| 4 Easy
||| 5 Very easy
|||
||| ELSE
|||
||| S7_2 How much to do you know about Medicaid?
||| How much to do you know about the Medicaid[medicaid name of state where respondent lives ]
||| enrollment process?
||| 1 Nothing
||| 2 A little
||| 3 Some
||| 4 A lot
|||
||| IF INTERVIEW LANGUAGE = Spanish THEN
|||
||| ENDIF
|||
||| [The following questions are displayed as a table]
|||
```

```

||| S7_3_minutes how much time it would take to enroll in Medicaid?
||| [FLS7_3Q] (answer in either minutes or hours)
||| Real
|||
||| S7_3_hours how much time it would take to enroll in Medicaid?
||| [FLS7_3Q]
||| Real
|||
||| [End of table display]
||| IF how much time it would take to enroll in Medicaid? = EMPTY AND how much time it would take to
||| enroll in Medicaid? = EMPTY THEN
|||
||| S7_3_empty S7_3_empty
||| You did not answer the previous question. Your answers are important to us. Please return to the
||| previous question and answer it to the best of your ability.
|||
||| ENDIF
|||
||| S7_4 how much it would cost to enroll in Medicaid?
||| [FLS7_4Q] to enroll in Medicaid[medicaid name of state where respondent lives ]?
||| String
|||
||| S7_5 What percent of the bill would Medicaid pay if you had a heart attack?
||| What percent of the bill would Medicaid[medicaid name of state where respondent lives ] pay if you
||| had a heart attack?
||| Range: 0.0..100.0
|||
||| S7_6 Do you know someone who is covered by Medicaid
||| Do you know someone in your family or among your close friends who is covered by Medicaid[medicaid
||| name of state where respondent lives ]?
||| 1 Yes
||| 2 No
|||
||| S7_8 Is there a place you usually go when you need routine or preventive care
||| Is there a place you usually go when you need routine or preventive care, such as a physical
||| examination or check up?
||| 1 Yes
||| 2 No
|||
||| S7_9 How satisfied are you with your Medicaid coverage?
||| How satisfied are you with your Medicaid[medicaid name of state where respondent lives ] coverage?
||| 1 Very satisfied
||| 2 Somewhat satisfied
||| 3 Neither satisfied nor unsatisfied
||| 4 Somewhat unsatisfied
||| 5 Very unsatisfied
|||
||| ENDIF
|||
| ENDIF
|
ENDIF

```

**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