# 2025 Qualified Health Plan (QHP) Enrollee Experience Survey

## Computer Assisted Telephone Interview Script

**Language: English**

**Data Collection: 2025**

**Reference Period: 6 months**

### Interviewer/CATI Programmer Formatting Conventions

**Note:** The following formatting conventions are used only for the purposes of this document. Vendors may use their own formatting conventions, if different from those presented here, as long as the intended results are the same (e.g., the same text is read aloud, the same words are emphasized, the same programming instructions are implemented) and the conventions are applied consistently throughout the script.

* CATI programmer instructions appear in [ENGLISH UPPERCASE LETTERS ENCLOSED IN BRACKETS].
* Inserts or fills from the sample frame and vendor-generated information appear in {ENGLISH UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}.
* Interviewer instructions appear in (ENGLISH UPPERCASE LETTERS ENCLOSED IN PARENTHESES).
* Text in UPPERCASE LETTERS should not be read aloud. For example, “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and should not be read to the respondent, but may be used for coding a response.
* Interviewers should read aloud all text that appears in **bold,** **lowercase letters**.
* Text that is underlined should be emphasized by the interviewer.

Note: A comprehensive list of telephone survey requirements is available in the Prepare for Data Collection section of the 2025 QHP Enrollee Survey Technical Specifications.

### Introduction Script

[HELLO] **Hello, may I please speak to** {ENROLLEE’S NAME}**?**

1 YES  [GO TO INTRO1]

2 NOT AVAILABLE  [SCHEDULE CALLBACK]

3 NO/REFUSAL  [CODE AS REFUSAL]

(IF ASKED WHO IS CALLING, SAY: **This is** {INTERVIEWER NAME} **calling from** {VENDOR NAME} **on behalf of** {QHP ISSUER NAME}.)

[INTRO1] **Hello, this is** {INTERVIEWER NAME} **calling from** {VENDOR NAME} **on behalf of** {QHP ISSUER NAME} **to ask you to take part in a confidential study about your healthcare experiences with** {QHP ISSUER NAME} **from July through December 2024. Your answers are very important and will be used to help people compare health plans in the future. Your participation is voluntary and will not affect any benefits you get. The interview should take about 10 minutes to complete. This call may be monitored or recorded for quality control purposes.**

[OPTIONAL TO INCLUDE]: **If this is a convenient time, I’d like to begin the interview now.**

(ANSWER ANY QUESTIONS.)

(IF ENROLLEE DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, SELECT OPTION 2 TO SCHEDULE A CALLBACK.)

(IF IT BECOMES APPARENT THAT ENROLLEE IS NOT MENTALLY/PHYSICALLY ABLE TO TAKE THE SURVEY, SELECT OPTION 4 TO DETERMINE IF A PROXY IS AVAILABLE. ENROLLEE MUST PROVIDE PERMISSION FOR A PROXY.)

(IF ENROLLEE IS MENTALLY/PHYSICALLY ABLE TO TAKE THE SURVEY BUT REQUESTS A PROXY, SELECT OPTION 5.)

1 YES/CONTINUE  [GO TO QUESTION 61]

2 NOT AVAILABLE  [SCHEDULE CALLBACK]

3 NO/REFUSAL  [CODE AS REFUSAL]

4 MENTALLY/PHYSICALLY UNABLE  [GO TO INTRO2]

5 NOT MENTALLY/PHSYICALLY   
UNABLE BUT REQUESTS A PROXY  [GO TO INTRO3]

[INTRO2] **If you need help to complete this interview or if you feel you are unable to complete it by yourself, then you can have a family member or friend help you or do it for you. This person needs to be someone who knows you well and is able to answer questions about the healthcare you received from July through December 2024. Is there someone available who could help you or who could do the interview for you?**

1 YES  [GO TO INTRO2-1]

2 PROXY NOT AVAILABLE  [SCHEDULE CALLBACK]

3 NO/REFUSAL  [TERMINATE INTERVIEW, CODE AS MENTALLY/  
PHYSICALLY INCAPABLE]

[INTRO2-1] **May we have your permission to conduct the telephone interview with this person on your behalf?**

1 YES  [GO TO INTRO3-1]

2 NO  [TERMINATE INTERVIEW, CODE AS MENTALLY/PHYSICALLY INCAPABLE]

[INTRO3] **To make sure I understand, I have your permission for this person to take the survey on your behalf?**

1 YES  [GO TO INTRO3-1]

2 NO  [TERMINATE INTERVIEW, CODE AS REFUSED]

[INTRO3-1] **Hello, this is** {INTERVIEWER NAME} **calling from** {VENDOR NAME} **on behalf of** {QHP ISSUER NAME}**. We are asking you to take part in a confidential study about** {ENROLLEE NAME}**’s healthcare experiences with** {QHP ISSUER NAME} **from July through December 2024.** {His/Her} **answers are very important and will be used to help people compare health plans in the future.** {His/Her} **participation is voluntary and will not affect any benefits that** {he/she} **gets. The interview should take about 10 minutes to complete.**

**As you answer the survey questions, please remember that you are answering the questions for** {him/her} **and that all survey questions refer to** {his/her} **experiences with** {his/her} **health plan. Please do not consider your own experiences or information in the answers you provide. This call may be monitored or recorded for quality control purposes.**

[OPTIONAL TO INCLUDE]: **If this is a convenient time, I’d like to begin the interview now.**

(IF PROXY DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, SELECT OPTION 2 TO SCHEDULE A CALLBACK.)

(DURING INTERVIEW, REMIND THE PROXY THAT HE/SHE IS ANSWERING ABOUT THE SAMPLED ENROLLEE, NOT HIMSELF/HERSELF.)

[FOR PROXY INTERVIEWS, REPLACE SECOND PERSON PRONOUNS (YOU, YOUR, ETC.) WITH THIRD PERSON PRONOUNS (HIS/HER, HIM/HER, HE/SHE) FOR ALL SURVEY QUESTIONS AND INTERVIEWER PROBES. ADJUST SENTENCE AS NECESSARY TO BE GRAMMATICALLY CORRECT.]

1 YES/CONTINUE  [GO TO QUESTION 61]

2 PROXY NOT AVAILABLE  [SCHEDULE CALLBACK]

3 NO/REFUSAL  [CODE AS REFUSAL]

[INTRO4: INBOUND REQUESTS]

**Hello,** {ENROLLEE’S NAME}**. Thank you for your call and interest in the survey. Your participation is very important to the study and your answers will be used to help people compare health plans in the future. Before we begin, I would like to remind you that this is a confidential study about your** **healthcare experiences with** {QHP ISSUER NAME} **from July through December 2024. Your answers will not affect any benefits you get. This interview should take about 10 minutes to complete. This call may be monitored or recorded for quality control purposes.**

[OPTIONAL TO INCLUDE]: **If this is a convenient time, I’d like to begin the interview now.**

(ANSWER ANY QUESTIONS.)

1 YES/CONTINUE  [GO TO QUESTION 61]

2 NOT AVAILABLE  [SCHEDULE CALLBACK]

3 NO/REFUSAL  [CODE AS REFUSAL]

4 MENTALLY/PHYSICALLY UNABLE  [GO TO INTRO2]

5 NOT MENTALLY/PHSYICALLY   
UNABLE BUT REQUESTS A PROXY  [GO TO INTRO3]

[CALLBACK] **When would be a convenient time to call back?**

(RECORD CALLBACK TIME ON CALL RECORD.)

[CALLBACK TO COMPLETE A PREVIOUSLY STARTED TELEPHONE SURVEY]

**Hello, may I please speak to** {ENROLLEE OR PROXY NAME}?

1 YES  [GO TO CALLBACK TO CONFIRM ENROLLEE OR PROXY]

2 NOT AVAILABLE  [SCHEDULE CALLBACK]

3 NO/REFUSAL  [CODE AS REFUSAL]

(IF ASKED WHO IS CALLING, SAY: **This is** {INTERVIEWER NAME} **calling from** {VENDOR NAME} **on behalf of** {QHP ISSUER NAME}. **Is** {ENROLLEE OR PROXY NAME} **available to complete a survey that** {he/she} **started at an earlier date?**)

**[CALLBACK TO CONFIRM ENROLLEE OR PROXY]**

**This is {INTERVIEWER NAME} calling from {VENDOR NAME} on behalf of {QHP ISSUER NAME}. I would like to confirm that I am speaking with {ENROLLEE OR PROXY NAME}. I am calling to continue the survey started on an earlier date.**

**[GO TO QUESTION WHERE PREVIOUSLY LEFT OFF.]**

### Survey Questions

61. What is your sex?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Are you…**)

(IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING ABOUT THEIR SEX, SAY: **We ask about your sex for demographic purposes only.**)

(IF RESPONDENT REPLIES WITH ANY MASCULINE RESPONSE (E.G., MALE, MASCULINE, MAN, GUY), SELECT "MALE." IF RESPONDENT REPLIES WITH ANY FEMININE RESPONSE (E.G., FEMALE, FEMININE, WOMAN, LADY), SELECT "FEMALE." IF RESPONDENT DOES NOT ANSWER WITH A RESPONSE THAT CORRESPONDS WITH "MALE" OR "FEMALE," SELECT "REFUSED.")

1 Checkbox MALE

2 Checkbox FEMALE

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. Our records show that you are now in {QHP ISSUER NAME}. Is that right?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES [IF YES, GO TO #3]

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. What is the name of your health plan?

[INCLUDE LIST OF ALL VALID AND INVALID ALIASES PROVIDED IN EXHIBIT 54 OF THE 2025 QHP ENROLLEE SURVEY TECHNICAL SPECIFICATIONS AND ALL ALIASES RECEIVED FROM QHP ISSUER.]

(RECORD ANSWERS VERBATIM.)

(WHEN DETERMINING ELIBILITY OF AN ALIAS, SAY: **We understand your time is valuable and we want to make sure that you are eligible for the survey based on your response. Thank you for your patience while we confirm.**)

1 Checkbox VALID OR POSSIBLY VALID ALIAS  (SAY: **Thank you. The plan you named is the same as** {QHP ISSUER NAME}**. May I continue with the survey?**)

2 Checkbox INVALID ALIAS (SAY: **Thank you for your time. It looks like we made a mistake. Have a good day/evening.**) [TERMINATE INTERVIEW, CODE AS X40—INELIGIBLE: NOT ELIGIBLE.]

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

The next series of questions ask about your experiences with your health plan.

1. In the last 6 months, how often did written materials or the internet provide the information you needed about how your health plan works? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not look for any information about your health plan?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not look for any information about how much you would have to pay for services or equipment?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not look for any information about how much you would have to pay for prescription medicines?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often did your health plan’s customer service give you the information or help you needed? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not contact your health plan’s customer service for information or help?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?** [IF NOT APPLICABLE, GO TO #9]

-1 Checkbox REFUSED [IF REFUSED, GO TO #9]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #9]

1. In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often did the time that you waited to talk to your health plan’s customer service staff take longer than you expected? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often were the forms from your health plan easy to fill out? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because your health plan did not give you forms to fill out?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?** [IF NOT APPLICABLE, GO TO #13]

-1 Checkbox REFUSED [IF REFUSED, GO TO #13]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #13]

1. In the last 6 months, how often did the health plan explain the purpose of a form before you filled it out? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often were the forms that you had to fill out available in the language you prefer? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often were the forms that you had to fill out available in the format you needed, such as large print or braille? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not need forms in a different format?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often did your health plan not pay for care that your doctor said you needed? Would you say…

(IF THE RESPONDENT IS CONFUSED OR UNSURE HOW TO ANSWER, SAY: **This question asks about how often your health plan did not pay for care.** **I will repeat the question.** REPEAT QUESTION AND RESPONSE OPTIONS.)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **In the last 6 months, how often did you have to pay out of your own pocket for care that you thought your health plan would pay for?** **Would you say…**

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **In the last 6 months, how often did you delay visiting or not visit a doctor because you were worried about the cost? Do not include dental care. Would you say…**

(IF THE RESPONDENT IS CONFUSED OR UNSURE HOW TO ANSWER, SAY: **This question asks about how often you delayed visiting or did not visit a doctor.** **I will repeat the question.** REPEAT QUESTION AND RESPONSE OPTIONS.)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **In the last 6 months, how often did you delay filling or not fill a prescription because you were worried about the cost? Would you say…**

(IF THE RESPONDENT IS CONFUSED OR UNSURE HOW TO ANSWER, SAY: **This question asks about how often you delayed filling or did not fill a prescription.** **I will repeat the question.** REPEAT QUESTION AND RESPONSE OPTIONS.)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. How confident are you that you understand health insurance terms? Would you say…

1 Checkbox **Not at all confident,**

2 Checkbox **Slightly confident,**

3 Checkbox **Moderately confident, or**

4 Checkbox **Very confident?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. How confident are you that you know most of the things you need to know about using health insurance? Would you say…

1 Checkbox **Not at all confident,**

2 Checkbox **Slightly confident,**

3 Checkbox **Moderately confident, or**

4 Checkbox **Very confident?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan in the last 6 months?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0 Checkbox 0 WORST HEALTH PLAN POSSIBLE

1 Checkbox 1

2 Checkbox 2

3 Checkbox 3

4 Checkbox 4

5 Checkbox 5

6 Checkbox 6

7 Checkbox 7

8 Checkbox 8

9 Checkbox 9

10 Checkbox 10 BEST HEALTH PLAN POSSIBLE

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

**These questions ask about your own health care. This includes care you got in a clinic, emergency room, doctor’s office, by telephone, or by video appointments. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.**

1. In the last 6 months, did your personal doctor offer telephone or video appointments, so that you did not need to physically visit their office or facility?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: Would you say…)

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you do not have a personal doctor?)

1 Checkbox YES

2 Checkbox NO

3 Checkbox DON’T KNOW

-5 CheckboxNOT APPLICABLE?

-1 Checkbox REFUSED

1. In the last 6 months, when you needed care right away, in an emergency room, doctor’s office, or clinic, how often did you get care as soon as you needed? Include in-person, telephone, or video appointments. Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not need care right away?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? Include in-person, telephone, or video appointments. Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not make any appointments?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor’s office or clinic to get health care for yourself? Include in-person, telephone, or video appointments.

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0 Checkbox NONE [IF NONE, GO TO #27]

1 Checkbox 1 TIME

2 Checkbox 2

3 Checkbox 3

4 Checkbox 4

5 Checkbox 5 TO 9 TIMES, OR

6 Checkbox 10 OR MORE TIMES?

-1 Checkbox REFUSED [IF REFUSED, GO TO #27]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #27]

1. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Include in-person, telephone, or video appointments. Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, when you needed an interpreter at your doctor’s office or clinic, how often did you get one? Include in-person, telephone, or video appointments. Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: **Not applicable**

**because you did not need an interpreter?**)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? Include in-person, telephone, or video appointments.

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0 Checkbox 0 WORST HEALTH CARE POSSIBLE

1 Checkbox 1

2 Checkbox 2

3 Checkbox 3

4 Checkbox 4

5 Checkbox 5

6 Checkbox 6

7 Checkbox 7

8 Checkbox 8

9 Checkbox 9

10 Checkbox 10 BEST HEALTH CARE POSSIBLE

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

These questions ask about your personal doctor. A personal doctor is the one you would see or talk to if you need a check-up, want advice about a health problem, or get sick or hurt.

27A. In the last 6 months, how many times did you visit your personal doctor to get care for yourself? Include in-person, telephone, or video appointments.

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: **Not applicable because you do not have a personal doctor?**)

0 Checkbox NONE [IF NONE, GO TO #27B]

1 Checkbox 1 TIME [IF 1 TIME, GO TO #28]

2 Checkbox 2 [IF 2, GO TO #28]

3 Checkbox 3 [IF 3, GO TO #28]

4 Checkbox 4 [IF 4, GO TO #28]

5 Checkbox 5 TO 9 TIMES [IF 5 TO 9 TIMES, GO TO #28]

6 Checkbox 10 OR MORE TIMES, OR [IF 10 OR MORE TIMES, GO TO #28]

-5 Checkbox NOT APPLICABLE? [IF NOT APPLICABLE, GO TO #40]

-1 Checkbox REFUSED [IF REFUSED, GO TO #40]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #40]

27B. Is that because you have a personal doctor but did not visit them in the last 6 months, or is that because you do not have a personal doctor?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0 Checkbox YOU HAVE A PERSONAL DOCTOR BUT DID NOT VISIT THEM IN THE LAST 6 MONTHS; OR [GO TO #40]

-5 Checkbox YOU DO NOT HAVE A PERSONAL DOCTOR? [GO TO #40]

-1 Checkbox REFUSED [IF REFUSED, GO TO #40]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #40]

28. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

29. In the last 6 months, how often did your personal doctor listen carefully to you? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often did your personal doctor spend enough time with you? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. When you visited your personal doctor for a scheduled appointment in the last 6 months, how often did he or she have your medical records or other information about your care? Include in-person, telephone, or video appointments. Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor’s office follow up to give you those results? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not have a blood test, x-ray, or other test?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?** [IF NOT APPLICABLE, GO TO #35]

-1 Checkbox REFUSED [IF REFUSED, GO TO #35]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #35]

1. In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did you get those results as soon as you needed them? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not take any prescription medicines?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service? Include in-person, telephone, or video appointments.

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO [IF NO, GO TO #39]

-1 Checkbox REFUSED [IF REFUSED, GO TO #39]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #39]

1. In the last 6 months, did you need help from anyone in your personal doctor’s office to manage your care among these different providers and services?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO [IF NO, GO TO #39]

-1 Checkbox REFUSED [IF REFUSED, GO TO #39]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #39]

1. In the last 6 months, how often did you get the help that you needed from your personal doctor’s office to manage your care among these different providers and services? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0 Checkbox 0 WORST PERSONAL DOCTOR POSSIBLE

1 Checkbox 1

2 Checkbox 2

3 Checkbox 3

4 Checkbox 4

5 Checkbox 5

6 Checkbox 6

7 Checkbox 7

8 Checkbox 8

9 Checkbox 9

10 Checkbox 10 BEST PERSONAL DOCTOR POSSIBLE

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. When you answer the next questions, include care you got in a clinic, emergency room, doctor’s office, by telephone, or by video appointments. Do not include dental visits or care you got when you stayed overnight in a hospital.

1. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Include in-person, telephone, or video appointments. Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you did not need to see a specialist?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?** [IF NOT APPLICABLE, GO TO #44]

-1 Checkbox REFUSED [IF REFUSED, GO TO #44]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #44]

1. How many specialists have you seen in the last 6 months? Include in-person, telephone, or video appointments.

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0 Checkbox NONE [IF NONE, GO TO #44]

1 Checkbox 1 SPECIALIST

2 Checkbox 2

3 Checkbox 3

4 Checkbox 4

5 Checkbox 5 OR MORE SPECIALISTS?

-1 Checkbox REFUSED [IF REFUSED, GO TO #44]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #44]

1. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? Would you say…

(IF RESPONDENT IS CONFUSED ABOUT “NOT APPLICABLE,” SAY: Not applicable because you do not have a personal doctor?)

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually,**

4 Checkbox **Always, or**

-5 Checkbox **Not Applicable?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

0 Checkbox 0  WORST SPECIALIST POSSIBLE

1 Checkbox 1

2 Checkbox 2

3 Checkbox 3

4 Checkbox 4

5 Checkbox 5

6 Checkbox 6

7 Checkbox 7

8 Checkbox 8

9 Checkbox 9

10 Checkbox 10  BEST SPECIALIST POSSIBLE

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

The last series of questions ask about your background.

1. In general, how would you rate your overall health? Would you say it is…

1 Checkbox **Excellent,**

2 Checkbox **Very good,**

3 Checkbox **Good,**

4 Checkbox **Fair, or**

5 Checkbox **Poor?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

45. In general, how would you rate your overall mental or emotional health? Would you say it is…

1 Checkbox **Excellent,**

2 Checkbox **Very good,**

3 Checkbox **Good,**

4 Checkbox **Fair, or**

5 Checkbox **Poor?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox EVERY DAY

2 Checkbox SOME DAYS

3 Checkbox NOT AT ALL [IF NOT AT ALL, GO TO #50]

4 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #50]

-1 Checkbox REFUSED [IF REFUSED, GO TO #50]

1. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan? Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication. Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program. Would you say…

1 Checkbox **Never,**

2 Checkbox **Sometimes,**

3 Checkbox **Usually, or**

4 Checkbox **Always?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. In the past 6 months, did you get health care 3 or more times for the same condition or problem?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO [IF NO, GO TO #52]

-1 Checkbox REFUSED [IF REFUSED, GO TO #52]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #52]

1. Is this a condition or problem that has lasted for at least 3 months?

[IF Q61=FEMALE, DON’T KNOW, OR REFUSED, PROGRAM SO THE FOLLOWING LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do not include pregnancy or menopause.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. Do you now need or take medicine prescribed by a doctor?

[IF Q61=FEMALE, DON’T KNOW, OR REFUSED, PROGRAM SO THE FOLLOWING LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do not include birth control.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO [IF NO, GO TO #54]

-1 Checkbox REFUSED [IF REFUSED, GO TO #54]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #54]

1. Is this medicine to treat a condition that has lasted for at least 3 months?

[IF Q61=FEMALE, DON’T KNOW, OR REFUSED, PROGRAM SO THE FOLLOWING LANGUAGE APPEARS FOR INTERVIEWERS TO READ: **Do not include pregnancy or menopause.**]

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **Are you deaf or do you have serious difficulty hearing?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **Do you have serious difficulty walking or climbing stairs?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **Because of a physical, mental, or emotional condition, do you have difficulty dressing or bathing?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?**

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF READING RESPONSES, SAY: **Would you say…**)

1 Checkbox YES

2 Checkbox NO

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. **What is your age?**

(READ LIST, STOP AFTER A RESPONSE IS GIVEN. IF NECESSARY, ASK: **Are you…**)

(IF RESPONDENT STATES AGE BEFORE RESPONSE OPTIONS ARE READ, SAY: **Thank you. I just want to confirm, your age is between [XX] and [XX], correct?** READ THE MINIMUM AND MAXIMUM AGES FOR THE CATEGORY IN WHICH THE RESPONDENT INDICATES THE ENROLLEE’S AGE FALLS.)

1 Checkbox **18 to 24,**

2 Checkbox **25 to 34,**

3 Checkbox **35 to 44,**

4 Checkbox **45 to 54,**

5 Checkbox **55 to 64,**

6 Checkbox **65 to 74, or**

7 Checkbox **75 or older?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

62. What is the highest grade or level of school that you have completed? Is it…

(READ LIST, STOP AFTER A RESPONSE IS GIVEN.)

(FOR ANY ANSWER OTHER THAN THE RESPONSE OPTIONS BELOW, SUCH AS “TRADE SCHOOL,” SAY: **We currently only have the following options.** REPEAT RESPONSE OPTIONS. **Which of these do you consider to be closest to the level of grade or school you have completed?**)

1 Checkbox **8th grade or less,**

2 Checkbox **Some high school, but did not graduate,**

3 Checkbox **High school graduate or GED,**

4 Checkbox **Some college or 2-year degree,**

5 Checkbox **4-year college graduate, or**

6 Checkbox **More than 4-year college degree?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

1. What best describes your employment status? Would you say…

(ACCEPT ONLY ONE ANSWER. IF RESPONDENT INDICATES HE/SHE IS SELF-EMPLOYED, USE THE FOLLOWING PROBE TO DETERMINE THE MOST APPROPRIATE RESPONSE CATEGORY: **Would you say that you are employed full-time, employed part-time, or other?**)

1 Checkbox **Employed full-time,**

2 Checkbox **Employed part-time,**

3 Checkbox **A homemaker,**

4 Checkbox **A full-time student,**

5 Checkbox **Retired,**

6 Checkbox **Unable to work for health reasons,**

7 Checkbox **Unemployed, or**

8 Checkbox **Other?**

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

64-1. Are you of Hispanic, Latino, or Spanish origin?

(READ RESPONSE OPTIONS ONLY IF NECESSARY. IF RESPONDENT HESITATES OR IS CONFUSED, ASK: **Would you say “Yes” or “No”?**)

(IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT ETHNICITY THEY ARE, SAY: **We ask about your ethnicity for demographic purposes only.**)

0 Checkbox YES

1 Checkbox NO [IF NO, GO TO #65-1]

-1 Checkbox REFUSED [IF REFUSED, GO TO #65-1]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #65-1]

64-2. I am going to read a list of ethnicity categories. For each category, please say “Yes” or “No” if it describes your ethnicity. I must ask you about all categories in case more than one applies. Are you Mexican, Mexican American, or Chicano/a?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

64-3. Are you Puerto Rican?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

64-4. Are you Cuban?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

64-5. Are you another Hispanic, Latino/a, or Spanish origin?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

* 1. I am going to read a list of race categories. For each category, please say “Yes” or “No” if it describes your race. I must ask you about all categories in case more than one applies. Are you American Indian or Alaska Native?

(IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY: **We ask about your race for demographic purposes only.**)

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-2A. Are you Asian?

0 Checkbox YES

1 Checkbox NO [IF NO, GO TO #65-9]

-1 Checkbox REFUSED [IF REFUSED, GO TO #65-9]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #65-9]

65-2. Are you Asian Indian?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-3. Are you Chinese?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-4. Are you Filipino?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-5. Are you Japanese?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-6. Are you Korean?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-7. Are you Vietnamese?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-8. Are you Other Asian?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-9. Are you Black or African American?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-10a. Are you Native Hawaiian or Other Pacific Islander?

0 Checkbox YES

1 Checkbox NO [IF NO, GO TO #65-14]

-1 Checkbox REFUSED [IF REFUSED, GO TO #65-14]

-2 Checkbox DON’T KNOW [IF DON’T KNOW, GO TO #65-14]

65-10. Are you Native Hawaiian?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-11. Are you Guamanian or Chamorro?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-12. Are you Samoan?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-13. Are you Other Pacific Islander?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

65-14. Are you White?

0 Checkbox NO

1 Checkbox YES

-1 Checkbox REFUSED

-2 Checkbox DON’T KNOW

66. (INTERVIEWER NOTE: WAS THIS A PROXY INTERVIEW?)

1 Checkbox YES

2 Checkbox NO

**Those are all of my questions. Thank you very much for taking the time to complete this survey!**