

UnderStandingAmericaStudy

UAS 498: HEALTHCARE AFFORDABILITY



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Fielded November 3, 2022 - November 8, 2022

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1 INTRODUCTION

This UAS panel survey, titled UAS498: Healthcare Affordability” asks for respondents’ opinion about the affordability of healthcare in the United States. This survey is no longer in the field. Respondents were paid \$6 to complete the survey.

1.1 Topics

This survey contains questions (among others) on the following topics: Health, Social Attitudes And Values. A complete survey topic categorization for the UAS can be found [here](#).

1.2 Experiments

This survey did not include any experiments. A complete survey experiment categorization for the UAS can be found [here](#).

1.3 Citation

Each publication, press release or other document that cites results from this survey must include an acknowledgment of UAS as the data source and a disclaimer such as, ‘The project described in this paper relies on data from survey(s) administered by the Understanding America Study, which is maintained by the Center for Economic and Social Research (CESR) at the University of Southern California. The content of this paper is solely the responsibility of the authors and does not necessarily represent the official views of USC or UAS.’ For any questions or more information about the UAS, contact Tania Gutsche, Project and Panel Manager, Center for Economic and Social Research, University of Southern California, at tgutsche@usc.edu.

2 SURVEY RESPONSE AND DATA

2.1 Sample selection and response rate

The sample selection for this survey was:

Custom selection of active English speaking respondents.

As such, this survey was made available to 3250 UAS participants. Of those 3250 participants, 1562 completed the survey and are counted as respondents. Of those who are not counted as respondents, 25 started the survey without completing and 1663 did not start the survey. The overall response rate was 48.06%.

Note: We are unable to provide sample weights for a small number of UAS members (see the Sample and weighting section below for details). If they completed the survey, these members are included in the data set with a weight of zero, but accounted for in the computation of total sample size and survey response rate.%.

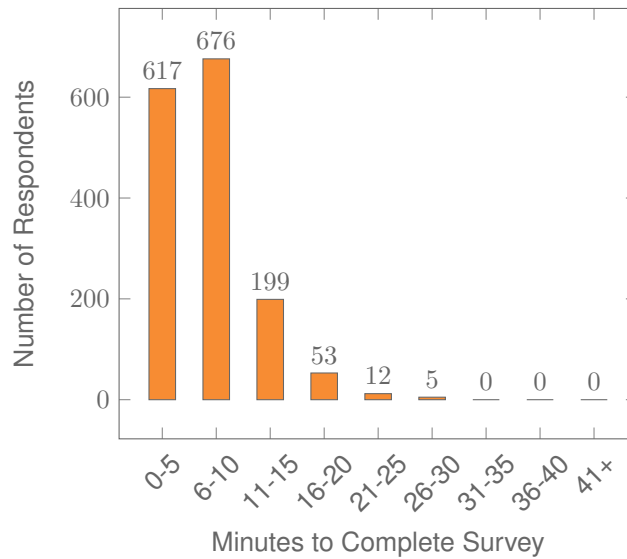
The detailed survey response rate is as follows:

UAS498 - Response Overview	
Size of selected sample	3250
Completed the survey	1562
Started but did not complete the survey	25
Did not start the survey	1663
Response rate	48.06%

2.2 Timings

The survey took respondents an average of 8 minutes, and the full distribution of survey response times is available in the figure below. Times per question are available upon request.

Distribution of Respondents' Survey Response Times



2.3 Sample & Weighting

Sample weights for this survey are computed following the general UAS Weighting Procedure. Specifically, we use a two-step process where we first compute base weights, which correct for unequal probabilities of sampling UAS members, and then generate final, post-stratification weights, which align the sample to the reference population along certain socio-economic dimensions. These are gender (male/female), race and ethnicity (White/Black/Other/Hispanic/Native American), age (18-39/40-49/50/59/60+), education (High school or less/Some college/Bachelor or more), Census regions (Northeast/Midwest/West, excl. CA/CA, excl. LAC, LAC). Benchmark distributions for these variables are derived from the 6 most recent available Current Population Survey (CPS) Basic Monthly Survey with respect to the survey's completion date. The reference population considered for the weights is the U.S. population of adults age 18 and older.

This survey dataset may contain respondents with a weight of zero. These respondents belong to a small group of UAS members for whom sample weights cannot be computed due to non-probability recruitment for special projects. Hence, while they are accounted for in the total number of survey respondents, they do not contribute to any statistics using sample weights. More information is available from the UAS Weighting Procedure. Please contact UAS staff with any questions.

3 STANDARD VARIABLES

Each Understanding America Study data contains a series of standard variables, consisting of individual, household and sample identifiers, language indicator, time stamps and a rating by the respondent of how much he or she liked the survey:

- **uasid**: the identifier of the respondent. This identifier is assigned to a respondent at recruitment and stays with the respondent throughout each and every survey he/she participates in. When analyzing data from multiple surveys, the 'uasid' can be used to merge data sets.
- **uashhid**: the household identifier of the respondent. Every member is assigned a household identifier, stored in the variable 'uashhid'. For the primary respondent this identifier equals his or her 'uasid'. All other eligible members of the primary respondent's household (everyone who is 18 or older in the household) who become UAS respondents receive the 'uasid' of the primary respondent as their household identifier. The identifier 'uashhid' remains constant over time for all respondents. Thus it is always possible to find the original UAS household of an UAS panel member (even after they, for example, have moved out to form another household).
- **survhhid**: uniquely identifies the household a UAS panel member belongs to in a given survey. For instance, if the primary respondent and his/her spouse are both UAS members at the time of a given survey, they both receive the same 'survhhid' identifier for that survey. If they subsequently split, they receive two different 'survhhid' in subsequent surveys. They, however, always share the same 'uashhid'. The identifier 'survhhid' is set to missing (.) if no other household members are UAS panel members at the time of the survey. Since individuals can answer the same survey at different points in time (which can be relatively far apart if the survey is kept in the field for a prolonged time), it may be possible that, within the same data set, household members have different 'survhhid' reflecting different household compositions at the time they answered the survey. For instance, suppose that the primary respondent and his/her spouse are both UAS members. If the primary respondent answers the survey when he/she is living with the spouse, but the spouse answers the survey when the couple has split, they receive different 'survhhid'. Hence, the variable 'survhhid' identifies household membership of UAS panel members, at the time the respondent answers the survey. Note: in the My Household survey 'survhhid' is set to unknown (.u) for respondents who last participated in the My Household survey prior to January 21, 2015.
- **uasmembers**: is the number of other household members who are also UAS panel members at the time of the survey. Since individuals can answer the same survey at different points in time (which can be relatively far apart if the survey is kept in the field for a prolonged time), it may be possible that, within the same data set, the primary respondent of a household has a value of '0', whereas the second UAS household respondent has a value of '1'. Therefore 'uasmembers' should be interpreted as the

number of household and UAS panel members at the time the respondent answers the survey. Note: in the My Household survey 'uasmembers' is set to unknown (.u) for respondents who last participated in the My Household survey prior to January 21, 2015.

- **sampleframe**: indicates the sampling frame from which the household of the respondent was recruited. All UAS recruitment is done through address based sampling (ABS) in which samples are acquired based on postal records. Currently, the variable 'sampleframe' takes on four values reflecting four distinct sample frames used by the UAS over the year (in future data sets the number of sample frames used for recruitment may increase if additional specific populations are targeted in future recruitment batches):

1. U.S. National Territory: recruited through ABS within the entire U.S.
2. Areas high concentration Nat Ame: recruited through ABS in areas with a high concentration of Native Americans in the zip-code. Within these batches, individuals who are not Native Americans are not invited to join the UAS.
3. Los Angeles County: recruited through ABS within Los Angeles County.
4. California: recruited through ABS within California.

Note: prior to March 6, 2024 this variable was called sampletype and had the following value labels for the above list in UAS data sets:

1. Nationally Representative Sample: recruited through ABS within the entire U.S.
2. Native Americans: recruited through ABS in areas with a high concentration of Native Americans. Within these batches, individuals who are not Native Americans are not invited to join the UAS.
3. LA County: recruited through ABS within Los Angeles County.
4. California: recruited through ABS within California.

- **batch**: indicates the batch from which the respondent was recruited. Currently, this variable takes the following values (in future data sets the number of batches may increase as new recruitment batches are added to the UAS):

1. ASDE 2014/01
2. ASDE 2014/01
3. ASDE 2014/01
4. Public records 2015/05
5. MSG 2015/07
6. MSG 2016/01
7. MSG 2016/01
8. MSG 2016/01
9. MSG 2016/02

10. MSG 2016/03
11. MSG 2016/04
12. MSG 2016/05
13. MSG 2016/08
14. MSG 2017/03
15. MSG 2017/11
16. MSG 2018/02
17. MSG 2018/08
18. MSG 2019/04
19. MSG 2019/05
20. MSG 2019/11
21. MSG 2020/08
22. MSG 2020/10
23. MSG 2021/02
24. MSG 2021/08
25. MSG 2021/08
26. MSG 2022/02
27. MSG 2022/02
28. MSG 2022/08
29. MSG 2022/11
30. MSG 2022/11
31. MSG 2023/01
32. MSG 2023/06
33. MSG 2023/09
34. MSG 2023/10
35. MSG 2025/02

Note: prior to March 6, 2024 this variable had the following value labels for the above list in UAS data sets:

1. ASDE 2014/01 Nat.Rep.
2. ASDE 2014/01 Native Am.
3. ASDE 2014/11 Native Am.
4. LA County 2015/05 List Sample
5. MSG 2015/07 Nat.Rep.
6. MSG 2016/01 Nat.Rep. Batch 2

7. MSG 2016/01 Nat.Rep. Batch 3
8. MSG 2016/01 Nat.Rep. Batch 4
9. MSG 2016/02 Nat.Rep. Batch 5
10. MSG 2016/03 Nat.Rep. Batch 6
11. MSG 2016/04 Nat.Rep. Batch 7
12. MSG 2016/05 Nat.Rep. Batch 8
13. MSG 2016/08 LA County Batch 2
14. MSG 2017/03 LA County Batch 3
15. MSG 2017/11 California Batch 1
16. MSG 2018/02 California Batch 2
17. MSG 2018/08 Nat.Rep. Batch 9
18. MSG 2019/04 LA County Batch 4
19. MSG 2019/05 LA County Batch 5
20. MSG 2019/11 Nat. Rep. Batch 10
21. MSG 2020/08 Nat. Rep. Batch 11
22. MSG 2020/10 Nat. Rep. Batch 12
23. MSG 2021/02 Nat. Rep. Batch 13
24. MSG 2021/08 Nat. Rep. Batch 15
25. MSG 2021/08 Nat. Rep. Batch 16
26. MSG 2022/02 Nat. Rep. Batch 17 (priority)
27. MSG 2022/02 Nat. Rep. Batch 17 (regular)
28. MSG 2022/08 Nat. Rep. Batch 18
29. MSG 2022/11 LA County Batch 6
30. MSG 2022/11 Nat. Rep. Batch 20
31. MSG 2023/01 Nat. Rep. Batch 21
32. MSG 2023/06 Nat. Rep. Batch 22
33. MSG 2023-09 Native Am. Batch 3
34. MSG 2023-10 Nat. Rep. Batch 23

- **primary_respondent:** indicates if the respondent was the first person within the household (i.e. to become a member or whether s/he was added as a subsequent member. A household in this regard is broadly defined as anyone living together with the primary respondent. That is, a household comprises individuals who live together, e.g. as part of a family relationship (like a spouse/child/parent) or in context of some other relationship (like a roommate or tenant).

- **hardware**: indicates whether the respondent ever received hardware or not. Note: this variable should not be used to determine whether a respondent received hardware at a given point in time and/or whether s/he used the hardware to participate in a survey. Rather, it indicates whether hardware was ever provided:
 1. None
 2. Tablet (includes Internet)
- **language**: the language in which the survey was conducted. This variable takes a value of 1 for English and a value of 2 for Spanish.
- **start_date (start_year, start_month, start_day, start_hour, start_min, start_sec)**: indicates the time at which the respondent started the survey.
- **end_date (end_year, end_month, end_day, end_hour, end_min, end_sec)**: indicates the time at which the respondent completed the survey.
- **cs_001**: indicates how interesting the respondent found the survey.

4 BACKGROUND DEMOGRAPHICS

Every UAS survey data set includes demographic variables, which provide background information about the respondent and his/her household. Demographic information such as age, ethnicity, education, marital status, work status, state of residence, family structure is elicited every quarter through the “My Household” survey. The demographic variables provided with each survey are taken from the most recent ‘MyHousehold’ survey answered by the respondent. If at the time of a survey, the information in “My Household” is more than three months old, a respondent is required to check and update his or her information before being able to take the survey.

The following variables are available in each survey data set:

- **gender**: the gender of the respondent.
- **dateofbirth_year**: the year of birth of the respondent.
- **age**: the age of the respondent at the start of the survey.
- **agerange**: if the respondent’s age cannot be calculate due to missing information, ‘agerange’ indicates the approximate age. Should a value for both the ‘age’ and ‘agerange’ be present, then ‘age’ takes precedence over ‘agerange’.
- **citizenus**: indicates whether the respondent is a U.S. citizen.
- **bornus**: indicates whether the respondent was born in the U.S.
- **stateborn**: indicates the state in which the respondent was born. This is set to missing (.) if the respondent was not born in the U.S.
- **countryborn**: indicates the country in which the respondent was born. This is set to missing (.) if the respondent was born in the U.S.
- **countryborn_other**: indicates the country of birth if that country is not on the drop down list of countries shown to the respondent’.
- **statereside**: the state in which the respondent is living.
- **immigration_status**: indicates whether the respondent is an immigrant. It takes one of the following values: 0 Non-immigrant, 1 First generation immigrant (immigrant who migrated to the U.S), 2 Second generation immigrant (U.S.-born children of at least one foreign-born parent), 3 Third generation immigrant (U.S.-born children of at least one U.S.-born parent, where at least one grandparent is foreign-born), or 4 Unknown immigrant status.
- **maritalstatus**: the marital status of the respondent.
- **livewithpartner**: indicates whether the respondent lives with a partner.

- **education**: the highest level of education attained by the respondent.
- **hisplativo**: indicates whether the respondent identifies him or herself as being Hispanic or Latino. This variable is asked separately from race.
- **hisplatinogroup**: indicates which Hispanic or Latino group a respondent identifies him or herself with. This is set to missing (.) if the respondent does not identify him or herself as being Hispanic or Latino.
- **white**: indicates whether the respondent identifies him or herself as white (Caucasian).
- **black**: indicates whether the respondent identifies him or herself as black (African-American).
- **nativeamer**: indicates whether the respondent identifies him or herself as Native American (American Indian or Alaska Native).
- **asian**: indicates whether the respondent identifies him or herself as Asian (Asian-American).
- **pacific**: indicates whether the respondent identifies him or herself as Native Hawaiian or Other Pacific Islander.
- **race**: indicates the race of the respondent as singular (e.g., '1 White' or '2 Black') or as mixed (in case the respondent identifies with two or more races). The value '6 Mixed' that the respondent answered 'Yes' to at least two of the single race categories. This variable is generated based on the values of the different race variables (white, black, nativeamer, asian, pacific). This composite measure is not conditional on hisplativo, so an individual may identify as Hispanic or Latino, and also as a member of one or more racial groups.
- **working**: indicates whether the respondent is working for pay.
- **sick_leave**: indicates whether the respondent is not working because sick or on leave.
- **unemp_layoff**: indicates whether the respondent is unemployed or on lay off.
- **unemp_look**: indicates whether the respondent is unemployed and looking for a job.
- **retired**: indicates whether the respondent is retired.
- **disabled**: indicates whether the respondent has a disability.
- **If_other**: specifies other labor force status.
- **laborstatus**: indicates the labor force status of the respondent as singular (e.g., '1 Working for pay' or '2 On sick or other leave') or as mixed (in case the respondent selects two or more labor statuses). The value '8 Mixed' indicates that the respondent answered 'Yes' to at least two of the single labor force status variables. This variable is generated based on the values of the different labor status variables (working, sick_leave, unempl_layoff, unempl_look, retired, disabled, If_other).

- **employmenttype**: indicates the employment type of the respondent (employed by the government, by a private company, a nonprofit organization, or self-employed). This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- **workfullpart**: indicates whether the respondent works full or part-time. This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- **hourswork**: indicates the number of hours the respondent works per week. This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- **hhincome**: is the total combined income of all members of the respondent's household (living in their household) during the past 12 months.
- **anyhhmember**: indicates whether there were any members in the respondent's household at the time he/she answered the survey as reported by the respondent.
- **hhmembernumber**: indicates the number of household members in the respondent's household at the time of the survey as reported by the respondent. It may be that 'anyhhmember' is 'Yes', but 'hhmembernumber' is missing if the respondent did not provide the number of household members at the time of the survey.
- **hhmemberin_#**: indicates whether a household member is currently in the household as reported by the respondent. Household members are never removed from the stored household roster and their information is always included in survey data sets. The order of the roster is the same order in which household members were specified by the respondent in the 'MyHousehold' survey. The order is identified by the suffix _# (e.g., _1 indicates the first household member, _2 the second household member, etc.).

As an example, if the first household member is in the household at the time of the survey, 'hhmemberin_1' is set to '1 HH Member 1 is in the HH'; if he/she has moved out, 'hhmemberin_1' is set to '0 HH member 1 is no longer in the HH'. Since information of other household members (stored in the variables listed below) is always included in survey data sets, information about 'hhmemberin_1' is available whether this person is still in the household or has moved out.

- **hhmembergen_#**: indicates the gender of another household member as reported by the respondent.
- **hhmemberage_#**: indicates the age of another household member. The age is derived from the month and year of birth of the household member as reported by the respondent.
- **hhmemberrel_#**: indicates the relationship of the respondent to the other household member as reported by the respondent.

- **hhmemberuasid_#**: is the 'uasid' of the other household member if this person is also a UAS panel member. It is set to missing (.) if this person is not a UAS panel member at the time of the survey. Since this identifier is directly reported by the respondent (chosen from a preloaded list), it may differ from the actual (correct) 'uasid' of the UAS member it refers to because of reporting error. Also, this variable should not be used to identify UAS members in a given household at the time of the survey. This is because the variables 'hhmemberuasid_#' are taken from the most recent 'My Household' and changes in household composition involving UAS members may have occurred between the time of the respondent answered 'My Household' and the time the respondent answers the survey. To follow UAS members of a given household, it is advised to use the identifiers 'uashhid' and 'survhhid'.
- **lastmyhh_date**: the date on which the demographics variables were collected through the 'My Household' survey.

In addition, data sets created after May 8, 2025 include an urbanicity variable. It is based on panel members' current census tract of residence and the 2010 Rural-Urban Commuting Area (RUCA) codes released by the US Department of Agriculture's Economic Research Service. To preserve confidentiality, the UAS collapses the 10 primary RUCA codes to 4 levels: Metropolitan, Micropolitan, Small/Rural, and Unknown. The Metropolitan level corresponds to primary RUCA codes 1-3, the Micropolitan level corresponds to RUCA codes 4-6, and the Small/Rural UAS classification corresponds to RUCA codes 7-10.

For detailed information and definitions of the 10 primary RUCA codes, please visit the USDA ERS Rural-Urban Commuting Area Codes site. Surveys conducted completely prior to May 8, 2025 will have an urbanicity data set available on request.

5 MISSING DATA CONVENTIONS

Data files provide so-called clean data, that is, answers given to questions that are not applicable anymore at survey completion (for example because a respondent went back in the survey and skipped over a previously answered question) are treated as if the questions were never asked. In the data files all questions that were asked, but not answered by the respondent are marked with (.e). All questions never seen by the respondent (or any dirty data) are marked with (.a). The latter may mean that a respondent did not view the question because s/he skipped over it; or alternatively that s/he never reached that question due to a break off. If a respondent did not complete a survey, the variables representing survey end date and time are marked with (.c). Household member variables are marked with (.m) if the respondent has less household members (e.g. if the number of household members is 2, any variables for household member 3 and up are marked with (.m)).

UAS provides data in STATA and CSV format. Stata data sets come with include variable labels that are not available in the CSV files. Value labels are provided for single-response answer option. In STATA these labels will include the labels 'Not asked' and 'Not answered' for (.a) and (.e), and will show in tabulations such as 'tab q1, missing'. For multiple-response questions a binary variable is created for each answer option indicating whether the option was selected or not. A summary variable is also provided in string format reflecting which options were selected and in which order. For example, if a question asked about favorite animals with options cat, dog, and horse, then if a respondent selected horse and then cat, the binary variables for horse and cat will be set to yes, while the overall variable would have a string value of '3-1'. If no answer was given, all binary variables and the summary variable will be marked with '.e'.

Questions that are asked multiple times are often implemented as so-called array questions. Supposing the name of such question was Q1 and it was asked in 6 different instances, your data set would contain the variables Q1_1_ to Q1_6_. To illustrate, if a survey asked the names of all children, then child_1_ would contain the name of the first child the respondent named and so on.

More information about the UAS data in general can be found on the UAS Data Pages web site.

6 ROUTING SYNTAX

The survey with routing presented in the next section includes all of the questions that make up this survey, the question answers when choices were provided, and the question routing. The routing includes descriptions of when questions are grouped, conditional logic that determines when questions are presented to the respondent, randomization of questions and answers, and fills of answers from one question to another.

If you are unfamiliar with conditional logic statements, they are typically formatted so that **if** the respondent fulfills some condition (e.g. they have a cellphone or a checking account), **then** they are presented with some other question or the value of some variable is changed. If the respondent does not fulfill the condition (e.g. they are not a cellphone adopter or they do not have a checking account), something **else** happens such as skipping the next question or changing the variable to some other value. Some of the logic involved in the randomization of questions or answers being presented to the respondent is quite complex, and in these instances there is documentation to clarify the process being represented by the routing.

Because logic syntax standards vary, here is a brief introduction to our syntax standards. The syntax used in the conditional statements is as follows: '=' is equal to, '<' is less than, '>' is greater than, and '!= ' is used for does not equal. When a variable is set to some number N, the statement looks like 'variable := N'.

The formatting of the questions and routing are designed to make it easier to interpret what is occurring at any given point in the survey. Question ID is the bold text at the top of a question block, followed by the question text and the answer selections. When a question or variable has associated data, the name links to the appropriate data page, so you can easily get directly to the data. Text color is used to indicate the routing: **red** is conditional logic, **gold** is question grouping, **green** is looping, and **orange** is used to document randomization and other complex conditional logic processes. The routing is written for a computer to parse rather than a human to read, so when the routing diverges significantly from what is displayed to the respondent, a screenshot of what the respondent saw is included.

The name of the randomization variables are defined in proximity to where they are put into play, and like the question ID the names of the randomization variables can be used to link directly to the associated data page.

7 SURVEY WITH ROUTING

Start of section **Cost**

c.intro (Section Cost)

Thank you for your interest in this study. This survey will ask for your opinion about health-care in the United States.

/* Respondents are presented with different phrasing in several questions (questions c001, c002, rf001, tl001, we001, ge001, lm001, ml001, wn001, uh001, rg001) depending on the value of variable randomizer_cost with text:

- o 1 "too expensive" (c001, c002); "less expensive" (rf001, tl001, we001, ge001, lm001, ml001, wn001, uh001, rg001)
- o 2 "not affordable" (c001, c002); "more affordable" (rf001, tl001, we001, ge001, lm001, ml001, wn001, uh001, rg001)

*/

IF randomizer_cost = EMPTY THEN

| randomizer_cost := mt_rand(1,2)

END OF IF

Fill code of question FLExpensive executed

Fill code of question FLExpensive2 executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

cost_intro (Section Cost)

Please indicate how much you agree or disagree with the following statements.

SUBGROUP OF QUESTIONS

c001 (Health care is too expensive/not affordable for most Americans in section Cost)

Health care is (too expensive/not affordable) for **most Americans**.

1 Strongly agree

2 Agree

3 Disagree

4 Strongly disagree

5 I don't know

c002 (Health care is too expensive/not affordable for my household in section Cost)

Health care is (too expensive/not affordable) for **my household**.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 I don't know

END OF SUBGROUP

END OF GROUP

c003 (how concerned unable to pay for needed healthcare services next six months in section Cost)

How concerned are you about your household's ability to pay for healthcare in the next six months?

- 1 Extremely concerned
- 2 Concerned
- 3 Not very concerned
- 4 Not concerned at all

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

c004.intro (Section Cost)

In the last year, which of the following, if any, have you done **to manage your healthcare bills**? Please answer yes or no for each.

SUBGROUP OF QUESTIONS

c004a (Skipped medication or treatment that a doctor recommended to you in section Cost)

Skipped medication or treatment that a doctor recommended to you

- 1 Yes
- 2 No

c004b (Skipped healthcare visits even though you had a health concern in section Cost)

Skipped healthcare visits even though you had a health concern

- 1 Yes
- 2 No

c004c (Went without health insurance in section Cost)

Went without health insurance

- 1 Yes
- 2 No

c004d (Changed to cheaper health insurance in section Cost)

Changed to cheaper health insurance

1 Yes

2 No

c004e (Changed to cheaper doctors, dentists, or hospitals in section Cost)

Changed to cheaper doctors, dentists, or hospitals

1 Yes

2 No

END OF SUBGROUP

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

c005.intro (Section Cost)

In the last year, which of the following, if any, have you done **to manage your healthcare bills**? Please answer yes or no for each.

SUBGROUP OF QUESTIONS

c005a (Set up a payment plan to pay for healthcare costs in section Cost)

Set up a payment plan to pay for healthcare costs

1 Yes

2 No

c005b (Had a co-pay or other medical bill reduced or erased by my doctor or hospital in section Cost)

Had a co-pay or other medical bill reduced or erased by my doctor or hospital

1 Yes

2 No

c005c (Borrowed money in section Cost)

Borrowed money

1 Yes

2 No

c005d (Took on credit card debt in section Cost)

Took on credit card debt

1 Yes

2 No

c005e (Used my savings in section Cost)

Used my savings

- 1 Yes
- 2 No

c005f (Cut back on household expenses in section Cost)

Cut back on household expenses

- 1 Yes
- 2 No

c005g (Skipped a meal in section Cost)

Skipped a meal

- 1 Yes
- 2 No

c005h (Used a fund raiser, crowd sourcing or go fund me in section Cost)

Used a fund raiser, crowd sourcing or go fund me

- 1 Yes
- 2 No

END OF SUBGROUP

END OF GROUP

End of section **Cost**

Start of section **Reform**

rf_intro (Section Reform)

The next questions ask how much you support different ways for trying to make US health care (less expensive/more affordable), and how well you think they will work. You will also be asked about upsides and downsides of each.

rf001 (support drug price reform make less expensive/more affordable in section Reform)

Drug price reform means letting the federal government negotiate drug prices with pharmaceutical companies.

Do you support or oppose using **drug price reform** to try to make US health care (less expensive/more affordable)?

- 1 Strongly oppose
- 2 Oppose
- 3 Neither oppose nor support
- 4 Support
- 5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

rf002_intro (Section Reform)

Drug price reform means letting the federal government negotiate drug prices with pharmaceutical companies.

Do you agree with the following statements about **drug price reform**?

SUBGROUP OF QUESTIONS

rf002a (drug price reform It will lower my healthcare costs in section Reform)

It will lower my healthcare costs

- 1 Yes
- 2 No
- 3 I don't know

rf002b (drug price reform It will lower healthcare costs for most Americans in section Reform)

It will lower healthcare costs for most Americans

- 1 Yes
- 2 No
- 3 I don't know

rf002c (drug price reform It will lead drug companies to stop doing research for new drugs in section Reform)

It will lead drug companies to stop doing research for new drugs

- 1 Yes
- 2 No
- 3 I don't know

rf002d (drug price reform It will lead drug companies to stop making drugs in section Reform)

It will lead drug companies to stop making drugs

- 1 Yes
- 2 No
- 3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Reform**

Start of section **Telehealth**

tl001 (support telehealth make less expensive/more affordable in section Telehealth)

Telehealth means talking to your doctor online or over the phone instead of seeing your

doctor in person.

Do you support or oppose using **telehealth** to try to make US health care (less expensive/more affordable)?

- 1 Strongly oppose
- 2 Oppose
- 3 Neither oppose nor support
- 4 Support
- 5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

tl002_intro (Section Telehealth)

Telehealth means talking to your doctor online or over the phone instead of seeing your doctor in person.

Do you agree with the following statements about **telehealth**?

SUBGROUP OF QUESTIONS

tl002a (telehealth It will lower my healthcare costs in section Telehealth)

It will lower my healthcare costs

- 1 Yes
- 2 No
- 3 I don't know

tl002b (telehealth It will lower healthcare costs for most Americans in section Telehealth)

It will lower healthcare costs for most Americans

- 1 Yes
- 2 No
- 3 I don't know

tl002c (telehealth It will make it harder to communicate with your doctor in section Telehealth)

It will make it harder to communicate with your doctor

- 1 Yes
- 2 No
- 3 I don't know

tl002d (telehealth It will make it harder to get the right diagnosis and treatment in section Telehealth)

It will make it harder to get the right diagnosis and treatment

- 1 Yes
- 2 No

| 3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Telehealth**

Start of section **Wearable**

we001 (support wearable technology make less expensive/more affordable in section Wearable)

Using **wearable technology** means wearing a device such as a fitbit or heart rate monitor to help your doctor keep track of your health.

Do you support or oppose using **wearable technology** to try to make US health care (less expensive/more affordable)?

- 1 Strongly oppose
- 2 Oppose
- 3 Neither oppose nor support
- 4 Support
- 5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

we002_intro (Section Wearable)

Using **wearable technology** means wearing a device such as a fitbit or heart rate monitor to help your doctor keep track of your health.

Do you agree with the following statements about **wearable technology**?

SUBGROUP OF QUESTIONS

we002a (wearable technology It will lower my healthcare costs in section Wearable)

It will lower my healthcare costs

- 1 Yes
- 2 No
- 3 I don't know

we002b (wearable technology It will lower healthcare costs for most Americans in section Wearable)

It will lower healthcare costs for most Americans

- 1 Yes
- 2 No

3 I don't know

we002c (wearable technology It will lower the quality of healthcare or prescription drugs in section Wearable)

It will lower the quality of healthcare or prescription drugs

1 Yes

2 No

3 I don't know

we002d (wearable technology It will be hard to use correctly in section Wearable)

It will be hard to use correctly

1 Yes

2 No

3 I don't know

we002e (wearable technology It will be uncomfortable to use in section Wearable)

It will be uncomfortable to use

1 Yes

2 No

3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Wearable**

Start of section **Genetic**

ge001 (support personalizing healthcare through genetic testing make less expensive/more affordable in section Genetic)

Personalizing healthcare through genetic testing means that you would get a genetic test to inform your doctor's decisions about treatment and medication for your *current* conditions.

Do you support or oppose using **personalizing healthcare through genetic testing** to try to make US health care (less expensive/more affordable)?

1 Strongly oppose

2 Oppose

3 Neither oppose nor support

4 Support

5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

ge002.intro (Section Genetic)

Personalizing healthcare through genetic testing means that you would get a genetic test to inform your doctor's decisions about treatment and medication for your *current* conditions.

Do you agree with the following statements about **personalizing healthcare through genetic testing**?

SUBGROUP OF QUESTIONS

ge002a (personalizing healthcare through genetic testing It will lower my healthcare costs in section Genetic)

It will lower my healthcare costs

- 1 Yes
- 2 No
- 3 I don't know

ge002b (personalizing healthcare through genetic testing It will lower healthcare costs for most Americans in section Genetic)

It will lower healthcare costs for most Americans

- 1 Yes
- 2 No
- 3 I don't know

ge002c (personalizing healthcare through genetic testing will lower the quality of healthcare or prescription drugs in section Genetic)

It will lower the quality of healthcare or prescription drugs

- 1 Yes
- 2 No
- 3 I don't know

ge002d (personalizing healthcare through genetic testing It will lead to abuse of patients' genetic information in section Genetic)

It will lead to abuse of patients' genetic information

- 1 Yes
- 2 No
- 3 I don't know

ge002e (personalizing healthcare through genetic testing It will not be accurate for everyone in section Genetic)

It will not be accurate for everyone

- 1 Yes
- 2 No

| 3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Genetic**

Start of section **Limit**

Im001 (support limiting patient access to selective networks of doctors and hospitals make less expensive/more affordable in section Limit)

Limiting patient access to selective networks of doctors and hospitals means that it costs less for patients to go to a small network of doctors and hospitals.

Do you support or oppose using **limiting patient access to selective networks of doctors and hospitals** to try to make US health care (less expensive/more affordable)?

- 1 Strongly oppose
- 2 Oppose
- 3 Neither oppose nor support
- 4 Support
- 5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

Im002.intro (Section Limit)

Limiting patient access to selective networks of doctors and hospitals means that it costs less for patients to go to a small network of doctors and hospitals.

Do you agree with the following statements about **limiting patient access to selective networks of doctors and hospitals**?

SUBGROUP OF QUESTIONS

Im002a (limiting patient access to selective networks of doctors and hospitals It will lower my healthcare costs in section Limit)

It will lower my healthcare costs

- 1 Yes
- 2 No
- 3 I don't know

Im002b (limiting patient access to selective networks of doctors and hospitals It will lower healthcare costs for most Americans in section Limit)

It will lower healthcare costs for most Americans

- 1 Yes

- 2 No
- 3 I don't know

Im002c (limiting patient access to selective networks of doctors and hospitals It will lower the quality of healthcare in section Limit)

It will lower the quality of healthcare

- 1 Yes
- 2 No
- 3 I don't know

Im002d (limiting patient access to selective networks of doctors and hospitals It will make it harder for people to go to the doctors they want in section Limit)

It will make it harder for people to go to the doctors they want

- 1 Yes
- 2 No
- 3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Limit**

Start of section **Mailorder**

ml001 (support mail-order pharmacies make less expensive/more affordable in section Mailorder)

Mail-order pharmacies means getting medications through the mail, instead of picking them up at a pharmacy.

Do you support or oppose using **mail-order pharmacies** to try to make US health care (less expensive/more affordable)?

- 1 Strongly oppose
- 2 Oppose
- 3 Neither oppose nor support
- 4 Support
- 5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

ml002.intro (Section Mailorder)

Mail-order pharmacies means getting medications through the mail, instead of picking them up at a pharmacy.

Do you agree with the following statements about **mail-order pharmacies**?

SUBGROUP OF QUESTIONS

ml002a (mail-order pharmacies It will lower my healthcare costs in section Mailorder)

It will lower my healthcare costs

- 1 Yes
- 2 No
- 3 I don't know

ml002b (mail-order pharmacies It will lower healthcare costs for most Americans in section Mailorder)

It will lower healthcare costs for most Americans

- 1 Yes
- 2 No
- 3 I don't know

ml002c (mail-order pharmacies It will make it hard to talk to a pharmacist in section Mailorder)

It will make it hard to talk to a pharmacist

- 1 Yes
- 2 No
- 3 I don't know

ml002d (mail-order pharmacies It will lead to delays and problems with mail delivery in section Mailorder)

It will lead to delays and problems with mail delivery

- 1 Yes
- 2 No
- 3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Mailorder**

Start of section **Wellness**

wn001 (support workplace wellness programs make less expensive/more affordable in section Wellness)

Workplace wellness programs are programs that are usually provided to employees of a company. A workplace wellness program may offer seminars on quitting smoking, free access to a gym, and other benefits.

Do you support or oppose using **workplace wellness programs** to try to make US health care (less expensive/more affordable)?

- 1 Strongly oppose
- 2 Oppose
- 3 Neither oppose nor support
- 4 Support
- 5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

wn002_intro (Section Wellness)

Workplace wellness programs are programs that are usually provided to employees of a company. A workplace wellness program may offer seminars on quitting smoking, free access to a gym, and other benefits.

Do you agree with the following statements about **workplace wellness programs**?

SUBGROUP OF QUESTIONS

wn002a (workplace wellness programs It will lower my healthcare costs in section Wellness)

It will lower my healthcare costs

- 1 Yes
- 2 No
- 3 I don't know

wn002b (workplace wellness programs It will lower healthcare costs for most Americans in section Wellness)

It will lower healthcare costs for most Americans

- 1 Yes
- 2 No
- 3 I don't know

wn002c (workplace wellness programs It will be hard to motivate people to do it in section Wellness)

It will be hard to motivate people to do it

- 1 Yes
- 2 No
- 3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Wellness**

Start of section **Universal**

uh001 (support universal health care make less expensive/more affordable in section Universal)

Universal health care means that all people will have access to affordable government and/or private health insurance.

Do you support or oppose using **universal health care** to try to make US health care (less expensive/more affordable)?

- 1 Strongly oppose
- 2 Oppose
- 3 Neither oppose nor support
- 4 Support
- 5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

uh002.intro (Section Universal)

Universal health care means that all people will have access to affordable government and/or private health insurance.

Do you agree with the following statements about **universal health care**?

SUBGROUP OF QUESTIONS

uh002a (universal health care It will lower my healthcare costs in section Universal)

It will lower my healthcare costs

- 1 Yes
- 2 No
- 3 I don't know

uh002b (universal health care It will lower healthcare costs for most Americans in section Universal)

It will lower healthcare costs for most Americans

- 1 Yes
- 2 No
- 3 I don't know

uh002c (universal health care It will increase wait times for patients in section Universal)

It will increase wait times for patients

- 1 Yes
- 2 No

3 I don't know

uh002d (universal health care It will lower the quality of healthcare in section Universal)

It will lower the quality of healthcare

1 Yes

2 No

3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Universal**

Start of section **Regulation**

rg001 (support government regulation make less expensive/more affordable in section Regulation)

Government regulation means that the government has more oversight of the healthcare system, how health insurance works, and the prices of healthcare and medication.

Do you support or oppose using **government regulation** to try to make US health care (less expensive/more affordable)?

1 Strongly oppose

2 Oppose

3 Neither oppose nor support

4 Support

5 Strongly support

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

rg002_intro (Section Regulation)

Government regulation means that the government has more oversight of the health-care system, how health insurance works, and the prices of healthcare and medication.

Do you agree with the following statements about **government regulation**?

SUBGROUP OF QUESTIONS

rg002a (government regulation It will lower the costs of US health care in section Regulation)

It will lower the costs of US health care

1 Yes

2 No

3 I don't know

rg002b (government regulation It will help more people to stay healthy in section Regulation)

It will help more people to stay healthy

1 Yes

2 No

3 I don't know

rg002c (government regulation It will lower the quality of healthcare in section Regulation)

It will lower the quality of healthcare

1 Yes

2 No

3 I don't know

rg002d (government regulation It will make it harder for people to go to the doctors they want in section Regulation)

It will make it harder for people to go to the doctors they want

1 Yes

2 No

3 I don't know

END OF SUBGROUP

END OF GROUP

End of section **Regulation**

Start of section **Closing**

pol001 (political affiliation in section Closing)

As of today, do you identify more as:

1 Democrat

2 Republican

3 Independent

4 None of the above

5 Don't know or prefer not to say

CS_001 (HOW PLEASANT INTERVIEW in section Closing)

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

CS_003 (comments in section Closing)

Do you have any other comments on the interview? Please type these in the box below. (If you have no comments, please click next to complete this survey.)

STRING

End of section **Closing**

/* Please note that although question CS_003 is listed in the routing, the answers are not included in the microdata in the event identifiable information is captured. Cleaned responses are available by request. */