

**Princeton Survey Research Associates International
for
The Pew Research Center's Internet & American Life Project**

August Health 2012

**Final Questionnaire
English Version
2/10/2013**

Questions to be held back are hilited in yellow

Total n=3,000 national adults, age 18+

National Tracking survey

n=1,800 landline, geographically disproportionate

n=1,200 cell phone, geographically disproportionate

Field Dates: August 7 – September 4, 2012

Job#: 32505

LANDLINE INTRO:

Hello, my name is _____ and I'm calling for Princeton Survey Research. We're conducting a survey about some important issues today, and would like to include your household. May I please speak with the YOUNGEST **[RANDOMIZE: (MALE / FEMALE)]**, age 18 or older, who is now at home? **[IF NO MALE/FEMALE, ASK: May I please speak with the YOUNGEST (FEMALE / MALE), age 18 or older, who is now at home?]**

GO TO MAIN INTERVIEW

CELL PHONE INTRO:

Hello, I am _____ calling for Princeton Survey Research. We are conducting a national survey of cell phone users. I know I am calling you on a cell phone. If you would like to be reimbursed for your cell phone minutes, we will pay all eligible respondents \$5 for participating in this survey. This is not a sales call.

[IF R SAYS DRIVING/UNABLE TO TAKE CALL: Thank you. We will try you another time...]

VOICEMAIL MESSAGE [LEAVE ONLY ONCE -- THE FIRST TIME A CALL GOES TO VOICEMAIL]: I am calling for Princeton Survey Research. We are conducting a short national survey of cell phone users. This is NOT a sales call. We will try to reach you again.

CELL PHONE SCREENING INTERVIEW:

S1 Are you under 18 years old, OR are you 18 or older?

- 1 Under 18
- 2 18 or older
- 9 Don't know/Refused

IF S1=2, CONTINUE WITH MAIN INTERVIEW

IF S1=1, THANK AND TERMINATE – RECORD AS AGE INELIGIBLE: This survey is limited to adults age 18 and over. I won't take any more of your time...

IF S1=9, THANK AND TERMINATE RECORD AS SCREENING REFUSAL: This survey is limited to adults age 18 and over. I won't take any more of your time...

READ TO ALL CELL PHONE RESPONDENTS

INTRODUCTION TO MAIN INTERVIEW: We're interested in learning more about people with cell phones. If you are now driving a car or doing any activity requiring your full attention, I need to call you back later. The first question is...

INTERVIEWER:

If R says it is not a good time, try to arrange a time to call back. Offer the toll-free call-in number they can use to complete the survey before ending the conversation.

SEX RECORD RESPONDENT SEX (DO NOT ASK)

- 1 Male
- 2 Female

START TIMING MODULE 1

Q1 Overall, how would you rate the quality of life for you and your family today? Would you say it is... excellent, very good, good, fair or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

INTUSE Do you use the internet, at least occasionally? {PIAL Trend}

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

EMLOCC Do you send or receive email, at least occasionally? {PIAL Trend}

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

INTMOB Do you access the internet on a cell phone, tablet or other mobile handheld device, at least occasionally? *{People-Press; Civic Engagement Tracking; April 2012 Tracking}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

END TIMING MODULE 1**START TIMING MODULE 2****ASK IF LANDLINE SAMPLE (SAMPLE=1):**

QL1 Do you have a cell phone... or a Blackberry or iPhone or other device that is also a cell phone?

CATEGORIES

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

IF HAVE CELL PHONE (QL1=1 or SAMPLE=2)

SMPH Some cell phones are called "smartphones" because of certain features they have. Is your cell phone a smartphone, such as an iPhone, Android, Blackberry or Windows phone, or are you not sure? *{PIAL modified Trend}*

- 1 Yes, smartphone
- 2 No, not a smartphone
- 8 Not sure/Don't know
- 9 **(DO NOT READ)** Refused

END TIMING MODULE 2

START TIMING MODULE 3

IF HAVE CELL PHONE (QL1=1 or SAMPLE=2):

CELL1 Please tell me if you ever use your cell phone to do any of the following things. Do you ever use your cell phone to **[INSERT ITEMS; ALWAYS ASK a-b FIRST in order; RANDOMIZE c-f]**? [Next, what about using your cell phone to... **[INSERT NEXT ITEM]**?] {PIAL trend}

- a. Send or receive email
- b. Send or receive text messages
- c. Take a picture
- d. Access the internet
- e. Look for health or medical information online {MOB1 Act07}
- f. Check your bank account balance or do any online banking {MOB1 Act21}

CATEGORIES

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

END TIMING MODULE 3

START TIMING MODULE 4

ASK ALL:

Q2 Switching topics... In general, how would you rate your own health — excellent, good, only fair, or poor? {PIAL Trend}

- 1 Excellent
- 2 Good
- 3 Only fair
- 4 Poor
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

Q3 Are you now living with any of the following health problems or conditions? First, [INSERT ITEM; RANDOMIZE a-e; ITEM f ALWAYS LAST]? And what about... [INSERT ITEM]? [IF NECESSARY: Are you now living with [INSERT ITEM]?] {Sept 2010 Q17; Modified Commonwealth trend}

- a. Diabetes or sugar diabetes
- b. High blood pressure
- c. Asthma, bronchitis, emphysema, or other lung conditions
- d. Heart disease, heart failure or heart attack
- e. Cancer

ASK f LAST:

- f. Any other chronic health problem or condition I haven't already mentioned

CATEGORIES

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

Q4 In the last 12 months, have you personally...[INSERT ITEMS IN ORDER]?

- a. Faced a serious medical emergency or crisis {Sept 2010 standalone Q18}
- b. Gone to the emergency room or been hospitalized unexpectedly
- c. Experienced any significant change in your physical health, such as gaining or losing a lot of weight, becoming pregnant, or quitting smoking {Sept 2010 standalone Q19; slightly modified wording}

CATEGORIES

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

Q5 Thinking about the LAST time you had a serious health issue or experienced any significant change in your physical health... Did you get information, care or support from... **[INSERT ITEM; RANDOMIZE]? [IF YES AND INTERNET USER (INTUSE=1 or EMLOCC=1 or INTMOB=1):** Did you interact with them ONLINE through the internet or email, OFFLINE by visiting them in person or talking on the phone, or BOTH online and offline? *{modified Sept 2010 Q30: add "serious or significant change language"}*

[IF YES AND NON-INTERNET USER, CODE AS PUNCH 2 (YES, OFFLINE)]
[PROGRAMMER: IF NON-INTERNET USER, HIDE PUNCH 1 (YES, ONLINE) AND PUNCH 3 (YES, BOTH)]

- a. A doctor or other health care professional
- b. Friends and family
- c. Others who have the same health condition

CATEGORIES

- 1 Yes, online
- 2 Yes, offline
- 3 Yes, both online and offline
- 4 No, did not use this source
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

END TIMING MODULE 4**START TIMING MODULE 5**

[READ TO ALL:] On another topic...

ASK ALL:

CARE2 In the past 12 months, have you provided UNPAID care to an adult relative or friend 18 years or older to help them take care of themselves? Unpaid care may include help with personal needs or household chores. It might be managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing. This person need not live with you. *{Sept 2010 CARE2 slight wording change; NAC/AARP modified}*

[IF R ASKS IF GIVING MONEY COUNTS, ASK:] Aside from giving money, do you provide any other type of unpaid care to help them take care of themselves, such as help with personal needs, household chores, arranging for outside services, or other things? **IF NOTHING OTHER THAN money, CODE (2) NO.**

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL ADULT CAREGIVERS (CARE2=1):

CARE3 Do you provide this type of care to just one adult, or do you care for more than one adult? *{PIAL Sept 2010 CARE3}*

- 1 One adult only
- 2 Provide care to multiple adults
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF CARE FOR ONE ADULT (CARE3=1):

CARE4 Is this person your parent or your mother-in-law or father-in-law, or not? *{Sept 2010 CARE4 modified Q wording and categories}*

- 1 Yes, parent or mother-in-law/father-in-law
- 2 No, not a parent or mother-in-law/father-in-law
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF PROVIDE CARE TO MORE THAN ONE ADULT/DK/REF (CARE3=2-9):

CARE5 Are any of the adults you care for your parent or your mother-in-law or father-in-law, or not? *{Sept 2010 CARE5 modified Q wording and categories}*

- 1 Yes, parent or mother-in-law/father-in-law
- 2 No, not a parent or mother-in-law/father-in-law
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

CARE6 In the past 12 months, have you provided UNPAID care to any CHILD under the age of 18 because of a medical, behavioral, or other condition or disability? This could include care for ongoing medical conditions or serious short-term conditions, emotional or behavioral problems, or developmental problems, including mental retardation. *{Sept 2010 CARE6; NAC/AARP}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

[Holding back CARE7, CARE8, CARE9ab for further analysis – will be released later in the spring of 2013.]

END TIMING MODULE 5

START TIMING MODULE 6

ASK ALL INTERNET USERS (INTUSE=1 or EMLOCC=1 or INTMOB=1)::

Q6 Now, we'd like to know if you've looked for information ONLINE about certain health or medical issues, either for yourself or someone else. Specifically, in the last 12 months, have you looked online for information about... **[INSERT FIRST ITEM; ASK a-b FIRST IN ORDER THEN RANDOMIZE c-k; ITEM L ALWAYS LAST]**? **In the last 12 months, have you looked online for information about...** **[INSERT NEXT ITEM]**? {Sept 2010 Q22 modified; Modified August 2006}

[ASK a-b IN ORDER, then RANDOMIZE c-k]

- a. A specific disease or medical problem
- b. A certain medical treatment or procedure
- c. Health insurance, including private insurance, Medicare or Medicaid
- d. Pregnancy and childbirth
- e. Food safety or recalls
- f. Drug safety or recalls
- g. Medical test results
- h. How to lose weight or how to control your weight
- i. How to reduce your health care costs {new}
- j. Caring for an aging relative or friend {new}
- k. A drug you saw advertised {new}

[ASK I LAST]

- l. Any other health issue

CATEGORIES

- 1 Yes, have done this
- 2 No, have not done this
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

END TIMING MODULE 6

START TIMING MODULE 7

ASK ALL ONLINE HEALTH SEEKERS (Yes (1) to any item Q6a-l):

Q7 Thinking about the LAST time you went online for health or medical information... Did you go online to look for information related to YOUR OWN health or medical situation or SOMEONE ELSE'S health or medical situation? {Sept 2010 Q23; August 2006}

- 1 Own
- 2 Someone else's
- 3 **(VOL.)** Both
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL ONLINE HEALTH SEEKERS (Yes (1) to any item Q6a-I):

Q8 Still thinking about the **LAST time you went online to look for health information... How did you begin looking?** Did you start... **[READ 1-4 IN ORDER]** *{modified PIAL June 2001}*

- 1 At a search engine such as Google, Bing or Yahoo,
- 2 At a site that specializes in health information, like WebMD,
- 3 At a more general site like Wikipedia, that contains information on all kinds of topics, OR
- 4 At a social network site like Facebook?
- 5 **(DO NOT READ)** Other **(SPECIFY)**
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

NO QUESTION 9**ASK ALL ONLINE HEALTH SEEKERS (Yes (1) to any item Q6a-I):**

Q10 When looking for health information online, have you ever been asked to PAY for access to something you wanted to see on the internet? *{new}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK THOSE WHO HAVE BEEN ASKED TO PAY FOR HEALTH CONTENT ONLINE (Q10=1)

Q11 The last time you were asked to PAY to access health content online, what did you do? Did you... **[READ 1-3; READ CATEGORIES IN REVERSE ORDER FOR HALF THE SAMPLE]** *{new}*

- 1 Pay for access (OR)
- 2 Try to find the same information somewhere else (OR)
- 3 Give up (OR)
- 4 **(DO NOT READ)** Other
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL ONLINE HEALTH SEEKERS (Yes (1) to any item Q6a-I):

Q12 **Have you ever gone online specifically to try to figure out what medical condition you or someone else might have?** *{new}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK THOSE WHO HAVE GONE ONLINE TO FIGURE OUT WHAT CONDITION THEY OR SOMEONE ELSE MIGHT HAVE (Q12=1)

Q13 Did the information you found online lead you to think that this was a condition that needed the attention of a doctor or other medical professional, or that it was something you could take care of at home? *{new}*

- 1 Needed attention of doctor
- 2 Could take care of at home
- 3 **(DO NOT READ)** Both/in-between
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK THOSE WHO HAVE GONE ONLINE TO FIGURE OUT WHAT CONDITION THEY OR SOMEONE ELSE MIGHT HAVE (Q12=1)

Q14 Did you happen to talk with a medical professional about what you found online? *{new}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK THOSE WHO HAVE GONE ONLINE TO FIGURE OUT WHAT CONDITION THEY OR SOMEONE ELSE MIGHT HAVE (Q12=1)

Q15 Did a medical professional confirm what you thought the condition was with a medical diagnosis, did they offer a different medical opinion or diagnosis, or did you not visit a doctor or other medical professional for a diagnosis? *{new}*

- 1 Yes, confirmed
- 2 No, did not confirm/offered different diagnosis
- 3 Did not visit a doctor or medical professional for a diagnosis
- 4 **(VOL.)** Confirmed part but not all of R's diagnosis
- 5 **(VOL.)** Medical professional was unable to diagnose
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

END TIMING MODULE 7

START TIMING MODULE 8**ASK ALL INTERNET USERS (INTUSE=1 or EMLOCC=1 or INTMOB=1):**

Q16 Apart from looking for information online, there are many different activities related to health and medical issues a person might do on the internet. I'm going to read a list of online health-related activities you may or may not have done in the last 12 months. Just tell me if you happened to do each one, or not. (First,) in the last 12 months, have you... **[INSERT ITEM; RANDOMIZE]**? In the last 12 months, have you...**[INSERT ITEM]**? *{modified Sept 2010 Q24}*

- a. Signed up to receive email updates or alerts about health or medical issues
- b. Read or watched someone else's commentary or personal experience about health or medical issues online
- c. Gone online to find others who might have health concerns similar to yours
- d. Downloaded forms online or applied for health insurance online, including private insurance, Medicare, or Medicaid *{new}*

CATEGORIES

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL INTERNET USERS (INTUSE=1 or EMLOCC=1 or INTMOB=1):

Q17 Still thinking just about the last 12 months, have you posted a health-related question online or shared your own personal health experience online in any way? *{new}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK INTERNET USERS WHO POSTED ABOUT OR SHARED A HEALTH EXPERIENCE ONLINE (Q17=1)

Q18 And what was it that you posted or shared online? Was it a specific QUESTION about your health, a COMMENT or STORY about your personal health experience, or BOTH a question and a comment? *{new}*

- 1 Specific health question
- 2 Comments/Stories about personal health experiences
- 3 Both
- 4 **(VOL.)** Neither/Something else
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

**ASK INTERNET USERS WHO POSTED ABOUT OR SHARED A HEALTH EXPERIENCE
ONLINE (Q17=1)**

Q19 And the LAST time you posted or shared health material online, did you post it somewhere specifically to get feedback from a health professional, or did you post it somewhere it would be read by a more general audience of friends or other internet users? *{new}*

- 1 Health professional
- 2 More general audience
- 3 **(VOL.)** Both
- 4 **(VOL.)** Neither/Something else
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL INTERNET USERS (INTUSE=1 or EMLOCC=1 or INTMOB=1):

Q20 Thinking again about health-related activities you may or may not do online, **have you... [INSERT ITEM; RANDOMIZE]?** (Next,) have you...**[INSERT ITEM]?** *{Sept 2010 Q29 – items rotated; modified Spring Tracking}*

- a. Consulted online rankings or reviews of doctors or other providers
- b. Consulted online rankings or reviews of hospitals or other medical facilities
- c. Consulted online reviews of particular drugs or medical treatments
- d. Posted a review online of a doctor
- e. Posted a review online of a hospital
- f. Posted your experiences with a particular drug or medical treatment online

CATEGORIES

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

END TIMING MODULE 8

START TIMING MODULE 9

[READ IF HAVE CELL PHONE (QL1=1 or SAMPLE=2):] Now thinking about how you might use your cell phone to help manage your health...

IF SEND OR RECEIVE TEXT MESSAGES (CELL1b=1):

Q21 Do you receive any TEXT updates or alerts about health or medical issues, such as from your doctors or pharmacists?

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

IF HAVE CELL PHONE (QL1=1 or SAMPLE=2)

Q22 On your cell phone, do you happen to have any software applications or "apps" that help you track or manage your health, or not? {Sept 2010 Q14}

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

IF HAVE HEALTH APPS ON CELL PHONE (Q22=1)

Q23 What kind of health apps do you currently have on your phone? [IF NECESSARY, CLARIFY: What health issue or topic do your apps deal with?] **[DO NOT READ; PRECODED OPEN-END; ACCEPT MULTIPLE RESPONSES]** {new}

- 1 Diet, food, calorie counter
- 2 Exercise, fitness, pedometer or heart rate monitoring (includes specific types of exercise like running, ab workouts, yoga, etc.)
- 3 Weight
- 4 Blood pressure
- 5 Blood sugar or diabetes
- 6 Sleep
- 7 Mood
- 8 Period or menstrual cycle
- 9 Pregnancy
- 10 Other **(SPECIFY)**
- 98 Don't know
- 99 Refused

END TIMING MODULE 9

START TIMING MODULE 10**ASK ALL:**

Q24 Now thinking about your health overall... Do you currently keep track of your own weight, diet, or exercise routine, or is this not something you currently do? *{modified from Sept 2010 Q24-item E}*

- 1 Yes, keep track
- 2 No, not something R currently does
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

Q25 How about any other health indicators or symptoms? Do you happen to track your own blood pressure, blood sugar, sleep patterns, headaches, or any other indicator? *{modified from Sept 2010 Q24-item F}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL CAREGIVERS (CARE2=1 OR CARE6=1):

CARE10 Turning again to the UNPAID care you provide to family, friends or others... Do you happen to keep track of any health indicators or symptoms for any of the people you care for? *{new}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF TRACK HEALTH FOR SELF OR OTHERS (Q24=1 OR Q25=1 OR CARE10=1)

Q26 Thinking about the health indicator you pay the MOST attention to, either for yourself or someone else, how do you keep track of changes? Do you use.. **[READ 1-6; ALLOW UP TO THREE RESPONSES]** *{new}*

- 1 Paper, like a notebook or journal,
- 2 A computer program, like a spreadsheet
- 3 A website or other online tool
- 4 An app or other tool on your phone or mobile device
- 5 A medical device, like a glucose meter
- 6 Or do you keep track just in your head?
- 7 **(DO NOT READ)** Other **(SPECIFY)**
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF TRACK HEALTH FOR SELF OR OTHERS (Q24=1 OR Q25=1 OR CARE10=1)

Q27 How often do you update your records or notes about this health indicator? Do you do this on a regular basis, or only when something comes up or changes?

- 1 Regular basis
- 2 Only when something comes up or changes
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF TRACK HEALTH INDICATOR ON REGULAR BASIS (Q27=1)

Q27a Do you update this information... **[READ 1-6]** {new}

- 1 Several times a day
- 2 About once a day
- 3 3-5 days a week
- 4 1-2 days a week
- 5 Once or twice a month (OR)
- 6 Less than once a month
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF TRACK HEALTH FOR SELF OR OTHERS (Q24=1 OR Q25=1 OR CARE10=1)

Q28 Do you share these health tracking records or notes with anyone, either online or offline?

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF SHARE HEALTH TRACKING RECORDS (Q28=1)

Q29 Who do you share this information with? **[PRECODED OPEN-END]** **[ACCEPT UP TO THREE RESPONSES]** {new}

- 1 Respondent's spouse/partner
- 2 Respondent's parent
- 3 Respondent's brother/sister/sibling
- 4 Respondent's child
- 5 Other Family member/Family relationship
- 6 Health or medical professional (includes doctor, nurse, therapist, physician's assistant)
- 7 Member of Group: Church, community association, volunteer group
- 8 Friend
- 9 Personal trainer or health coach
- 10 Other **(SPECIFY)**
- 98 **(DO NOT READ)** Don't know
- 99 **(DO NOT READ)** Refused

ASK IF TRACK HEALTH FOR SELF OR OTHERS (Q24=1 OR Q25=1 OR CARE10=1)

Q30 In which of the following ways, if any, has tracking this health indicator affected your own health care routine or the way you care for someone else? (First,) has it...
[INSERT ITEM; RANDOMIZE]? *{modified Q41H from Aug 2006}*

- a. Affected a decision about how to treat an illness or condition
- b. Changed your overall approach to maintaining your health or the health of someone you help take care of
- c. Led you to ask a doctor new questions, or to get a second opinion from another doctor

CATEGORIES

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

END TIMING MODULE 10**START TIMING MODULE 11**

[READ TO ALL:] A few last questions for statistical purposes only...

ASK ALL:

AGE What is your age?

- _____ years **[RECORD EXACT AGE 18-96]**
- 97 97 or older
- 98 Don't know
- 99 Refused

ASK ALL:

MAR Are you currently married, living with a partner, divorced, separated, widowed, or have you never been married?

- 1 Married
- 2 Living with a partner
- 3 Divorced
- 4 Separated
- 5 Widowed
- 6 Never been married
- 7 **(VOL.)** Single
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

PAR Are you the parent or guardian of any children under age 18 now living in your household?

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

HH1 How many adults currently live in your household, INCLUDING YOURSELF? **[IF NECESSARY: That is, how many people age 18 and over, INCLUDING YOURSELF?]**

- ____ **[RECORD EXACT NUMBER 1-5]**
- 6 6 or greater
 - 8 **(DO NOT READ)** Don't know
 - 9 **(DO NOT READ)** Refused

ASK ALL:

EDUC2 What is the highest level of school you have completed or the highest degree you have received? **[DO NOT READ] [INTERVIEWER NOTE: Enter code 3-HS grad if R completed training that did NOT count toward a degree] {new} {People-Press}**

- 1 Less than high school (Grades 1-8 or no formal schooling)
- 2 High school incomplete (Grades 9-11 or Grade 12 with NO diploma)
- 3 High school graduate (Grade 12 with diploma or GED certificate)
- 4 Some college, no degree (includes community college)
- 5 Two year associate degree from a college or university
- 6 Four year college or university degree/Bachelor's degree (e.g., BS, BA, AB)
- 7 Some postgraduate or professional schooling, no postgraduate degree
- 8 Postgraduate or professional degree, including master's, doctorate, medical or law degree (e.g., MA, MS, PhD, MD, JD)
- 98 Don't know
- 99 Refused

[MAKE FULL NOTE AVAILABLE FOR INTERVIEWERS: Enter code 3-HS graduate" if R completed vocational, business, technical, or training courses after high school that did NOT count toward an associate degree from a college, community college or university (e.g., training for a certificate or an apprenticeship)]

ASK ALL:

EMPLNW Are you now employed full-time, part-time, retired, or are you not employed for pay?
{PIAL trend}

- 1 Employed full-time
- 2 Employed part-time
- 3 Retired
- 4 Not employed for pay
- 5 **(VOL.)** Have own business/self-employed
- 6 **(VOL.)** Disabled
- 7 **(VOL.)** Student
- 8 **(VOL.)** Other
- 9 **(DO NOT READ)** Refused

ASK ALL:

INS1 Now I would like to ask you about any health insurance you CURRENTLY have that helps pay for the cost of health care. I'm going to read a list of a few types of health insurance, and I'd like you to tell me which of these you have, if any. (First,) are you now PERSONALLY covered by **[INSERT ITEMS IN ORDER]**? *{Sept 2010}*

[IF RESPONDENT NOT SURE WHICH INSURANCE IS INCLUDED: Please think about insurance plans that cover the costs of doctor and hospital bills IN GENERAL, and NOT those that cover ONLY dental or eye care or the costs of caring for specific diseases.]

[IF RESPONDENTS TRY TO TELL TYPE THEY HAVE INSTEAD OF GOING THROUGH THE LIST: I'm sorry but I have to ask about each type of insurance for the survey. Just tell me 'no' if you don't have this type.]

- a. Private health insurance offered through an employer or union? **[IF ANSWERS "NO":** This could be insurance through a current job, a former job, your job or someone else's job.]
- b. A private health insurance plan that you bought yourself
- c. Medicaid, **[IF STATE CALIFORNIA: Medi-Cal]**, or some other type of state medical assistance for low-income people
- d. Medicare, the government program that pays health care bills for people over age 65 and for some disabled people

ASK ITEM e IF NO TO OTHERS (INS1a=2,8,9 AND INS1b=2,8,9 AND INS1c=2,8,9 AND INS1d=2,8,9)

- e. Health insurance through ANY other source, including military or veteran's coverage

CATEGORIES

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF AGE 65+ AND NOT COVERED BY MEDICARE (AGE=65-97 AND INS1d=2,8,9)

INS2 Medicare is health insurance coverage most people receive when they turn 65 and are eligible for Social Security. This includes different kinds of health plans offered THROUGH the Medicare program — like the plans called H-M-Os. Are you now covered by Medicare or by ANY Medicare plan? *{Sept 2010}*

- 1 Yes, covered
- 2 No, not covered
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF NOT COVERED BY ANY INSURANCE OR UNDESIGNATED (AGE=18-64,98,99) AND (INS1a=2,8,9 AND INS1b=2,8,9 AND INS1c=2,8,9 AND INS1d=2,8,9 AND INS1e=2,8,9)

OR

(AGE=65-97 AND INS1a=2,8,9 AND INS1b=2,8,9 AND INS1c=2,8,9 AND INS1d=2,8,9 AND INS1e=2,8,9 AND INS2=2,8,9)

INS3 Does this mean you personally have NO health insurance now that would cover your doctor or hospital bills? *{Sept 2010}*

- 1 I do NOT have health insurance
- 2 I HAVE some kind of health insurance
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

HISP Are you, yourself, of Hispanic or Latino origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

RACE What is your race? Are you white, black, Asian, or some other race?

IF R SAYS HISPANIC OR LATINO, PROBE: Do you consider yourself a WHITE (Hispanic/Latino) or a BLACK (Hispanic/Latino)? **IF R DOES NOT SAY WHITE, BLACK OR ONE OF THE RACE CATEGORIES LISTED, RECORD AS "OTHER" (CODE 6)**

- 1 White
- 2 Black or African-American
- 3 Asian or Pacific Islander
- 4 Mixed race
- 5 Native American/American Indian
- 6 Other **(SPECIFY)**
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF HISPANIC (HISP=1):

BIRTH_HISP Were you born in the United States, on the island of Puerto Rico, or in another country?

- 1 U.S.
- 2 Puerto Rico
- 3 Another country
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

INC Last year -- that is in 2011 -- what was your total family income from all sources, before taxes? Just stop me when I get to the right category... **[READ 1-9]**

- 1 Less than \$10,000
- 2 \$10,000 to under \$20,000
- 3 \$20,000 to under \$30,000
- 4 \$30,000 to under \$40,000
- 5 \$40,000 to under \$50,000
- 6 \$50,000 to under \$75,000
- 7 \$75,000 to under \$100,000
- 8 \$100,000 to under \$150,000 (OR)
- 9 \$150,000 or more
- 98 **(DO NOT READ)** Don't know
- 99 **(DO NOT READ)** Refused

END TIMING MODULE 11

START TIMING MODULE 12

[READ TO ALL:] Now thinking about your telephone use...

IF LANDLINE SAMPLE AND NO CELL PHONE (QL1=2,8,9):

QL1a Does anyone in your household have a working cell phone? *{PIAL trend; QL1HH}*

- 1 Yes
- 2 No
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF DUAL REACHED ON LANDLINE PHONE [SAMPLE=1 AND (QL1=1 OR QL1a=1)]:

QL2HH Of all the telephone calls that you and other people in your household receive, are **[READ AND ROTATE OPTIONS 1 AND 3—KEEP 2 ALWAYS IN THE MIDDLE]**?

- 1 All or almost all calls on a cell phone
- 2 Some on a cell phone and some on a regular home phone
- 3 All or almost all calls on a regular home phone
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL CELL PHONE SAMPLE (SAMPLE=2):

QC1 Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

- 1 Yes, home telephone
- 2 No, no home telephone
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK IF DUAL REACHED ON CELL PHONE (QC1=1):

QC2HH Of all the telephone calls that you and other people in your household receive, are **[READ AND ROTATE OPTIONS 1 AND 3—KEEP 2 ALWAYS IN THE MIDDLE]**?

- 1 All or almost all calls on a cell phone
- 2 Some on a cell phone and some on a regular home phone
- 3 All or almost all calls on a regular home phone
- 8 **(DO NOT READ)** Don't know
- 9 **(DO NOT READ)** Refused

ASK ALL:

RZIPCODE What is your zip code?

_____ **[ENTER 5-DIGIT ZIPCODE – VERIFY] [PROGRAMMER: HIGHLIGHT THE WORD “VERIFY”]**

99999 Don't know/Refused

ASK CELL PHONE SAMPLE ONLY:

MONEY5 That's the end of the interview. If you would like to be reimbursed for your cell phone minutes, we can send you \$5. I will need your full name and a mailing address where we can send you the money.

[INTERVIEWER NOTE: If R does not want to give full name, explain we only need it to send the \$5 out to them personally.]

1 **[ENTER FULL NAME] – INTERVIEWER: PLEASE VERIFY SPELLING**

2 **[ENTER MAILING ADDRESS]**

3 **[CITY] – INTERVIEWER: PLEASE VERIFY SPELLING**

4 **[STATE]**

5 **[CONFIRM ZIP CODE]**

9 Respondent does not want the money (**VOL.**)

END TIMING MODULE 12

THANK RESPONDENT: That concludes our interview. The results of this survey are going to be used by a non-profit research organization called the Pew Research Center's Internet & American Life Project, which is looking at the impact of the internet on people's lives. A report on this survey will be issued by the project in a few months and you can find the results at its web site, which is www.pewinternet.org [w-w-w dot pew internet dot org]. Thanks again for your time. Have a nice (day/evening).