Health Insurance Education Initiative
Individuals and families workshop evaluation

Please check one box for each statement below while thinking about the degree to which you disagree or agree with each statement.

<table>
<thead>
<tr>
<th>Because of this program</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>I prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The decisions I make about health insurance will be affected.</td>
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<td>2. I have the information I need to make an informed decision for myself and/or my family.</td>
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<td>3. I know where to go to get help with enrolling in health insurance, if I need to.</td>
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<td>4. I am confident in my ability to select the best health insurance plan for me.</td>
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<td>5. I would recommend this program to others.</td>
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<td>6. Overall, this program was worth my time.</td>
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Please check one box for each statement below while thinking about your opinion both before and after the program you attended today (answer both “a” and “b”).

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>I prefer not to answer</th>
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<tbody>
<tr>
<td>7. My understanding of my (or my family’s) health insurance options...</td>
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<tr>
<td>a. Before the program</td>
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<td>b. After the program</td>
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<td>8. My understanding of how the new health care law affects me (or my family)...</td>
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<tr>
<td>a. Before the program</td>
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<td>b. After the program</td>
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<td>9. My ability to compare health insurance plans...</td>
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<tr>
<td>a. Before the program</td>
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<td>c. After the program</td>
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10. As a result of what you learned in this program, what actions do you plan to take? (Check all that apply)

- [ ] No action, I will continue with current insurance plan
- [ ] I will review my current insurance
- [ ] I will make changes to my insurance plan through work
- [ ] I will share this information with family members or others
- [ ] I will enroll in another type of insurance (such as Medicare, Medicaid, TriCare, etc.)
- [ ] I will enroll in insurance through the Health Insurance Marketplace
- [ ] I will use my insurance (go to the doctor, fill prescriptions, etc.)
- [ ] Other: ______________________
- [ ] I don’t know

Continue on next page
Demographic questions

12. Are you employed?
- Yes, full-time
- Yes, part-time
- Yes, and I want to retire but need to keep my work’s health insurance
- No, I am unemployed
- No, I am retired
- I prefer not to answer

13. Do you have health insurance?
- I do have health insurance, and it does meet my needs
- I do have health insurance, and it does not meet my needs
- I do not have health insurance
- I prefer not to answer

14. If so, where is your health insurance from?
- I have health insurance through my employer or my partner’s employer
- I buy insurance from the Marketplace
- I buy insurance directly from an insurance company (not through the Marketplace or an employer)
- I have a form of government-sponsored health insurance such as Medicare, Medicaid, TRICARE, or VA benefits
- I have some other type of health insurance (not mentioned above, not from employer)
- I prefer not to answer

15. Age:
- Under 18
- 18-34
- 35-64
- 65+
- I prefer not to answer

16. Please select your family size (include all those in your household).
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more
- I prefer not to answer

17. About what is your total household income from all sources?
- Less than $10,000
- $10,000 to $14,999
- $15,000 to $24,999
- $25,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 or more
- I prefer not to answer

18. Are you Hispanic/Latino?
- Yes
- No

19. What race do you identify with? (select one)
- American Indian or Alaskan Native
- Asian
- Black
- Native Hawaiian or Pacific Islander
- Two or more races
- White
- Some other race
- I prefer not to disclose

Thank you!