# **Health Reform Monitoring Survey**

www.urban.org/hrms

# Quarter 3 2013 Questionnaire

NOTE: The format of the questions in this document do not necessarily reflect the format used in the web-based survey.

The next questions focus on your health and health care experiences. Q1. In general, would you say your health is: Excellent Very good 2 Good 3 4 Fair 5 Poor Q2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Number of days Q3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Number of days Q4. Is there a place that you usually go to when you are sick or need advice about your health?

1

2

I have one place I usually go

I have more than one place I usually go

I do NOT have a place I usually go

Q5. About how long has it been since you last visited a doctor or other health care provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Within the past year 1
One or more years ago 2
Never 3

Q6. In answering the following questions, please think about your experiences obtain health care during the past 12 months, that is, since July 2012:

	Yes	No	Did not
			need care
Did you have trouble finding a doctor or other health care	1	2	3
provider who would see you?			
Were you told by a doctor's office or clinic that they would not	1	2	3
accept you as a new patient?			
Were you told by a doctor's office or clinic that they do not	1	2	3
accept your health care coverage?			
Did you have trouble getting an appointment at a doctor's office	1	2	3
or clinic as soon as you thought you needed?			

Q7. The next question asks about your health insurance or health coverage plans. In answering this question, please exclude plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.

Are you currently covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not Sure
Insurance through a current or former employer or union (of yours or another family member)	1	2	3
Insurance purchased directly from an insurance company (by you or another family member)	1	2	3
Medicare, for people 65 and older, or people with certain disabilities	1	2	3
Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government- sponsored assistance plan based on income or a disability. You may know this type of coverage as [IF RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT PROGRAM NAME FROM STATE_PROGRAM_NAME_FILL SHEET BASED ON PPSTATEN]	1	2	3
TRICARE or other military health care, including VA health care (including those who have ever used or enrolled in VA health care)	1	2	3
Indian Health Service	1	2	3
Any other type of health insurance coverage or health coverage plan	1	2	3

Q8. Does this mean you currently have no health insurance or health coverage plan? In answering this question, please EXCLUDE plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.

I do NOT have health insurance 1
I HAVE some kind of health insurance 2

[IF Q7G = 1 or Q8=2] Q8b. What type of health insurance do you have?

[TEXT BOX]

## ["COVERED" SELECTED FOR ANY ITEM IN Q7 OR Q8=2]

Q9. The next question asks you to rate your satisfaction with your current health insurance coverage on several different factors. Would you say you are very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied, or very dissatisfied with your current health insurance coverage in terms of:

	Very	Somewhat	Neither	Somewhat	Very
	Satisfied	Satisfied	Satisfied or	Dissatisfied	Dissatisfied
			Dissatisfied		
The range of health care services	1	2	3	4	5
available?					
Your choice of doctors and other	1	2	3	4	5
providers?					
Your ability to get specialist care?	1	2	3	4	5
The premium that you pay for the	1	2	3	4	5
coverage?					
The co-pays or co-insurance that you pay	1	2	3	4	5
when you get care?					
The protection that your coverage	1	2	3	4	5
provides against high medical bills?					
The quality of the care that is available?	1	2	3	4	5

Q10. Thinking about your health insurance coverage over the past 12 months, how many months were you insured? Your best estimate is fine.

Insured all 12 months	1
Insured 6 to 11 months	2
Insured 1 to 5 months	3
Did not have health insurance at all over the past 12 months	4

# [IF Q7a=2, 3 OR REFUSED]

Q11. Earlier you reported that you do not currently have health insurance coverage through an employer (either yours or a family member's). If you wanted to, could you be covered by health insurance through your job or through a family member's job? That is, does your employer or a family member's employer offer health insurance that could cover you?

Employer (either yours or family member's) offers health insurance 1 Employer (either yours or family member's) does NOT offer health insurance 2 Q12. During the past 12 months, was there any time when you needed any of the following but didn't get it because you couldn't afford it?

	Yes	No
Prescription drugs	1	2
Medical care	1	2
To see a general doctor	1	2
To see a specialist	1	2
To get medical tests, treatment, or follow-up care	1	2
Dental care	1	2
Mental health care or counseling	1	2

Q13. In the past 12 months did you or anyone in your family have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care. For this study, we're interested in your immediate family, which includes you, your spouse (if applicable), and any children or stepchildren under 19 who are living with you.

Yes 1 No 2

Q14a. To better understand the affordability of health care, we're interested in your family's income, which would include your income plus the income of your spouse (if applicable) and any children or stepchildren under 19 who are living with you.

Your family size (including you) is...

One person 1 2 Two people 3 Three people 4 Four people 5 Five people 6 Six people Seven people 7 8 Eight people Nine people 9 Ten or more people 10

#### [IF Q14A=1-10]

[DISPLAY RESPONSE ITEMS BASED ON TABLE BELOW]

Q14b. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

Response item 1 Response item 2 Response item 3 Response item 4

Q14a answer	Response item 1	Response item 2 Above	Response item 3 At or	Response item 4
	At or below 138%	138% and less than	above 250% and less	400% or more
		250%	than 400%	
One person	At or below	Above \$15,900 and less	At or above \$28,800 and	At or above
	\$15,900	than \$28,800	less than \$46,000	\$46,000
Two people	At or below	Above \$21,500 and less	At or above \$38,800 and	At or above
	\$21,500	than \$38,800	less than \$62,100	\$62,100
Three people	At or below	Above \$27,000 and less	At or above \$48,900 and	At or above
	\$27,000	than \$48,900	less than \$78,200	\$78,200
Four people	At or below	Above \$32,500 and less	At or above \$58,900 and	At or above
	\$32,500	than \$58,900	less than \$94,200	\$94,200
Five people	At or below	Above \$38,100 and less	At or above \$69,000 and	At or above
	\$38,100	than \$69,000	less than \$110,300	\$110,300
Six people	At or below	Above \$43,600 and less	At or above \$79,000 and	At or above
	\$43,600	than \$79,000	less than \$126,400	\$126,400
Seven people	At or below	Above \$49,200 and less	At or above \$89,100 and	At or above
	\$49,200	than \$89,100	less than \$142,500	\$142,500
Eight people	At or below	Above \$54,700 and less	At or above \$99,100 and	At or above
	\$54,700	than \$99,100	less than \$158,600	\$158,600
Nine people	At or below	Above \$60,300 and less	At or above \$109,200	At or above
	\$60,300	than \$109,200	and less than \$174,600	\$174,600
Ten or more	At or below	Above \$65,800 and less	At or above \$119,200	At or above
people	\$65,800	than \$119,200	and less than \$190,700	\$190,700

[PROMPT IF MORE THAN ONE RESPONSE ITEM SELECTED; PLEASE SAY "TYPE IN THE AMOUNT IN THE BOX BELOW" INSTEAD OF "TYPE IN THE NUMBER..." ]
[IF Q7A-G=1 OR Q8=2]

Q15a. A deductible is the amount you have to pay before your health insurance or health coverage plan will start paying your medical bills. What is the annual deductible per person under your health insurance or health coverage plan? Your best estimate is fine.

\$ \_\_\_\_\_\_ for the year I do not have a deductible
Not sure of amount

[Q15A = "NOT SURE OF AMOUNT" OR REFUSED] Q15b. Would you say your deductible is:

Less than \$500	1
\$500 to \$999	2
\$1,000 to \$1,499	3
\$1,500 to \$1,999	4
\$2,000 to \$2,499	5
\$2,500 to \$2,999	6
\$3,000 to \$3,999	7
\$4,000 or more	8

# [PROMPT IF MORE THAN ONE RESPONSE ITEM SELECTED]

Q16a. In the past 12 months, about how much have you and your family spent out-of-pocket for health care costs that was were not covered by your health insurance or health coverage plan or any other special assistance you may have? Your best estimate is fine.

This would not include any premiums you pay for your health insurance or any health care costs that you will be reimbursed for.

\$ \_\_\_\_ No out-of-pocket costs Not sure of amount

[Q16a = "Not sure of amount" or refused]

Q16b. Would you say your out-of-pocket health care costs were:

Less than \$500	1
\$500 to \$999	2
\$1,000 to \$1,499	3
\$1,500 to \$1,999	4
\$2,000 to \$2,999	5
\$3,000 to \$3,999	6
\$4,000 to \$4,999	7
\$5,000 to \$5,999	8
\$6,000 to \$6,999	9
\$7,000 to \$7,999	10
\$8,000 to \$8,999	11
\$9,000 to \$9,999	12
\$10,000 or more	13

Q16c. Still thinking about the past 12 months, did any of your family members go without health insurance coverage at any time since July 2012?

Yes, someone in my family has been uninsured No, no one in my family has been uninsured

Q17. Are you currently working for pay or self-employed?

Yes, working for pay	1
Yes, self-employed	2
No, not working	3

- TQ13 The next questions ask about the new health care law, known as the Affordable Care Act or "Obamacare." In general, is your opinion of the new health care law:
  - 1. Very favorable
  - 2. Somewhat favorable
  - 3. Neither favorable or unfavorable
  - 4. Somewhat unfavorable
  - 5. Very unfavorable
- As you may know, the health care law creates health insurance exchanges or marketplaces where people can shop for insurance and compare prices and benefits. How much, if anything, have you heard about this new health insurance marketplace[, [also known as [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT INSERT PROGRAM NAME FROM STATE\_PROGRAM\_NAME\_FILL SHEET BASED ON PPSTATEN], in your state? Have you heard:
  - 1. A lot
  - 2. Some
  - 3. Only a little
  - 4. Nothing at all
- TQ15 Under the health care law, states can choose to expand the Medicaid program to cover more adults starting in 2014. How much, if anything, have you heard about this Medicaid expansion? Have you heard:
  - 1. A lot
  - 2. Some
  - 3. Only a little
  - 4. Nothing at all
- TQ16 As far as you know, has your state decided to expand Medicaid in 2014?
  - 1. No, my state is not going to expand Medicaid
  - 2. Yes, my state is going to expand Medicaid
  - 3. My state has not made a final decision about whether to expand Medicaid
  - 4. I am not sure

TQ17	The health care law requires nearly all Americans to have health insurance by 2014 or else pay a
	fine. This is sometimes referred to as the "individual mandate". How much, if anything, have you
	heard about this requirement? Have you heard:

- 1. A lot
- 2. Some
- 3. Only a little
- 4. Nothing at all

TQ18 How much do you think the fine will be for not having health insurance coverage in 2014?

- 1. Under \$100
- 2. \$100 to \$500
- 3. \$501 to \$1,000
- 4. \$1,001 to \$5,000
- 5. Over \$5,000
- 6. I am not sure

TQ19 This is a list of some of the different parts of the health care law. How much, if anything, have you heard about these parts of the law?

	A lot (1)	Some (2)	Only a little (3)	Nothing at all (4)
Insurance companies can't refuse to cover customers because of a pre-existing medical condition, such as diabetes or cancer				
Insurance companies can't charge women higher insurance premiums than men				
Insurance companies have to spend at least 80% of insurance premiums on health care services or give money back to their customers				
Some lower-income Americans will be able to get subsidies for premiums and out-of-pocket health care costs in the new health insurance marketplaces				
Children can stay on a parent's health insurance plan until age 26				
Insurance companies can't impose lifetime or annual dollar limits on coverage of essential health benefits				
Many insurance companies are required to provide free preventive care to their customers				

[AT LEAST ONE ITEM IN GRID FOR Q7A - Q7G = 1("COVERED") OR Q8=2]

TQ20 Do you think your health insurance coverage will change in 2014?

- 1. Yes
- 2. No

[NO ITEMS IN GRID FOR Q7A - Q7G = 1("COVERED") AND Q8=1]

TQ21 Do you think you will be eligible for Medicaid coverage in 2014?

- 1. Yes
- 2. No

[ $\underline{NO}$  ITEMS IN GRID FOR Q7A – Q7G = 1("COVERED") AND Q8=1]

TQ22 Do you think you will be eligible for subsidized coverage in the new health insurance exchange or marketplace?

- 1. Yes
- 2. No

[NO ITEMS IN GRID FOR Q7A – Q7G = 1("covered") AND Q8=1]

TQ23 Do you think you will have health insurance coverage in 2014?

- 1. Yes
- 2. No

[IF TQ20 = 1(YES) OR TQ23 = 1(YES)]

TQ24 What type of health insurance coverage do you think you will have in 2014?

- 1. Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage
- 2. Insurance purchased directly from an insurance company (by you or another family member), including coverage from the new health insurance marketplace
- 3. Medicaid or Medical Assistance (MA). [IF STATE-SPECIFIC NAME FOR PROGRAM IS NOT BLANK, INSERT TEXT: You may know this type of coverage as [INSERT STATE-SPECIFIC NAME PROGRAM NAME FROM STATE PROGRAM NAME FILL SHEET BASED ON PPSTATEN]
- 4. Medicare, for people 65 and older, or people with certain disabilities
- 5. Any other type of health insurance coverage or health coverage plan
- 6. None. I expect to be uninsured

[(IF TQ20= 1(YES) AND TQ24=6) OR TQ23 = 2(NO) OR (TQ23= 1(YES) AND TQ24=6)]

TQ25 Do you think you will have to pay a fine for not having health insurance coverage in 2014?

- 1. Yes
- 2. No

TQ26. Compared to today, do you think you will be better off, worse off or about the same next year in terms of:

	Better off next year (1)	About the same next year (2)	Worse off next year (3)
The quality of health care available to you			
Your choice of doctors and other health care providers			
Your ability to get health care in a timely way			
Your options for getting health insurance coverage			
The protections you have against high medical bills			
The premium you pay for insurance coverage			
Your out-of-pocket costs when you see a doctor or other health care provider			

TQ27 Some of the changes under the health care law began in 2010. Have you or your family been affected by any of the following changes related to the health care law?

	Yes	No (2)	Don't
	(1)	(2)	Know (3)
Received a check-up or preventive services without a co-pay or co-insurance			
Received birth control prescriptions without a co-pay or co-insurance			
Stayed on a parent's health insurance plan until age 26 or had a child stay on a parent's health insurance plan until age 26			
Had a child receive coverage because insurance companies cannot refuse to cover children with pre-existing medical conditions, such as diabetes or cancer			
Received money back from an insurance company because they did not spend at least 80% of insurance premiums on health care services			
Benefited from the provision that prevents insurance companies from setting a lifetime or annual dollar limit on coverage			
Received an easy-to-understand summary of your health plan's benefits and coverage rules			

QS1. The next questions focus on health and health care for children. How many children under the age of 18 lived in your household at least half of the time for most of the last 12 months, that is, since July 2012? Number of children No children live in the household [IF QS1=0 OR "NO CHILDREN LIVE IN THIS HOUSEHOLD" IS SELECTED OR QS1=REFUSED THAN QFLAG=2 AND TERMINATE] [IF QS1>1] QS1a. For the following questions in the survey, please think of the child in your household who has had the most recent birthday. The next questions ask about the health and health care of that child. QS2. What is your relationship to that child? Parent (biological, adoptive, step, foster) 1 Legal guardian 2 Temporary guardian or caretaker 3 Grandparent 4 Aunt/Uncle 5 Brother/Sister 6 Other (Please specify) [TEXT BOX] 7 [IF QS2=3,4,5,6 OR 7] QS2b. Can you answer questions about this child's health and health care? Yes 1 2 No [IF QS2B=2 OR REFUSED THEN QFLAG=2 AND TERMINATE] QS3. What is his/her gender? Male 1 Female 2 [IF QS3=REFUSED THEN QFLAG=2 AND TERMINATE] QS4. What is [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] age? Age in years Child is less than 1 year old

QS5. In asking questions about the child, we can refer [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"] as "the child", the "[AGE] year old child", or we can use a first name or initial. Which would you prefer?

[IF QS4=REFUSED THEN QFLAG=2 AND TERMINATE]

Use "the child"

[IF QS4>1 OR "CHILD IS LESS THAN 1 YEAR OLD" SELECTED] Use the age of the child

2

Use the child's name or initials

3

The next questions focus on [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= "NAME/INITIAL]'s health and health care experiences.

QS6. In general, would you say [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]'s health is:

Excellent 1
Very good 2
Good 3
Fair 4
Poor 5

QS7. In general, would you say [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]'s mental health is:

Excellent 1
Very good 2
Good 3
Fair 4
Poor 5

QS8. Because of any medical, behavioral or other health condition that has lasted or is expected to last for at least 12 months does [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]...

	Yes	No
currently need or use medicine prescribed by a doctor, other than vitamins?	1	2
need or use more medical care, mental health care, or educational services than is usual for most children of the same age?	1	2
have limitations or is prevented in any way in [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] ability to do the things most children of the same age can do?	1	2
have any kind of emotional, developmental, or behavioral problem for which [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] needs or gets treatment or counseling?	1	2

<sup>\*</sup>Enter Name/Initials that you would like use to use [TEXT BOX]

QS9. Is there a place that [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] usually goes to when [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] is sick or needs advice about [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] health?

There is one place [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] usually goes

There is more than one place
[IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] usually goes

There is NO place [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] usually goes

3

QS10. During the past 12 months, that is, since June 2012, has [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] received a well-child check-up, that is, a general check-up, when [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] was not sick or injured?

Yes 1 No 2 QS11. During the past 12 months, did a doctor or other healthcare provider talk with you about the following topics related to [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]:

	Yes	No
How to keep [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"]from	1	2
getting injured (like using car seats or bike helmets)?		
How much or what kinds of food [IF QS3=1 INSERT "he" IF QS3=2	1	2
INSERT "she"] eats?		
How much and/or what kind of exercise [IF QS3=1 INSERT "he" IF QS3=2	1	2
INSERT "she"] gets?		
How smoking in the house can be bad for [IF QS3=1 INSERT "his" IF	1	2
QS3=2 INSERT "her"] health?		
How [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] behaves and gets	1	2
along with you and others?		

QS12. During the past 12 months, did [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] go to a dentist or dental hygienist for preventive dental care, such as a check-up or dental cleaning?

Yes 1 No 2

QS13. During the past 12 months, how many times did [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] go to the emergency room about [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] health? This includes emergency room visits that resulted in a hospital admission.

None 1 Once 2 Two or more times 3

# QS14. During the past 12 months, was it difficult:

	Yes	No	Never tried to see provider
To find a dentist who would see [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"]?	1	2	3
To find a specialist who would see [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"]?	1	2	3
To find a general doctor or provider who would see [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"]?	1	2	3

QS15. The next question asks about [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]'s health insurance or health coverage plans. In answering this question, please exclude plans that pay for only one type of service

(such as nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized or discounts on medical care.

Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] currently covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not sure
Insurance through a current or former employer or	1	2	3
union (of yours or another family member's)			
Insurance purchased directly from an insurance	1	2	3
company (by you or another family member)			
Medicare, for people 65 and older, or people with	1	2	3
certain disabilities			
Medicaid, Medical Assistance (MA), Children's Health	1	2	3
Insurance Program (CHIP), or any kind of state or			
government-sponsored assistance plan based on			
income or disability. You may know this as [INSERT			
PROGRAM NAME FROM "STATE_PROGRAM_NAME_FILL" SHEET			
BASED ON PPSTATEN].			
TRICARE or other military health care, including VA	1	2	3
Indian Health Service	1	2	3
Any other type of health insurance coverage or health	1	2	3
coverage plan			

#### ["COVERED" NOT SELECTED FOR ALL ITEMS IN QS15]

QS16. Does this mean [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] currently has NO health insurance or health coverage plan?

In answering this question, please exclude plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized or discounts on medical care.

[IF QS3=1 INSERT "He" IF QS3=2 INSERT "She"] does NOT have health insurance 1 [IF QS3=1 INSERT "He" IF QS3=2 INSERT "She"] HAS some kind of health insurance 2

#### [IF QS15G = COVERED or QS16=2]

QS17. What type of health insurance does [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] have?

[TEXT BOX]

#### ["COVERED" SELECTED FOR ANY ITEM IN QS15 OR QS16=2]

QS18. The next question asks you to rate your satisfaction with [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]'s current health insurance coverage on several different factors. Would you say you are very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied, or very dissatisfied with [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] current health insurance coverage in terms of:

	Very	Somewhat	Neither	Somewhat	Very
	Satisfied	Satisfied	Satisfied or Dissatisfied	Dissatisfied	Dissatisfied
The range of health care services available?	1	2	3	4	5
The number of services that are covered (such as the number of doctor visits, prescriptions, or days in the hospital)?	1	2	3	4	5
The choice of doctors and other providers?	1	2	3	4	5
The premium that you pay for [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] coverage?	1	2	3	4	5
The co-payments or co-insurance that you pay when [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] gets care?	1	2	3	4	5

QS19. Thinking about [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]'s health insurance coverage over the past 12 months, how many months was [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] insured? Your best estimate is fine.

Insured all 12 months	1
Insured 6 to 11 months	2
Insured 1 to 5 months	3
Did not have health insurance at all over the past 12 months	4

#### [IF QS15D=NOT EQUAL TO 1 OR QS19=4]

QS20. Has [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] ever been enrolled in Medicaid or CHIP? [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT "You may know this type of coverage as [INSERT PROGRAM NAME FROM "STATE\_PROGRAM\_NAME\_FILL" SHEET BASED ON PPSTATEN]"].

Yes 1 No 2 Don't know 77

# [IF QS20=1]

Q20a. When was the last time that [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] was enrolled in Medicaid or CHIP?

In the last 6 months 1
More than 6 months, but less than a year ago 2
A year or more ago 3

#### [IF QS20=1]

QS20b. What is the main reason that [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"]enrollment in Medicaid or CHIP ended?

Cost too much	1	
Forgot to pay the premium	2	
Moving between states or regions	3	
Insurance terminated by insurer/rule violation	4	
Child became too old to be eligible	5	
Financial situation change/no longer qualified for Medicaid or CHIP	6	
Child obtained other insurance	7	
Did not reapply when coverage ended	8	
Issues with paperwork	9	
Did not like the doctors/medical staff/clinics/quality of care where child rece	ived services	10
Services provided not conveniently located or not available when needed		11
Could not find doctors who would accept Medicaid	12	
Child does not need insurance/doesn't get sick	13	
Other [TEXT BOX]	14	
Don't know	77	

[IF QS15D = 2,3 OR REFUSED TO 1 OR QS19=4]

QS21. Based on what you know about Medicaid and CHIP, do you think [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] is eligible now?

Yes 1 No 2 Don't know 77

[IF QS15D = 2,3 OR REFUSED TO 1 OR QS19=4]

QS22. If you were told that [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] was eligible for Medicaid or CHIP, would you want to enroll [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"]?

Yes 1 No 2 Don't know 77

[IF QS22=1]

QS23. If you wanted to enroll [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"] in Medicaid or CHIP, do you know how to do that?

Yes 1 No 2 Don't know 77

[IF QS15A = 2 OR 3 OR REFUSED OR QS19=4]

QS24a. Earlier you reported that [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] does not currently have health insurance coverage through an employer (either yours or a family member's). If you wanted to, could [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] be covered by health insurance through your job or a family member's job? That is, does your employer or a family member's employer offer health insurance that could cover [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"]?

Yes, employer (either yours or family member's) offers health insurance for dependents

No, employer (either yours or family member's) DOES NOT offer health insurance
for dependents

2

Not employed

3

[IF QS24A=1]

QS24b. Would the employer pay all, some, or none of the premium for this health insurance to cover [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]?

All 1
Some 2
None 3
Don't know 4

QS25. During the past 12 months, was there any time when [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] needed any of the following but didn't get it because it was not affordable?

	Yes	No
Prescription drugs	1	2
Medical care	1	2
To see a general doctor	1	2
To see a specialist	1	2
To get medical tests, treatment, or follow-up care	1	2
Dental care	1	2
Mental health care or counseling	1	2
Eyeglasses or vision care	1	2

QS26. How confident are you that [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] could get health care if [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] needed it? Are you very confident, somewhat confident, not very confident, or not confident at all?

Very confident	1
Somewhat confident	2
Not very confident	3
Not confident at all	4

QS27. In the past 12 months did you or anyone in your family have problems paying any of the child's medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

Yes 1 No 2

[PROMPT IF MORE THAN ONE RESPONSE ITEM SELECTED; PLEASE SAY "TYPE IN THE AMOUNT IN THE BOX BELOW" INSTEAD OF "TYPE IN THE NUMBER..." ]

QS28. In the past 12 months, about how much have you and your family spent out-of-pocket for health care costs for [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] that were not covered by health insurance or a health coverage plan? Your best estimate is fine.

This would not include any health insurance premiums or any health care costs that will be reimbursed.

\$\_\_\_\_\_ for the year No out-of-pocket costs Not sure of amount [IF QS28="NOT SURE OF AMOUNT" OR REFUSED]

QS28b. Would you say the out-of-pocket health care costs for the child were:

Less than \$50	1
\$50 - \$249	2
\$250 - \$499	3
\$500 to \$999	4
\$1,000 to \$1,999	5
\$2,000 to \$2,999	6
\$3,000 to \$4,999	7
\$5,000 to \$9,999	8
\$10,000 or more	9

QRACE1. This is about Hispanic ethnicity. Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] of Spanish, Hispanic, or Latino descent?

No, [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] is not	1
Yes, Mexican, Mexican-American, Chicano	2
Yes, Puerto Rican	3
Yes, Cuban	4
Yes, Central American	5
Yes, South American	6
Yes, Caribbean	7
Yes, Other Spanish/Hispanic/Latino	8

QRACE2. Please indicate what you consider [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]'s racial background to be. We greatly appreciate your effort to describe the child's background using the standard categories provided. These race categories may not fully describe the child, but they do match those used by the Census Bureau. It helps us compare our survey respondents to the U.S. population.

Please check one or more categories below to indicate what race(s) you consider [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] to be.

White	1
Black or African American	2
American Indian or Alaska Native	3
Asian/Pacific Islander	4

QS30. How many parents of [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] live in this house?

One 1 Two 2 None 3 [IF QS30=1 OR 3]

QS30b. Does [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] have a parent who lives outside this house?

Yes 1

No 2

[IF QS30B=1]

QS30c. Does this person claim [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"] as a dependent for tax purposes?

Yes 1

No 2

[IF QS30=1 AND (QS15A=1 OR QS15B=1]

QS30d. Is [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] health insurance coverage provided by someone living outside the household?

Yes 1

No 2

QS31. Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] a citizen of the United States?

Yes 1

No 2

QS32. Finally, this is a list of things that some people worry about. How much did you worry about these things in the last 12 months?

	Never	Some of the time	Very often
Obtaining the health care the child needs	1	2	3
Whether your food would run out before you got money to buy more	1	2	3
Problems the child was having in school	1	2	3
Whether the child is safe in your neighborhood	1	2	3

[INSERT STANDARD CLOSE]