

Health Reform Monitoring Survey

www.urban.org/hrms

Quarter 3 2015

Questionnaire

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

This survey focuses on your health and health care experiences. While you may have completed a similar survey a few months ago, your participation in this survey is important to help us get the latest information on how well the US health care system is working. Your responses to the survey will be kept confidential.

QA. Have you moved to a new residence in the past 12 months, that is, since September 2014?

Yes	1
No	2

[IF QA=1(YES)]

[TEXT BOX]

QB. What is your 5-digit zip code?

[IF QB=REFUSED OR INVALID ZIPCODE PROVIDED]

QC. What state do you live in?

1. Alabama
2. Alaska
3. Arizona
4. Arkansas
5. California
6. Colorado
7. Connecticut
8. Delaware
9. District of Columbia
10. Florida
11. Georgia
12. Hawaii
13. Idaho

14. Illinois
15. Indiana
16. Iowa
17. Kansas
18. Kentucky
19. Louisiana
20. Maine
21. Maryland
22. Massachusetts
23. Michigan
24. Minnesota
25. Mississippi
26. Missouri
27. Montana
28. Nebraska
29. Nevada
30. New Hampshire
31. New Jersey
32. New Mexico
33. New York
34. North Carolina
35. North Dakota
36. Ohio
37. Oklahoma
38. Oregon
39. Pennsylvania
40. Rhode Island
41. South Carolina
42. South Dakota
43. Tennessee
44. Texas
45. Utah
46. Vermont
47. Virginia
48. Washington
49. West Virginia
50. Wisconsin
51. Wyoming

Q1. In general, would you say your health is:

- | | |
|-----------|---|
| Excellent | 1 |
| Very good | 2 |
| Good | 3 |
| Fair | 4 |
| Poor | 5 |

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

Q3a. Do you have a physical or mental condition, impairment, or disability that affects your daily activities OR that requires you to use special equipment or devices, such as a wheelchair, TDD or communication device?

Yes 1
No 2

Q4. Is there a place that you usually go to when you are sick or need advice about your health?

I have one place I usually go 1
I have more than one place I usually go 2
I do NOT have a place I usually go 3

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 obtaining health care in the past 12 months, that is, since September 2014:

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

[IF Q6A=1]]

Q6F. Which of the following types of providers did you have trouble finding?

- A general doctor 1
- A specialist. A specialist is a medical doctor who focuses on a particular class of patients (such as women), specializes in a particular medical disease or problem (such as heart disease), or focuses on a particular technique (such as surgery). 2
- A hospital 3
- A dentist 4

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
a. Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage	1	2	3
b. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [or (INSERT PROGRAM NAME)]]	1	2	3
c. Medicare, for people 65 and older, or people with certain disabilities	1	2	3
d. 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 THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT PROGRAM NAME].	1	2	3
e. TRICARE or other military health care, including VA health care	1	2	3

f. Indian Health Service	1	2	3
g. Any other type of health insurance coverage or health coverage plan	1	2	3

[IF “COVERED” NOT SELECTED FOR ANY ITEMS IN Q7]

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]

[IF AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1(“COVERED”) OR Q8=2)]

Q8c. As you may know, new state and federal health insurance marketplaces can be used to shop for health insurance and compare prices and benefits. These marketplaces can also be used to enroll in Medicaid, Medical Assistance or the Children's Health Insurance Program (CHIP). You may know the marketplace as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [or (INSERT PROGRAM NAME)]]. You may have seen a website or materials with the following marketplace logo[s].

[INSERT HEALTHCARE.GOV LOGO AND RELEVANT STATE MARKETPLACE LOGO, IF ANY]

Is your current coverage a health insurance plan through the marketplace? You may have completed the enrollment process yourself or had someone else do it for you.

Yes, I am enrolled in a health insurance plan through the marketplace	1
No, I am not enrolled in a health insurance plan through the marketplace	2

[IF Q8C=1]

Q8e. Is your health insurance plan through the marketplace a private health insurance plan? If it is a private plan, it would be a plan in one the following categories: bronze; silver; gold; platinum; or catastrophic (this is only available for those under 30 years old or those with a “hardship exemption”).

Yes, it is a private plan	1
No, it is not a private plan	2
Don't know	3

[IF (Q7B=1 OR Q7C=1 OR Q7D=1 OR Q7G=1 OR Q8=2) AND Q7A NE 1 AND Q7E NE 1 AND Q8E NE 1]

Q8h. We know that it can sometimes be difficult to answer questions on type of health insurance coverage in surveys. It might help to see the program logo[s] for some coverage options in your state.

[INSERT MEDICAID, CHIP, OTHER PUBLIC PROGRAM LOGOS]

Is your current coverage a health insurance plan through one of these programs? You may have completed the enrollment process yourself or had someone else do it for you.

Yes, I am enrolled in a health insurance plan through one of those programs	1
No, I am not enrolled in a health insurance plan through one of those programs	2

[IF ((COVERED SELECTED FOR ONLY ONE ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G) AND Q7A NE 1 AND Q7E NE 1) OR (Q8=2)]
Q23A. What is the name of your health insurance plan? It would be helpful if you could write down the name as it appears on your health plan card.

[TEXT BOX]

[IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G) AND Q7A NE 1 AND Q7E NE 1]
Q23B. What is the name of the plan for your main source of health insurance coverage? It would be helpful if you could write down the name as it appears on your health plan card.

[TEXT BOX]

Q10. Thinking about your health insurance coverage over the past 12 months, how many months were you insured since September 2014? Your best estimate is fine.

I was insured all 12 months	1
I was insured 6 to 11 months	2
I was insured 1 to 5 months	3
I did not have health insurance at all over the past 12 months	4

[IF Q10=1]

Q10B. Have you had the same type of health insurance or health coverage plan for all of the past 12 months? That is, since September 2014?

Yes	1
No	2

[IF (AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1 (“COVERED”) OR Q8=2) AND (Q10 NE 1 OR Q10B=2)]

Q10C. Just prior to obtaining your current health insurance, what type of health insurance or health coverage plan did you have?

Insurance through a current or former employer or union (of yours or another family member’s). This would include COBRA coverage.	1
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Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [or (INSERT PROGRAM NAME)]]]. 2

Medicare, for people 65 and older, or people with certain disabilities 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. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this type of coverage as [INSERT PROGRAM NAME] 4

TRICARE or other military health care, including VA health care 5

Indian Health Service 6

Any other type of health insurance coverage or health coverage plan 7

None, I was uninsured 8

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

Q10F Which of these are reasons that you are currently uninsured?

I do not want health insurance 1

The cost of health insurance is too high / I cannot afford health insurance 2

I do not have the time to get health insurance 3

I do not know how to find information on available health insurance options 4

I am in the process of enrolling in a health insurance plan or waiting for my health insurance coverage to start 5

[IF “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 Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
The range of health care services available?	1	2	3	4	5
Your choice of doctors and other providers?	1	2	3	4	5
The premium that you pay for the coverage?	1	2	3	4	5
The share of the costs that you pay when you use doctors or other providers who are not in your	1	2	3	4	5

health plan's provider network?					
The protection that your coverage provides against high medical bills?	1	2	3	4	5

[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
Not employed	3

Q12. Thinking about your health care experiences over the past 12 months, that is, since September 2014 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-- A specialist is a doctor who focuses on a particular class of patients (such as children) or on a specific disease (such as heart disease) or on a particular technique (such as surgery)	1	2
To get medical tests, treatment, or follow-up care	1	2
Dental care	1	2
Mental health care or counseling	1	2
Treatment or counseling for alcohol or drug use	1	2
[IF FEMALE:] Contraceptive prescriptions	1	2
[IF FEMALE:] Other family planning services	1	2

Q13. For this question, think about your health care experiences over the past 12 months, that is, since September 2014. 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 would include you, your spouse (if applicable), and any children or stepchildren under 19 who are living with you.

Yes	1
No	2

Q13a. Do you or anyone in your family currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals, physicians, or other health care providers. The bills can be from earlier years as well as this year.

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

[IF Q14A=1-10]

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 At or below 138%	Response item 2 Above 138% and less than 250%	Response item 3 At or above 250% and less than 400%	Response item 4 400% or more
One person	At or below \$16,300	Above \$16,300 and less than \$29,500	At or above \$29,500 and less than \$47,100	At or above \$47,100
Two people	At or below \$22,000	Above \$22,000 and less than \$39,900	At or above \$39,900 and less than \$63,800	At or above \$63,800
Three people	At or below \$27,800	Above \$27,800 and less than \$50,300	At or above \$50,300 and less than \$80,400	At or above \$80,400
Four people	At or below \$33,500	Above \$33,500 and less than \$60,700	At or above \$60,700 and less than \$97,000	At or above \$97,000
Five people	At or below \$39,300	Above \$39,300 and less than \$71,100	At or above \$71,100 and less than \$113,700	At or above \$113,700

Six people	At or below \$45,000	Above \$45,000 and less than \$81,500	At or above \$81,500 and less than \$130,300	At or above \$130,300
Seven people	At or below \$50,700	Above \$50,700 and less than \$91,900	At or above \$91,900 and less than \$147,000	At or above \$147,000
Eight people	At or below \$56,500	Above \$56,500 and less than \$102,300	At or above \$102,300 and less than \$163,600	At or above \$163,600
Nine people	At or below \$62,200	Above \$62,200 and less than \$112,700	At or above \$112,700 and less than \$180,200	At or above \$180,200
Ten or more people	At or below \$68,000	Above \$68,000 and less than \$123,100	At or above \$123,100 and less than \$196,900	At or above \$196,900

[IF Q14B=1]

Q14c. Was your family's total income over the last year at or below {FILL}? Your best estimate is fine.

[IF Q14A=1]: \$11,800

[IF Q14A=2]: \$16,000

[IF Q14A=3]: \$20,100

[IF Q14A=4]: \$24,300

[IF Q14A=5]: \$28,500

[IF Q14A=6]: \$32,600

[IF Q14A=7]: \$36,800

[IF Q14A=8]: \$40,900

[IF Q14A=9]: \$45,100

[IF Q14A=10]: \$49,300

Yes 1

No 2

[IF (Q7A – Q7G = 1(“COVERED”) OR Q8=2)]

Q22A. Is there a premium for your health insurance plan? A premium is a fixed amount of money people pay to have health coverage. It is often a monthly payment. It does not include copays or other expenses such as prescription costs.

Yes 1

No 2

[IF Q22A=2]

Q22B. Some people have a plan that charges a premium but they do not have to pay it. Does that describe your situation?

Yes 1

No 2

[IF (Q22A=1 OR Q22B=1)]

Q22C. Is the cost of the premium for your health insurance plan subsidized based on your family income?

Yes	1
No	2
Don't know	3

[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	1
Not sure of amount	2

[IF 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

Q16a. In the past 12 months, about how much have you and your family spent out-of-pocket for health care costs that were not covered by your health insurance or health coverage plan? 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.

\$ _____ for the year

No out-of-pocket costs	1
Not sure of amount	2

[IF Q16A="NOT SURE OF AMOUNT" OR REFUSED]

Q16b. Would you say the out-of-pocket health care costs for you and your family 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

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

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

[IF Q17=1 OR 2]

Q17A How many hours per week do you usually work at your current job? (If you have more than one job, please answer for the job in which you usually work the most hours.)

_____ hours per week

[IF Q17=1]

Q17B Counting all the locations where your employer operates, are there fewer than 50 people or 50 people or more working for your employer? (If you have more than one job, please answer for the job in which you usually work the most hours). Your best guess is fine.

Fewer than 50 workers	1
50 workers or more	2

Q18A. Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. Suppose we say that the top of the ladder represents the *best* possible life for you and the bottom of the ladder represents the *worst* possible life for you. On which step of the ladder would you say you personally feel you stand at this time, assuming that the higher the step the better you feel about your life, and the lower the step the worse you feel about it?

<input type="checkbox"/> 10 Best
<input type="checkbox"/> 9
<input type="checkbox"/> 8
<input type="checkbox"/> 7
<input type="checkbox"/> 6
<input type="checkbox"/> 5
<input type="checkbox"/> 4
<input type="checkbox"/> 3
<input type="checkbox"/> 2
<input type="checkbox"/> 1
<input type="checkbox"/> 0 Worst

TQ7 Some people find health insurance coverage complicated and difficult to understand. For each of the health insurance terms below, please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident in how well you understand what the term means for health insurance coverage.

	Very confident	Somewhat confident	Not too confident	Not at all confident
a. Premium	1	2	3	4
b. Deductible	1	2	3	4
c. Co-payments	1	2	3	4
d. Co-insurance	1	2	3	4
e. Maximum annual out-of-pocket spending	1	2	3	4
f. Provider network	1	2	3	4
g. Covered services	1	2	3	4

[AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1 (“COVERED”) OR Q8=2)]

TQ7A. Some people also find health insurance coverage complicated and difficult **to use**. For each of the activities below please indicate whether you are very confident, somewhat confident, not too confident, or not at all confident that you know how to do the activity.

	Very confident	Somewhat confident	Not too confident	Not at all confident
1. Find a doctor or other health provider who is in your health plan's network	1	2	3	4
2. Figure out whether a service is covered by your plan	1	2	3	4
3. Figure out which prescription drugs are covered by your plan	1	2	3	4
4. Figure out how much a health care visit or service will cost you	1	2	3	4
5. Figure out which health care costs will count toward your health plan's deductible	1	2	3	4
6. Figure out how much it will cost to visit a health care provider or use a service that is not in your health plan's network	1	2	3	4
7. Figure out what counts as preventive care services under your plan	1	2	3	4
8. Review the Explanation of Benefit (EOB) statements you get from your plan to understand what the plan paid for a service and what you owe	1	2	3	4

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

TQ80. If you were looking for a **new doctor or other health care provider today**, how important would each of the following factors be in choosing a provider?

	Very important	Somewhat important	Not too important	Not at all important
a. Whether the doctor or other health care provider accepted your health insurance	1	2	3	4
b. A recommendation/referral from another doctor or other health care provider	1	2	3	4
c. A recommendation from family or friends	1	2	3	4

d. Cost of the care from the doctor or other health care provider	1	2	3	4
e. Location of the doctor's office or other health care provider's office	1	2	3	4
f. Rating of the doctor or other health care provider	1	2	3	4

[IF TQ80E=1 OR 2]

TQ81. When you are looking for a new provider, which of the following are important about the location of the doctor's office or other health care provider's office?

- | | |
|------------------------------------|---|
| Close to where you live | 1 |
| Close to where you work | 2 |
| Close to public transportation | 3 |
| Other (please specify): [TEXT BOX] | 4 |

[IF Q7A NE 1 AND Q7E NE 1 AND Q7D NE 1 AND Q14B NE 4]

TQ5A At any time in the past 12 months, did you consider obtaining coverage through 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? [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this type of coverage as {INSERT PROGRAM NAME}.]

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

[IF Q7A NE 1 AND Q7E NE 1 AND Q7D NE 1 AND Q14B NE 4]

TQ6A What is the main reason you are not **currently** enrolled in Medicaid, MA, CHIP or another state or government-sponsored assistance plan?

- | | |
|--|---|
| I didn't think I was eligible | 1 |
| I was told that I was not eligible | 2 |
| I have other health insurance coverage | 3 |
| I don't need health insurance | 4 |
| Something else | 5 |

TQ83 For the next few questions, please think about the neighborhood where you live. Overall, how would you rate your neighborhood as a place to live?

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

[ORDER OF ITEMS A-K IS RANDOMIZED]

TQ84 How would you rate the following characteristics of your neighborhood?

	Excellent	Very good	Good	Fair	Poor
a. Availability of places to get medical care	1	2	3	4	5
b. Availability of places to buy healthy food	1	2	3	4	5
c. Ability to get around without driving a car	1	2	3	4	5
d. Availability of recreational facilities, such as parks and playgrounds	1	2	3	4	5
e. Safety from crime and violence	1	2	3	4	5

[ORDER OF ITEMS A-E IS RANDOMIZED]

TQ85 For each of the following statements, please indicate whether it was often, sometimes or never true for you and your family over the last 12 months, that is, since September 2014.

	Often true	Sometimes true	Never true
a. The food that you or your family bought just didn't last, and you or your family didn't have money to get any more.	1	2	3
b. You or your family were unable to pay your rent, mortgage or other housing costs.	1	2	3
c. You or your family had problems with unexpected bills, such as for car repairs or home repairs.	1	2	3
d. You or your family were not able to make the minimum payment on a credit card bill or loan.	1	2	3

TQ86. Over the last 12 months, that is, since September 2014, have you ever felt that a doctor or other health care provider judged you unfairly or treated you with disrespect?

Yes	1
No	2

[IF TQ86=1]

[ORDER OF RESPONSE CATEGORIES 3-8 IS RANDOMIZED]

TQ86A. Were any of the times that a doctor or other health care provider judged you unfairly or treated you with disrespect because of any of the following?

The type of health insurance coverage you had	1
A lack of health insurance coverage	2
Your race or ethnicity	3
Your nationality	4
Your gender	5
Your sexual orientation or gender identity	6
Your personal or religious beliefs	7
Your ability to speak English	8

TQ87. Have you ever felt that **the staff** in a doctor's or other health care provider's office judged you unfairly or treated you with disrespect since September 2014?

Yes	1
No	2

[IF TQ87=1]

[ORDER OF RESPONSE CATEGORIES 3-8 IS RANDOMIZED]

TQ87A. Were any of the times that **the staff** in a doctor's or other health care provider's office judged you unfairly or treated you with disrespect because of any of the following?

The type of health insurance coverage you had	1
A lack of health insurance coverage	2
Your race or ethnicity	3
Your nationality	4
Your gender	5
Your sexual orientation or gender identity	6
Your personal or religious beliefs	7
Your ability to speak English	8

QS1. The next section switches gears to focus on the health care needs of children to help us understand how to do a better job providing health care for children. How many children under the age of 18 are currently living in your household?

_____ Number of children

[IF QS1=0 OR "NO CHILDREN LIVE IN THIS HOUSEHOLD" IS SELECTED OR QS1=REFUSED THEN 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.

[IF QS1>=1]

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]

[SP]

QS2b. Can you answer questions about this child's health and health care?

Yes	1
No	2

[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

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

QS5. In asking questions about the child, we can refer to [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?

- | | |
|---|---|
| Use "the child" | 1 |
| [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 |

*Enter Name/Initials that you would like use to use [TEXT BOX]

The next questions focus on [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, 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=3, 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=3, FILL= NAME/INITIAL]'s mental health is:

- | | |
|-----------|---|
| Excellent | 1 |
| Very good | 2 |
| Good | 3 |
| Fair | 4 |
| Poor | 5 |

QS8a. Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] limited or 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 because of a medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

QS9. Is there a place that [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, 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 1
 There is more than one place [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"]
 usually goes 2
 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 September 2013, has [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=3, 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

QS12. During the past 12 months, did [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=3, 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=3, 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 to:

	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 other primary care 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=3, 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=3, FILL= NAME/INITIAL] currently covered by any of the following types of health insurance or health coverage plans?

	Covered	Not Covered	Not sure
A. Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.	1	2	3
B. Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [or (INSERT PROGRAM NAME)]]].	1	2	3
C. Medicare, for people 65 and older, or people with certain disabilities	1	2	3
D. Medicaid, Medical Assistance (MA), Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this type of coverage as [INSERT PROGRAM NAME].]	1	2	3
E. TRICARE or other military health care, including VA	1	2	3
F. Indian Health Service	1	2	3
G. Any other type of health insurance coverage or health coverage plan	1	2	3

[IF "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=3, 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 QS15_G=1 OR QS16=2]

QS16b. What type of health insurance does [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] have?

[TEXT BOX]

[IF ((COVERED SELECTED FOR ONLY ONE ITEM IN QS15B, QS15C, QS15D, QS15F, OR QS15G) AND QS15A NE 1 AND QS15E NE 1) OR (QS16=2)]

QS33A. What is the name of [IF QS5=1, FILL= “the child’s”/IF QS5=2, FILL = “the [AGE]-year-old’s”/IF QS5=3, FILL= [NAME/INITIAL]’s] health insurance plan? It would be helpful if you could write down the name as it appears on the card for [IF QS5=1, FILL= “the child’s”/IF QS5=2, FILL = “the [AGE]-year-old’s”/IF QS5=3, FILL= [NAME/INITIAL]’s] health plan.

[TEXT BOX]

[IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN QS15B, QS15C, QS15D, QS15F, OR QS15G) AND QS15A NE 1 AND QS15E NE 1]

QS33B. What is the name of the plan for [IF QS5=1, FILL= “the child’s”, IF QS5=2, FILL = “the [AGE]-year-old’s”/ IF QS5=3, FILL= [NAME/INITIAL]’s] main source of health insurance coverage? It would be helpful if you could write down the name as it appears on the card for [IF QS5=1, FILL= “the child’s”/IF QS5=2, FILL = “the [AGE]-year-old’s”/IF QS5=3, FILL= [NAME/INITIAL]’s] health plan.

[TEXT BOX]

[IF “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=3, 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 Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very 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=3, 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 NO ITEMS IN GRID FOR QS15A-QS15G=1("COVERED") AND QS16=1]

QS19C [If QS19=4: Earlier, you indicated that [If QS5=1, FILL= "THE CHILD", If QS5=2, FILL = "THE [AGE] YEAR OLD", If QS5=2, FILL= NAME/INITIAL] currently does not have health insurance coverage.] Which of these are reasons [If QS5=1, FILL= "THE CHILD", If QS5=2, FILL = "THE [AGE] YEAR OLD", If QS5=2, FILL= NAME/INITIAL] is currently uninsured? Please check all that apply.

[If QS5=1, FILL= "THE CHILD", If QS5=2, FILL = "THE [AGE] YEAR OLD", If QS5=2, FILL= NAME/INITIAL] does not need insurance	1
The cost of health insurance is too high	2
The enrollment process is too difficult or too much work	3
No one in the family has a job with coverage	4
[If QS5=1, FILL= "THE CHILD", If QS5=2, FILL = "THE [AGE] YEAR OLD", If QS5=2, FILL= NAME/INITIAL] is currently transitioning between different health insurance plans	5
Available insurance does not meet the child's needs	6
Other (Please specify) [text box]	7

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=3, 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=3, 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 [If QS5=1, FILL= "THE CHILD", If QS5=2, FILL = "THE [AGE] YEAR OLD", If QS5=3, FILL= NAME/INITIAL]'s medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

Yes	1
No	2

Please share information about [If QS5=1, FILL= "THE CHILD", If QS5=2, FILL = "THE [AGE] YEAR OLD", If QS5=3, FILL= NAME/INITIAL]'s race and ethnicity so that we can track how well we are including children with different types of backgrounds.

QRACE1. Is [If QS5=1, FILL= "THE CHILD", If QS5=2, FILL = "THE [AGE] YEAR OLD", If QS5=3, FILL= NAME/INITIAL] of Spanish, Hispanic, or Latino descent?

No, [If QS3=1 INSERT "he" If QS3=2 INSERT "she"] is not of Spanish, Hispanic, or Latino descent	1
Yes, [If QS3=1 INSERT "he" If QS3=2 INSERT "she"] is of Spanish, Hispanic, or Latino descent	2

QRACE2

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=3, 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=3, FILL= NAME/INITIAL] live in this house?

One	1
Two	2
None	3

QS31. Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] a citizen of the United States?

Yes	1
No	2

[INSERT STANDARD CLOSE]