# **Health Reform Monitoring Survey**

www.urban.org/hrms

# **Quarter 1 2014** Questionnaire

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

| This | •                       | our health and health care experiences. Your participa<br>ous understand how well the US health care system is         | •                      |
|------|-------------------------|--|------------------------|
| Q1.  | In general, would yo    | u say your health is:  |                        |
|      | Excellent               | 1  |                        |
|      | Very good               | 2  |                        |
|      | Good                    | 3  |                        |
|      | Fair                    | 4  |                        |
|      | Poor                    | 5  |                        |
| Q2.  | •                       | your physical health, which includes physical illness an ast 30 days was your physical health not good? Number of days | id injury, for how man |
| Q3.  | •                       | your mental health, which includes stress, depression, w many days during the past 30 days was your mental             | •                      |
|      | -                       | Number of days   |                        |
| Q4.  | Is there a place that y | ou usually go to when you are sick or need advice abo  | out 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 March 2013:

|  | Yes | No | Did not<br>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                    |

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<br>Covered | Not<br>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.   | 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 [INSERT PROGRAM NAME FROM STATE_PROGRAM_NAME_FILL SHEET BASED ON PPSTATEN]. | 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, the new health care law creates health insurance exchanges or marketplaces where people can shop for insurance and compare prices and benefits. Did you enroll in a health insurance plan through the marketplace, also known as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [or (INSERT PROGRAM NAME FROM STATE\_PROGRAM\_NAME\_FILL SHEET BASED ON PPSTATEN)]], in your state?

| Yes, I enrolled in a health insurance plan through the marketplace             | 1 |
|--|---|
| I am in the process of enrolling in a health insurance plan in the marketplace | 2 |
| No, I did not enroll through the marketplace                                   | 3 |

[IF (Q7D = 1("COVERED") OR Q7G = 1("COVERED") OR Q8=2]

Q8d. Did you enroll in 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 through the marketplace?

Yes, I enrolled in Medicaid, MA, CHIP, or any kind of state or governmentsponsored assistance plan based on income or a disability through the marketplace 1

I am in the process of enrolling in Medicaid, MA, CHIP, or any kind of state or government-sponsored assistance plan based on income or a disability through the marketplace

No, I did not enroll through the marketplace 3

2

Q10. Thinking about your health insurance coverage over the past 12 months, how many months were you insured since March 2013? 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 AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1("COVERED") OR Q8=2) AND Q10 NE 1]

Q10A. Just prior to being covered by your current health insurance plan, were you without health insurance?

Yes 1 No 2

Q16c. Still thinking about the past 12 months, did any of your family members go without health insurance at any time since March 2013?

Yes 1 No 2

# [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<br>Satisfied | Somewhat<br>Satisfied | Neither<br>Satisfied or<br>Dissatisfied | Somewhat<br>Dissatisfied | Very<br>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                    |
| Your ability to get specialist care? 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                     | 3                                       | 4                        | 5                    |
| The premium that you pay for the coverage?   | 1                 | 2                     | 3                                       | 4                        | 5                    |
| The co-payments or co-insurance that you pay when you get care?  | 1                 | 2                     | 3                                       | 4                        | 5                    |
| The protection that your coverage provides against high medical bills?   | 1                 | 2                     | 3                                       | 4                        | 5                    |
| The quality of the care that is available?   | 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 March 2013, 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  |

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 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; 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<br>Above 138% and less<br>than 250% | Response item 3<br>At or above 250% and<br>less than 400% | Response item 4<br>400% or more |
|--------------|---------------------------|---|---|---------------------------------|
| One person   | At or below \$16,200      | Above \$16,200 and                                  | At or above \$29,200                                      | At or above                     |
| One person   | At 01 below \$16,200      | less than \$29,200                                  | and less than \$46,700                                    | \$46,700                        |
| Two people   | At or below \$21,800      | Above \$21,800 and                                  | At or above \$39,400                                      | At or above                     |
| Two people   | At 01 below \$21,800      | less than \$39,400                                  | and less than \$63,000                                    | \$63,000                        |
| Three poorle | At or below \$27,400      | Above \$27,400 and                                  | At or above \$49,500                                      | At or above                     |
| Three people | At or below \$27,400      | less than \$49,500                                  | and less than \$79,200                                    | \$79,200                        |
| Form manula  | At or below \$33,000      | Above \$33,000 and                                  | At or above \$59,700                                      | At or above                     |
| Four people  |                           | less than \$59,700                                  | and less than \$95,400                                    | \$95,400                        |
| Five needle  | At or below \$38,600      | Above \$38,600 and                                  | At or above \$69,800                                      | At or above                     |
| Five people  |                           | less than \$69,800                                  | and less than \$111,700                                   | \$111,700                       |
| Civ naanla   | At or below \$44,200      | Above \$44,200 and                                  | At or above \$80,000                                      | At or above                     |
| Six people   |                           | less than \$80,000                                  | and less than \$127,900                                   | \$127,900                       |
| Cayon noonlo | 1+ or bolow \$40,000      | Above \$49,800 and                                  | At or above \$90,100                                      | At or above                     |
| Seven people | At or below \$49,800      | less than \$90,100                                  | and less than \$144,200                                   | \$144,200                       |
| Fight needle | At an balaw CFF 400       | Above \$55,400 and                                  | At or above \$100,300                                     | At or above                     |
| Eight people | ople At or below \$55,400 | less than \$100,300                                 | and less than \$160,400                                   | \$160,400                       |
| Nino noonlo  | A. J. J. 454.000          | Above \$61,000 and                                  | At or above \$110,400                                     | At or above                     |
| Nine people  | At or below \$61,000      | less than \$110,400                                 | and less than \$176,600                                   | \$176,600                       |
| Ten or more  | At an halaw CCC COO       | Above \$66,600 and                                  | At or above \$120,600                                     | At or above                     |
| people       | At or below \$66,600      | less than \$120,600                                 | and less than \$192,900                                   | \$192,900                       |

| OF "TYPE IN THE NUMB                                     |                     | ED; PLEASE SAY "TYPE IN THE AMOUNT IN THE BOX BELOW" INSTEAD  |
|--|---------------------|---|
| will start paying you                                    | ur medical bills. W | to pay before your health insurance or health coverage plan  What is the annual deductible per person under your health  our best estimate is fine. |
| \$ fo  | or the year         |   |
| I do not have a ded                                      | uctible             | 1   |
| Not sure of amount                                       |                     | 2   |
| [Q15A ="NOT SURE OF AMOUNT<br>Q15b. Would you say your o | _                   |   |
| 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                   |   |
|  | ns, about how mud   | ED]  ch have you and your family spent out-of-pocket for health  your health insurance or health coverage plan? Your best                           |
| This would not include any you will be reimbursed for.   | premiums you pay    | y for your health insurance or any health care costs that   |
| \$   | for the year        |   |
| No out-of-pocket co                                      | osts                | 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 | 13 |
| \$10,000 or more   | 14 |
|                    |    |

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

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

# [IF Q17=1]

TQ.2 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

TQ14A As you may know, the new 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 healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: or {INSERT PROGRAM NAME FROM STATE\_PROGRAM\_NAME\_FILL SHEET BASED ON PPSTATEN,] in your state? Have you heard:

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

TQ19A Some lower-income Americans are able to get subsidies for premiums and out-of-pocket health care costs in the new health insurance marketplaces. How much, if anything, have you heard about this part of the health care law?

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

TQ15A Under the health care law, states can choose to expand the Medicaid program to cover more adults. How much, if anything, have you heard about this Medicaid expansion? Have you heard:

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

TQ16A As far as you know, did your state decide to expand Medicaid in 2014?

| No, my state is not going to expand Medicaid                       | 1 |
|--|---|
| Yes, my state has expanded Medicaid or is going to expand Medicaid | 2 |
| I am not sure  | 3 |

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:

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

#### [IF TQ14A NE 4]

TQ28 Have you looked for information on health insurance plans in the new marketplace?

| Yes  | 1 |
|--|---|
| No, but I plan on looking for information        | 2 |
| No, and I do not plan on looking for information | 3 |

# [IF TQ14A NE 4 AND TQ28=1]

TQ29A When did you look for information on health insurance plans in the new marketplace? Check all that apply.

| October 2013  | 1 |
|---------------|---|
| November 2013 | 2 |
| December 2013 | 3 |
| January 2014  | 4 |
| February 2014 | 5 |
| March 2014    | 6 |
|               |   |

# [IF TQ14A NE 4 AND TQ28=3]

TQ30A Which of the following is the main reason that you have not looked for information on health insurance plans in the marketplace?

| I am satisfied with my existing health insurance | 1 |
|--|---|
| I do not want health insurance                   | 2 |
| I do not have the time                           | 3 |
| I do not know how to find the information        | 4 |
| The website has not been working                 | 5 |
| I do not trust the marketplace                   | 6 |
| I cannot afford health insurance                 | 7 |
| Other (Please specify) [text box]                | 8 |
|  |   |

# [IF TQ14A NE 4 AND TQ28 = 1]

TQ31A Which of the following are reasons that you have looked for information on health insurance plans in the marketplace?

| I wanted to purchase health insurance  | 1  |
|--|----|
| I wanted to know if I was eligible for subsidies to lower the cost of insurance      | 2  |
| I wanted to know if I was eligible for Medicaid                                      | 3  |
| I wanted to compare my current health insurance plan to marketplace plans            | 4  |
| I wanted to know more about health insurance options for retirement                  | 5  |
| I wanted to know more about options in case I lose my current health insurance       | 6  |
| I wanted to know more about health insurance options in case I start my own business | 7  |
| I was curious about how the marketplaces work  | 8  |
| I was looking for options for a family member or friend                              | 9  |
| Other (Please specify) [text box]  | 10 |

# [IF TQ14A NE 4 AND TQ28 = 1]

TQ33A There are many different ways to obtain information on the health insurance plans in the marketplace. Which of the following sources of information did you use or try to use to obtain information?

| Website, including online chat option                         | 1  |
|---|----|
| Newspaper, radio, or television                               | 2  |
| Call center   | 3  |
| Assistance from navigators, application assisters,            |    |
| certified application counselors, or community health workers | 4  |
| Assistance from an insurance agent or broker                  | 5  |
| Assistance from family or friends                             | 6  |
| Assistance from an employer                                   | 7  |
| Assistance from a tax preparer                                | 8  |
| Assistance from Medicaid or another program agency such as    |    |
| TANF, SNAP, or WIC  | 9  |
| Assistance from a hospital, doctor's office, or clinic        | 10 |
| Other (Please specify) [text box]                             | 11 |

[IF TQ14A NE 4 AND TQ28 = 1 AND AT LEAST ONE ITEM IN TQ33A IS CHECKED] [ONLY SHOW ITEMS IN GRID THAT WERE SELECTED IN TQ33A]

TQ34A How easy or difficult was it to obtain information on the health insurance plans in the marketplace using those sources?

|  | Very | Somewhat | Somewhat | Very |
|--|------|----------|----------|------|
|  | easy | easy     | hard     | hard |
| Website, including online chat option  | 1    | 2        | 3        | 4    |
| Newspaper, radio, or television  | 1    | 2        | 3        | 4    |
| Call center  | 1    | 2        | 3        | 4    |
| Assistance from navigators, application assisters, certified application counselors, or community health workers | 1    | 2        | 3        | 4    |
| Assistance from an insurance agent or broker   | 1    | 2        | 3        | 4    |
| Assistance from family or friends  | 1    | 2        | 3        | 4    |
| Assistance from an employer  | 1    | 2        | 3        | 4    |
| Assistance from a tax preparer   | 1    | 2        | 3        | 4    |
| Assistance from Medicaid or another program agency such as TANF, SNAP, or WIC                                    | 1    | 2        | 3        | 4    |
| Assistance from a hospital, doctor's office, or clinic   | 1    | 2        | 3        | 4    |

# [IF TQ14A NE 4 AND TQ28 = 1 AND AT LEAST ONE ITEM 1-10 IN TQ33A IS CHECKED] [ONLY SHOW ITEMS IN GRID THAT WERE SELECTED IN TQ33A]

# TQ34B How helpful were those sources in obtaining information on health insurance plans in the marketplace?

|  | Very    | Somewhat | Not too | Not at all |
|--|---------|----------|---------|------------|
|  | helpful | helpful  | helpful | helpful    |
| Website, including online chat option  | 1       | 2        | 3       | 4          |
| Newspaper, radio, or television  | 1       | 2        | 3       | 4          |
| Call center  | 1       | 2        | 3       | 4          |
| Assistance from navigators, application assisters, certified application counselors, or community health workers | 1       | 2        | 3       | 4          |
| Assistance from an insurance agent or broker   | 1       | 2        | 3       | 4          |
| Assistance from family or friends  | 1       | 2        | 3       | 4          |
| Assistance from an employer  | 1       | 2        | 3       | 4          |
| Assistance from a tax preparer   | 1       | 2        | 3       | 4          |
| Assistance from Medicaid or another program agency such as TANF, SNAP, or WIC                                    | 1       | 2        | 3       | 4          |
| Assistance from a hospital, doctor's office, or clinic   | 1       | 2        | 3       | 4          |

# [IF TQ14A NE 4 AND TQ28=2]

TQ35A There are many different ways to obtain information on health insurance plans in the marketplace. Which of the following sources of information do you think you might use or try to use?

| Mark the transfer of the Property Property of the Property of | 4  |
|---|----|
| Website, including online chat option   | 1  |
| Newspaper, radio, or television   | 2  |
| Call center   | 3  |
| Assistance from navigators, application assisters, certified application  |    |
| counselors, or community health workers   | 4  |
| Assistance from an insurance agent or broker  | 5  |
| Assistance from family or friends   | 6  |
| Assistance from an employer   | 7  |
| Assistance from a tax preparer  | 8  |
| Assistance from Medicaid or another program agency such as TANF,  |    |
| SNAP, or WIC  | 9  |
| Assistance from a hospital, doctor's office, or clinic  | 10 |
| Other (Please specify) [text box]   | 11 |

#### [IF Q8C=1]

TQ44 Earlier, you said that you enrolled in a health insurance plan in the marketplace. You may have signed up with a health insurance plan weeks or months before the coverage actually started. When did your benefits under the health insurance plan start?

| January 2014                     | 1 |
|----------------------------------|---|
| February 2014                    | 2 |
| March 2014                       | 3 |
| The coverage has not started yet | 4 |
| Don't know                       | 5 |

#### [IF Q8C=1]

TQ45A Health insurance plans in the marketplace are separated into different categories. Is your health plan from one of the following categories?

| Bronze   | 1 |
|--|---|
| Silver   | 2 |
| Gold   | 3 |
| Platinum   | 4 |
| Catastrophic (This is only available for those under |   |
| 30 years old or those with a "hardship exemption")   | 5 |
| None of the above                                    | 6 |
| Don't know   | 7 |

# [IF TQ45A=1, 2, 3, 4, OR 5]

TQ45B Why did you choose a [INSERT TQ45A RESPONSE] health insurance plan in the marketplace?

[TEXT BOX]

# [IF TQ45A=6 OR 7]

TQ45C Why did you choose this health insurance plan in the marketplace?

[TEXT BOX]

[CREATE DOV Q46 ORDER

1= SEE Q46A THEN Q46B

2= SEE Q46B THEN Q46A

RANDOMLY ASSIGN RESPONDENTS TO DOV\_Q46\_ORDER=1 OR DOV\_Q46\_ORDER=2 AND SHOW Q46A AND Q46B BASED ON ASSIGNMENT]

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

TQ46A [IF DOV\_Q46\_ORDER=2 INSERT: One of the goals of our survey is to test different ways of asking questions. In the prior question we asked: "Did you qualify for and receive financial help with the cost of the premium for your health insurance plan?" How would you answer if we had asked:]

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

TQ46B [IF DOV\_Q46\_ORDER=1 INSERT: One of the goals of our survey is to test different ways of asking questions. In the prior question we asked: "Is the cost of the premium for your health insurance plan subsidized based on your family income?" How would you answer if we had asked:]

Did you qualify for and receive financial help with the cost of the premium for your health insurance plan?

Yes 1 No 2 Don't know 3

#### [IF EITHER 46A OR 46B = 1]

TQ47 What is the source of the [(IF DOV\_Q46\_ORDER=1 AND TQ46A=1 AND TQ46B=1) OR (IF DOV\_Q46\_ORDER=2 AND TQ46A = 1 AND TQ46B NE 1) OR (IF DOV\_Q46\_ORDER=1 AND TQ46A=1 AND TQ46B NE 1) INSERT: subsidy for / (IF DOV\_Q46\_ORDER=2 AND TQ46A=1 AND TQ46B=1) OR (IF DOV\_Q46\_ORDER=1 AND TQ46A NE 1 AND TQ46B=1) OR (IF DOV\_Q46\_ORDER=2 AND TQ46A NE 1 AND TQ46B = 1) INSERT: financial help with] the cost of the premium for your health insurance plan?

```
Premium tax credit through Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH

STATE-SPECIFIC NAMES, INSERT: or (INSERT PROGRAM NAME FROM

STATE_PROGRAM_NAME_FILL SHEET BASED ON PPSTATEN)]

1

Premium assistance program 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 FROM STATE_PROGRAM_NAME_FILL SHEET
BASED ON PPSTATEN].]

2

Employer or union

3
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| A hospital-related charity A non-hospital charity Medicare premium assistance program Other subsidy (Please specify) [TEXT BOX] Don't know   | 4<br>5<br>6<br>7<br>8                     |
|--|---|
| [IF TQ14A NE 4 AND TQ28=1(YES) AND (NO ITEMS IN GRID FOR Q7A-Q7G=1("COVERED") AND C [TQ14A NE 4 AND TQ28=1(YES) AND Q8c= 2 OR 3] TQ39A What is the main reason why you have not enrolled in a health insurance plan in the marketplace?  |   |
| I tried to enroll in a plan but the website was not working Enrolling in a plan was too complicated or difficult The costs are too high The plans do not cover the benefits I am looking for The choice of doctors, hospitals, and other providers in the plans' networks is too limited I do not have enough money right now I am still weighing my options and I am not yet ready to enroll I would rather pay the penalty for not having health insurance Other (Please specify) [text box] | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 |
| [IF [TQ14A NE 4 AND TQ28=1(YES) AND (NO ITEMS IN GRID FOR Q7A-Q7G=1("COVERED") AND (TQ14A NE 4 AND TQ28=1(YES) AND Q8c= 2 OR 3]]  TQ49 Do you think you would qualify for financial help with the cost of the premium for a he insurance plan in the marketplace?  |   |
| Yes, I think I would qualify for financial help with the cost of the premium No, I do not think I would qualify for financial help with the cost of the premium I don't know if I would qualify for financial help with the cost of the premium  | 1<br>2<br>3                               |
| [IF Q7D = 2,3 OR REFUSED AND Q14B=RESPONSE 1 OR RESPONSE 2 OR RESPONSE 3 OR REFUSED]  TQ5A Have you considered obtaining coverage through Medicaid, Medical Assistance (MA), Children's Health Insurance Program (CHIP), or any kind of state or government-spon assistance plan based on income or a disability? [IF THE RESPONDENT IS IN A STATE WITH STATE INSERT: You may know this type of coverage as {INSERT PROGRAM NAME FROM "STATE_PROGRAM_NAME_FILL" SHEET BASED ON PPSTATEN}.]     | nsored                                    |
| I thought about it but decided not to enroll in any of those plans I tried to enroll in a plan but was not able to do so I am trying to enroll in one of those plans now I was enrolled in one of those plans in the past but no longer have that coverage I have NOT thought about trying to enroll in any of those plans   | 1<br>2<br>3<br>4<br>5                     |

# [IF TQ5A=1, 2, 3, 4, OR 5]

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  |
| The benefit package doesn't cover the services I need | 3  |
| It is too hard to enroll in those programs            | 4  |
| I don't know how to enroll in those programs          | 5  |
| I could not afford to enroll in those programs        | 6  |
| I have never heard of those programs                  | 7  |
| I don't want public coverage                          | 8  |
| I have other health insurance coverage                | 9  |
| I don't need health insurance                         | 10 |
| Other (Please specify) [TEXT BOX]                     | 11 |
|   |    |

# [IF [(Q7D = 1("COVERED") OR Q7G = 1("COVERED") OR Q8=2] OR TQ5A=(2, 3, OR 4)]

TQ50 There are many different ways to obtain information on 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 FROM "STATE\_PROGRAM\_NAME\_FILL" SHEET BASED ON PPSTATEN}.] Which of the following sources of information did you use or try to use to enroll in one of these plans?

| Website, including online chat option  | 1  |
|--|----|
| Newspaper, radio, or television  | 2  |
| Call center  | 3  |
| Assistance from navigators, application assisters, certified application counselors, |    |
| or community health workers  | 4  |
| Assistance from an insurance agent or broker   | 5  |
| Assistance from family or friends  | 6  |
| Assistance from an employer  | 7  |
| Assistance from a tax preparer   | 8  |
| Assistance from Medicaid or another program agency such as TANF, SNAP, or WIC        | 9  |
| Assistance from a hospital, doctor's office, or clinic                               | 10 |
| Other (Please specify) [text box]  | 11 |

[IF AT LEAST ONE ITEM  $1-10\ \text{IN TQ}50\ \text{IS CHECKED}]$ 

[ONLY SHOW ITEMS IN GRID THAT WERE SELECTED IN TQ50]

TQ51 How helpful were those sources in obtaining information on Medicaid, MA, CHIP, or any kind of state or government-sponsored assistance plan based on income or a disability?

|  | Very    | Somewhat | Not too | Not at all |
|--|---------|----------|---------|------------|
|  | helpful | helpful  | helpful | helpful    |
| Website, including online chat option                  | 1       | 2        | 3       | 4          |
| Newspaper, radio, or television                        | 1       | 2        | 3       | 4          |
| Call center  | 1       | 2        | 3       | 4          |
| Assistance from navigators, application assisters,     |         |          |         |            |
| certified application counselors, or community         | 1       | 2        | 3       | 4          |
| health workers   |         |          |         |            |
| Assistance from an insurance agent or broker           | 1       | 2        | 3       | 4          |
| Assistance from family or friends                      | 1       | 2        | 3       | 4          |
| Assistance from an employer                            | 1       | 2        | 3       | 4          |
| Assistance from a tax preparer                         | 1       | 2        | 3       | 4          |
| Assistance from Medicaid or another program            | 1       | 2        | 2       | 4          |
| agency such as TANF, SNAP, or WIC                      | 1       | 2        | 3       | 4          |
| Assistance from a hospital, doctor's office, or clinic | 1       | 2        | 3       | 4          |

### [IF TQ5A=1 OR 5]

TQ52 There are many different ways to obtain information on 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 FROM "STATE\_PROGRAM\_NAME\_FILL" SHEET BASED ON PPSTATEN}.]Which of the following sources of information do you think you would use if you were to try to enroll in one of these plans?

| Website, including online chat option  | 1  |
|--|----|
| Newspaper, radio, or television  | 2  |
| Call center  | 3  |
| Assistance from navigators, application assisters, certified application counselors, |    |
| or community health workers  | 4  |
| Assistance from an insurance agent or broker   | 5  |
| Assistance from family or friends  | 6  |
| Assistance from an employer  | 7  |
| Assistance from a tax preparer   | 8  |
| Assistance from Medicaid or another program agency such as TANF, SNAP, or WIC        | 9  |
| Assistance from a hospital, doctor's office, or clinic                               | 10 |
| Other (Please specify) [TEXT BOX]  | 11 |

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

TQ54 The next few questions ask about your experience obtaining your current health insurance plan. How easy or difficult was it to enroll in your current health insurance plan?

Very easy 1
Somewhat easy 2
Somewhat difficult 3
Very difficult 4

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

TQ55A The last time you chose a health insurance plan, did you have more than one plan to choose from?

Yes 1 No 2

### [IF TQ55A=1]

TQ55B People consider many different factors in choosing health insurance coverage or health plans.

The last time you chose a health insurance plan, how important were each of the following factors in making your decision?

|   | Very<br>important | Somewhat<br>important | Not too<br>important | Not at all important |
|---|-------------------|-----------------------|----------------------|----------------------|
| The premium that you paid for the health insurance coverage   | 1                 | 2                     | 3                    | 4                    |
| The amount of any out-of-pocket costs (deductible, co-payments or co-insurance) that you would have to pay for health care services under the health insurance plan | 1                 | 2                     | 3                    | 4                    |
| Whether your current doctors are available to you because they are in the network and contract with the health insurance plan                                       | 1                 | 2                     | 3                    | 4                    |
| The choice of doctors, hospitals, and other providers in the network who are available to you because they contract with the health insurance plan                  | 1                 | 2                     | 3                    | 4                    |
| The amount that you would have to pay to obtain health care from out-of-network providers who do not contract with the health insurance plan                        | 1                 | 2                     | 3                    | 4                    |
| The reputation of the health insurance plan   | 1                 | 2                     | 3                    | 4                    |

[IF AT LEAST ONE ITEM IN GRID FOR (Q7A - Q7G = 1("COVERED") OR Q8=2)] TQ56. The last time you enrolled a health insurance plan, how easy or difficult was it to find information about each of these factors?

|   | Very<br>easy | Somewhat<br>easy | Somewhat<br>difficult | Very<br>difficult |
|---|--------------|------------------|-----------------------|-------------------|
| The premium that you paid for the health insurance coverage   | 1            | 2                | 3                     | 4                 |
| The amount of any out-of-pocket costs (deductible, co-payments or co-insurance) that you would have to pay for health care services under the health insurance plan | 1            | 2                | 3                     | 4                 |
| Whether your current doctors are available to you because they are in the network and contract with the health insurance plan                                       | 1            | 2                | 3                     | 4                 |
| The choice of doctors, hospitals, and other providers in the network who are available to you because they contract with the health insurance plan                  | 1            | 2                | 3                     | 4                 |
| The amount that you would have to pay to obtain health care from out-of-network providers who do not contract with the health insurance plan                        | 1            | 2                | 3                     | 4                 |
| The reputation of the health insurance plan   | 1            | 2                | 3                     | 4                 |

TQ53 During the past 12 months, did you or anyone in your family receive any of the following benefits at any time since March 2013?

|  | Yes | No | Not<br>Sure |
|--|-----|----|-------------|
| The Supplement Nutrition Assistance Program (SNAP), formerly known as the Food Stamps Program  | 1   | 2  | 3           |
| The Earned Income Tax Credit (EITC), a refundable tax credit that reduces the amount of income tax that low-to moderate-income working people are required to pay  | 1   | 2  | 3           |
| Cash assistance through Temporary Assistance for Needy Families (TANF). [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as {[INSERT PROGRAM NAME FROM "STATE_PROGRAM_NAME_FILL" SHEET BASED ON PPSTATEN]}.] | 1   | 2  | 3           |
| Child care services or child care assistance from a local welfare agency or case manager   | 1   | 2  | 3           |

| QS1.The next section switches gears to focus on the l<br>how to do a better job providing health care<br>18 are currently living in your household? | nealth care needs of children to help us understand for children. How many children under the age of |
|---|--|
| Number of children  |  |
| [IF QS1=0 OR "NO CHILDREN LIVE IN THIS HOUSEHOLD" IS SELE   | CTED OR QS1=REFUSED THEN QFLAG=2 AND TERMINATE]  |
| [IF QS1>1] QS1a. For the following questions in the survey, please the most recent birthday.  | se think of the child in your household who has had  |
| [IF QS1>=1] QS2. What is your relationship to that child?   |  |
| Parent (biological, adoptive, step, foster) Legal guardian 2  | 1  |
| Temporary guardian or caretaker   | 3  |
| Grandparent   | 4  |
| Aunt/Uncle  | 5  |
| Brother/Sister Other (Please specify) [TEXT BOX]  | 6<br>7   |
| [IF QS2=3,4,5,6 OR 7]<br>QS2b. Can you answer questions about this child's he   | ealth 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 in years Child is less than 1 year old   | "] age?  |
| [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 |

<sup>\*</sup>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=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 |

QS8a. Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, 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=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 March 2013, 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

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 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=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 |
|----|---|---------|-------------|----------|
| A. | Insurance through a current or former employer or   | 1       | 2           | 3        |
|    | union (of yours or another family member's)         |         |             |          |
| В. | Insurance purchased directly from an insurance      | 1       | 2           | 3        |
|    | company (by you or another family member). This     |         |             |          |
|    | would include coverage purchased through an         |         |             |          |
|    | exchange or marketplace.                            |         |             |          |
| C. | Medicare, for people 65 and older, or people with   | 1       | 2           | 3        |
|    | certain disabilities                                |         |             |          |
| D. | Medicaid, Medical Assistance (MA), Children's       | 1       | 2           | 3        |
|    | Health 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]. |         |             |          |
| 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      | 1       | 2           | 3        |
|    | health coverage plan                                |         |             |          |

# [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=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 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 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<br>Satisfied | Somewhat<br>Satisfied | Neither<br>Satisfied<br>nor<br>Dissatisfied | Somewhat<br>Dissatisfied | Very<br>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-<br>insurance that you pay when [IF<br>QS3=1 INSERT "he" IF QS3=2<br>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 = 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 | 3 |

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

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 3

[IF QS15D = 2,3 OR REFUSED TO 1 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 [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL= "THE [AGE] YEAR OLD", IF QS5=2, 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=2, 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=2, 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

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=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 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

[INSERT STANDARD CLOSE]