

Health Reform Monitoring Survey

www.urban.org/hrms

Quarter 1 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 March 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 March 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 Q8C=1 AND Q8E=1]

Q8f. In which of the following categories is your health insurance plan through the marketplace?

- | | |
|--|---|
| 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 Q8C=1]

Q8g. When did you first enroll in coverage through the marketplace? Your best estimate is fine.

- | | |
|--|---|
| Between October 1, 2013, and April 19, 2014 | 1 |
| Between April 20, 2014 and November 14, 2014 | 2 |
| After November 14, 2014 | 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 MORE THAN ONE ITEM IN Q7]

Q21A. Earlier you reported that you are covered by more than one type of health insurance coverage.

Are any of those a health plan that only pays for one type of service (such as nursing home care, accidents, family planning or dental care) or only provides extra cash when hospitalized?

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

[IF COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7]

Q21B. Do you have one health plan through those different types of health insurance or more than one health plan?

- One health plan 1
- More than one health plan 2

[IF Q21A=2 OR Q21B=2]

Q21C. Which of your health plans is your MAIN source of health insurance coverage for medical care? Please select only one type of health insurance.

- [IF Q7A=1] Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage 1
- [IF Q7B=1] 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
- [IF Q7C=1] Medicare, for people 65 and older, or people with certain disabilities 3
- [IF Q7D=1] 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]. 4
- [IF Q7E=1] TRICARE or other military health care, including VA health care 5
- [IF Q7F=1] Indian Health Service 6
- [IF Q7G=1] Any other type of health insurance coverage or health coverage plan 7

[IF (COVERED SELECTED FOR ONLY ONE ITEM IN Q7) OR (Q8=2) OR (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7 AND (Q21A NE 2 AND Q21B NE 2))]

Q22A_1. What is the name of your health insurance plan?

[TEXT BOX]

[IF COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7 AND (Q21A=2 OR Q21B=2)]

Q22B_1. What is the name of the plan for your main source of health insurance coverage?

[TEXT BOX]

Q10. Thinking about your health insurance coverage over the past 12 months, how many months were you insured since March 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 March 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
- 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 Q10C=1,2,3,4,5,OR 7]

Q10G Which of the following is the main reason you switched your health insurance coverage?

- My current coverage costs less/is more affordable 1
- I lost my prior coverage 2
- Other reason [TEXT BOX] 3

[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
- Other (Please specify) [TEXT BOX] 6

[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 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 March 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? Which step comes closest to the way you feel?

| |
|----------------------------------|
| <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 |

TQ53A The next question asks about public benefits you may have received in the past 12 months. Did you or anyone in your family receive any of the following benefits at any time since March 2014?

- The Supplement Nutrition Assistance Program (SNAP), formerly known as the Food Stamps Program 1
- 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 2
- 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].] 3
- Child care services or child care assistance from a local welfare agency or case manager 4
- Unemployment insurance benefits 5
- Social Security 6
- Supplemental Security Income (SSI), which provides cash assistance payments to low-income aged, blind and disabled persons 7

TQ14A The health care law created 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 health insurance marketplace, also known as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: or {INSERT PROGRAM NAME},] in your state? Have you heard:

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

[IF Q14B NE 4]

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

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

[IF Q8C=1]

TQ72A. Earlier you reported that you enrolled in a health insurance plan through the marketplace. Was this a renewal of a plan you had in 2014?

- Yes, I renewed this plan 1
- No, I was enrolled in a different plan through the marketplace in 2014 2
- No, I was not enrolled in a plan through the marketplace in 2014 3

[IF TQ72A=1]

TQ72B. Before renewing your plan, did you compare it with other plans available in the marketplace for 2015?

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

[IF TQ72A=2]

TQ72C. What was the main reason that you enrolled in a different plan?

| | |
|--|---|
| My old plan was no longer offered | 1 |
| I wanted a plan with a lower premium | 2 |
| I wanted a plan with a lower deductible | 3 |
| I wanted a plan with lower cost-sharing through co-payments and co-insurance | 4 |
| Some other reason (specify) [TEXT BOX] | 5 |

[IF TQ72A=1 AND TQ72B=1]

TQ72D. What was the main reason that you renewed the marketplace plan you had in 2014?

| | |
|--|---|
| It had a low premium | 1 |
| It had a low deductible | 2 |
| It had low cost-sharing through co-payments and co-insurance | 3 |
| Some other reason (specify) [TEXT BOX] | 4 |

[IF TQ14A NE 4 AND Q8C NE 1]

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

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

[IF TQ28=1 OR Q8C=1]

TQ28A When was the last time you looked for information on health insurance plans in the marketplace? Your best estimate is fine.

| | |
|--|---|
| Before April 20, 2014 | 1 |
| Between April 20, 2014 and November 14, 2014 | 2 |
| After November 14, 2014 | 3 |

[IF (TQ28 = 1(YES)) OR (Q8C=1)]

TQ33C There are many different ways to get information about health insurance plans in the marketplace or to get help enrolling in a plan through the marketplace. Which if any of the following did you use?

| | |
|--|---|
| Website, including online chat option | 1 |
| Call center | 2 |
| Assistance from navigators, application assisters, certified application counselors, or community health workers | 3 |
| Assistance from an insurance agent, broker, or company | 4 |
| Assistance from family or friends | 5 |
| Assistance from an employer | 6 |
| Assistance from a tax preparer | 7 |
| Assistance from Medicaid or another program agency such as TANF, SNAP, or WIC | 8 |
| Assistance from a hospital, doctor's office, or clinic | 9 |

TQ73A The health care law requires nearly all Americans to have health insurance or else pay a fine. This is sometimes referred to as the "individual mandate." How important was the possibility of a fine for not having coverage in your decision [(IF AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1 OR Q8=2): to enroll] [IF NO ITEMS IN GRID FOR Q7A-Q7G=1 AND Q8=1: not to enroll] in a plan for 2015?

| | |
|----------------------|---|
| Very important | 1 |
| Somewhat important | 2 |
| Not too important | 3 |
| Not at all important | 4 |

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

TQ74. Based on your understanding of your current health insurance plan, does your plan cover any of the following? Your best guess is fine.

| | |
|---------------------|---|
| Doctor care | 1 |
| Hospital care | 2 |
| Emergency room care | 3 |
| Dental care | 4 |

TQ75. Thinking about your health care experiences over the past 12 months, that is, since March 2014, was there any time when you needed health care but didn't get it for any of the following reasons?

| | |
|---|---|
| The doctor or hospital would not accept your health insurance | 1 |
| Your health plan would not pay for the treatment | 2 |
| You could not get an appointment soon enough | 3 |
| You could not get to a doctor's office or clinic when it was open | 4 |
| It takes too long to get to a doctor's office or clinic from your home or from work | 5 |
| You didn't have a way to get to a doctor's office or clinic | 6 |

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

TQ76A For this question, please think about the amount you and your family spent out-of-pocket for health care costs that were not covered by health insurance in the last 12 months. This would not include any premiums you pay for health insurance or any health care costs that you will be reimbursed for.

Is the amount you and your family spent out-of-pocket for health care costs over the last year more than you expected, about what you expected, or less than you expected?

| | |
|-----------------------|---|
| More than I expected | 1 |
| About what I expected | 2 |
| Less than I expected | 3 |

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

TQ76B For this question, please think about the amount you and your family spent out-of-pocket for health care costs that were not covered by health insurance since you obtained your current coverage. This would not include any premiums you pay for health insurance or any health care costs that you will be reimbursed for.

Is the amount you and your family spent out-of-pocket for health care costs since you obtained your current coverage more than you expected, about what you expected, or less than you expected?

| | |
|-----------------------|---|
| More than I expected | 1 |
| About what I expected | 2 |
| Less than I expected | 3 |

TQ77A Please tell me whether the following statement was often, sometimes, or never true for you or your family in the last 12 months, that is, since March of last year.

“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.”

| | |
|----------------|---|
| Often true | 1 |
| Sometimes true | 2 |
| Never true | 3 |

TQ77B Thinking about the past 12 months, that is since March 2014, did you or anyone in your family have problems paying or were unable to pay your rent, mortgage, or other housing costs?

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

TQ78A The next questions focus on federal income tax returns for 2014. Are you or your family planning to file a tax return this year? This would include someone filing a tax return on your behalf.

| | |
|----------|---|
| Yes | 1 |
| No | 2 |
| Not sure | 3 |

[IF TQ78A NE 2]

TQ78B People who file a 2014 federal income tax return are required to report health insurance coverage status for themselves and their spouse and dependents. 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 |

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 AT LEAST ONE ITEM IN GRID FOR (QS15A – QS15G = 1("COVERED") OR QS16=2)]

QS16c. 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 [If QS5=1, fill= "the child's", if QS5=2, fill = "the [AGE] year old's", if QS5=3, fill= [name/initial]'s] coverage a health insurance plan through the marketplace?

Yes, [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] is enrolled in a health insurance plan through the marketplace 1
 No, [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] is not enrolled in a health insurance plan through the marketplace 2

[IF COVERED SELECTED FOR MORE THAN ONE ITEM IN QS15]

QS32A. Earlier you reported that [IF QS5=1, FILL= "the child"/IF QS5=2, FILL = "the [AGE]-year-old"/ IF QS5=3, FILL= NAME/INITIAL] is covered by more than one type of health insurance coverage.

Are any of those a health plan that only pays for one type of service (such as nursing home care, accidents, family planning or dental care) or only provides extra cash when hospitalized?

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

[IF COVERED SELECTED FOR MORE THAN ONE ITEM IN QS15]

QS32B. Does [IF QS5=1, FILL= "the child"/IF QS5=2, FILL = "the [AGE]-year-old"/IF QS5=3, FILL= NAME/INITIAL] have one health plan through those different types of health insurance or more than one health plan?

| | |
|---------------------------|---|
| One health plan | 1 |
| More than one health plan | 2 |

[IF QS32A=2 OR QS32B=2]

QS32C. Which 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 plans is [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] MAIN source of health insurance coverage for medical care? Please select only one type of health insurance.

| | |
|---|---|
| [IF QS15A=1] Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage | 1 |
|---|---|

| | |
|--|---|
| [IF QS15B=1] 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 |
|--|---|

| | |
|---|---|
| [IF QS15C=1] Medicare, for people 65 and older, or people with certain disabilities | 3 |
|---|---|

| | |
|---|---|
| [IF QS15D=1] 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]. | 4 |
|---|---|

| | |
|--|---|
| [IF QS15E=1] TRICARE or other military health care, including VA health care | 5 |
|--|---|

| | |
|------------------------------------|---|
| [IF QS15F=1] Indian Health Service | 6 |
|------------------------------------|---|

| | |
|--|---|
| [IF QS15G=1] Any other type of health insurance coverage or health coverage plan | 7 |
|--|---|

[IF (COVERED SELECTED FOR ONLY ONE ITEM IN QS15) OR (QS16=2) OR (COVERED SELECTED FOR MORE THAN ONE ITEM IN QS15 AND (QS32A NE 2 AND QS32B NE 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?

[TEXT BOX]

[IF COVERED SELECTED FOR MORE THAN ONE ITEM IN QS15 AND (QS32A=2 OR QS32B=2)]

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?

[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=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=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]