

Health Reform Monitoring Survey

www.urban.org/hrms

Quarter 3 2016

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.

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

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

Q2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_____ Number of days

Q3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_____ Number of days

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

Yes	1
No	2

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

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

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

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

Q6. In answering the following questions, please think about your experiences obtaining health care in the past 12 months, that is, since September 2015:

	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

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

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

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

[IF "COVERED" NOT SELECTED FOR ANY ITEMS IN Q7]

Q8. Does this mean you currently have no health insurance or health coverage plan?

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

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

[IF Q7G=1 OR Q8=2]

Q8b. What type of health insurance do you have?

[TEXT BOX]

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

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

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

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

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

[IF Q8C=1]

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

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

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

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

[INSERT MEDICAID, CHIP, OTHER PUBLIC PROGRAM LOGOS]

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

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

[IF ((COVERED SELECTED FOR ONLY ONE ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G) AND Q7A NE 1 AND Q7E NE 1) OR (Q8=2)]

Q23A. What is the name of your health insurance plan? It would be helpful if you could write down the name as it appears on your health plan card.

[TEXT BOX]

[IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G) AND Q7A NE 1 AND Q7E NE 1]

Q23B. What is the name of the plan for your main source of health insurance coverage? It would be helpful if you could write down the name as it appears on your health plan card.

[TEXT BOX]

Q10. Thinking about your health insurance coverage over the past 12 months, how many months were you insured since September 2015? Your best estimate is fine.

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

[IF Q10=1]

Q10B. Have you had the same type of health insurance or health coverage plan for all of the past 12 months? That is, since September 2015?

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

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

- I do not want health insurance 1
- The cost of health insurance is too high / I cannot afford health insurance 2
- I do not have the time to get health insurance 3
- I do not know how to find information on available health insurance options 4
- I am in the process of enrolling in a health insurance plan or waiting for my health insurance coverage to start 5

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

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

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
1. The range of health care services available?	1	2	3	4	5
2. Your choice of doctors and other providers?	1	2	3	4	5
3. The premium that you pay for coverage?	1	2	3	4	5
4. The share of the costs that you pay when you use doctors or other providers who are not in your health plan's provider network?	1	2	3	4	5
5. The protection that your coverage provides against high medical bills?	1	2	3	4	5

[IF Q7A =2,3 OR REFUSED]

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

- Employer (either yours or family member's) offers health insurance 1
- Employer (either yours or family member's) does NOT offer health insurance 2
- Not employed 3

Q12. Thinking about your health care experiences over the past 12 months, that is, since September 2015 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

Q13. For this question, think about your health care experiences over the past 12 months, that is, since September 2015. 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 \$16,400	Above \$16,400 and less than \$29,700	At or above \$29,700 and less than \$47,600	At or above \$47,600
Two people	At or below \$22,200	Above \$22,200 and less than \$40,100	At or above \$40,100 and less than \$64,100	At or above \$64,100
Three people	At or below \$27,900	Above \$27,900 and less than \$50,400	At or above \$50,400 and less than \$80,700	At or above \$80,700
Four people	At or below \$33,600	Above \$33,600 and less than \$60,800	At or above \$60,800 and less than \$97,200	At or above \$97,200
Five people	At or below \$39,300	Above \$39,300 and less than \$71,100	At or above \$71,100 and less than \$113,800	At or above \$113,800
Six people	At or below \$45,000	Above \$45,000 and less than \$81,500	At or above \$81,500 and less than \$130,400	At or above \$130,400
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]: \$11,900
 [IF Q14A=2]: \$16,100
 [IF Q14A=3]: \$20,200
 [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-G=1 OR Q8=2]

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

\$ _____ for the year

I do not have a deductible	1
Not sure of amount	2

[IF Q15A = "NOT SURE OF AMOUNT" OR REFUSED]

Q15b. Would you say your deductible is:

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

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

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

\$ _____ for the year

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

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

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

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

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

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

[IF Q17=1 OR 2]

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

_____ hours per week

[IF Q17=1]

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

Fewer than 50 workers	1
50 workers or more	2

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

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

TQ93A. The next few questions focus on dental care. Do you have any type of insurance that helps pay some of the costs for dental care? This may include a health insurance plan that also covers dental care or a single-service plan that only pays for dental care.

- Yes 1
- No 2
- Don't know 3

[IF TQ93A=1]

TQ93B. How long have you had insurance coverage for dental care?

- Less than one year 1
- One year or more 2

[IF TQ93A=1 AND Q8C=1]

TQ93C. Did you obtain your dental coverage through the marketplace? You may know the marketplace as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [OR (INSERT MARKETPLACE NAME)]].

- Yes 1
- No 2
- Don't know 3

TQ93D. About how long has it been since you last visited a dentist or other dental care provider for a dental exam and cleaning?

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

TQ93E. For this question, please think about your experiences obtaining dental care in the past 12 months, that is, since September 2015. Did you have trouble finding a dentist or other dental care provider who would see you?

- Yes 1
- No 2
- [IF TQ93D=1]: Did not try to obtain dental care in past year 3

TQ93F. How would you describe the condition of your mouth and teeth?

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

[RANDOMLY ASSIGN RESPONDENTS TO PLAN LISTS 1, 2, AND 3 WITH EQUAL PROBABILITY]

TQ94A. For this question, we would like you to consider a hypothetical situation. Imagine that you are buying health insurance coverage only for yourself for next year. Imagine that you have a choice of three health insurance plans that are all offered by the same company and that the doctors and other health care providers you use are included in the networks for all three plans.

IF you expected your use of medical services next year to be high, with several doctor visits and a hospital stay costing a total of \$20,000, which of the three health insurance plans shown in the table below do you think would best meet your health insurance needs?

PLAN LIST 1

Plan A		Bronze
Monthly premium	Annual deductible	Annual out-of-pocket maximum
\$100	\$6,800	\$6,800
Total premiums for the year		\$1,200
		Copayments / Coinsurance
		Doctor visits: \$0 copayment No coinsurance after deductible

Plan B		Silver
Monthly premium	Annual deductible	Annual out-of-pocket maximum
\$150	\$4,000	\$5,000
Total premiums for the year		\$1,800
		Copayments / Coinsurance

	Doctor visits: \$0 copayment 10% coinsurance after deductible
--	--

Plan C	Gold	
Monthly premium	Annual deductible	Annual out-of-pocket maximum
\$300	\$1,500	\$2,500
Total premiums for the year	\$3,600	Copayments / Coinsurance
		Doctor visits: \$0 copayment 10% coinsurance after deductible

PLAN LIST 2

Plan A	Bronze	
Monthly premium	Annual deductible	Annual out-of-pocket maximum
\$100	\$6,800	\$6,800
Total premiums for the year	\$1,200	Copayments / Coinsurance
Estimated deductible, copayments, coinsurance, and other costs	\$6,800	Doctor visits: \$0 copayment No coinsurance after deductible
<u>Total yearly costs</u>	<u>\$8,000</u>	

Plan B	Silver	
Monthly premium	Annual deductible	Annual out-of-pocket maximum
\$150	\$4,000	\$5,000
Total premiums for the year	\$1,800	Copayments / Coinsurance
Estimated deductible, copayments, coinsurance, and other costs	\$5,000	Doctor visits: \$0 copayment 10% coinsurance after deductible
<u>Total yearly costs</u>	<u>\$6,800</u>	

Plan C	Gold	
Monthly premium	Annual deductible	Annual out-of-pocket maximum
\$300	\$1,500	\$2,500

Total premiums for the year	\$3,600	Copayments / Coinsurance Doctor visits: \$0 copayment 10% coinsurance after deductible
Estimated deductible, copayments, coinsurance, and other costs	\$2,500	
Total yearly costs	\$6,100	

PLAN LIST 3

Plan A

Gold

Total yearly costs	Annual deductible	Annual out-of-pocket maximum
\$6,100	\$1,500	\$2,500
Monthly premium	\$300	Copayments / Coinsurance Doctor visits: \$0 copayment 10% coinsurance after deductible
Total premiums for the year	\$3,600	
Estimated deductible, copayments, coinsurance, and other costs	\$2,500	

Plan B

Silver

Total yearly costs	Annual deductible	Annual out-of-pocket maximum
\$6,800	\$4,000	\$5,000
Monthly premium	\$150	Copayments / Coinsurance Doctor visits: \$0 copayment 10% coinsurance after deductible
Total premiums for the year	\$1,800	
Estimated deductible, copayments, coinsurance, and other costs	\$5,000	

Plan C

Bronze

Total yearly costs	Annual deductible	Annual out-of-pocket maximum
\$8,000	\$6,800	\$6,800
Monthly premium	\$100	Copayments / Coinsurance Doctor visits: \$0 copayment No coinsurance after deductible
Total premiums for the year	\$1,200	
Estimated deductible, copayments, coinsurance, and other costs	\$6,800	

- Plan A 1
- Plan B 2
- Plan C 3
- Not sure 4

[IF TQ94A=1-3]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

TQ94B. What was most important to you in choosing the plan in the previous question?

- Monthly premium or total premiums for the year 1
- Annual deductible 2
- Annual out-of-pocket maximum 3
- Type of plan (i.e., bronze, silver, gold) 4
- Copayments or coinsurance 5
- Total yearly costs 6

[RESPONDENTS RANDOMIZED INTO GROUPS A, B, OR C]

TQ95A. For this question, please think about all the health care that you received over the past 12 months. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate [IF GROUP A: your health care in the past 12 months?] [IF GROUP B: the quality of your health care in the past 12 months?] [IF GROUP C: how well your health care met your health needs in the past 12 months?]

<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
<input type="checkbox"/> Did not receive care in past 12 months

[IF TQ95A=0-10]

TQ95B. Which of the following was the most important factor you considered in rating your health care as [FILL: {NUMBER FROM TQ95A}] over the past 12 months?

1. The doctor’s offices, clinics, and hospitals where you received health care
2. The doctors and other health care providers who cared for you

- 3. The health care services, tests and treatments that you received
- 4. Something else (Please specify): [TEXT BOX]

[RESPONDENTS RANDOMIZED INTO GROUPS A, B, C, OR D]

TQ96. For this question, please think about the doctor or other health care provider that you see most often for your health care. Using any number from 0 to 10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, [IF GROUP A: what number would you use to rate how much you trust this provider?] [IF GROUP B: what number would you use to rate how much you trust this provider with your health care?] [IF GROUP C: what number would you use to rate how much you trust this provider to tell you the truth about your health, even if there was bad news?] [IF GROUP D: what number would you use to rate how much you trust this provider to be able to tell you the costs of different treatments when more than one treatment option is available?]

<input type="checkbox"/> 10 Trust completely
<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 Do not trust at all

[RESPONDENTS RANDOMIZED INTO GROUPS A, B, OR C]

TQ97A. For this question, please think about the doctor or other health care provider that you see most often for your health care. Did you see that provider at any time in the past 12 months?

- Yes 1
- No 2

[IF TQ97A=1]

TQ97B. [IF GROUP A: In the past 12 months, did he or she ask you about any of the following:] [IF GROUP B: In the past 12 months, did you talk to him or her about any of the following:] [IF GROUP C: Would you be comfortable talking to him or her about any of the following:]

	Yes	No
a. Things that make it hard for you to take care of your health		
b. Things in your life that worry you or cause you stress		
c. Any concerns you have about the costs of your health care		
d. Any concerns you have about the health care		

you receive or your treatment plan		
e. Any problems you are having with your day-to-day life or living situation		

[IF (Q10=2-3 OR (NO ITEMS IN GRID FOR Q7A-Q7G=1 AND Q8=1 AND Q10=1) OR ((AT LEAST ONE ITEM IN GRID FOR Q7A – Q7G = 1 OR Q8=2) AND Q10=4))) AND (Q12B=1 OR Q12C=1 OR Q12D=1 OR Q12E=1)]

[UNIVERSE: EVER UNINSURED IN PSAT YEAR BUT NOT UNINSURED ALL YEAR, AND HAD UNMET NEED FOR MEDICAL CARE]

TQ98A. Earlier you reported that there was a time in the past 12 months when you needed medical care but didn't get it because you couldn't afford it. Did you have health insurance at any time when you needed medical care but couldn't afford it?

Medical care would include visits to general doctors and specialists, as well as medical tests, treatment, or follow-up care.

- Yes 1
- No 2

[IF TQ98A=1]

TQ98B. Thinking about times when you had health insurance and needed medical care but couldn't afford it, which of the following were reasons you didn't get that care?

- The medical care was not covered by the health plan. 1
- The co-payments or co-insurance under the health plan were too high. 2
- You hadn't met your deductible yet. 3
- Other (please specify): [TEXT BOX] 4

[IF (Q10=1 AND (AT LEAST ONE ITEM IN GRID FOR Q7A – Q7G = 1 OR Q8=2)) AND (Q12B=1 OR Q12C=1 OR Q12D=1 OR Q12E=1)]

[UNIVERSE: INSURED ALL YEAR, AND HAD UNMET NEED FOR MEDICAL CARE]

TQ98C. Earlier you reported that there was a time in the past 12 months when you needed medical care but didn't get it because you couldn't afford it. Which of the following were reasons you didn't get that care?

Medical care would include visits to general doctors and specialists, as well as medical tests, treatment, or follow-up care.

- The medical care was not covered by the health plan. 1
- The co-payments or co-insurance under the health plan were too high. 2
- You hadn't met your deductible yet. 3
- Other (please specify): [TEXT BOX] 4

[IF (Q10=2-3 OR (NO ITEMS IN GRID FOR Q7A-Q7G=1 AND Q8=1 AND Q10=1) OR ((AT LEAST ONE ITEM IN GRID FOR Q7A – Q7G = 1 OR Q8=2) AND Q10=4)) AND Q12A=1]

[UNIVERSE: EVER UNINSURED IN PSAT YEAR BUT NOT UNINSURED ALL YEAR, AND HAD UNMET NEED FOR PRESCRIPTION DRUGS]

TQ99A. Earlier you reported that there was a time in the past 12 months when you needed prescription drugs but didn't get them because you couldn't afford them. Did you have health insurance at any time when you needed prescription drugs but couldn't afford them?

Yes	1
No	2

[IF TQ99A=1]

TQ99B. Thinking about times when you had health insurance and needed prescription drugs but couldn't afford them, which of the following were reasons you didn't get the prescription drugs you needed?

The prescription drugs were not covered by the health plan.	1
The prescription drugs would be covered only if you tried other, cheaper drugs first.	2
The co-payments or co-insurance under the health plan were too high.	3
You hadn't met your deductible yet.	4
Other (please specify): [TEXT BOX]	5

[IF (Q10=1 AND (AT LEAST ONE ITEM IN GRID FOR Q7A – Q7G = 1 OR Q8=2)) AND Q12A=1]

[UNIVERSE: INSURED ALL YEAR, AND HAD UNMET NEED FOR PRESCRIPTION DRUGS]

TQ99C. Earlier you reported that there was a time in the past 12 months when you needed prescription drugs but didn't get them because you couldn't afford them. Which of the following were reasons you didn't get the prescription drugs you needed?

The prescription drugs were not covered by the health plan.	1
The prescription drugs would be covered only if you tried other, cheaper drugs first.	2
The co-payments or co-insurance under the health plan were too high.	3
You hadn't met your deductible yet.	4
Other (please specify): [TEXT BOX]	5

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

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

[ORDER OF ITEMS A-I IS RANDOMIZED]

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

	Excellent	Very good	Good	Fair	Poor
a. Availability of places to get medical care	1	2	3	4	5
b. Availability of places to get dental care	1	2	3	4	5
c. Availability of places to get mental health care	1	2	3	4	5
d. Availability of arts and entertainment facilities, such as galleries or places for music, plays or movies	1	2	3	4	5
e. Availability of recreational facilities, such as parks and playgrounds	1	2	3	4	5
f. Availability of good jobs	1	2	3	4	5
g. Access to public transportation	1	2	3	4	5
h. Availability of places to take a walk	1	2	3	4	5
i. Quality of medical care available	1	2	3	4	5

[ORDER OF ITEMS A-G IS RANDOMIZED]

TQ84B. How would you rate the following characteristics of your neighborhood?

	Excellent	Very good	Good	Fair	Poor
a. Availability of places to buy healthy food	1	2	3	4	5
b. Ability to get around without driving a car	1	2	3	4	5
c. Safety from crime and violence	1	2	3	4	5
d. Quality of the air and water	1	2	3	4	5
e. Availability of affordable housing	1	2	3	4	5
f. Quality of housing	1	2	3	4	5
g. Quality of schools	1	2	3	4	5

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

	Very confident	Somewhat confident	Not too confident	Not at all confident
a. Premium	1	2	3	4

b. Deductible	1	2	3	4
c. Co-payments	1	2	3	4
d. Co-insurance	1	2	3	4
e. Maximum annual out-of-pocket spending	1	2	3	4
f. Provider network	1	2	3	4
g. Covered services	1	2	3	4

TQ100. How would you rate your ability to work with numbers, such as working with fractions or percentages?

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

[SORT RESPONDENTS INTO LIST 1 AND LIST 2 BASED ON STATE MEDICAID EXPANSION STATUS:

LIST 1 (EXPANDED MEDICAID): AK, AZ, AR, CA, CO, CT, DE, DC, HI, IL, IN, IA, KY, LA, MD, MA, MI, MN, MT, NV, NH, NJ, NM, NY, ND, OH, OR, PA, RI, VT, WA, WV.

LIST 2 (DID NOT EXPAND MEDICAID): AL, FL, GA, ID, KS, ME, MS, MO, NE, NC, OK, SC, SD, TN, TX, UT, VA, WI, WY]

[ORDER 1-5 OR ORDER 5-1 RANDOMIZED]

TQ101. As you may know, [FILL: {STATE NAME}] [IF STATE IS IN LIST 1: expanded] [IF STATE IS IN LIST 2: did not expand] Medicaid under the Affordable Care Act to cover more low-income adults. Do you support or oppose the expansion of Medicaid in [FILL: {STATE NAME}]?

- Strongly support 1
- Somewhat support 2
- Neither support or oppose 3
- Somewhat oppose 4
- Strongly oppose 5

[INSERT STANDARD CLOSE]