

# Health Reform Monitoring Survey

[www.urban.org/hrms](http://www.urban.org/hrms)

Quarter 4 2013

Questionnaire

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

The next questions focus on your health and health care experiences.

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

Excellent	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

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 obtain health care during the past 12 months, that is, since July 2012:

	Yes	No	Did not need care
Did you have trouble finding a doctor or other health care provider who would see you?	1	2	3
Were you told by a doctor’s office or clinic that they would not accept you as a new patient?	1	2	3
Were you told by a doctor’s office or clinic that they do not accept your health care coverage?	1	2	3
Did you have trouble getting an appointment at a doctor’s office or clinic as soon as you thought you needed?	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 Covered	Not Sure
Insurance through a current or former employer or union (of yours or another family member)	1	2	3
Insurance purchased directly from an insurance company (by you or another family member)	1	2	3
Medicare, for people 65 and older, or people with certain disabilities	1	2	3
Medicaid, Medical Assistance (MA), the Children’s Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. You may know this type of coverage as [IF RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT PROGRAM NAME FROM STATE_PROGRAM_NAME_FILL SHEET BASED ON PPSTATEN]	1	2	3
TRICARE or other military health care, including VA health care (including those who have ever used or enrolled in VA health care)	1	2	3
Indian Health Service	1	2	3
Any other type of health insurance coverage or health coverage plan	1	2	3

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

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

[IF Q7G = 1 or Q8=2]

Q8b. What type of health insurance do you have?

[TEXT BOX]

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

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

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
The range of health care services available?	1	2	3	4	5
Your choice of doctors and other providers?	1	2	3	4	5
Your ability to get specialist care?	1	2	3	4	5
The premium that you pay for the coverage?	1	2	3	4	5
The co-pays 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

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

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

[IF Q7a=2, 3 OR REFUSED]

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

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

Q12. During the past 12 months, was there any time when you needed any of the following but didn't get it because you couldn't afford it?

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

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

- Yes 1
- No 2

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

Your family size (including you) is...

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

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

[IF Q7A-G=1 OR Q8=2]

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

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

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

Q15b. Would you say your deductible is:

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

[PROMPT IF MORE THAN ONE RESPONSE ITEM SELECTED]

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

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

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

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

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

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

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

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

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

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

TQ14 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 [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT INSERT PROGRAM NAME FROM STATE\_PROGRAM\_NAME\_FILL SHEET BASED ON PPSTATEN,] in your state? Have you heard:

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

[IF "Q7A OR Q7C OR Q7D OR Q7E OR Q7F = 2 "NOT COVERED" OR 3 "NOT SURE" ]

TQ14a Did you receive a notice in the past few months from a health insurance company saying that your policy is cancelled or will no longer be offered at the end of 2013?

- Yes, the plan will no longer be offered because it did not meet new coverage requirements that start in January 2014. 1
- Yes, the plan is cancelled or will be cancelled, but for other reasons. 2
- No, I didn't get a notice from my health insurance company 3
- No, I have no health insurance 4

[IF TQ14 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 TQ14 NE 4 AND TQ28=1(YES)]

TQ29 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



[IF TQ14 NE 4 AND TQ28=3(NO, AND I DO NOT PLAN ON LOOKING FOR INFORMATION)]

TQ30 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
- Other (Please specify) [text box] 6

[IF TQ14 NE 4 AND (TQ28 = 1(YES))]

TQ31 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 or eligible for Medicaid 2
- I wanted to compare my current health insurance plan to marketplace plans 3
- I wanted to know more about health insurance options for retirement 4
- I wanted to know more about options in case I lose my current health insurance 5
- I wanted to know more about health insurance options in case I start my own business 6
- I was curious about how the marketplaces work 7
- Other (Please specify) [text box] 8

[IF TQ14 NE 4 AND TQ28 = 2(NO, BUT PLAN ON LOOKING)]

TQ32 Which of the following are reasons that you plan to look for information on health insurance plans in the marketplace?

- I want to purchase health insurance 1
- I want to know if I am eligible for subsidies to lower the cost of insurance or eligible for Medicaid 2
- I want to compare my current health insurance plan to marketplace plans 3
- I want to know more about health insurance options for retirement 4
- I want to know more about health insurance options in case I lose my current insurance 5
- I want to know more about health insurance options in case I start my own business 6
- I am curious about how the marketplaces work 7
- I tried to look earlier, but the website was not working 8
- Other (Please specify) [text box] 9

[IF TQ14 NE 4 AND TQ28 = 1(YES)]

TQ33 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
- Call center 2
- Assistance from navigators, application assisters, certified application counselors, or community health workers 3
- Assistance from an insurance agent or broker 4
- Assistance from family or friends 5
- Other (Please specify) [text box] 6

[IF TQ14 NE 4 AND TQ28 = 1(YES) AND AT LEAST ONE ITEM IN TQ33 IS CHECKED]

TQ34 How easy or difficult was it to obtain information on the health insurance plans in the marketplace using the following sources?

	Very easy	Somewhat easy	Somewhat hard	Very hard	Did not try to use
Website, including online chat option					
Call center					
Assistance from navigators, application assisters, certified application counselors, or community health workers					
Assistance from an insurance agent or broker					
Assistance from family or friends					

[IF TQ14 NE 4 AND TQ28 =2(NO, BUT PLAN ON LOOKING)]

TQ35 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 will 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 or broker 4
- Assistance from family or friends 5
- Other (Please specify) [text box] 6

[IF TQ14 NE 4 AND TQ28 = 1(YES)]

TQ36 Did you enroll in a health insurance plan offered through the marketplace or in Medicaid through the marketplace?

- Yes, I enrolled in a health insurance plan in the marketplace 1
- Yes, I enrolled in Medicaid or Medical Assistance (MA). [IF STATE-SPECIFIC NAME FOR PROGRAM IS NOT BLANK, INSERT TEXT: You may know this type of coverage as [insert state-specific name program name from state\_program\_name\_fill sheet based on ppstaten] 2
- No, I enrolled in another type of health insurance plan 3
- No, I did not enroll in any type of health insurance plan 4

[IF TQ14 NE 4 AND TQ28 = 1(YES) AND TQ36 = 1 (YES)]

TQ37 Did you qualify for financial help with the cost of the plan offered through the marketplace?

- Yes, I qualified for financial help with the cost of the plan 1
- No, I did not qualify for financial help with the cost of the plan 2
- I don't know if qualified for financial help with the cost of the plan 3

[IF TQ14 NE 4 AND TQ28 = 1(YES) AND TQ36 = 3(No)]

[NOTE: THE SKIP PATTERN ON THIS QUESTION WAS CODED INCORRECTLY]

TQ38 Did you find any health insurance plans offered through the marketplace that you might consider enrolling in now or in the future?

- Yes 1
- Maybe 2
- No 3

[IF TQ14 NE 4 AND TQ28 = 1(YES) AND TQ36 = 3(No)]

[NOTE: THE SKIP PATTERN ON THIS QUESTION WAS CODED INCORRECTLY]

TQ39 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 1
- The costs are too high 2
- The plans do not cover the benefits I am looking for 3
- I do not have enough money right now 4
- I am still weighing my options and I am not yet ready to enroll 5
- I would rather pay the penalty for not having health insurance 6
- Other (Please specify) [text box] 7

[IF TQ14 NE 4 AND TQ28 = 1(YES)]

TQ 40 Thinking about the number of health insurance plans offered through the marketplace, would you say there were too many plans, too few plans, or the right number of plans?

- There were too many plans 1
- There were the right number of plans 2
- There were too few plans 3

TQ.7 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
Premium				
Deductible				
Co-payments				
Co-insurance				
Maximum annual out-of-pocket spending				
Provider network				
Covered services				
Annual limits on services, such as prescription drugs or hospitalizations				
Non-covered services or excluded services				

TQ.10 If you were choosing a new health insurance plan today, how important would each of the following non-financial factors be in your decision?

	Very Important	Somewhat important	Not too important	Not at all Important
The choice of doctors, hospitals, and other providers in the network who are available to you because they contract with the health insurance plan				
Whether your current doctors are available to you because they are in the network and contract with the health insurance plan				
The health insurance plan's rules for seeing specialists (such as requiring a referral from your primary care doctor or prior authorization from a health plan)				
The range of health care services available under the health insurance plan (including any limits on the services that are available)				
The availability of help managing particular diseases or health conditions (such as diabetes or asthma) under the health insurance plan				

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

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

- Yes 1
- No 2

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

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

Yes 1  
No 2

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

TQ22 Do you think you will be eligible for financial help with the cost of a plan offered through the health insurance marketplace?

Yes 1  
No 2

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

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

Yes 1  
No 2

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

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

- Insurance through a current or former employer or union (of yours or another family member’s). 1
- This would include COBRA coverage 2
- Insurance purchased directly from an insurance company (by you or another family member), including coverage from the new health insurance marketplace 3
- Medicaid or Medical Assistance (MA). [IF STATE-SPECIFIC NAME FOR PROGRAM IS NOT BLANK, INSERT TEXT: You may know this type of coverage as [INSERT STATE-SPECIFIC NAME PROGRAM NAME FROM STATE\_PROGRAM\_NAME\_FILL SHEET BASED ON PPSTATEN] 4
- Medicare, for people 65 and older, or people with certain disabilities 5
- Any other type of health insurance coverage or health coverage plan 6
- None. I expect to be uninsured 7

[IF DOV\_OFF-PANEL\_AUG=3 (LA AUGMENT)]

Q50. Do you favor Medicaid expansion in the State of Louisiana as part of the Affordable Care Act?

Yes 1  
No 2

[IF Q17=1 OR 2]

TQ.1 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]

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

[Q7A = 1("COVERED")]

TQ41 Earlier you reported that you currently have health insurance through an employer (either yours or a family member's). Thinking about the future under the new health care law, how worried are you that the employer will:

	Very worried	Somewhat Worried	Not too worried	Not worried at all
Stop offering health insurance?				
Increase the amount you have to pay for health care by raising premiums, deductibles, or cost-sharing?				
Reduce the hours you or your family member are allowed to work per week?				

TQ42 In the past 12 months, did concerns about health insurance coverage affect your decision on whether to (check all that apply):

- Change jobs                        1
- Start a business                    2
- Retire                                3
- Go back to school                4
- Work fewer hours                5

TQ43 Thinking about the future under the new health care law, do you think it will make it easier or harder for you to:

	Much easier	Somewhat easier	Somewhat harder	Much harder	No effect
Change jobs					
Start a business					
Retire					
Go back to school					
Change the hours you work					

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  
No children live in the household

[IF QS1=0 OR "NO CHILDREN LIVE IN THIS HOUSEHOLD" IS SELECTED OR QS1=REFUSED THAN QFLAG=2 AND TERMINATE]

[IF QS1>1]

QS1a. For the following questions in the survey, please think of the child in your household who has had the most recent birthday. The next questions ask about the health and health care of that child.

QS2. What is your relationship to that child?

Parent (biological, adoptive, step, foster)	1
Legal guardian	2
Temporary guardian or caretaker	3
Grandparent	4
Aunt/Uncle	5
Brother/Sister	6
Other (Please specify) [TEXT BOX]	7

[IF QS2=3,4,5,6 OR 7]

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

Yes	1
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 [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=2, FILL= NAME/INITIAL]'s health and health care experiences.

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

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

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

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



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

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

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

- Yes 1
- No 2

QS11. During the past 12 months, did a doctor or other healthcare provider talk with you about the following topics related to [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]:

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

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

QS15. The next question asks about [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL]'s health insurance or health coverage plans. In answering this question, please exclude plans that pay for only one type of service (such as nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized or discounts on medical care.

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

	Covered	Not Covered	Not sure
Insurance through a current or former employer or union (of yours or another family member's)	1	2	3
Insurance purchased directly from an insurance company (by you or another family member)	1	2	3
Medicare, for people 65 and older, or people with certain disabilities	1	2	3
Medicaid, Medical Assistance (MA), Children's 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].	1	2	3
TRICARE or other military health care, including VA	1	2	3
Indian Health Service	1	2	3
Any other type of health insurance coverage or health coverage plan	1	2	3

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

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

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

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

[IF QS15G = COVERED OR QS16=2]

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

[TEXT BOX]

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

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

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or 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=2, FILL= NAME/INITIAL]'s health insurance coverage over the past 12 months, how many months was [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] insured? Your best estimate is fine.

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

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

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

- Yes 1
- No 2
- Don't know 77

[IF QS20=1]

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

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

[IF QS20=1]

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

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

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

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

Yes	1
No	2
Don't know	77

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

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

Yes	1
No	2
Don't know	77

[IF QS22=1]

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

Yes	1
No	2
Don't know	77

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

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

Yes, employer (either yours or family member's) offers health insurance for dependents	1
No, employer (either yours or family member's) DOES NOT offer health insurance for dependents	2
Not employed	3

[IF QS24A=1]

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

All	1
Some	2
None	3
Don't know	4

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

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

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

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

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

- Yes 1
- No 2

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

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

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

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

[IF QS28="NOT SURE OF AMOUNT" OR REFUSED]

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

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

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

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

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

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

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

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

- One 1
- Two 2
- None 3



[IF QS30=1 OR 3]

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

- Yes 1
- No 2

[IF QS30B=1]

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

- Yes 1
- No 2

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

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

- Yes 1
- No 2

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

- Yes 1
- No 2

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

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

[INSERT STANDARD CLOSE]