

Health Reform Monitoring Survey

www.urban.org/hrms

Quarter 1 2020

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

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, special telephone or communication device?

Yes	1
No	2

Q3B. Do you currently have a health condition that has lasted for a year or more or is expected to last for a year or more?

This could be a physical health condition (such as arthritis, asthma, cancer, dementia, diabetes, heart disease, high cholesterol, hypertension or stroke), a behavioral health or mental health condition, or a developmental disability.

Yes, one condition	1
Yes, more than one condition	2
No	3

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

[IF Q4=1 OR 2; RESPONDENTS RANDOMLY ASSIGNED TO DOV_TRUST_ORDER = 1 OR 2]

TQ57A. What kind of place do you usually go to [IF Q4=2: most often]?

- Clinic or health center 1
- Doctor's office or HMO 2
- Hospital emergency room 3
- Hospital outpatient department 4
- Urgent care clinic 5
- Retail store care clinic 6
- Some other place 7

[IF Q4=1 OR 2]

TQ57P. Are the following statements about the place you usually go to [IF Q4=2: most often] when you are sick or need advice about your health [IF DOV_TRUST_ORDER=1: never true, rarely true, sometimes true, often true, or always true] [IF DOV_TRUST_ORDER=2: always true, often true, sometimes true, rarely true, or never true]?

	Never true	Rarely true	Sometimes true	Often true	Always true
1. I am treated with courtesy and respect at the place that I usually go to [IF Q4=2: most often] when I am sick or need advice about my health.	1	2	3	4	5
2. I trust the place that I usually go to [IF Q4=2: most often] when I am sick or need advice about my health.	1	2	3	4	5

[IF Q4=3 OR REFUSED]

TQ57Q. What kind of place or places do you go to most often when you are sick or need advice about your health?

- Clinic or health center 1
- Doctor's office or HMO 2
- Hospital emergency room 3
- Hospital outpatient department 4
- Urgent care clinic 5
- Retail store care clinic 6
- Some other place (please specify): [TEXT BOX] 7

[IF Q4=3 OR REFUSED]

TQ57R. Are the following statements about the place or places you go to most often when you are sick or need advice about your health [IF DOV_TRUST_ORDER=1: never true, rarely true, sometimes true, often true, or always true] [IF DOV_TRUST_ORDER=2: always true, often true, sometimes true, rarely true, or never true]?

	Never true	Rarely true	Sometimes true	Often true	Always true
1. I am treated with courtesy and respect at the place or places that I go to most often when I am sick or need advice about my health.	1	2	3	4	5
2. I trust the place or places that I go to most often when I am sick or need advice about my health.	1	2	3	4	5

[IF (Q4=1 OR 2) AND TQ57A=1,2,4,5,6,7 OR REFUSED]

TQ57H. Do you have a person at [IF Q4=1: your usual place of care] [IF Q4=2: the usual place of care you go most often] that you think of as your personal doctor or health care provider?

- Yes, one person 1
- Yes, more than one person 2
- No 3

[IF TQ57H=1 OR 2]

TQ57H_2. Is [IF TQ57H=1: your personal health care provider] [IF TQ57H=2: the personal health care provider that you see most often] a doctor or some other type of health care provider?

- Doctor 1
- Some other type of health care provider 2
- Not sure 3

[IF TQ57H=1 OR 2]

TQ57S. Are the following statements about [IF TQ57H=1: your personal health care provider] [IF TQ57H=2: the personal health care provider that you see most often] [IF DOV_TRUST_ORDER=1: never true, rarely true, sometimes true, often true, or always true] [IF DOV_TRUST_ORDER=2: always true, often true, sometimes true, rarely true, or never true]?

	Never true	Rarely true	Sometimes true	Often true	Always true
1. I am treated with courtesy and respect by [IF TQ57H=1: my personal health care provider] [IF TQ57H=2:	1	2	3	4	5

the personal health care provider that I see most often].					
2. I trust [IF TQ57H=1: my personal health care provider] [IF TQ57H=2: the personal health care provider that I see most often].	1	2	3	4	5

TQ57T. Are the following statements about most doctors [IF DOV_TRUST_ORDER=1: never true, rarely true, sometimes true, often true, or always true] [IF DOV_TRUST_ORDER=2: always true, often true, sometimes true, rarely true, or never true]?

	Never true	Rarely true	Sometimes true	Often true	Always true
1. I am treated with courtesy and respect by most doctors.	1	2	3	4	5
2. I trust most doctors.	1	2	3	4	5

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

[RANDOMLY ASSIGN RESPONDENTS TO DOV_Q24=1 OR DOV_Q24=2.]

Q24. The next few questions gather some information about you and your family [IF DOV_Q24=1: that we need in order to ask the right questions for the rest of the survey]. Are you now...

- Married 1
- Widowed 2
- Divorced 3
- Separated 4
- Never married 5

[IF Q24=2-5 OR REFUSED]

Q24A. Are you currently living with a partner to whom you are not married?

- Yes 1
- No 2

[IF Q24=1 OR Q24A=1]

Q25. Does your [if Q24=1: spouse] [if Q24A=1: partner] have a physical or mental condition, impairment, or disability that affects their daily activities OR that requires them to use special equipment or devices, such as a wheelchair, special telephone or communication device?

Yes	1
No	2

Q26. Are you the parent or guardian of any children or stepchildren under age 19 who are living with you?

Yes
No

[IF Q26=1]

Q27. How many of your children or stepchildren under age 19 are living with you?

___ number of your children or stepchildren under age 19 who are living with you

[CREATE DOV_FAMSIZE = 1 (RESPONDENT) + SPOUSE (Q24=1) + PARTNER (Q24A=1) + NUMBER OF CHILDREN IN Q27]

[IF Q26=1 AND Q27>1 OR REFUSED]

Q28. How many of your children or stepchildren who are living with you are under age 6?

___ number of your children or stepchildren under age 6 who are living with you

[IF Q26=1 AND Q27=1]

Q28a. Is your child or stepchild who is living with you under age 6?

Yes	1
No	2

[IF Q26=1]

Q29. [IF Q27=1: Does your child or stepchild] [IF Q27>1 OR REFUSED: Do any of your children or stepchildren] have a physical or mental condition, impairment, or disability that affects their daily activities OR that requires them to use special equipment or devices, such as a wheelchair, special telephone or communication device?

Yes	1
No	2

Q29A. [if dov_famsize>1: Other than your [if Q24=1: spouse] [if Q24A=1: partner] [if Q24=1 or Q24A=1: and] [if Q26=1: children or stepchildren under 19], are] [if dov_famsize=1: Are] you currently living with any [if dov_famsize>1: other] relatives?

Yes 1
 No 2

Q29B. Other than yourself [if Q24=1 or Q24A=1: and your [if Q24=1: spouse] [if Q24: partner]], how many people ages 18 and older are living with you?

___ number of people ages 18 and older who are living with you

[CREATE NUMPEOPLE_HH_18PL = PERSON + SPOUSE (Q24=1) + PARTNER (Q24A=1) + NUMBER IN Q29B]

[IF DOV_FAMSIZE>1 OR Q29A=1 OR Q29B>0]

Q29C. Do any of the following people in your household have a health condition that has lasted for a year or more or is expected to last for a year or more?

This could be a physical health condition (such as arthritis, asthma, cancer, diabetes, heart disease, high cholesterol, hypertension or stroke), a behavioral health or mental health condition, or a developmental disability.

	Yes	No
1. [if Q24=1 or Q24A=1] Your [if Q24=1: spouse/if Q24A=1: partner]	1	2
2. [if Q26=1] Your children or stepchildren under 19 who are living with you]	1	2
3. [if (Q24=1 or Q24A=1 or Q26=1) and Q29A=1] Other relatives who are living with you [if Q24 NE 1 and Q24A NE 1 and Q26 NE 1 and Q29A=1] Relatives who are living with you	1	2
4. [if Q29B>0] Nonrelatives who are living with you	1	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	1	2	3

family member's). This would include COBRA coverage			
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 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. [IF Q7D CELL IS NOT MISSING INSERT: 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, 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 [IF ONE LOGO: logo] [IF MORE THAN ONE LOGO: logos].

[INSERT HEALTHCARE.GOV LOGO AND RELEVANT STATE MARKETPLACE LOGO, IF ANY]
[FOR STATES WITH TWO LOGOS (ENGLISH AND SPANISH), SHOW BOTH]

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 of the health plan as it appears on your health plan card.

HEALTH PLAN NAME: [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 of the health plan as it appears on your health insurance card.

Health plan name: [TEXT BOX]

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

TQ57V. Are the following statements about

[IF (COVERED SELECTED FOR ONLY ONE ITEM IN Q7A-G OR Q8=2) AND Q7C NE 1 AND Q7D NE 1 AND Q7E NE1 AND Q7F NE1 AND Q8E NE 2 AND Q8H NE 1: your health insurance plan or company]

[IF (COVERED SELECTED FOR ONLY ONE ITEM IN Q7A-G OR Q8=2) AND (Q7C=1 OR Q7D=1 OR Q7E=1 OR Q7F=1 OR Q8E=2 OR Q8H=1): your health insurance plan, company, or program]

[IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7A-G) AND Q7C NE 1 AND Q7D NE 1 AND Q7E NE1 AND Q7F NE1 AND Q8E NE 2 AND Q8H NE 1: the health insurance plan or company for your main source of coverage]

[IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7A-G) AND (Q7C=1 OR Q7D=1 OR Q7E=1 OR Q7F=1 OR Q8E=2 OR Q8H=1): the health insurance plan, company, or program for your main source of coverage]

[IF DOV_TRUST_ORDER=1: never true, rarely true, sometimes true, often true, or always true?]

[IF DOV_TRUST_ORDER=2: always true, often true, sometimes true, rarely true, or never true?]

	Never true	Rarely true	Sometimes true	Often true	Always true
<p>1. I am treated with courtesy and respect by [IF (COVERED SELECTED FOR ONLY ONE ITEM IN Q7A-G OR Q8=2) AND Q7C NE 1 AND Q7D NE 1 AND Q7E NE1 AND Q7F NE1 AND Q8E NE 2 AND Q8H NE 1: my health insurance plan or company.]</p> <p>[IF (COVERED SELECTED FOR ONLY ONE ITEM IN Q7A-G OR Q8=2) AND (Q7C=1 OR Q7D=1 OR Q7E=1 OR Q7F=1 OR Q8E=2 OR Q8H=1): my health insurance plan, company, or program.]</p> <p>[IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7A-G) AND Q7C NE 1 AND Q7D NE 1 AND Q7E NE1 AND Q7F NE1 AND Q8E NE 2 AND Q8H NE 1: the health insurance plan or company for my main source of coverage.]</p>	1	2	3	4	5

[IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7A-G) AND (Q7C=1 OR Q7D=1 OR Q7E=1 OR Q7F=1 OR Q8E=2 OR Q8H=1): the health insurance plan, company, or program for my main source of coverage.]					
2. I trust [IF (COVERED SELECTED FOR ONLY ONE ITEM IN Q7A-G OR Q8=2) AND Q7C NE 1 AND Q7D NE 1 AND Q7E NE1 AND Q7F NE1 AND Q8E NE 2 AND Q8H NE 1: my health insurance plan or company.] [IF (COVERED SELECTED FOR ONLY ONE ITEM IN Q7A-G OR Q8=2) AND (Q7C=1 OR Q7D=1 OR Q7E=1 OR Q7F=1 OR Q8E=2 OR Q8H=1): my health insurance plan, company, or program.] [IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7A-G) AND Q7C NE 1 AND Q7D NE 1 AND Q7E NE1 AND Q7F NE1 AND Q8E NE 2 AND Q8H NE 1: the health insurance plan or company for my main source of coverage.] [IF (COVERED SELECTED FOR MORE THAN ONE ITEM IN Q7A-G) AND (Q7C=1 OR Q7D=1 OR Q7E=1 OR Q7F=1 OR Q8E=2 OR Q8H=1): the health insurance plan, company, or program for my main source of coverage.]	1	2	3	4	5

TQ57U. Are the following statements about the health care system [IF DOV_TRUST_ORDER=1: never true, rarely true, sometimes true, often true, or always true] [IF DOV_TRUST_ORDER=2: always true, often true, sometimes true, rarely true, or never true]?

	Never true	Rarely true	Sometimes true	Often true	Always true
I am treated with courtesy and respect by the health care system.	1	2	3	4	5

I trust the health care system.	1	2	3	4	5
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Q10. Thinking about your health insurance coverage over the past 12 months, how many months were you insured since [CURRENT MONTH] [CURRENT YEAR-1]? 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 NO ITEMS IN GRID FOR Q7A-Q7G=1("COVERED") AND Q8=1]

Q10J. People can go without health insurance coverage for many reasons. How important is the cost of health insurance coverage in your decision not to have health insurance?

Very important	1
Somewhat important	2
Not too important	3
Not at all important	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
Not employed	3

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

Q10H. Does your current health insurance plan cover all of the other people in your family? That is, your spouse or partner (if present) and any of your children or stepchildren under 19 who live with you.

Yes, covers everyone in family	1
No, does not cover everyone in family	2

[IF Q10H=2 OR REFUSED]

Q10I. Are all of the other people in your family currently covered by health insurance or a health coverage plan?

Yes	1
No	2

[IF DOV_FAMSIZE>1 AND (AT LEAST ONE ITEM IN GRID FOR Q7A–G = 1 (“COVERED”) OR Q8=2) AND Q10=1 OR REFUSED AND Q10I NE 2]

Q16C. Thinking about the past 12 months, did any of your family members go without health insurance at any time since [CURRENT MONTH] [CURRENT YEAR-1]?

- Yes, someone in my family has been uninsured 1
- No, no one in my family has been uninsured 2

TQ93A. Do you currently 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 NE 1]

TQ93G. In the past 12 months, did you ever have any type of insurance that helps pay some of the costs for dental care?

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

Q6. In answering the following questions, please think about your experiences obtaining health care in the past 12 months, that is, since [CURRENT MONTH] [CURRENT YEAR-1]:

	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. [IF AT LEAST ONE ITEM IN GRID FOR Q7A-G=1 OR Q8=2 OR Q10=1-3: 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 ANY ITEM IN Q6A-D=1]

Q6G. Were you able to find a doctor or other health care provider who would see you?

- Yes 1

No 2

[IF ANY ITEM IN Q6A-D=1]

Q6H. In the past 12 months, did you ever go without health care that you needed because you had trouble finding a doctor or other health care provider who would see you?

Yes 1
No 2

TQ161. In answering the following questions, please think about your experiences obtaining behavioral health or mental health care in the past 12 months. This would include mental health care or counseling from a psychiatrist, psychologist, psychiatric nurse, clinical social worker, therapist, or other mental health professional, or from a general doctor or primary care physician. It would also include treatment or counseling for alcohol or drug use.

	Yes	No	Did not need care
a. Did you have trouble finding a health care provider who would see you for behavioral health or mental health care?	1	2	3
b. Were you told by a health care provider's office or clinic that they were not accepting new patients for behavioral health or mental health care?	1	2	3
c. [IF AT LEAST ONE ITEM IN GRID FOR Q7A-G=1 OR Q8=2 OR Q10=1-3: Were you told by a health care provider's office or clinic that they did not accept your type of health insurance coverage for behavioral health or mental health care?]	1	2	3
d. Did you have trouble getting an appointment for behavioral health or mental health care at a health care provider's office or clinic as soon as you thought you needed one?	1	2	3

[IF ANY ITEM IN TQ161A-D=1]

TQ161D. Were you able to find a health care provider who would see you for behavioral health or mental health care?

Yes 1
No 2

[IF ANY ITEM IN TQ161A-D=1]

TQ161E. In the past 12 months, did you ever go without behavioral health or mental health care that you needed because you had trouble finding a health care provider who would see you for behavioral health or mental health care?

Yes 1

No

2

TQ162. In answering the following questions, please think about your experiences obtaining dental care in the past 12 months. This would include dental care from all types of dentists, such as orthodontists, oral surgeons, and all other dental specialties, as well as dental hygienists.

	Yes	No	Did not need care
a. Did you have trouble finding a dentist or other dental provider who would see you?	1	2	3
b. Were you told by a dentist’s office that they were not accepting new patients?	1	2	3
c. [IF TQ93A=1 OR TQ93G=1: Were you told by a dentist’s office that they did not accept your dental insurance coverage?]	1	2	3
d. Did you have trouble getting an appointment at a dentist’s office as soon as you thought you needed one?	1	2	3

[IF ANY ITEM IN TQ162A-D=1]

TQ162D. Were you able to find a dentist or other dental care provider who would see you?

Yes 1
 No 2

[IF ANY ITEM IN TQ162A-D=1]

TQ162E. In the past 12 months, did you ever go without dental care that you needed because you had trouble finding a dentist or other dental care provider who would see 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]

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 \$17,700	Above \$17,700 and less than \$31,900	At or above \$31,900 and less than \$51,100	At or above \$51,100
Two people	At or below \$23,800	Above \$23,800 and less than \$43,100	At or above \$43,100 and less than \$69,000	At or above \$69,000
Three people	At or below \$30,000	Above \$30,000 and less than \$54,300	At or above \$54,300 and less than \$86,900	At or above \$86,900
Four people	At or below \$36,200	Above \$36,200 and less than \$65,500	At or above \$65,500 and less than \$104,800	At or above \$104,800
Five people	At or below \$42,400	Above \$42,400 and less than \$76,700	At or above \$76,700 and less than \$122,800	At or above \$122,800
Six people	At or below \$48,600	Above \$48,600 and less than \$87,900	At or above \$87,900 and less than \$140,700	At or above \$140,700
Seven people	At or below \$54,800	Above \$54,800 and less than \$99,100	At or above \$99,100 and less than \$158,600	At or above \$158,600
Eight people	At or below \$60,900	Above \$60,900 and less than \$110,300	At or above \$110,300 and less than \$176,500	At or above \$176,500
Nine people	At or below \$67,100	Above \$67,100 and less than \$121,500	At or above \$121,500 and less than \$194,400	At or above \$194,400
Ten or more people	At or below \$73,300	Above \$73,300 and less than \$132,700	At or above \$132,700 and less than \$212,400	At or above \$212,400

[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]: \$12,800
 [IF Q14A=2]: \$17,300
 [IF Q14A=3]: \$21,800
 [IF Q14A=4]: \$26,200

[IF Q14A=5]: \$30,700
[IF Q14A=6]: \$35,200
[IF Q14A=7]: \$39,700
[IF Q14A=8]: \$44,200
[IF Q14A=9]: \$48,600
[IF Q14A=10]: \$53,100

Yes	1
No	2

[IF Q14C=1]

Q14D. Was your family's total income over the last year at or below {FILL}? Your best estimate is fine.

INSERT {FILL} BASED ON THE VALUES BELOW:

[IF Q14A=1]: \$6,400
[IF Q14A=2]: \$8,700
[IF Q14A=3]: \$10,900
[IF Q14A=4]: \$13,100
[IF Q14A=5]: \$15,400
[IF Q14A=6]: \$17,600
[IF Q14A=7]: \$19,900
[IF Q14A=8]: \$22,100
[IF Q14A=9]: \$24,300
[IF Q14A=10]: \$26,600

Yes	1
No	2

[IF Q14B=4]

Q14E. Was your family's total income over the last year at or above {FILL}? Your best estimate is fine.

INSERT {FILL} BASED ON THE VALUES BELOW:

[IF Q14A=1]: \$76,600
[IF Q14A=2]: \$103,500
[IF Q14A=3]: \$130,400
[IF Q14A=4]: \$157,200
[IF Q14A=5]: \$184,100
[IF Q14A=6]: \$211,000
[IF Q14A=7]: \$237,900
[IF Q14A=8]: \$264,800
[IF Q14A=9]: \$291,600
[IF Q14A=10]: \$318,500

Yes	1
-----	---

No

2

[IF Q14B NE 4]

Q30. The next questions ask about public benefits you [IF DOV_FAMSIZE>1: or your family] may have received in the past 12 months. Did you [IF DOV_FAMSIZE>1: or anyone in your family] receive the following benefits at any time since [CURRENT MONTH] [CURRENT YEAR-1]? [IF DOV_FAMSIZE>1: Please include benefits received by you, your spouse or partner, and any of your children or stepchildren under 19 who are living with you.]

	Yes	No	Don't know
a. The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].	1	2	3
b. A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing	1	2	3
c. Cash assistance from a state or county welfare program, including Temporary Assistance for Needy Families (TANF) [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: , which you may know as [INSERT PROGRAM NAME] in your state.]	1	2	3

Q31. Did you receive the following benefits at any time in the past 12 months? [IF DOV_FAMSIZE>1: For this question, please exclude benefits received by another family member.]

	Yes	No	Don't know
a. [IF Q14B NE 4 and Q7D=2,3,refused: Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored health insurance coverage based on income or a disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].]	1	2	3
b. [IF Q14B NE 4: Supplemental Security Income (SSI), which provides cash assistance to low-income aged, blind and disabled persons]	1	2	3
c. Social Security Disability Income (SSDI), which provides cash assistance to disabled adults who worked long enough to qualify	1	2	3
d. Unemployment insurance benefits	1	2	3

[IF DOV_FAMSIZE>1 AND (Q14B NE 4 OR Q24=1 OR Q24A=1)]

Q31A. Did [IF (Q24=1 OR Q24A=1) AND Q26=1: any other members of your family] [IF (Q24=1 OR Q24A=1) AND Q26 NE 1: your spouse or partner] [IF Q24 NE 1 AND Q24A NE 1 AND Q26=1: your children or stepchildren] receive the following benefits at any time in the past 12 months? [IF (Q24=1 OR Q24A=1) AND Q26=1: Please include benefits received by your spouse or partner and any of your children or stepchildren under 19 who are living with you.]

	Yes	No	Don't know
a. [IF Q14B NE 4: Medicaid, Medical Assistance, the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored health insurance coverage based on income or a disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].]	1	2	3
b. [IF Q14B NE 4: Supplemental Security Income (SSI), which provides cash assistance to low-income aged, blind and disabled persons]	1	2	3
c. [IF Q24=1 OR Q24A=1: Social Security Disability Income (SSDI), which provides cash assistance to disabled adults who worked long enough to qualify]	1	2	3
d. [IF Q24=1 OR Q24A=1: Unemployment insurance benefits]	1	2	3

Q13. For this question, think about your [IF DOV_FAMSIZE>1: and your family's] health care experiences over the past 12 months, that is, since [CURRENT MONTH] [CURRENT YEAR-1]. Did you [IF DOV_FAMSIZE>1: 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.

Yes 1
 No 2

[IF DOV_FAMSIZE>1 AND Q13=1]

Q13B. Were any of those medical bills for your own health care?

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

Q12. Thinking about your health care experiences over the past 12 months, that is, since [CURRENT MONTH] [CURRENT YEAR-1], was there any time when you needed any of the following but didn't get it because you couldn't afford it?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor	1	2
c. 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
d. To get medical tests, treatment, or follow-up care	1	2
e. Dental care	1	2
f. Mental health care or counseling	1	2
g. Treatment or counseling for alcohol or drug use	1	2

[IF DOV_FAMSIZE > 1]

Q12D. For this question, please think about the health care experiences of the other members of your family over the past 12 months. Was there any time when a family member needed any of the following but didn't get it because your family couldn't afford it?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor	1	2
c. 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
d. To get medical tests, treatment, or follow-up care	1	2
e. Dental care	1	2
f. Mental health care or counseling	1	2
g. Treatment or counseling for alcohol or drug use	1	2

TQ67. Over the past 12 months, that is, since [CURRENT MONTH] [CURRENT YEAR-1], was there any time when you [IF DOV_FAMSIZE>1: or anyone in your family] had problems paying or were unable to pay the premium for a 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

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]

Q17E. Do you have the following at your main job [if Q17=2: or business]?

	Yes	No	Don't know
1. Paid sick leave	1	2	3
2. Paid family and medical leave	1	2	3
3. The ability to work flexible hours	1	2	3
4. The ability to do at least part of your job from home	1	2	3

[IF (Q24=1 OR Q24A=1) AND Q17=3 OR REFUSED]

Q17C. Is your [if Q24=1: spouse] [if Q24A=1: partner] currently working for pay or self-employed?

Yes, [if Q24=1: spouse] [if Q24A=1: partner] is working for pay or self-employed 1
 No, not working 2

[IF (Q17=3 OR REFUSED) AND (Q17C=2, REFUSED, SKIP) AND NUMPEOPLE_HH_18PL>1]

Q17D. Other than yourself [if Q24=1 or Q24A=1: and your [if Q24=1: spouse/if Q24A=1: partner], are any other adults in your household currently working for pay or self-employed?

Yes, other adults in my household are working for pay or self-employed 1
 No, not working 2

TQH4. How hard is it for you to pay for essential household expenses like food, housing, and heating?

Very hard 1
 Somewhat hard 2
 Not too hard 3
 Not hard at all 4

TQH5. How confident are you that you could come up with \$400 if an unexpected expense arose within the next month?

Very confident 1
 Somewhat confident 2
 Not too confident 3
 Not at all confident 4

To help us understand how American families are doing right now, we would like to know more about the ability of you and your family to meet basic needs. For the next questions, please think about the last 30 days.

TQH6. In the last 30 days, did [if dov_famsize=1: you] [if dov_famsize>1: you or someone in your family] have trouble finding a doctor or other health care provider who would see you? [if dov_famsize>1: By family, we mean you, your spouse or partner, and any of your children or stepchildren under 19 who are living with you.]

Yes 1
 No 2
 Did not need care 3

[IF TQH6 NE 3]

TQH7. In the last 30 days, did [if dov_famsize=1: you] [if dov_famsize>1: you or someone in your family] have trouble getting an appointment at a doctor’s office or clinic as soon as you thought it was needed?

Yes 1
 No 2
 Did not need care 3

TQH8. In the last 30 days, did [if dov_famsize=1: you] [if dov_famsize>1: you or someone in your family] have trouble getting prescription drugs?

Yes 1
 No 2
 Did not need prescription drugs 3

TQH9. Was there any time in the last 30 days when [if dov_famsize=1: you] [if dov_famsize>1: you or someone in your family] needed any of the following but didn’t get it because [if dov_famsize=1: you] [if dov_famsize>1: your family] couldn’t afford it?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor	1	2
c. 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
d. To get medical tests, treatment, or follow-up care	1	2
e. Dental care	1	2
f. Mental health care or counseling	1	2
g. Treatment or counseling for alcohol or drug use	1	2

TQH10. Was there any time in the last 30 days when:

	Yes	No

a. Your household did not pay the full amount of the rent or mortgage or was late with a payment because your household could not afford to pay?	1	2
b. Your household was not able to pay the full amount of the gas, oil, or electricity bills?	1	2

TQH11. The following are statements that people have made about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for [if numpeople_hh_18pl=1: you; if numpeople_hh_18pl>1: your household] in the last 30 days.

The first statement is, “The food that [if numpeople_hh_18pl=1: I; if numpeople_hh_18pl>1: we] bought just didn’t last, and [if numpeople_hh_18pl=1: I; if numpeople_hh_18pl>1: we] didn’t have money to get more.”

Was that often, sometimes, or never true for [if numpeople_hh_18pl=1: you; if numpeople_hh_18pl>1: your household] in the last 30 days?

Often true	1
Sometimes true	2
Never true	3
Don’t know	4

TQH12. “[if numpeople_hh_18pl=1: I; if numpeople_hh_18pl>1: We] couldn’t afford to eat balanced meals.”

Was that often, sometimes, or never true for [if numpeople_hh_18pl=1: you; if numpeople_hh_18pl>1: your household] in the last 30 days?

Often true	1
Sometimes true	2
Never true	3
Don’t know	4

TQH13. In the last 30 days, did [if numpeople_hh_18pl=1: you; if numpeople_hh_18pl>1: you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?

Yes	1
No	2
Don’t know	3

[IF TQH13=1]

TQH14. In the last 30 days, how many days did this happen?

_____ days
Don’t know

[CREATE DOV_FOODSCREEN = 0 IF TQH11=3 AND TQH12=3 AND TQH13=2, ELSE DOV_FOODSCREEN = 1]

[IF DOV_FOODSCREEN=1]

TQH15. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

Yes	1
No	2
Don't know	3

[IF DOV_FOODSCREEN=1]

TQH16. In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

Yes	1
No	2
Don't know	3

The next few questions ask about the coronavirus outbreak, also known as Covid-19, and how it has affected you and your household.

TQCOVID1. Since the coronavirus outbreak began, have you or someone in your household tried to get tested for coronavirus?

Yes	1
No	2
Don't know	3

[IF TQCOVID1=1]

TQCOVID2 [M]. Who in your household tried to get tested for coronavirus?

Yourself	1
[if Q24=1 or Q24A=1] Your [if Q24=1: spouse/if Q24A=1: partner]	2
[if Q26=1] Your children or stepchildren under 19 who are living with you	3
[if (Q24=1 or Q24A=1 or Q26=1) and Q29A=1: Other relatives who are living with you] [if Q24 NE 1 and Q24A NE 1 and Q26 NE 1 and Q29A=1: Relatives who are living with you]	4
[if Q29B>0] Nonrelatives who are living with you	5

[IF TQCOVID1=1]

TQCOVID3. Thinking about the person in your household who tried to get tested most recently, how difficult or easy was it to get tested?

Very difficult	1
Difficult	2

- Neither easy or difficult 3
- Easy 4
- Very easy 5
- [if TQCOVID2 is selected for items 2, 3, 4, or 5: Don't know] 6

[IF TQCOVID1=1]

TQCOVID4. Thinking about the person in your household who tried to get tested most recently, were they able to get tested?

- Yes 1
- No 2

[IF TQCOVID1=2, 3, OR REFUSED]

TQCOVID5. To the best of your knowledge, have you or someone in your household been exposed to coronavirus?

- Yes 1
- No 2
- Not sure 3

[IF TQCOVID5=2, 3, OR REFUSED]

TQCOVID6. How worried are you that you or someone in your household will be exposed to coronavirus?

- Not at all worried 1
- Not too worried 2
- Somewhat worried 3
- Very worried 4

The next questions focus on the impact of the coronavirus outbreak on the economy and on daily life for you and your family. For these questions, we're interested in your immediate family, which would include you, your spouse or partner, and any of your children or stepchildren under 19 who are living with you.

TQCOVID7. Thinking about the impact of the coronavirus outbreak on the economy, how has your work or the work of someone in your family been affected?

	Yes	No
Lost a job or was laid off from a job	1	2
Furloughed or reduced hours at work	1	2
Lost earnings or income from a job or business	1	2
Worked from home	1	2
Found a new job	1	2
Increased hours at work	1	2
Increased earnings or income from a job or business	1	2

TQCOVID8. Because of the impact of the coronavirus outbreak, have you or your family done each of the following?

	Yes	No
1. Put off major household purchases	1	2
2. Used up all or most of your savings	1	2
3. Cut back spending on food	1	2
4. Cut back spending on other basic supplies	1	2
5. Took money out of retirement, college, or other long-term savings accounts	1	2
6. Increased your credit card debt	1	2
7. Did not pay the full amount of the rent or mortgage or were late with a payment	1	2
8. Did not pay the full amount of the gas, oil, or electricity bills	1	2
9. Did not get medical care because your family couldn't afford it	1	2

TQCOVID9. Because of the impact of the coronavirus outbreak, have you or your family experienced any of the following:

	Yes	No
1. [if Q26=1]: Had children stay home because of school or day care closures	1	2
2. [if Q26=1]: Had to stay home from work to care for children	1	2
3. Had other relatives or friends move in with you	1	2
4. Moved in with other relatives or friends	1	2
5. Had a college student move back home	1	2
6. Helped a relative, friend, or neighbor get food, prescription drugs, or basic supplies	1	2

TQCOVID10. Because of the impact of the coronavirus outbreak, have you or your family had difficulty with any of the following:

	Yes	No
1. [if Q26=1]: Arranging child care	1	2
2. Arranging care for an elderly parent, a sibling, or another relative who does not live with you	1	2
3. Getting food or other basic supplies for your household because of store closures, lack of inventory, or higher prices	1	2
4. Helping an elderly parent, sibling, or other relative get food or other basic supplies	1	2

5. Finding a doctor or other health care provider who would see you	1	2
6. Getting an appointment at a doctor's office or clinic as soon as you thought you needed one	1	2
7. Getting prescription drugs	1	2

TQCOVID11. For this question, think about the year before the coronavirus outbreak in the US, that is between March 2019 and February 2020. Was there a time in the year before the coronavirus outbreak when:

	Yes	No
a) Your household did not pay the full amount of the rent or mortgage or was late with a payment because your household could not afford to pay	1	2
b) Your household was not able to pay the full amount of the gas, oil, or electricity bills	1	2
c) You [if dov_famsize>1: or a family member] needed medical care but didn't get it because [if dov_famsize=1: you] [if dov_famsize>1: your family] couldn't afford it	1	2
d) The food that [if numpeople_hh_18pl=1: you] [if numpeople_hh_18pl>1: your household] bought didn't last and you didn't have money to get more	1	2
e) [if numpeople_hh_18pl=1: You] [if numpeople_hh_18pl>1: Your household] couldn't afford to eat balanced meals	1	2
f) [if numpeople_hh_18pl=1: You] [if numpeople_hh_18pl>1: You or other adults in your household] ever cut the size of your meals or skipped meals because there wasn't enough money for food	1	2

TQCOVID12. Thinking about the next month, how worried are you that you and your family will have difficulty with each of the following?

	Not at all worried	Not too worried	Somewhat worried	Very worried
1. Having enough to eat	1	2	3	4
2. Being able to work as many hours as you want	1	2	3	4
3. Being able to pay your rent or mortgage	1	2	3	4
4. Being able to pay your gas, oil, or electricity bills	1	2	3	4
5. Being able to pay your debts	1	2	3	4
6. Being able to pay for medical costs	1	2	3	4

TQCOVID13. Thinking about the next month, how worried are you that you and your family will have difficulty with each of the following?

	Not at all worried	Not too worried	Somewhat worried	Very worried
	1	2	3	4
1. Being able to get basic supplies you need	1	2	3	4
2. Finding a doctor or other health care provider who will see you	1	2	3	4
3. Getting an appointment at a doctor's office or clinic as soon as you need one	1	2	3	4
4. Getting prescription drugs	1	2	3	4

The next questions ask about citizenship.

TQCIT1. Are you a citizen of the United States?

Yes 1
No 2

[IF Q24=1 OR Q24A=1]

TQCIT2. Is your [if Q24=1: spouse] [if Q24A=1: partner] a citizen of the United States?

Yes 1
No 2

[IF Q26=1 OR Q29A=1]

TQCIT3. [if Q24=1 or Q24A=1: Other than your [if Q24=1: spouse/if Q24A=1: partner, are] [if Q24 NE 1 and Q24A NE 1: Are] all of the other relatives currently living with you citizens of the United States?

Yes, all are citizens 1
No, all are noncitizens 2
Some are citizens and some are noncitizens 3

[RANDOMLY ASSIGN TO HALF OF SAMPLE]

QFollowup. Based on your responses to the survey, you may be eligible to participate in a 20-minute follow-up telephone interview to learn more about your health care experiences. If you are selected for a follow-up interview, your first name, phone number, some of your survey responses, and some of your characteristics (such as age, gender, and race/ethnicity) will be shared with the researcher who will be conducting these interviews. Responding yes to this question does not guarantee you will be contacted, and if you are, you will have the opportunity to decide whether or not you want to participate. Would you be interested in being contacted to hear more about the follow-up interviews?

Yes 1
No 2