

# Health Reform Monitoring Survey

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

Quarter 3 2017

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

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

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 2016:

	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 2

disease), or focuses on a particular technique (such as surgery).

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, 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 NE1) 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 plan card.  
 HEALTH PLAN NAME: [TEXT BOX]

Q10. Thinking about your health insurance coverage over the past 12 months, how many months were you insured since September 2016? 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 2016?

- 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 do not have health insurance? Check all that apply.

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 the 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 2016 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 2016. 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 \$16,700	Above \$16,700 and less than \$30,200	At or above \$30,200 and less than \$48,300	At or above \$48,300
Two people	At or below \$22,500	Above \$22,500 and less than \$40,600	At or above \$40,600 and less than \$65,000	At or above \$65,000
Three people	At or below \$28,200	Above \$28,200 and less than \$51,100	At or above \$51,100 and less than \$81,700	At or above \$81,700
Four people	At or below \$34,000	Above \$34,000 and less than \$61,500	At or above \$61,500 and less than \$98,400	At or above \$98,400
Five people	At or below \$39,800	Above \$39,800 and less than \$72,000	At or above \$72,000 and less than \$115,200	At or above \$115,200
Six people	At or below \$45,500	Above \$45,500 and less than \$82,400	At or above \$82,400 and less than \$131,900	At or above \$131,900
Seven people	At or below \$51,300	Above \$51,300 and less than \$92,900	At or above \$92,900 and less than \$148,600	At or above \$148,600
Eight people	At or below \$57,100	Above \$57,100 and less than \$103,300	At or above \$103,300 and less than \$165,300	At or above \$165,300
Nine people	At or below \$62,800	Above \$62,800 and less than \$113,800	At or above \$113,800 and less than \$182,000	At or above \$182,000
Ten or more people	At or below	Above \$68,600 and	At or above \$124,200	At or above



	\$68,600	less than \$124,200	and less than \$198,800	\$198,800
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[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]: \$12,100
- [IF Q14A=2]: \$16,300
- [IF Q14A=3]: \$20,500
- [IF Q14A=4]: \$24,600
- [IF Q14A=5]: \$28,800
- [IF Q14A=6]: \$33,000
- [IF Q14A=7]: \$37,200
- [IF Q14A=8]: \$41,400
- [IF Q14A=9]: \$45,500
- [IF Q14A=10]: \$49,700

- 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. It would be helpful to have a rough estimate of your deductible. Was it:

1. Less than \$1,300
2. \$1,300 to less than \$2,600
3. \$2,600 or more

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

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

TQ106. The next few questions ask you about your current health insurance coverage. Under your current health insurance plan, can you choose ANY doctor or MUST you choose one from a specific group or list of doctors who are in your health plan’s network?

- |   |   |
|---|---|
| Can choose any doctor   | 1 |
| Must select from group or list who are in the health plan’s network | 2 |
| Don’t know  | 3 |

[IF TQ106=2]

TQ106A. If you select a doctor who is not in your health plan’s network, will your plan pay for any part of the cost?

- |            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Don’t know | 3 |

[IF TQ106=2]

TQ106B. Thinking about all of the doctors in your community, would you say your health plan’s network includes almost all of the doctors, most of the doctors, or a limited set of the doctors in your community? A plan with a limited set of doctors is sometimes called a narrow network plan.

- |                          |   |
|--------------------------|---|
| Almost all doctors       | 1 |
| Most doctors             | 2 |
| A limited set of doctors | 3 |
| Don’t know               | 4 |

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

[RANDOMLY ASSIGN 75% OF SAMPLE TO TQ104]

TQ104. The 2010 health care law, known as the Affordable Care Act or “Obamacare,” made a number of changes to the health care system, including adding a requirement that individuals have health insurance or else pay a fine. This is sometimes called the “individual mandate.” Given a choice, would you like to see the individual mandate kept or would you like to see it repealed?

- Keep the individual mandate 1
- Repeal the individual mandate 2
- Not sure 3

[IF TQ104=1]

[RANDOMIZE ORDER OF RESPONSES 1-3, ANCHOR RESPONSE ITEM 4]

TQ107A. In the last question, you marked that you would like to see the individual mandate kept. What was the most important reason that you would like that provision to be kept?

- By bringing everyone into the same insurance pool, we can spread the costs of sick and healthy people over the whole population 1
- Without this requirement, people will wait until they get sick to get insurance, which will drive up health insurance premiums for everyone else 2
- Without this requirement, people with health insurance are paying higher health care costs to cover the unpaid medical bills of those who don’t have insurance 3
- Something else 4

[IF TQ104=2]

[RANDOMIZE ORDER OF RESPONSES 1-3, ANCHOR RESPONSE ITEM 4]

TQ107B. In the last question, you marked that you would like to see the individual mandate repealed. What was the most important reason that you would like that provision to be repealed?

- People shouldn't be required to have health insurance if they don't want it 1
- People shouldn't be required to have health insurance if they can't afford it 2
- Healthier people should not have to subsidize sicker ones by being in the same insurance pool with them 3
- Something else 4

[RANDOMIZE ORDER OF RESPONSES]

[RANDOMLY ASSIGN HALF TO RECEIVE A1 AND HALF TO RECEIVE A2]

[RANDOMLY ASSIGN HALF TO RECEIVE B1 AND HALF TO RECEIVE B2]

[RANDOMLY ASSIGN HALF TO RECEIVE C1 AND HALF TO RECEIVE C2]

TQ108. The following are some statements about health insurance and medical care that people sometimes make. Please indicate whether you agree or disagree with each of the following statements.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
a1. Healthy people don't need health insurance.	1	2	3	4	5
a2. Even healthy people are at risk of a sudden injury or illness and so need health insurance.	1	2	3	4	5
b1. No one should be denied medical care because they can't afford it.	1	2	3	4	5
b2. Uninsured people should only get medical care if they can pay for it.	1	2	3	4	5
c1. Health insurance should protect families from the costs of unexpected medical emergencies.	1	2	3	4	5
c2. Health insurance should cover most of the costs of a family's health care.	1	2	3	4	5

TQ67. Over the past 12 months, that is, since September 2016, was there any time when you or anyone in your family had problems paying or were unable to pay the premium for a health insurance plan?

- Yes, had problems paying the premium 1

Yes, unable to pay the premium 2  
 No 3

TQ109. The following are recommendations that people sometimes make for reducing the premiums for health plans that are purchased directly from an insurance company. Please indicate whether you support or oppose the following recommendations for health plans purchased directly from an insurance company.

	Strongly Support	Somewhat Support	Neither Support or Oppose	Somewhat Oppose	Strongly Oppose
a. Use government funds to make additional reductions in premiums for people with modest incomes who have those health plans.	1	2	3	4	5
b. Use government funds to cover the higher costs that come from providing those health plans to people with very high medical needs so that overall premiums will be lower.	1	2	3	4	5
c. Limit the amount doctors and hospitals can charge under those health plans so that overall premiums will be lower.	1	2	3	4	5
d. Allow insurance companies to offer "catastrophic" health plans that have higher deductibles so that those plans can have lower premiums.	1	2	3	4	5

[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 PAST 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?

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? Check all that apply.

- 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
- I had not met the deductible for my health plan yet. 3
- The provider was not in the health plan's network. 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 (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? Check all that apply.

- 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
- I had not met the deductible for my health plan yet. 3
- The provider was not in the health plan's network. 4
- Other (please specify): [TEXT BOX] 5

[IF Q4=1 OR 2]

[RANDOMLY ASSIGN 75% OF ELIGIBLE SAMPLE TO TQ110A-C]

TQ110A. For the next few questions, please think about the place you usually go when you are sick or need advice about your health.

How do you typically get to that place? Do you get there by walking, driving, being driven by someone else, by ambulance or other special vehicle for people with disabilities, by taxi or ride-sharing service (such as Uber or Lyft), by bus or other public transportation, or by some other way?

- Walking 1
- Driving 2
- Being driven by someone else 3
- Ambulance or other special vehicle for people with disabilities 4
- Taxi or ride-sharing service 5
- Bus or other public transportation 6
- Some other way (please specify): [TEXT BOX] 7

[IF Q4=1 OR 2]

TQ110B. About how far do you travel to get to the place you usually go when you are sick or need advice about your health? Your best estimate is fine.

- Less than ½ mile 1
- From ½ mile to less than 1 mile 2
- From 1 mile to less than 2 miles 3
- From 2 miles to less than 5 miles 4

From 5 miles to less than 10 miles	5
10 miles or more	6

[IF Q4=1 OR 2]

TQ110C. About how long does it take you to get to the place you usually go when you are sick or need advice about your health? Your best estimate is fine.

Less than 15 minutes	1
From 15 minutes to less than 30 minutes	2
From 30 minutes to less than 45 minutes	3
From 45 minutes to less than 1 hour	4
1 hour or more	5

[IF AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1 (“COVERED”) OR Q8=2)) AND (Q15A > “\$0” OR Q15A=“NOT SURE OF AMOUNT”)]

TQ102E. How confident are you that you could pay for medical care up to the deductible of your current health plan in the event of a major medical expense?

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

[IF (AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1 (“COVERED”) OR Q8=2)) OR Q10=1-3]

TQ111A. In the past year, have you received a medical bill where your health plan paid much less than you thought it would?

Yes	1
No	2
Don’t know	3

[IF TQ111A=1]

TQ111B. For this question, please think about the last time you received a bill for medical care where you had to pay MUCH more for the care than you expected. Which, if any, of the following surprised you about the bill?

The provider charged more for the medical care than I expected	1
My health plan paid less of the cost of the medical care than I expected	2
The bill was from a provider that I didn’t expect to get a bill from	3

[IF TQ111B=2]

TQ111C. There are many reasons a health plan might pay less of the cost of the medical care than expected. Which, if any, of the following apply to you?

My health plan did not cover the medical care I had received	1
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- The provider was not in my health plan's network and so was not covered at in-network rates 2
- I had not met the deductible for my health plan before receiving the medical care 3
- The co-payment or cost-sharing under my plan was higher than I expected 4

[RANDOMLY ASSIGN TO TQ112A AND TQ112B]

TQ112. Medicaid [if respondent is in a state with state-specific names: , which you may know as [INSERT PROGRAM NAMES] in your state,] provides health insurance coverage and long-term care services to low-income adults, children, pregnant women, elderly adults and people with disabilities.

[RANDOMLY ASSIGN HALF TO RESPONSE ORDER 1-5 AND HALF TO RESPONSE ORDER 5-1]

A. Given what you know about the Medicaid program, do you have a generally favorable or generally unfavorable opinion of the program?

- Very favorable 1
- Somewhat favorable 2
- Neither favorable or unfavorable 3
- Somewhat unfavorable 4
- Very unfavorable 5

B. One suggestion for making health insurance more affordable for people whose incomes are too high to be eligible for Medicaid is to allow them to "buy in" to Medicaid coverage by paying a premium based on their income. Do you think you would ever be interested in buying into Medicaid if the premium for Medicaid coverage was lower than the premium for a private health insurance plan?

- Yes 1
- No 2

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-H 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	1	2	3	4	5

care					
b. Availability of places to get dental care	1	2	3	4	5
c. Availability of arts and entertainment facilities, such as galleries or places for music, plays or movies	1	2	3	4	5
d. Availability of recreational facilities, such as parks and playgrounds	1	2	3	4	5
e. Availability of good jobs	1	2	3	4	5
f. Access to public transportation	1	2	3	4	5
g. Availability of places to take a walk	1	2	3	4	5
h. Availability of places to buy healthy food	1	2	3	4	5

[ORDER OF ITEMS A-H IS RANDOMIZED]

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

	Excellent	Very good	Good	Fair	Poor
a. Ability to get around without driving a car	1	2	3	4	5
b. Safety from crime and violence	1	2	3	4	5
c. Quality of the air and water	1	2	3	4	5
d. Availability of affordable housing	1	2	3	4	5
e. Availability of good schools	1	2	3	4	5
f. As a place where neighbors help each other	1	2	3	4	5
g. As a place to raise children	1	2	3	4	5
h. As a place to meet people and make friends	1	2	3	4	5

[INSERT STANDARD CLOSE]