

Health Reform Monitoring Survey

www.urban.org/hrms

Quarter 3 2018
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

Q3C. In the past 12 months, since September 2017, did you receive Supplemental Security Income (SSI), which provides cash assistance payments to low-income aged, blind and disabled persons, or Social Security Disability Income (SSDI), which provides cash assistance payments to disabled adults with longer work histories? If you're not sure, please make your best guess. Do not include benefits received by a family member.

- Yes, I received Supplemental Security Income (SSI) 1
- Yes, I received Social Security Disability Income (SSDI) 2
- Yes, I received both SSI and SSDI 3
- No 4

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 2017:

	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	1	2	3

a doctor's office or clinic as soon as you thought you needed one?			
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[IF Q6A=1]]

Q6F. Which of the following types of providers did you have trouble finding?

- A general doctor 1
A specialist. A specialist is a medical doctor who focuses on a particular class of patients (such as women), specializes in a particular medical disease or problem (such as heart disease), or focuses on a particular technique (such as surgery). 2

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

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

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

g. Any other type of health insurance coverage or health coverage plan	1	2	3
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[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 2017? 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 2017?

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

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

Q10H. Thinking about the future, how confident are you that you will be able to keep your current health insurance coverage in the coming year?

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

[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?

- I do not want health insurance 1
- The cost of health insurance is too high / I cannot afford health insurance 2
- I do not know how to find information on available health insurance options 3
- I had trouble finding 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]

[RANDOMLY ASSIGN TO 50% OF RESPONDENTS SELECTED INTO QUESTION]

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
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

Q12. Thinking about your health care experiences over the past 12 months, that is, since September 2017 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 2017. 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 \$16,800	Above \$16,800 and less than \$30,400	At or above \$30,400 and less than \$48,600	At or above \$48,600
Two people	At or below \$22,800	Above \$22,800 and less than \$41,200	At or above \$41,200 and less than \$65,900	At or above \$65,900
Three people	At or below \$28,700	Above \$28,700 and less than \$52,000	At or above \$52,000 and less than \$83,200	At or above \$83,200
Four people	At or below \$34,700	Above \$34,700 and less than \$62,800	At or above \$62,800 and less than \$100,400	At or above \$100,400
Five people	At or below \$40,600	Above \$40,600 and less than \$73,600	At or above \$73,600 and less than \$117,700	At or above \$117,700
Six people	At or below \$46,600	Above \$46,600 and less than \$84,400	At or above \$84,400 and less than \$135,000	At or above \$135,000
Seven people	At or below \$52,600	Above \$52,600 and less than \$95,200	At or above \$95,200 and less than \$152,300	At or above \$152,300
Eight people	At or below \$58,500	Above \$58,500 and less than \$106,000	At or above \$106,000 and less than \$169,600	At or above \$169,600
Nine people	At or below \$64,500	Above \$64,500 and less than \$116,800	At or above \$116,800 and less than \$186,800	At or above \$186,800
Ten or more people	At or below \$70,500	Above \$70,500 and less than \$127,600	At or above \$127,600 and less than \$204,100	At or above \$204,100

[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]: \$12,200
 [IF Q14A=2]: \$16,500
 [IF Q14A=3]: \$20,800
 [IF Q14A=4]: \$25,100

[IF Q14A=5]: \$29,500
 [IF Q14A=6]: \$33,800
 [IF Q14A=7]: \$38,100
 [IF Q14A=8]: \$42,400
 [IF Q14A=9]: \$46,700
 [IF Q14A=10]: \$51,100

Yes	1
No	2

[IF (Q14A=2-10 OR REFUSED) AND Q13=1]

Q13B. Earlier you reported that you or someone in your family had problems paying or was unable to pay medical bills in the past 12 months. Were any of those medical bills for your own health care?

1. Yes
2. No

[IF ANY ITEM IN 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:

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

[IF (Q15A>=1,300 OR Q15B=2 OR 3)]

TQ102E. How confident are you that you could pay for medical care up to the annual 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

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

TQ67. Over the past 12 months, that is, since September 2017, 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? 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, had problems paying the premium	1
Yes, unable to pay the premium	2
No	3

[IF (Q14A=2-10 OR REFUSED) AND (TQ67=1 OR 2)]

TQ67A. Was that your health insurance plan or a health insurance plan that would have covered you?

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]

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 |

[IF Q17=3 OR REFUSED]

Q17C. When did you last work, even for a few days?

- | | |
|---------------------------|---|
| Within the past 12 months | 1 |
| 1 to 5 years ago | 2 |
| Over 5 years ago | 3 |
| Never worked | 4 |

[IF Q17=1 OR 2 OR Q17C=1]

Q17D. During the past 12 months (52 weeks), how many weeks did you work, even for a few hours, including paid vacation, paid sick leave, and military service?

- | | |
|-------------------------|---|
| All or nearly all weeks | 1 |
| Most weeks | 2 |
| Some weeks | 3 |

[IF Q17C NE 1 AND Q3C NE 1-3 AND (Q17C=2-4 OR Q17D=2 OR 3)]

Q17E. [IF Q17C=2-4]: Which of the following are reasons why you did not work during the past 12 months? [IF Q17D=2 OR 3]: Thinking about the weeks you did not work during the past 12 months, which of the following are reasons why you did not work during those weeks?

- | | |
|----------------------|---|
| Could not find work | 1 |
| Was attending school | 2 |

Had a health problem or disability	3
Was caring for a child under age 6	4
Was caring for a child with a health problem or disability	5
Was caring for an adult family member with a health problem or disability	6
Lacked transportation	7
Did not want to work	8
Was retired	9
Other reason (please specify): [Text box]	10

[IF Q17=1 OR 2 OR Q17C=1]

Q17F. In the weeks you worked during the past 12 months, how many hours did you usually work each week across all jobs?

1 to 9 hours per week	1
10 to 19 hours per week	2
20 to 29 hours per week	3
30 to 39 hours per week	4
40 hours or more per week	5
Number of hours worked varied from week to week	6

[IF Q17F=3,4,5,6 OR REFUSED]

Q17G. In the weeks you worked during the past 12 months, did you ever work less than 20 hours a week? Do not include weeks that involved paid vacation, paid sick leave, or military service.

Yes	1
No	2

[IF Q7C NE 1 AND Q3C NE 1 AND (Q17F=1 OR 2 OR Q17G=1)]

Q17H. Thinking about the weeks during the past 12 months when you worked less than 20 hours, which of the following are reasons why you did not work more hours? Do not include weeks that involved paid vacation, paid sick leave, or military service.

Employer restrictions on my work schedule	1
Could not find a job offering more work hours	2
Was attending school	3
Had a health problem or disability	4
Was caring for a child under age 6	5
Was caring for a child with a health problem or disability	6
Was caring for an adult family member with a health problem or disability	7
Lacked transportation	8
Did not want to work more hours	9
Other reason (please specify): [Text box]	10

[IF Q7C NE 1 AND Q3C NE 1-3]

TQ117. Are you the primary caregiver of a dependent child age 17 or younger who is currently living with you?

Yes	1
No	2

[IF Q7C NE 1 AND Q3C NE 1-3]

TQ118. Are you the primary caregiver for an adult family member who is currently living with you? By caregiver we mean someone who helps with daily activities (like bathing or dressing) or household activities (like shopping, cooking, or doing errands) because the adult is in poor health or has difficulty doing them on their own.

Yes	1
No	2

[IF Q7C NE 1 AND Q3C NE 1-3]

TQ119. At any time in the last 12 months, since September 2017, were you enrolled in a high school, college, or university as a full time or part time student?

Yes, full time	1
Yes, part time	2
No	3

[IF Q7C NE 1 AND Q3C NE 1-3 AND FEMALE AND AGE = 18-49]

TQ143. Were you pregnant at any time since September 2017?

Yes	1
No	2

[IF Q7C NE 1 AND Q3C NE 1-3]

TQ120. Are there any motorized vehicles kept at home for use by members of your household? These could include automobiles, vans, trucks, motorcycles, or scooters.

Yes	1
No	2

[IF TQ120=2]

TQ120B. How would you rate your ability to get around without driving in your neighborhood? This would include your ability to get around by walking, bicycling, or using public transportation.

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

[IF Q7A NE 1 AND Q7C NE 1 AND Q7E NE 1 AND (Q7D=1 OR Q8E=2 OR Q8H=1)]

TQ114B. Several states are considering requiring adults without disabilities to work, to be looking for work, or to be participating in a work-related activity (such as school, job training, or volunteering) in order to get and keep their health insurance through Medicaid. How much have you heard about these work requirements?

A lot	1
Some	2
Only a little	3
Not at all	4

[IF Q7A NE 1 AND Q7C NE 1 AND Q7E NE 1 AND (Q7D=1 OR Q8E=2 OR Q8H=1)]

TQ114C. If work requirements were put in place as a condition for keeping your current health insurance, would you be very worried, somewhat worried, not too worried, or not at all worried that these requirements would make it harder for you to keep your current health insurance coverage?

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

[IF TQ114C=1 OR 2]

[ORDER OF CATEGORIES 1-5 IS RANDOMIZED]

TQ114D. Which of the following are reasons you would be [IF TQ114C=1: very] [IF TQ114C=2: somewhat] worried that work requirements would make it harder for you to keep your current health insurance coverage?

I have a health problem or disability that makes it difficult to work or participate in work-related activities	1
I have family responsibilities that make it difficult to work or participate in work-related activities.	2
I am worried I would have trouble finding work or work-related activities offering enough hours.	3
I am worried I would not always meet the requirement because my work schedule is unpredictable.	4
I am worried I would not have transportation to get to work or work-related activities.	5
Other (please specify): [TEXT BOX]	6

[RESPONDENTS RANDOMLY ASSIGNED TO DOV_TQ57_ORDER=1 OR 2]

[IF DOV_TQ57_ORDER=1, SEE TQ57 QUESTIONS]

[IF DOV_TQ57_ORDER=2, SKIP TQ57 QUESTIONS]

[IF DOV_TQ57_ORDER=1 AND Q4=3, RANDOMLY SELECT 50% OF RESPONDENTS TO SEE TQ57F]

[IF DOV_TQ57F=1, SEE TQ57F]

[IF DOV_TQ57F=2, SKIP TQ57F]

[IF DOV_TQ57F=1]

[ORDER OF CATEGORIES 1-8 IS RANDOMIZED]

TQ57F. Earlier you reported that you do not have a place that you usually go to when you are sick or need advice about your health. What is the main reason you do not have a place that you usually go to when you are sick or need advice about your health?

Seldom or never get sick	1
--------------------------	---

Don't need or don't want a usual place for care	2
Haven't had time to find a usual place	3
Don't know how to find a usual place	4
Usual place is no longer available	5
Can't find a provider who speaks my language	6
Can't find a provider I like	7
Like to go to different places for different health needs	8
Some other reason (please specify): [TEXT BOX]	9

[IF DOV_TQ57_ORDER=1 AND Q4=1 OR 2]

[RANDOMLY SELECT 50% OF RESPONDENTS TO SEE TQ57A]

[IF DOV_TQ57A=1, SEE TQ57A]

[IF DOV_TQ57A=2, SKIP TQ57A]

[IF DOV_TQ57A=1]

TQ57A. Earlier you reported that there was [IF Q4=1: a place] [IF Q4=2: more than one place] you usually go when you are sick or need advice about your health. [IF Q4=1: What kind of place do you usually go?] [IF Q4=2: What kind of place do you usually go to 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 (please specify): [TEXT BOX]	7

[IF DOV_TQ57A=1]

TQ57G. How long have you been going to that place?

Less than 1 year	1
1 to 5 years	2
5 years or more	3

[IF DOV_TQ57A=1]

TQ57B. What is the main reason that you usually go to that place?

Cost of care	1
Quality of care	2
Easy to get to	3
Easy to get an appointment	4
I feel comfortable there	5
Staff knows me	6
I like the staff/doctors	7
English is not my native language and they have staff who speak my native language	8
Some other reason (please specify): [TEXT BOX]	9

[IF DOV_TQ57_ORDER=1 AND Q4=1 OR 2]

TQ57H. [IF DOV_TQ57A=2: Earlier you reported that there was [IF Q4=1: a place] [IF Q4=2: more than one place] you usually go when you are sick or need advice about your health.] 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]

TQ57I. Did you see [IF TQ57H=1: your personal doctor or health care provider] [IF TQ57H=2: one of your personal doctors or health care providers] at your most recent visit to your usual place of care?

Yes	1
No	2

[IF TQ57I=2]

[ORDER OF ITEMS 1-6 IS RANDOMIZED]

TQ57J. What is the main reason you did not see your personal doctor or health care provider at your most recent visit to your usual place of care?

Couldn't get an appointment with personal doctor or health care provider	1
Personal doctor or health care provider was not available during the time(s) that you could be there	2
Personal doctor or health care provider no longer works there	3
Personal doctor or health care provider is no longer covered by your insurance	4
Personal doctor or health care provider recommended you see someone else	5
Personal doctor or health care provider would not see you	6
Some other reason (please specify): [TEXT BOX]	7

[IF TQ57H=1 OR 2]

TQ57K. Is [IF TQ57H=1: your personal doctor or health care provider] [IF TQ57H = 2: the personal doctor or health care provider you see most often] male or female?

Male	1
Female	2

[IF TQ57H=1 OR 2]

TQ57L. Is [IF TQ57H=1: your personal doctor or health care provider] [IF TQ57H=1: the personal doctor or health care provider you see most often] Spanish, Hispanic, or Latino?

Yes, Spanish, Hispanic, or Latino	1
No	2

[IF TQ57H=1 OR 2]

TQ57M. Do you consider [IF TQ57H=1: your personal doctor or health care provider] [IF TQ57H=2: the personal doctor or health care provider you see most often] to be the same race as you are?

Yes 1
No 2

[IF DOV_TQ57_ORDER=1]

TQ57N. The next question asks about trust in providers and the health care system. Do you agree or disagree with the following statements?

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
1. [IF Q4=1 OR 2] I trust my usual [IF Q4=1: place/IF Q4=2: places] for care.	1	2	3	4	5
2. [IF TQ57H=1 OR 2] I trust my [IF TQ57H=1: personal doctor or health care provider/IF TQ57H=2: personal doctors or health care providers].	1	2	3	4	5
3. I trust the doctors and health care providers that I have seen for health care over the past 12 months.	1	2	3	4	5
4. I trust most doctors.	1	2	3	4	5
5. I trust most hospitals.	1	2	3	4	5
6. I trust the overall health care system.	1	2	3	4	5

TQ121. During the past 12 months, have you seen or talked to any of the following about your own health? If you're not sure of the type of provider you saw or talked to, please make your best guess.

	Yes	No
a. General doctor or primary care doctor	1	2
b. Specialist [IF FEMALE: , including an obstetrician/gynecologist (OB/GYN)]	1	2
c. Nurse, nurse practitioner (NP), physician's assistant (PA) or midwife	1	2
d. Community health worker or public health worker	1	2
e. Social worker or clinical social worker	1	2
f. Pharmacist	1	2
g. Dentist or dental hygienist	1	2

[IF REPORTED "YES" TO MORE THAN ONE OF TQ121A-C]

TQ122. Of the following health care providers that you saw or talked to during the past 12 months, which did you see or talk to most recently?

[TQ121A=1] General doctor or primary care doctor 1
 [TQ121B=1] Specialist [IF FEMALE: , including an obstetrician/gynecologist (OB/GYN)] 2
 [TQ121C=1] Nurse, nurse practitioner (NP), physician's assistant (PA) or midwife 3

[IF TQ122=1, DOV_TQ122=1]

[IF TQ122=2, DOV_TQ122=2]

[IF TQ122=3, DOV_TQ122=3]

[IF TQ122=REFUSED, randomly assign a provider where 1 (yes) is selected in TQ121A-C]

[IF ANY TQ121A-C=1]

TQ123. For this question, think about the [DOV_TQ122=1: general doctors or primary care doctors/
DOV_TQ122 =2: specialists [IF FEMALE: , including obstetricians/gynecologists (OBs/GYNs)]/ DOV_TQ122=3:
nurses, nurse practitioners (NPs), physician’s assistants (PAs) or midwives] that you saw or talked to
about your own health during the past 12 months. How often did they:

	Never	Sometimes	Usually	Always
a. [ASK RANDOM 50%]: Ask for your opinion or beliefs about your care	1	2	3	4
b. [ASK RANDOM 50%]: Listen carefully to what you had to say	1	2	3	4
c. [ASK RANDOM 50%]: Explain things in a way that was easy to understand	1	2	3	4
d. [ASK RANDOM 50%]: Show respect for what you had to say	1	2	3	4
e. [ASK RANDOM 50%]: Show concern for your questions or worries	1	2	3	4
f. [ASK RANDOM 50%]: Talk with you about any health questions or concerns	1	2	3	4
g. [ASK RANDOM 50%]: Involve you in decisions about your care	1	2	3	4
h. [ASK RANDOM 50%]: Spend enough time with you	1	2	3	4
i. Ask you about your specific goals for your health	1	2	3	4
j. Ask you about things in your life that cause you worry or cause you stress	1	2	3	4

[IF REPORTED “YES” TO MORE THAN ONE OF TQ121D-E]

TQ126. Of the following providers that you saw or talked to during the past 12 months, which did you see or talk to most recently?

[IF TQ121D=1] Community health worker or public health worker 1

[IF TQ121E=1] Social worker or clinical social worker 2

[IF TQ126=1; DOV_TQ126=1]

[IF TQ126=2; DOV_TQ126=2]

[IF TQ126=REFUSED, randomly assign a provider where 1 (yes) is selected in TQ121D-E]

[IF ANY TQ121D-E=1]

TQ127. For this question, think about the [IF DOV_TQ126=1: community health workers or public health workers/ IF DOV_TQ126=2: social workers or clinical social workers] that you saw or talked to about your own health during the past 12 months. How often did they:

	Never	Sometimes	Usually	Always
a. [ASK RANDOM 50%]: Ask for your opinion or beliefs about your care	1	2	3	4
b. [ASK RANDOM 50%]: Listen carefully to what you had to say	1	2	3	4
c. [ASK RANDOM 50%]: Explain things in a way that was easy to understand	1	2	3	4
d. [ASK RANDOM 50%]: Show respect for what you had to say	1	2	3	4
e. [ASK RANDOM 50%]: Show concern for your questions or worries	1	2	3	4
f. [ASK RANDOM 50%]: Talk with you about any health questions or concerns	1	2	3	4
g. [ASK RANDOM 50%]: Involve you in decisions about your care	1	2	3	4
h. [ASK RANDOM 50%]: Spend enough time with you	1	2	3	4
i. Ask you about your specific goals for your health	1	2	3	4
j. Ask you about things in your life that cause you worry or cause you stress	1	2	3	4

[IF Q14B NE 4]

[ORDER OF ITEMS A-M IS RANDOMIZED]

TQ130. People sometimes seek help from public organizations or agencies (including federal, state or local government agencies). During the past 12 months, have you or a family member you live with seen or talked to anyone at a public organization or agency about getting help with any of the following?

	Yes	No
a. Food	1	2
b. Housing	1	2
c. Utilities, such as electricity, gas or water	1	2
d. Medical care or prescription drugs	1	2
e. Health insurance coverage	1	2
f. Employment	1	2
g. Education	1	2
h. Cash assistance, including Temporary Assistance for Needy Families (TANF), which you may know as [INSERT PROGRAM NAME] in your state	1	2
i. Child care	1	2
j. Legal services	1	2
k. Taxes, including the Earned Income Tax Credit (EITC)	1	2
l. Transportation	1	2
m. Problems paying bills or debt	1	2

[IF MORE THAN ONE ITEM FOR TQ130A, B, D, E, OR I=1]

TQ131. Which of the following did you or a family member try to get help with most recently?

[IF TQ130A=1] Food	1
[IF TQ130B=1] Housing	2
[IF TQ130D=1] Medical care or prescription drugs	3
[IF TQ130E=1] Health insurance coverage	4
[IF TQ130I=1] Child care	5

[IF TQ131=1, DOV_TQ131=1]

[IF TQ131=2, DOV_TQ131=2]

[IF TQ131=3, DOV_TQ131=3]

[IF TQ131=4, DOV_TQ131=4]

[IF TQ131=5, DOV_TQ131=5]

[IF TQ131=REFUSED, randomly assign a category where 1 (yes) is selected in TQ130A, B, D, E, OR I]

[IF ANY TQ130A, B, D, E, OR I=1]

TQ132. How many different public organizations or agencies did you contact about getting help with [IF DOV_TQ131=1: food/ DOV_TQ131=2: housing/ DOV_TQ131=3: medical care or prescription drugs / DOV_TQ131=4: health insurance coverage / DOV_TQ131=5: child care] during the past 12 months? Your best guess for the number of places is fine.

_____ different public organizations or agencies

[IF ANY TQ130A, B, D, E, OR I=1]

TQ133. For this question, think about all the people that you or your family members saw or talked to at public organizations or agencies about getting help with [IF DOV_TQ131=1: food/ DOV_TQ131=2: housing/ DOV_TQ131=3: medical care or prescription drugs / DOV_TQ131=4: health insurance coverage / DOV_TQ131=5: child care] during the past 12 months. How often did they treat you with courtesy and respect?

Never	1
Sometimes	2
Usually	3
Always	4

[IF ANY TQ130A, B, D, E, OR I=1]

TQ134. How often were they as helpful as you thought they should be?

Never	1
Sometimes	2
Usually	3
Always	4

[IF Q14B NE 4]

[SAME ORDER AS TQ130]

TQ135. People sometimes seek help from private organizations or agencies in their community. During the past 12 months, have you or a family member you live with seen or talked to anyone at a private organization or agency about getting help with any of the following?

	Yes	No
a. Food	1	2
b. Housing	1	2
c. Utilities, such as electricity, gas or water	1	2
d. Medical care or prescription drugs	1	2
e. Health insurance coverage	1	2
f. Employment	1	2
g. Education	1	2
h. Cash assistance, including Temporary Assistance for Needy Families (TANF), which you may know as [INSERT PROGRAM NAME] in your state	1	2
i. Child care	1	2
j. Legal services	1	2
k. Taxes, including the Earned Income Tax Credit (EITC)	1	2
l. Transportation	1	2
m. Problems paying bills or debt	1	2

[IF MORE THAN ONE ITEM IN TQ135A, B, D, E, OR I=1]

TQ136. Which of the following did you or a family member try to get help with most recently?

- [TQ135A=1] Food 1
- [TQ135B=1] Housing 2
- [TQ135D=1] Medical care or prescription drugs 3
- [TQ135E=1] Health insurance coverage 4
- [TQ135I=1] Child care 5

[IF TQ136=1, DOV_TQ136=1]

[IF TQ136=2, DOV_TQ136=2]

[IF TQ136=3, DOV_TQ136=3]

[IF TQ136=4, DOV_TQ136=4]

[IF TQ136=5, DOV_TQ136=5]

[IF TQ136=REFUSED, randomly assign a category where 1 (yes) is selected in TQ135A, B, D, E, OR I]

[IF ANY TQ135A, B, D, E, OR I=1]

TQ137. How many different private organizations or agencies did you contact about getting help with [IF DOV_TQ136=1: food/ DOV_TQ136=2: housing/ DOV_TQ136=3: medical care or prescription drugs / DOV_TQ136=4: health insurance coverage / DOV_TQ136=5: child care] during the past 12 months? Your best guess for the number of places is fine.

_____ different private organizations or agencies

[IF ANY TQ135A, B, D, E, OR I=1]

TQ138. For this question, think about all the people that you or your family members saw or talked to at private organizations or agencies about getting help with [IF DOV_TQ136=1: food/ DOV_TQ136=2: housing/ DOV_TQ136=3: medical care or prescription drugs / DOV_TQ136=4: health insurance coverage / DOV_TQ136=5: child care] during the past 12 months. How often did they treat you with courtesy and respect?

- Never 1
- Sometimes 2
- Usually 3
- Always 4

[IF ANY TQ135A, B, D, E, OR I=1]

TQ139. How often were they as helpful as you thought they should be?

- Never 1
- Sometimes 2
- Usually 3
- Always 4

[IF Q14B NE 4]

TQ140. During the past 12 months, have you or a family member you live with been unable to get help with any of the following when it was really needed?

	Yes	No
a. Food	1	2
b. Housing	1	2
c. Utilities, such as electricity, gas or water	1	2
d. Medical care or prescription drugs	1	2
e. Health insurance coverage	1	2
f. Employment	1	2
g. Education	1	2
h. Cash assistance, including Temporary Assistance for Needy Families (TANF), which you may know as [INSERT PROGRAM NAME] in your state	1	2
i. Child care	1	2
j. Legal services	1	2
k. Taxes, including the Earned Income Tax Credit (EITC)	1	2
l. Transportation	1	2
m. Problems paying bills or debt	1	2

[IF TQ140A, B, D, E, OR I=1]

[IF MORE THAN ONE ITEM IN TQ140A, B, D, E, OR I=1, RANDOMLY SELECT ONE AND RECORD TO DOV_TQ141]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

TQ141. For this question, think about the help with [IF DOV_TQ141A=1: food/ DOV_TQ141B=1: housing/ DOV_TQ141D=1: medical care or prescription drugs / DOV_TQ141E=1: health insurance coverage / DOV_TQ141I=1: child care] that you or a family member were unable to get in the past 12 months. What prevented you or a family member from getting help with [if DOV_TQ141A=1: food/ DOV_TQ141B=1: housing/ DOV_TQ141D=1: medical care or prescription drugs / DOV_TQ141E=1: health insurance coverage / DOV_TQ141I=1: child care]?

	Yes	No
a. Didn't know where to go for help	1	2
b. Couldn't get to the place for help	1	2

c. Couldn't get through on the telephone	1	2
d. Couldn't get an appointment soon enough	1	2
e. Didn't have transportation	1	2
f. Didn't have time to go	1	2
g. Didn't want others to know that needed help	1	2
h. Wasn't eligible for the help that was available	1	2
i. Help was not available	1	2
j. Some other reason (please specify): [TEXT BOX]	1	2

TQ94D. Which of the following best describes the use of medical care you expect for the next year?

- Low use: few or no doctor visits or medical tests, occasional or no prescription drugs, no hospital visit expected 1
- Medium use: regular doctor visits or medical tests, regular prescription drugs, hospital visit possible but unlikely 2
- High use: frequent doctor visits, frequent prescription drugs, frequent medical tests, or at least one hospital visit likely 3

[IF TQ94=2 OR 3, RANDOMLY ASSIGN RESPONDENTS TO DOV_TQ94_ORDER=1, 3, OR 4]
 [MAXIMUM OF 620 CASES FOR EACH GROUP]

[IF DOV_TQ94_ORDER=1, 3, OR 4]

DISP_TQ94E. For the next few questions, imagine that you are buying health insurance coverage only for yourself for next year. Imagine that you have a choice of three health insurance plans that are all offered by the same company and that the doctors and other health care providers you use are included in the networks for all three plans.

Imagine your use of medical care next year will [IF TQ94D=1: result in medical bills of \$1,000.] [IF TQ94D=2 OR 3: result in medical bills of \$10,000.]

[IF DOV_TQ94_ORDER=1; SHOW ON SAME SCREEN AS DISP_TQ94E]

TQ94E_1. Which of the three health insurance plans shown in the table below do you think would best meet your health insurance needs?

Plan A	Bronze	
Monthly premium \$100	Annual deductible \$7,000	Annual out-of-pocket maximum \$7,000
Annual premium \$1,200		

Plan B	Silver	
Monthly premium \$200	Annual deductible \$5,000	Annual out-of-pocket maximum \$5,000
Annual premium		

Monthly premium \$300	Annual deductible \$2,000	Annual out-of-pocket maximum \$2,000	Estimated total yearly costs \$5,600
Annual premium \$3,600			

Click here if you would like to see a definition of terms
[if clicks link, expand to show following text]:

Definition of terms

- Premium: A fixed amount of money you pay every month to have a health insurance plan
- Annual deductible: The amount you have to pay for medical services before your health insurance plan will start paying your medical bills
- Annual out-of-pocket maximum: The most you would have to pay for services covered by your health insurance plan in a given year (this does not include premiums)
- Estimated total yearly costs: Your premiums for the year plus your expected out-of-pocket spending on covered services under your health insurance plan.

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

[IF DOV_TQ94_ORDER=4; SHOW ON THE SAME SCREEN AS DISP_TQ94E]

TQ94E_6. When choosing a health plan it's important to think about the total yearly costs that you would expect to have to pay under the health plan, not just the premium you would have to pay every month.

Which of the three health insurance plans shown in the table below do you think would best meet your health insurance needs?

Plan A	Gold		
Estimated total yearly costs \$5,600	Monthly premium \$300 Annual premium \$3,600	Annual deductible \$2,000	Annual out-of-pocket maximum \$2,000

Plan B	Silver		
Estimated total yearly costs \$7,400	Monthly premium \$200 Annual premium \$2,400	Annual deductible \$5,000	Annual out-of-pocket maximum \$5,000

Plan C	Bronze		
Estimated total yearly costs	Monthly premium	Annual deductible	Annual out-of-pocket maximum

costs	\$100		maximum
\$8,200	Annual premium \$1,200	\$7,000	\$7,000

Click here if you would like to see a definition of terms
[if clicks link, expand to show following text]:

Definition of terms

- Premium: A fixed amount of money you pay every month to have a health insurance plan
- Annual deductible: The amount you have to pay for medical services before your health insurance plan will start paying your medical bills
- Annual out-of-pocket maximum: The most you would have to pay for services covered by your health insurance plan in a given year (this does not include premiums)
- Estimated total yearly costs: Your premiums for the year plus your expected out-of-pocket spending on covered services under your health insurance plan.

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

[WITHIN EACH DOV_TQ94_ORDER GROUP, RANDOMLY ASSIGN 50% TO DOV_TQ94F_ORDER=1 AND 50% TO DOV_TQ94F_ORDER=2]

[IF DOV_TQ94_ORDER=1, 3, OR 4 AND DOV_TQ94F_ORDER=1]
DISP_TQ94F. Now imagine there is an 80% chance your use of medical care next year will result in medical bills of \$1,000, and a 20% chance your use of medical care next year will result in medical bills of \$10,000.

[IF DOV_TQ94_ORDER=1, 3, OR 4 AND DOV_TQ94F_ORDER=2]
DISP_TQ94F. Now imagine there is an 80% chance your use of medical care next year will result in medical bills of \$10,000, and a 20% chance your use of medical care next year will result in medical bills of \$1,000.

[IF DOV_TQ94_ORDER=1]
[SHOW ON SAME SCREEN AS DISP_TQ94F]

TQ94F_1. Which of the three health insurance plans shown in the table below do you think would best meet your health insurance needs?

Plan A	Bronze	
Monthly premium \$100	Annual deductible \$7,000	Annual out-of-pocket maximum \$7,000
Annual premium \$1,200		

--	--	--

Plan B		Silver	
Monthly premium \$200	Annual deductible \$5,000	Annual out-of-pocket maximum \$5,000	
Annual premium \$2,400			

Plan C		Gold	
Monthly premium \$300	Annual deductible \$2,000	Annual out-of-pocket maximum \$2,000	
Annual premium \$3,600			

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

[IF DOV_TQ94_ORDER=3 AND DOV_TQ94F_ORDER=1]

[SHOWN ON SAME SCREEN AS DISP_TQ94F]

TQ94F_3. Which of the three health insurance plans shown in the table below do you think would best meet your health insurance needs?

Plan A		Bronze	
Monthly premium \$100	Annual deductible \$7,000	Annual out-of-pocket maximum \$7,000	Estimated total yearly costs
Annual premium \$1,200			\$2,200 (80% chance) \$8,200 (20% chance)

Plan B		Silver	
Monthly premium \$200	Annual deductible \$5,000	Annual out-of-pocket maximum \$5,000	Estimated total yearly costs
Annual premium \$2,400			\$3,400 (80% chance) \$7,400 (20% chance)

Plan C		Gold	
Monthly premium \$300	Annual deductible \$2,000	Annual out-of-pocket maximum	Estimated total yearly costs

Plan A		Bronze	
Estimated total yearly costs	Monthly premium \$100	Annual deductible \$7,000	Annual out-of-pocket maximum \$7,000
\$2,200 (80% chance) \$8,200 (20% chance)	Annual premium \$1,200		

Plan B		Silver	
Estimated total yearly costs	Monthly premium \$200	Annual deductible \$5,000	Annual out-of-pocket maximum \$5,000
\$3,400 (80% chance) \$7,400 (20% chance)	Annual premium \$2,400		

Plan C		Gold	
Estimated total yearly costs	Monthly premium \$300	Annual deductible \$2,000	Annual out-of-pocket maximum \$2,000
\$4,600 (80% chance) \$5,600 (20% chance)	Annual premium \$3,600		

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

[IF DOV_TQ94_ORDER=4 AND DOV_TQ94F_ORDER=2]

[SHOW ON SAME SCREEN AS DISP_TQ94F]

TQ94F_6. Which of the three health insurance plans shown in the table below do you think would best meet your health insurance needs?

Plan A		Gold	
Estimated total yearly costs	Monthly premium \$300	Annual deductible \$2,000	Annual out-of-pocket maximum \$2,000
\$5,600 (80% chance) \$4,600 (20% chance)	Annual premium \$3,600		

Plan B

Silver

Estimated total yearly costs	Monthly premium \$200	Annual deductible \$5,000	Annual out-of-pocket maximum \$5,000
\$7,400 (80% chance) \$3,400 (20% chance)	Annual premium \$2,400		

Plan C

Bronze

Estimated total yearly costs	Monthly premium \$100	Annual deductible \$7,000	Annual out-of-pocket maximum \$7,000
\$8,200 (80% chance) \$2,200 (20% chance)	Annual premium \$1,200		

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

[IF TQ94F_1=1-3 OR TQ94F_3=1-3 OR TQ94F_4=1-3 OR TQ94F_5=1-3 OR TQ94F_6=1-3]

TQ94G. Can you tell us why you chose plan [if any of the TQ94F=1: A/ if any of the TQ94F=2: B/ if any of the TQ94F=3: C)?

- It was the plan that was the cheapest in terms of estimated total yearly costs. 1
- It was the plan that was the cheapest in terms of premiums. 2
- It was the plan that was most affordable for me. 3
- I wanted to be sure I had enough coverage. 4
- I guessed. 5
- Don't know. 6

[IF DOV_TQ94_ORDER=1, 3, OR 4]

TQ94H. Please indicate how strongly you agree or disagree with the following statement.

“I’m more likely to take risks than the average person.”

- Strongly agree 1
- Somewhat agree 2
- Neither agree or disagree 3
- Somewhat disagree 4
- Strongly disagree 5

[IF Q7C NE 1 AND Q3C NE 1-3]

[DISPLAY]

The next few questions are related to involvement in the criminal justice system. We know that this information is personal, and your responses to these questions are completely voluntary. Please remember your answers will be kept confidential. The answers that people give us about involvement in the criminal justice system are important to our understanding of potential barriers to employment.

[IF Q7C NE 1 AND Q3C NE 1-3]

TQ142. Have you ever been arrested by the police or taken into custody for an illegal or delinquent offense (do not include arrests for minor traffic violations)?

Yes	1
No	2

[IF TQ142=1]

TQ142A. Since you were [CURRENT AGE MINUS 7] years old, have you been arrested by the police or taken into custody for an illegal or delinquent offense (do not include arrests for minor traffic violations)?

Yes	1
No	2

[IF TQ142=1]

TQ142B. Have you ever been convicted of, or found delinquent (adjudicated delinquent) of any charges, or have you ever pleaded guilty to any charges?

Yes	1
No	2

[IF TQ142B=1]

TQ142C. Were you ever sentenced to spend time in a jail, prison, or juvenile detention center?

Yes	1
No	2