

# Health Reform Monitoring Survey

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

Quarter 1 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

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 March 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 a doctor's office or clinic as soon as you thought you needed one?	1	2	3

[IF Q6A=1]

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

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

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

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

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

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

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

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

I do NOT have health insurance

1

[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 March 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 March 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 are currently uninsured?

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

[IF 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 March 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 March 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 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 March 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 Q14B=1 OR (Q7A NE 1 AND Q7E NE 1)) 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 (Q14B=1 OR (Q7A NE 1 AND Q7E NE 1)) AND ((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 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 Q8C NE 1]

TQ28A The 2010 health care law, known as the Affordable Care Act, created health insurance exchanges or marketplaces where people can shop for insurance and compare prices and benefits. Have you ever looked for information on health insurance plans in the marketplace?

Yes	1
No, but I plan on looking for information	2
No, and I do not plan on looking for information	3

[IF TQ28A=1 OR Q8C=1]

TQ28B [IF Q8C=1: Earlier, you said that you enrolled in a health insurance plan in the marketplace.] When was the last time you looked for information on health insurance plans in the marketplace?

Before November 2017	1
During or after November 2017	2

[IF TQ28A=1 OR Q8C=1]

TQ33C There are many different ways to get information about health insurance plans in the marketplace or to get help enrolling in a plan through the marketplace. Which, if any, of the following did you use the last time you looked for information or assistance?

Website, including online chat option	1
Call center	2
Assistance from navigators, application assisters, certified application counselors, or community health workers	3
Assistance from an insurance agent, broker, or company	4
Assistance from family or friends	5
Assistance from an employer	6
Assistance from a tax preparer	7
Assistance from Medicaid or another program agency such as TANF, SNAP, or WIC	8
Assistance from a hospital, doctor's office, or clinic	9
	10

[IF TQ28A=1 OR Q8C=1]

TQ33D. Still thinking about the last time you looked for information or assistance about health insurance plans in the marketplace, how easy or difficult was it to get information or assistance?

Very easy	1
Somewhat easy	2
Somewhat difficult	3
Very difficult	4

TQ17B. The 2010 health care law required nearly all Americans to have health insurance or else pay a fine. This is sometimes referred to as the “individual mandate.” This requirement was repealed last December and will no longer be in effect by the 2019 tax year.

How much, if anything, have you heard about the repeal of this requirement? Have you heard:

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

[IF (AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1(“COVERED”) OR Q8=2) OR (NO ITEMS IN GRID FOR Q7A-Q7G=1(“COVERED”) AND Q8=1)]

TQ17C. Now that the individual mandate has been repealed, how likely are you to [IF (AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1(“COVERED”) OR Q8=2): drop your health insurance coverage] [IF NO ITEMS IN GRID FOR Q7A-Q7G=1(“COVERED”) AND Q8=1: obtain health insurance coverage] next year?

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

[IF ((AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1(“COVERED”) OR Q8=2) AND TQ17C=1 OR 2) OR (NO ITEMS IN GRID FOR Q7A-Q7G=1(“COVERED”) AND Q8=1) AND TQ17C=3 OR 4)]

TQ17D. Which of the following are reasons you [IF (AT LEAST ONE ITEM IN GRID FOR (Q7A – Q7G = 1(“COVERED”) OR Q8=2): are likely to drop your health insurance coverage] [IF NO ITEMS IN GRID FOR Q7A-Q7G=1(“COVERED”) AND Q8=1: are not likely to obtain health insurance coverage] next year?

- |   |   |
|---|---|
| I do not want health insurance                | 1 |
| The cost of health insurance will be too high | 2 |
| I will not be able to afford health insurance | 3 |
| Some other reason                             | 4 |

[RESPONDENTS ARE RANDOMLY ASSIGNED TO DOV\_TQ17E\_NEUTRAL = 1 OR 2]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED, WITH HALF OF THE SAMPLE ASKED IF THEY SUPPORT OR OPPOSE AND ASSIGNED TO ORDER 1-5 AND HALF OF THE SAMPLE ASKED IF THEY OPPOSE OR SUPPORT AND ASSIGNED TO ORDER 5-1]

TQ17E. Some states are considering proposals to replace the individual mandate with a new requirement that nearly all residents of the state have health insurance or else pay a fine. These states are considering this requirement in order to stabilize premiums for health plans offered through the marketplace by encouraging healthy people to enroll. [IF LIVES IN MASSACHUSETTS: Massachusetts is currently the only state with this requirement, which was established by the state’s 2006 health care reform law.]

[IF DOES NOT LIVE IN MASSACHUSETTS]

Would you [support or oppose / oppose or support] a requirement that nearly all residents of your state have health insurance or else pay a fine?

[IF LIVES IN MASSACHUSETTS]

Do you [support or oppose / oppose or support] the requirement that nearly all residents of your state have health insurance or else pay a fine?

1. Strongly support
2. Somewhat support
3. [IF DOV\_TQ17E\_NEUTRAL=1: Neither support nor oppose]
4. Somewhat oppose
5. Strongly oppose

[IF TQ17E=3, 4 OR 5]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

TQ17F. If your state were to take the following steps, would you be more likely to support a requirement that nearly all residents have health insurance or else pay a fine?

	Would still not support requirement to have health insurance or else pay a fine	Would be more likely to support the requirement to have health insurance or else pay a fine
a. Use state government funds to reduce premiums and/or deductibles for uninsured people with low and modest incomes	1	2
b. Automatically enroll uninsured people in a marketplace plan if the premium they have to pay is less than the fine	1	2
c. Hold the money paid toward the fine in an account that can be used by the uninsured person to buy health insurance for the following year	1	2

[HALF OF SAMPLE RANDOMLY ASSIGNED TO TQ113]

TQ113. Federal policymakers are considering proposals to loosen restrictions on the types of health plans that can be purchased directly from an insurance company. Do you think health insurance companies should be allowed to offer health plans that...

	Yes	No
a. Have lower premiums for less comprehensive services?	1	2
b. Exclude people with pre-existing medical conditions, such as diabetes or cancer?	1	2
c. Do not cover services related to an individual's pre-existing conditions?	1	2
d. Charge higher premiums for people with pre-existing conditions compared to healthy people?	1	2
e. Shift healthy people to less comprehensive plans with lower premiums while leaving sick people in more comprehensive plans with higher premiums?	1	2

[RESPONDENTS RANDOMLY ASSIGNED TO DOV\_TQ114\_116=1 OR 2]

[IF DOV\_TQ114\_116=1]

[RESPONDENTS RANDOMLY ASSIGNED TO GROUP A OR GROUP B]

[RESPONDENTS RANDOMLY ASSIGNED TO DOV\_TQ114\_NEUTRAL = 1 OR 2]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED, WITH HALF OF THE SAMPLE ASKED IF THEY SUPPORT OR OPPOSE AND ASSIGNED TO ORDER 1-5 AND HALF OF THE SAMPLE ASKED IF THEY OPPOSE OR SUPPORT AND ASSIGNED TO ORDER 5-1]

TQ114. 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 or job training) in order to get and keep their health insurance through Medicaid. [IF IN GROUP B: The adults would lose their Medicaid coverage if they do not work or participate in a work-related activity.]

Would you [support or oppose / oppose or support] this change to Medicaid?

- |  |   |
|--|---|
| Strongly support                                     | 1 |
| Somewhat support                                     | 2 |
| [IF DOV_TQ114_NEUTRAL=1: Neither support nor oppose] | 3 |
| Somewhat oppose                                      | 4 |
| Strongly oppose                                      | 5 |

[IF DOV\_TQ114\_116=1]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

[5 RESPONSE CATEGORIES RANDOMLY ASSIGNED TO EACH RESPONDENT]

TQ114A. One issue that states are grappling with in designing work requirements for Medicaid is which adults without disabilities should be subject to the work requirements and which should be excluded from the work requirements because of their individual or family circumstances. If work requirements were put in place in the Medicaid program in your state, would you agree or disagree with excluding the following adults without disabilities from the work requirements?

	Strongly agree with excluding	Somewhat agree with excluding	[IF DOV_TQ114_NEUTRAL=1: Neither agree nor disagree with excluding]	Somewhat disagree with excluding	Strongly disagree with excluding
a. A parent caring for a child under age 1	1	2	3	4	5
b. A parent caring for a child under age 6	1	2	3	4	5
c. A person with a serious health problem	1	2	3	4	5
d. A parent caring for a child with a disability	1	2	3	4	5
e. A person caring for an adult family member with a disability	1	2	3	4	5
f. An adult age 60 or older	1	2	3	4	5
g. A person living in a community with a high unemployment rate	1	2	3	4	5
j. Pregnant women	1	2	3	4	5
k. Full-time students	1	2	3	4	5

TQ115A. The next few questions ask about the health care system and the doctors and other health care providers you see for your health care.

Do you have a doctor or other health care provider that you see most often for your health care?

- Yes, a general doctor or primary care doctor 1
- Yes, a doctor who is a specialist 2
- Yes, a nurse, nurse practitioner or physician's assistant 3
- Yes, someone else 4
- No 5

[IF TQ115A=1-4]

TQ115B. How long have you been seeing that [IF TQ 115A=1 OR 2: doctor; IF TQ115A=3 OR 4: health care provider]?

Less than 1 year	1
1 to 5 years	2
More than 5 years	3

[IF TQ115A=5 OR REFUSED]

TQ115C. Who did you see the last time you saw a doctor or other health care provider?

A general doctor or primary care doctor	1
A doctor who is a specialist	2
A nurse, nurse practitioner or physician's assistant	3
Someone else	4
I have never seen a doctor or other health care provider	5

[RESPONDENTS RANDOMLY ASSIGNED TO DOV\_REMAINING=1, 2, 3, 4, 5, 6]

[RESPONDENTS RANDOMLY ASSIGNED DOV\_TQ115D=1 OR 2]

[IF DOV\_TQ115D=1]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

[DIRECTIONS FOR FILLS:

if dov\_remaining=1: trust/ if dov\_remaining=2: do not trust

if dov\_remaining=3: trust and have confidence in/ if dov\_remaining=4: do not trust and do not have confidence in

if dov\_remaining=5: have confidence in/ if dov\_remaining=6: do not have confidence in]

TQ115D\_1. Do you agree or disagree with each of the following statements?

1. [IF TQ115C NE 5]: I [FILL] [IF TQ115A=1 OR 2: my doctor; IF TQ115A=3 OR 4: my health care provider; IF TQ115C=1 OR 2: the last doctor I saw; IF TQ115C=3 OR 4 OR REFUSED: the last health care provider I saw].
2. I [FILL] most doctors.
3. I [FILL] most hospitals.
4. I [FILL] the overall health care system.

Strongly agree	1
Somewhat agree	2
Neither agree nor disagree	3
Somewhat disagree	4
Strongly disagree	5

[IF DOV\_TQ115D=2]

[DIRECTIONS FOR FILLS:

if dov\_remaining=1: trust/ if dov\_remaining=2: do not trust

if dov\_remaining=3: trust and have confidence in/ if dov\_remaining=4: do not trust and do not have confidence in

if dov\_remaining=5: have confidence in/ if dov\_remaining=6: do not have confidence in]

TQ115D\_2. Do you agree or disagree with each of the following statements?

1. [IF TQ115C NE 5]: I [FILL] the health care provided by [IF TQ115A=1 OR 2: my doctor; IF TQ115A=3 OR 4: my health care provider; IF TQ115C=1 OR 2: the last doctor I saw; IF TQ115C=3 OR 4 OR REFUSED: the last health care provider I saw].
2. I [FILL] the health care provided by most doctors.
3. I [FILL] the health care provided by most hospitals.
4. I [FILL] the health care provided by the overall health care system.

Strongly agree	1
Somewhat agree	2
Neither agree nor disagree	3
Somewhat disagree	4
Strongly disagree	5

[FOR EACH OF THE DOV\_REMAINING GROUPS, 2/3 RESPONDENTS RANDOMLY ASSIGNED TO DOV\_TQ115E=1 AND 1/3 ASSIGNED TO DOV\_TQ115E=2]

[HALF THE RESPONDENTS RANDOMLY ASSIGNED TO RESPONSE ORDER 1-3 AND HALF TO RESPONSE ORDER 3-1]

[DIRECTIONS FOR FILLS:

if dov\_remaining=1 or 2: trust  
if dov\_remaining=3 or 4: trust and confidence  
if dov\_remaining=5 or 6: confidence]

TQ115E. [IF TQ115B=1 AND DOV\_TQ115E=1: Compared to your first visit,] [IF TQ115B NE 1 OR (TQ115B=1 AND DOV\_TQ115E=2): Compared to a year ago,] would you say you have [IF ORDER 1-3: more] [IF ORDER 3-1: less] [FILL], about the same [FILL] or [IF ORDER 1-3: less] [IF ORDER 3-1: more] [FILL] in [DOV\_TQ115E=1: [IF TQ115A = 1 OR 2: your usual doctor; IF TQ115A = 3 OR 4: your usual health care provider; IF TQ115A=5 OR REFUSED: most doctors]/DOV\_TQ115E=2: the overall health care system]?

More	1
About the same	2
Less	3

[IF TQ115E=3("LESS") AND DOV\_TQ115E=1]

[ORDER OF RESPONSE CATEGORIES 1-6 IS RANDOMIZED; ITEMS 7 AND 8 ARE ALWAYS LAST]

[DIRECTIONS FOR FILLS:

if dov\_remaining=1 or 2: trust  
if dov\_remaining=3 or 4: trust and confidence  
if dov\_remaining=5 or 6: confidence]

TQ115F\_1. Which of the following best describes why you have less [FILL] in [IF TQ115A = 1 OR 2: your usual doctor; IF TQ115A= 3 OR 4: your usual health care provider; IF TQ115A=5 OR REFUSED: most doctors] now than you had [IF TQ115B NE 1: last year] [IF TQ115B=1: at your first visit]? Select up to two.

I did not like the way I was treated by [IF TQ115A=1 OR 2: my doctor; IF TQ115A = 3 OR 4: my provider; IF TQ115A=5 OR REFUSED: a doctor or other provider].	1
---	---

- I did not like the way I was treated by the receptionist or other staff in [IF TQ115A=1 OR 2: my doctor's; IF TQ115A = 3 OR 4: my provider's; IF TQ115A=5 OR REFUSED: a doctor or other provider's] clinic or office. 2
- I have concerns about the quality of care provided by [IF TQ115A=1 OR 2: my doctor; IF TQ115A = 3 OR 4: my provider; IF TQ115A=5 OR REFUSED: most doctors] . 3
- I worry that [IF TQ115A=1 OR 2: my doctor shares; IF TQ115A = 3 OR 4: my provider shares; IF TQ115A=5 OR REFUSED: most doctors share] my information with other people who have no business knowing it. 4
- I worry that [IF TQ115A=1 OR 2: my doctor is; IF TQ115A = 3 OR 4: my provider is; IF TQ115A=5 OR REFUSED: most doctors are] not completely honest with me. 5
- [IF TQ115A=1 OR 2: My doctor doesn't; IF TQ115A = 3 OR 4: My provider doesn't; IF TQ115A=5 OR REFUSED: Most doctors don't] spend enough time with me. 6
- A family member or friend had a negative experience with a doctor or other health care provider. 7
- Something else (specify): [text box] 8

[IF TQ115E=1("MORE") AND DOV\_TQ115E=1]

[ORDER OF RESPONSE CATEGORIES 1-6 IS RANDOMIZED; ITEMS 7 AND 8 ARE ALWAYS LAST]

[DIRECTIONS FOR FILLS:

if dov\_remaining=1 or 2: trust

if dov\_remaining=3 or 4: trust and confidence

if dov\_remaining=5 or 6: confidence]

TQ115F\_2. Which of the following best describes why you have more [FILL] in [IF TQ115A = 1 OR 2: your usual doctor; IF TQ115A= 3 OR 4: your usual health care provider; IF TQ115A=5: most doctors] now than you had [IF TQ115B NE 1: last year] [IF TQ115B=1: at your first visit]? Select up to two.

- I like the way I was treated by [IF TQ115A=1 OR 2: my doctor; IF TQ115A = 3 OR 4: my provider; IF TQ115A=5 OR REFUSED: a doctor or other provider]. 1
- I like the way I was treated by the receptionist or other staff in [IF TQ115A=1 OR 2: my doctor's; IF TQ115A = 3 OR 4: my provider's; IF TQ115A=5 OR REFUSED: a doctor or other provider's] clinic or office. 2
- [IF TQ115A=1 OR 2: My doctor provides; IF TQ115A = 3 OR 4: My provider provides; IF TQ115A=5 OR REFUSED: Most doctors provide] high quality care. 3
- [IF TQ115A=1 OR 2: My doctor does not; IF TQ115A = 3 OR 4: My provider does not ; IF TQ115A=5 OR REFUSED: Most doctors do not] share my information with other people who have no business knowing it. 4
- [IF TQ115A=1 OR 2: My doctor is; IF TQ115A = 3 OR 4: My provider is; IF TQ115A=5 OR REFUSED: Most doctors are] completely honest with me. 5
- [IF TQ115A=1 OR 2: My doctor spends; IF TQ115A = 3 OR 4: My provider spends; IF TQ115A=5 OR REFUSED: Most doctors spend] enough time with me. 6
- A family member or friend had a positive experience with a doctor or other health care provider. 7

Something else (specify): [text box]

8

[DOV\_TQ115D\_LACKTRUST = 1 IF  
(TQ115D\_1\_1=3, 4 OR 5 AND DOV\_REMAINING=1,3,5) OR  
(TQ115D\_2\_1=3, 4 OR 5 AND DOV\_REMAINING=1,3,5) OR  
(TQ115D\_1\_1=1, 2, OR 3 AND DOV\_REMAINING=2,4,6) OR  
(TQ115D\_2\_1=1, 2, OR 3 AND DOV\_REMAINING=2,4,6)]

[IF (TQ115E=2("ABOUT THE SAME") AND DOV\_TQ115D\_LACKTRUST=1) AND DOV\_TQ115E=1]  
[ORDER OF RESPONSE CATEGORIES 1-6 IS RANDOMIZED; ITEMS 7 AND 8 ARE ALWAYS LAST]

[DIRECTIONS FOR FILLS:

if dov\_remaining=1 or 2: trust  
if dov\_remaining=3 or 4: trust and confidence  
if dov\_remaining=5 or 6: confidence]

TQ115F\_3. Which of the following best describes why you do not have full [FILL] in [IF TQ115A = 1 OR 2: your usual doctor; IF TQ115A= 3 OR 4: your usual health care provider; IF TQ115C = 1 OR 2: the last doctor you saw; IF TQ115C= 3 OR 4 OR REFUSED: the last health care provider you saw]? Select up to two.

I did not like the way I was treated by [IF TQ115A=1 OR 2: my doctor; IF TQ115A = 3 OR 4: my provider; IF TQ115C = 1 OR 2: the doctor; IF TQ115C= 3 OR 4 OR REFUSED: the provider]. 1

I did not like the way I was treated by the receptionist or other staff in [IF TQ115A=1 OR 2: my doctor's; IF TQ115A = 3 OR 4: my provider's; IF TQ115C = 1 OR 2: the doctor's; IF TQ115C= 3 OR 4 OR REFUSED: the provider's] clinic or office. 2

I have concerns about the quality of care provided by [IF TQ115A=1 OR 2: my doctor; IF TQ115A = 3 OR 4: my provider; IF TQ115C = 1 OR 2: the doctor; IF TQ115C= 3 OR 4 OR REFUSED: the provider]. 3

I worry that [IF TQ115A=1 OR 2: my doctor shares; IF TQ115A = 3 OR 4: my provider shares; IF TQ115C = 1 OR 2: the doctor shared; IF TQ115C= 3 OR 4 OR REFUSED: the provider shared] my information with other people who have no business knowing it. 4

I worry that [IF TQ115A=1 OR 2: my doctor is; IF TQ115A = 3 OR 4: my provider is; IF TQ115C = 1 OR 2: the doctor was; IF TQ115C= 3 OR 4 OR REFUSED: the provider was] not completely honest with me. 5

[IF TQ115A=1 OR 2: My doctor doesn't; IF TQ115A = 3 OR 4: My provider doesn't; IF TQ115C = 1 OR 2: The doctor didn't; IF TQ115C= 3 OR 4 OR REFUSED: The provider didn't] spend enough time with me. 6

A family member or friend had a negative experience with a doctor or other health care provider. [anchor] 7

Something else (specify): [anchor] [text box] 8

[IF TQ115C=1-4 OR REFUSED OR MISSING]

[RANDOMLY ASSIGNED TO 75% OF SAMPLE IF DOV\_TQ115E=2]

[ASSIGNED TO 100% OF SAMPLE IF DOV\_TQ115E=1]

TQ115G. Did you see [IF TQ115A=1 OR 2: your usual doctor] [IF TQ115A = 3 OR 4: your usual health care provider] [IF TQ115A=5 OR REFUSED: any doctors or health care providers] in the last 12 months?

Yes 1  
No 2

[IF TQ115G=1]

[EVERYONE ASKED ITEMS 1 AND 2 AND A RANDOM SET OF 3 ITEMS FROM 3-8]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

TQ115H. Over the past 12 months, how often did [IF TQ115A=1 OR 2: your usual doctor] IF TQ115A = 3 OR 4: your usual health care provider] [IF TQ115A=5 OR REFUSED: doctors or other health care providers]:

	Never	Sometimes	Usually	Always
1. Ask for your opinion or beliefs about your medical care or treatment?				
2. Listen carefully to what you had to say?				
3. Explain things in a way that was easy to understand?				
4. Show respect for what you had to say?				
5. Show concern for your questions or worries?				
6. Talk with you about any health questions or concerns?				
7. Involve you in decisions about your care?				
8. Spend enough time with you?				

[IF DOV\_TQ114\_116=2]

[SCREEN 1]

Selecting a health insurance plan can be difficult because there are so many factors to consider, such as the premiums, deductible, and the total out-of-pocket maximum you would be required to pay.

Increasingly, summaries of health plans also show a health insurance plan's quality rating (or "star

rating”). These ratings are intended to give you an objective way to compare plans based on quality when you’re shopping for a new health insurance plan.

In the example below, the quality ratings are the yellow stars in the upper right-hand side corner. In this case, each health plan has an “Overall” quality rating of 1 to 5 stars (5 is highest). The first plan, Plan A, below is a “4-star” plan, while the second plan, Plan B, is a “5-star” plan.

[PRESENTATION OF PLANS IS RANDOMIZED; HALF OF SAMPLE FIRST SEES PLAN A WITH FOUR STARS; THE OTHER HALF FIRST SEES PLAN B WITH FOUR STARS; FIRST ROW OF PLAN A AND B ALWAYS STAYS THE SAME; INFORMATION IN SECOND ROW IS RANDOMIZED]

<b>PLAN A</b>				★★★★☆ <b>Overall rating</b>
Monthly premium	Deductible	Out-of-pocket maximum	Copayments/ Coinsurance	Estimated total yearly costs
\$360	\$3,500	\$3,500	Prescription drugs: \$15  Doctor visits: \$25 copay with deductible	\$8,000

<b>PLAN B</b>				★★★★★ <b>Overall rating</b>
Monthly premium	Deductible	Out-of-pocket maximum	Copayments/ Coinsurance	Estimated total yearly costs
\$300	\$7,350	\$7,350	Prescription drugs: No charge after deductible  Doctor visits: \$25 copay with deductible	\$11,000

[IF DOV\_TQ114\_116=2]

[SCREEN 2]

When quality ratings are provided for health insurance plans, the ratings are calculated the same way for all health plans, using the same information sources. In the case of the quality rating for the example in the prior screen, the rating includes information on:

- Member experience, which is based on surveys of members about (1) their satisfaction with their health care and doctors and (2) their ease of getting appointments and services.
- Medical care that members receive, which is based on (1) whether members receive regular screenings, vaccines, and other basic health services and (2) whether members receive help managing their medications and appropriate follow-up care for certain health conditions.
- Health plan administration, which is based on (1) customer service, (2) members' access to needed information, and (3) whether network providers are ordering the appropriate tests and treatment for members.

TQ116. If you were choosing a new health plan today based on the quality rating, which of those factors would be most important to you?

- |                                       |   |
|---------------------------------------|---|
| Member experiences in the health plan | 1 |
| The medical care that members receive | 2 |
| Health plan administration            | 3 |
| All are equally important             | 4 |

[IF DOV\_TQ114\_116=2]

[75% OF SAMPLE RANDOMLY ASSIGNED TO DOV\_TQ116=1 AND 25% ASSIGNED TO DOV\_TQ116=2]

[IF DOV\_TQ114\_116=2 AND DOV\_TQ116=1]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

TQ116A. For this question, we would like you to consider a hypothetical situation. Imagine that you are buying health insurance coverage only for yourself and that you have a choice of health insurance plans that have different "star" quality rating based on [IF TQ116=1: member experiences; IF TQ116=2: the medical care members receive; IF TQ116=3: how well the health plan is run; IF TQ116=4 OR REFUSED: the overall quality of the health plan]. When choosing a plan, would you rank the plan's quality rating as more important, equally important, or less important than the following features of the plan:

	Quality rating is more important	Quality rating is equally important	Quality rating is less important
1. Premium			
2. Deductible			
3. Out-of-pocket maximum			
4. Copayments/coinsurance			
5. Estimated total yearly costs			
6. Medical providers and prescription drugs			

covered			
7. The health insurance company offering the health plan			

[IF DOV\_TQ114\_116=2 AND DOV\_TQ116=2]

[ORDER OF RESPONSE CATEGORIES IS RANDOMIZED]

TQ116B. For this question, we would like you to consider a hypothetical situation. Imagine that you are buying health insurance coverage only for yourself and that you have a choice of health insurance plans that have different overall “star” quality ratings based on member experiences in the health plan, the medical care that members receive, and how well the plan is run. When choosing a plan, would you rank the plan’s quality rating as more important, equally important, or less important than the following features of the plan:

	Quality rating is more important	Quality rating is equally important	Quality rating is less important
1. Premium			
2. Deductible			
3. Out-of-pocket maximum			
4. Copayments/ coinsurance			
5. Estimated total yearly costs			
6. Medical providers and prescription drugs covered			
7. The health insurance company offering the health plan			

QS1. The next section switches gears to focus on the health care needs of children to help us understand how to do a better job providing health care for children. How many children under the age of 18 are currently living in your household?

\_\_\_\_\_ Number of children

[IF QS1=0 OR “NO CHILDREN LIVE IN THIS HOUSEHOLD” IS SELECTED OR QS1=REFUSED THEN END INTERVIEW]

[IF QS1>1]

QS1a. For the following questions in the survey, please think of the child in your household who has had the most recent birthday.

[IF QS1>=1]

QS2. What is your relationship to that child?

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

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

[SP]

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

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

[IF QS2B=2 OR REFUSED THEN QFLAG=2 AND END INTERVIEW]

QS3. What is his/her gender?

- |        |   |
|--------|---|
| Male   | 1 |
| Female | 2 |

[IF QS3=REFUSED THEN QFLAG=2 AND END INTERVIEW]

QS4. What is [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] age?

\_\_\_\_\_ Age in years  
Child is less than 1 year old

[IF QS4=REFUSED THEN QFLAG=2 AND END INTERVIEW]

QS5. In asking questions about the child, we can refer to [IF QS3=1 INSERT "him" IF QS3=2 INSERT "her"] as "the child", the "[AGE] year old child", or we can use a first name or initial. Which would you prefer?

- |   |   |
|---|---|
| Use "the child"   | 1 |
| [IF QS4>1 OR "CHILD IS LESS THAN 1 YEAR OLD" SELECTED] Use the age of the child | 2 |
| Use the child's name or initials  | 3 |

\*Enter Name/Initials that you would like use to use [TEXT BOX]

The next questions focus on [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL]'s health and health care experiences.

QS6. In general, would you say [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL]'s health is:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

QS7. In general, would you say [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL]'s mental health is:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

QS8a. Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] limited or prevented in any way in [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] ability to do the things most children of the same age can do because of a medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months?

Yes	1
No	2

QS9. Is there a place that [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] usually goes to when [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] is sick or needs advice about [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] health?

There is one place [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] usually goes	1
There is more than one place [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] usually goes	2
There is NO place [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] usually goes	3

QS10. During the past 12 months, that is, since March 2017, has [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] received a well-child check-up, that is, a general check-up, when [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] was not sick or injured?

Yes	1
No	2

QS12. During the past 12 months, did [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] go to a dentist or dental hygienist for preventive dental care, such as a check-up or dental cleaning?

Yes                    1  
 No                     2

QS13. During the past 12 months, how many times did [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] go to the emergency room about [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] health? This includes emergency room visits that resulted in a hospital admission.

None                    1  
 Once                    2  
 Two or more times    3

QS14. During the past 12 months, was it difficult to:

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

QS15. The next question asks about [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL]'s health insurance or health coverage plans. In answering this question, please exclude plans that pay for only one type of service (such as nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized or discounts on medical care.

Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] 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	1	2	3

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)]]].			
C. Medicare, for people 65 and older, or people with certain disabilities	1	2	3
D. Medicaid, Medical Assistance (MA), Children’s Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this type of coverage as [INSERT PROGRAM NAME].]	1	2	3
E. TRICARE or other military health care, including VA	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 ALL ITEMS IN QS15]

QS16. Does this mean [IF QS5=1, FILL= “THE CHILD”, IF QS5=2, FILL = “THE [AGE] YEAR OLD”, IF QS5=3, FILL= NAME/INITIAL] currently has NO health insurance or health coverage plan?

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

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

[IF QS15\_G=1 OR QS16=2]

QS16b. What type of health insurance does [IF QS3=1 INSERT “he” IF QS3=2 INSERT “she”] have?

[TEXT BOX]

[IF “COVERED” SELECTED FOR ANY ITEM IN QS15 OR QS16=2]

QS18. The next question asks you to rate your satisfaction with [IF QS5=1, FILL= “THE CHILD”, IF QS5=2, FILL = “THE [AGE] YEAR OLD”, IF QS5=3, FILL= NAME/INITIAL]’s current health insurance coverage on several different factors. Would you say you are very satisfied, somewhat satisfied, neither satisfied or dissatisfied, somewhat dissatisfied, or very dissatisfied with [IF QS3=1 INSERT “his” IF QS3=2 INSERT “her”] current health insurance coverage in terms of:

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
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The range of health care services available?	1	2	3	4	5
The number of services that are covered (such as the number of doctor visits, prescriptions, or days in the hospital)?	1	2	3	4	5
The choice of doctors and other providers?	1	2	3	4	5
The premium that you pay for [IF QS3=1 INSERT "his" IF QS3=2 INSERT "her"] coverage?	1	2	3	4	5
The co-payments or co-insurance that you pay when [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] gets care?	1	2	3	4	5

QS19. Thinking about [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL]'s health insurance coverage over the past 12 months, how many months was [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] insured? Your best estimate is fine.

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

[IF NO ITEMS IN GRID FOR QS15A-QS15G=1("COVERED") AND QS16=1]

QS19C [IF QS19=4: Earlier, you indicated that [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] currently does not have health insurance coverage.] Which of these are reasons [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] is currently uninsured? Please check all that apply.

- [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] does not need insurance 1
- The cost of health insurance is too high 2
- The enrollment process is too difficult or too much work 3
- No one in the family has a job with coverage 4
- [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=2, FILL= NAME/INITIAL] is currently transitioning between different health insurance plans 5
- Available insurance does not meet the child's needs 6
- Other (Please specify) [text box] 7

QS25. During the past 12 months, was there any time when [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] needed any of the following but didn't get it because it was not affordable?

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

QS26. How confident are you that [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] could get health care if [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] needed it? Are you very confident, somewhat confident, not very confident, or not confident at all?

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

QS27. In the past 12 months did you or anyone in your family have problems paying any of [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL]'s medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

- Yes 1
- No 2

Please share information about [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL]'s race and ethnicity so that we can track how well we are including children with different types of backgrounds.

QRACE1. Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] of Spanish, Hispanic, or Latino descent?

- No, [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] is not of Spanish, Hispanic, or Latino descent 1
- Yes, [IF QS3=1 INSERT "he" IF QS3=2 INSERT "she"] is of Spanish, Hispanic, or Latino descent 2

QRACE2. Please check one or more categories below to indicate what race(s) you consider [If QS5=1, fill= "the child", if QS5=2, fill = "the [AGE] year old", if QS5=3, fill= name/initial] to be.

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

QS30. How many parents of [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] live in this house?

- |      |   |
|------|---|
| One  | 1 |
| Two  | 2 |
| None | 3 |

QS31. Is [IF QS5=1, FILL= "THE CHILD", IF QS5=2, FILL = "THE [AGE] YEAR OLD", IF QS5=3, FILL= NAME/INITIAL] a citizen of the United States?

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

[INSERT STANDARD CLOSE]