

English

Health Reform HfUW]b['Survey
February 2013
- Questionnaire -

NOTES: ITEMS IN ITALICS FOR REFERENCE ONLY, DO NOT PROGRAM

[DISPLAY]

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

HEALTH STATUS [NHIS]

[SC]

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

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

HEALTH-RELATED QUALITY OF LIFE – PHYSICAL [BRFSS & OR HIE]

[Number box with range 0-30]

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

HEALTH-RELATED QUALITY OF LIFE—MENTAL [BRFSS & OR HIE]

[Number box with range 0-30]

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

USOC [NHIS]

[SC]

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

ACCESS TO CARE [BRFSS—with fewer response categories; change in language to include other health care provider]

[SC]

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

BARRIERS TO ACCESS [NHIS —variation that combines several questions; last question is variation on MEPS]

[GRID]

Q6. During the **past 12 months**:

	Yes	No	Did not need care
Did you have trouble finding a doctor or other health care provider who would see you?	1	2	3
Were you told by a doctor’s office or clinic that they would not accept you as a new patient?	1	2	3
Were you told by a doctor’s office or clinic that they do not accept your health care coverage?	1	2	3
Did you have trouble getting an appointment at a doctor’s office or clinic as soon as you thought you needed?	1	2	3

[Source: ACS—with TRICARE and VA combined; lead is new]

[GRID]

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

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


	Covered	Not Covered	Not Sure
Insurance through a current or former employer or union (of yours or another family member)	1	2	3
Insurance purchased directly from an insurance company (by you or another family member)	1	2	3
Medicare, for people 65 and older, or people with certain disabilities	1	2	3
Medicaid, Medical Assistance (MA), the Children’s Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability	1	2	3
TRICARE or other military health care, including VA health care (including those who have ever used or enrolled in VA health care)	1	2	3
Indian Health Service	1	2	3
Any other type of health insurance coverage or health coverage plan	1	2	3

[“COVERED” NOT SELECTED FOR ALL ITEMS IN Q7]

[SC]

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

[NOTE: Q8b was added during the field period on 3/1]
 [Q7G = COVERED or Q8=2]
 [TEXT BOX]
 Q8b. What type of health insurance do you have? 

QUALITY OF COVERAGE

[MHS variation]

[GRID]

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

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

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
The range of health care services available?	1	2	3	4	5
Your choice of doctors and other providers?	1	2	3	4	5
Your ability to get specialist care?	1	2	3	4	5
The premium that you pay for the coverage?	1	2	3	4	5
The co-pays or co-insurance that you pay when you get care?	1	2	3	4	5
The protection that your coverage provides against high medical bills?	1	2	3	4	5
The quality of the care that is available?	1	2	3	4	5

HEALTH INSURANCE OVER TIME

[NEW]

[SC]

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

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

OFFER

[MEPS/MHRS variation]

[SC]

[IF Q7a NOT EQUAL “COVERED”]

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

AFFORDABILITY [[NHIS--variation]

[GRID]

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

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

[NHIS]

[SC]

Q13. In the **past 12 months** did you or anyone in your family have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

- Yes 1
- No 2

FAMILY INCOME RELATIVE TO 138% & 400% FPL

[MHRS variation]

[SC]

Q14a. To better understand the affordability of health care, we’re interested in your family’s income, that is your income plus the income of your spouse 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

[SC]

[Q14a=1..10]

[DISPLAY RESPONSE ITEMS BASED ON TABLE BELOW]

Q14b. Please mark the category that best describes your family’s total income over the last year before taxes and other deductions. Your best estimate is fine.

Response item 1

Response item 2

Response item 3

Q14a answer	Response item 1	Response item 2	Response item 3
One person	At or below \$15,900	Between \$15,900 and \$46,000	At or above \$46,000
Two people	At or below \$21,500	Between \$21,500 and \$62,100	At or above \$62,100
Three people	At or below \$27,000	Between \$27,000 and \$78,200	At or above \$78,200
Four people	At or below \$32,500	Between \$32,500 and \$94,200	At or above \$94,200
Five people	At or below \$38,100	Between \$38,100 and \$110,300	At or above \$110,300
Six people	At or below \$43,600	Between \$43,600 and \$126,400	At or above \$126,400
Seven people	At or below \$49,200	Between \$49,200 and \$142,500	At or above \$142,500
Eight people	At or below \$54,700	Between \$54,700 and \$158,600	At or above \$158,600
Nine people	At or below \$60,300	Between \$60,300 and \$174,600	At or above \$174,600
Ten or more people	At or below \$65,800	Between \$65,800 and \$190,700	At or above \$190,700

[NUMBER BOX; RANGE 0-999999]

[CHECK BOXES]

[PROMPT IF MORE THAN ONE RESPONSE ITEM SELECTED]

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

Q15a. A deductible is the amount you have to pay before your health insurance or health coverage plan will start paying any part of your medical bills. What is ~~your~~ the annual

deductible per person under your health insurance or health coverage plan? Your best estimate is fine.

I do not have a deductible
Not sure of amount

[Q15a EQUAL “Not sure of amount” or refused]
[SC]

Q15b. Would you say your deductible is:

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

[NUMBER BOX; RANGE 0-999999]

[CHECK BOXES]

[PROMPT IF MORE THAN ONE RESPONSE ITEM SELECTED]

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

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

No out-of-pocket costs
Not sure of amount

[Q16a EQUAL “Not sure of amount” or refused]
[SC]

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

- | | |
|---|--------------------|
| 1 | Less than \$500 |
| 2 | \$500 to \$999 |
| 3 | \$1,000 to \$1,499 |
| 4 | \$1,500 to \$1,999 |
| 5 | \$2,000 to \$2,999 |
| 7 | \$3,000 to \$3,999 |
| 8 | \$4,000 to \$4,999 |

- 9 \$5,000 to \$5,999
- 10 \$6,000 to \$6,999
- 11 \$7,000 to \$7,999
- 12 \$8,000 to \$8,999
- 13 \$9,000 to \$9,999
- 14 \$10,000 or more

[SC]

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

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

[INSERT STANDARD CLOSE]