

Health Reform Monitoring Survey

www.urban.org/hrms

April 2021
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 in the past, your participation in this survey is important to help us get the latest information on how well the US health care system is working. Your responses to the survey will be kept confidential.

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

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

Q3A. Do you have a physical or mental condition, impairment, or disability that affects your daily activities OR that requires you to use special equipment or devices, such as a wheelchair, special telephone or communication device?

Yes	1
No	2

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

This could be a physical health condition (such as arthritis, asthma, cancer, dementia, diabetes, heart disease, high cholesterol, hypertension or stroke), a mental health condition (such as anxiety or depression), a problem with alcohol or drug use, or a developmental disability.

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

Q1A. Has a doctor or other health professional ever told you that you had any of the following medical conditions?

	Yes	No
1. Hypertension, also called high blood pressure	1	2
2. High cholesterol	1	2
3. Coronary heart disease, angina, heart attack, or other heart condition	1	2
4. Stroke	1	2
5. Cancer or a malignancy of any kind (do not include skin cancer)	1	2
6. Diabetes (do not include gestational diabetes or pre-diabetes)	1	2
7. Asthma	1	2
8. Chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	1	2
9. Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	1	2
10. Liver disease (including cirrhosis)	1	2
11. Kidney disease (do not include kidney stones, bladder infections, or incontinence)	1	2
12. COVID-19, the illness caused by the novel coronavirus	1	2

[IF Q1A_7=1]

Q1B. Do you still have asthma?

- Yes 1
- No 2

Q1D. Has a doctor or other health professional ever told you that you had any of the following mental health or behavioral health conditions?

	Yes	No
1. Any type of anxiety disorder (such as generalized anxiety disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, or phobias)	1	2
2. Any type of depression (such as major depressive disorder, bipolar disorder, or dysthymia)	1	2
3. Any other type of mental health condition	1	2
4. A problem with alcohol or drug use	1	2

Q4. Is there a place that you usually go to when you are sick or need advice about your health?

- I have one place I usually go 1
- I have more than one place I usually go 2
- I do NOT have a place I usually go 3

[IF Q4=1 OR 2]

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

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

[IF Q4=3 OR REFUSED]

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

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

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

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

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

[IF TQ57H=1 OR 2]

TQ57H_2. Is [IF TQ57H=1: your personal health care provider] [IF TQ57H=2: the personal health care provider that you see most often] one of the following types of doctors or health care providers?

A general doctor	1
A nurse practitioner, physician assistant, or midwife	2
[IF FEMALE: A doctor who specializes in women's health (an obstetrician/gynecologist)]	3
A mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker	4
A specialist (other than a psychiatrist [IF FEMALE: or obstetrician/ gynecologist]). 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).	5
A physical therapist, speech therapist, respiratory therapist,	6

audiologist, or occupational therapist	
Other type of provider (specify): [TEXT BOX]	7
Not sure	8

[IF TQ57H=1 OR 2]

TQ57K. Do you consider [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider] to be the same gender as you are?

Yes	1
No	2

[IF HISPANIC AND TQ57H=1 OR 2]

TQ57L. Is [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider] Spanish, Hispanic, or Latino?

Yes, Spanish, Hispanic or Latino	1
No	2
Not sure	3

[IF TQ57H=1 OR 2]

TQ57M. Do you consider [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider] to be the same race as you are?

Yes	1
No	2

[(IF TQ57H=1 OR 2) AND (IF SURVEY IN SPANISH OR RESPONDENT IS BILINGUAL OR SPANISH SPEAKING)]

TQ57U. Does [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider] speak to you in the language you prefer?

Yes	1
No	2

[IF TQ57U=2]

TQ57U_1. Do you need someone to help you understand [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider]?

Yes	1
No	2

[IF TQ57U_1=1]

TQ57U_2. Do any of the following people help you understand [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider]? Check all that apply.

Minor child (under age 18)	1
An adult family member or friend of yours	2
Non-medical office staff	3

- Medical staff including nurses or doctors 4
- Professional interpreter (in person or on the phone) 5
- Other (patients, someone else) 6
- Do not have someone to help 7

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

[IF TQ57H=1 OR 2]

Q5A. In the past 12 months, have you seen or talked to [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider] about your own health [IF Q5=1: for reasons other than a routine checkup]?

- Yes 1
- No 2

Q5B. In the past 12 months, have you seen or talked to any [IF Q5A=1: other] [IF Q5A NE 1: of the following] types of doctors or health care providers about your own health? Check all that apply.

	Yes	No
1. [IF Q5A NE 1 OR TQ57H_2 NE 1]: A general doctor	1	2
2. [IF Q5A NE 1 OR TQ57H_2 NE 2] : A nurse practitioner, physician assistant, or midwife	1	2
3. [IF FEMALE AND (Q5A NE 1 OR TQ57H_2 NE 3)]: A doctor who specializes in women’s health (an obstetrician/gynecologist)	1	2
4. [IF Q5A NE 1 OR TQ7H_2 NE 4]: A mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker	1	2
5. [IF Q5A NE 1 OR TQ57H_2 NE 5]: A specialist (other than a psychiatrist [IF FEMALE AND (Q5A NE 1 OR TQ57H_2 NE 5): or obstetrician/gynecologist]). [IF (Q5A NE 1 OR TQ57H_2 NE 5) AND TQ57H NE 1 OR 2: 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
6. [IF Q5A NE 1 OR TQ57H_2 NE 6]: A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist	1	2
7. A dental care provider, such as a dentist, dental hygienist, orthodontist, oral surgeon, or other dental specialist	1	2

8. [IF Q5A NE 1 OR TQ57H_2 NE 7]: Any other type of health care provider (specify): _____	1	2
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[IF Q5=1 OR Q5A=1 OR ANY ITEM IN Q5B=1]

Q5C. Thinking of the times you saw or talked to a doctor or health care provider about your own health in the past 12 months, how many of these were in-person visits?

- None 1
- 1 2
- 2-3 3
- 4-5 4
- 6 or more 5

[IF Q5A=1 OR ANY ITEM IN Q5B=1]

Q5D. In the past 12 months, how many times have you gone to a hospital emergency room about your own health? Include all emergency room visits, regardless of whether they resulted in a hospital admission.

- None 1
- 1 2
- 2-3 3
- 4 or more 4

Q24. The next few questions gather some information about you and your family. Are you now...

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

[IF Q24=2-5 OR REFUSED]

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

- Yes 1
- No 2

Q24B. [IF AGE=18: Other than yourself, how] [IF AGE>18: How] many people under age 19 are living with you?

___ number of people under age 19 who are living with you [IF AGE=18: (other than yourself)]

[IF Q24B>0]

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

- Yes 1

No 2

[IF Q26=1 AND Q24B>1]

Q27. How many children or stepchildren under age 19 for whom you are the parent or guardian are living with you?

___ number of children or stepchildren under age 19 for whom you are the parent or guardian who are living with you

[DOV_FAMSIZE = 1 (RESPONDENT) + SPOUSE (Q24=1) + PARTNER (Q24A=1) + (NUMBER OF CHILDREN IN Q27) OR (1 IF Q24B=1 AND Q26=1)]

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

Q28. How many children or stepchildren under 6 for whom you are the parent or guardian are living with you?

___ number of children or stepchildren under age 6 for whom you are the parent or guardian who are living with you

[IF Q26=1 AND (Q27=1 OR SKIPPED)]

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

Yes 1
No 2

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

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

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

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	1	2	3

coverage purchased through an exchange or marketplace, such as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: [or PROGRAM NAME]]			
c. Medicare, for people 65 and older, or people with certain disabilities	1	2	3
d. Medicaid, Medical Assistance (MA), the Children’s Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability. [IF RESPONDENT IS IN A STATE WITH STATE SPECIFIC-NAMES, INSERT: You may know this type of coverage as [PROGRAM NAME].]	1	2	3
e. TRICARE or other military health care, including VA health care	1	2	3
f. Indian Health Service	1	2	3
g. Any other type of health insurance coverage or health coverage plan	1	2	3

[IF “COVERED” NOT SELECTED FOR ANY ITEMS IN Q7]

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

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

- I do NOT have health insurance 1
- I HAVE some kind of health insurance 2

[IF Q7G=1 OR Q8=2]

Q8B. What type of health insurance do you have?

[TEXT BOX]

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

Q8C. As you may know, state and federal health insurance marketplaces can be used to shop for health insurance and compare prices and benefits. These marketplaces can also be used to enroll in Medicaid, Medical Assistance or the Children's Health Insurance Program (CHIP). You may know the marketplace as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES, INSERT [or (INSERT PROGRAM NAME)]. You may have seen a website or materials with the following marketplace [IF ONE LOGO: logo] [IF MORE THAN ONE LOGO: logos].

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

Is your current coverage a health insurance plan through the marketplace? You may have completed the enrollment process yourself or had someone else do it for you.

- Yes, I am enrolled in a health insurance plan through the marketplace 1
- No, I am not enrolled in a health insurance plan through the marketplace 2

[IF Q8C=1]

Q8E. Is your health insurance plan through the marketplace a private health insurance plan? If it is a private plan, it would be a plan in one the following categories: bronze; silver; gold; platinum; or catastrophic (this is only available for those under 30 years old or those with a “hardship exemption”).

- Yes, it is a private plan 1
- No, it is not a private plan 2
- Don't know 3

[IF (Q7B=1 OR Q7C=1 OR Q7D=1 OR Q7G=1 OR Q8=2) AND Q7A NE 1 AND Q7E NE 1 AND Q8E NE 1]

Q8H. We know that it can sometimes be difficult to answer questions on type of health insurance coverage in surveys. It might help to see the program logo[s] for some coverage options in your state.

[INSERT MEDICAID, CHIP, OTHER PUBLIC PROGRAM LOGOS]

Is your current coverage a health insurance plan through one of these programs? You may have completed the enrollment process yourself or had someone else do it for you.

- Yes, I am enrolled in a health insurance plan through one of those programs 1
- No, I am not enrolled in a health insurance plan through one of those programs 2

[IF ((COVERED SELECTED FOR ONLY ONE ITEM IN Q7B, Q7C, Q7D, Q7F, OR Q7G) AND Q7A NE 1 AND Q7E 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 insurance 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 [CURRENT MONTH] [CURRENT YEAR-1]? Your best estimate is fine.

- I was insured all 12 months 1
- I was insured 6 to 11 months 2
- I was insured 1 to 5 months 3

I did not have health insurance at all over the past 12 months

4

[IF 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 [CURRENT MONTH] [CURRENT YEAR-1]?

Yes	1
No	2

[IF DOV_FAMSIZE>1]

Q16C. Thinking about the past 12 months, did any of your family members go without health insurance at any time since [CURRENT MONTH] [CURRENT YEAR-1]? That is, your spouse or partner (if present) and any of your children or stepchildren under 19 who live with you.

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

[IF (NO ITEMS IN GRID FOR Q7A-Q7G=1("COVERED") AND Q8=1)]

TQ14A. How much have you heard about the health insurance marketplaces, which can be used to shop for health insurance and compare prices and benefits? You may know the marketplace as Healthcare.gov [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: or [PROGRAM NAME]] in your state. Have you heard:

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

[IF (NO ITEMS IN GRID FOR Q7A-Q7G=1("COVERED") AND Q8=1)]

TQ19A. Some people are able to get subsidies for premiums and out-of-pocket health care costs in the health insurance marketplaces. How much, if anything, have you heard about these subsidies? Have you heard:

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

[IF (NO ITEMS IN GRID FOR Q7A-Q7G=1("COVERED") AND TQ14A=1-3)]

TQ28. Have you ever looked for information on health insurance plans in the marketplace?

Yes	1
No	2

[IF TQ28=2]

[ORDER OF ITEMS 1-4 IS RANDOMIZED]

TQ30. Which of the following is the main reason that you have not looked for information on health insurance plans in the marketplace?

- I do not want health insurance 1
- I do not have the time 2
- I do not know how to find the information 3
- The cost is too high / I cannot afford the insurance 4
- Other reason [please specify]: 5

[IF TQ28=1]

[ORDER OF ITEMS 1-7 IS RANDOMIZED]

TQ39B. What is the main reason why you have not enrolled in a health insurance plan in the marketplace?

- The cost is too high / I cannot afford the insurance 1
- I did not qualify for subsidized coverage 2
- The plans do not cover the benefits I am looking for 3
- The choice of doctors, hospitals, and other providers in the plans' networks is too limited 4
- Enrolling in a plan was too complicated or difficult 5
- I am still weighing my options and I am not yet ready to enroll 6
- I am in the process of enrolling in a plan 7
- Other reason (please specify): _____ 8

[IF NO ITEMS FOR Q7A-Q7G="COVERED" AND Q8=1]

TQ5A. Have you tried to obtain coverage through Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability? [IF RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES: You may know this type of coverage as [INSERT PROGRAM NAME]].

- Yes, tried to obtain coverage through those plans 1
- No, did not try to obtain coverage through those plans 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 or partner (if applicable) and any of your children or stepchildren under 19 who are living with you.

Your family size (including you) is...

- One person 1
- Two people 2
- Three people 3
- Four people 4
- Five people 5
- Six people 6
- Seven people 7
- Eight people 8
- Nine people 9
- Ten or more people 10

[IF Q14A=1-10]

Q14B. Please mark the category that best describes your family’s total income over the last year before taxes and other deductions. Your best estimate is fine.

- Response item 1
- Response item 2
- Response item 3
- Response item 4

Q14A answer	Response item 1 At or below 138%	Response item 2 Above 138% and less than 250%	Response item 3 At or above 250% and less than 400%	Response item 4 400% or more
One person	At or below \$17,800	Above \$17,800 and less than \$32,200	At or above \$32,200 and less than \$51,600	At or above \$51,600
Two people	At or below \$24,100	Above \$24,100 and less than \$43,600	At or above \$43,600 and less than \$69,700	At or above \$69,700
Three people	At or below \$30,400	Above \$30,400 and less than \$54,900	At or above \$54,900 and less than \$87,900	At or above \$87,900
Four people	At or below \$36,600	Above \$36,600 and less than \$66,300	At or above \$66,300 and less than \$106,000	At or above \$106,000
Five people	At or below \$42,900	Above \$42,900 and less than \$77,600	At or above \$77,600 and less than \$124,200	At or above \$124,200
Six people	At or below \$49,200	Above \$49,200 and less than \$89,000	At or above \$89,000 and less than \$142,400	At or above \$142,400
Seven people	At or below \$55,400	Above \$55,400 and less than \$100,300	At or above \$100,300 and less than \$160,500	At or above \$160,500
Eight people	At or below \$61,700	Above \$61,700 and less than \$111,700	At or above \$111,700 and less than \$178,700	At or above \$178,700
Nine people	At or below \$67,900	Above \$67,900 and less than \$123,000	At or above \$123,000 and less than \$196,800	At or above \$196,800
Ten or more people	At or below \$74,200	Above \$74,200 and less than \$134,400	At or above \$134,400 and less than \$215,000	At or above \$215,000

[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]: \$12,900
- [IF Q14A=2]: \$17,500
- [IF Q14A=3]: \$22,000
- [IF Q14A=4]: \$26,500
- [IF Q14A=5]: \$31,100
- [IF Q14A=6]: \$35,600
- [IF Q14A=7]: \$40,200
- [IF Q14A=8]: \$44,700
- [IF Q14A=9]: \$49,200
- [IF Q14A=10]: \$53,800

- Yes 1
- No 2

[IF Q14C=1]

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

- [IF Q14A=1]: \$6,500
- [IF Q14A=2]: \$8,800
- [IF Q14A=3]: \$11,000
- [IF Q14A=4]: \$13,300
- [IF Q14A=5]: \$15,600
- [IF Q14A=6]: \$17,800
- [IF Q14A=7]: \$20,100
- [IF Q14A=8]: \$22,400
- [IF Q14A=9]: \$24,600
- [IF Q14A=10]: \$26,900

Yes 1
No 2

[IF Q14B=4]

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

- [IF Q14A=1]: \$77,300
- [IF Q14A=2]: \$104,600
- [IF Q14A=3]: \$131,800
- [IF Q14A=4]: \$159,000
- [IF Q14A=5]: \$186,300
- [IF Q14A=6]: \$213,500
- [IF Q14A=7]: \$240,800
- [IF Q14A=8]: \$268,000
- [IF Q14A=9]: \$295,200
- [IF Q14A=10]: \$322,500

Yes 1
No 2

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

	Yes	No	Don't know
a. The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].	1	2	3

b. A federal, state, or local government housing program that lowers your rent, such as a housing voucher or public housing	1	2	3
c. [Q7D=2, 3, OR REFUSED: Medicaid, Medical Assistance, the Children’s Health Insurance Program (CHIP) or any kind of state or government-sponsored health insurance coverage based on income or a disability. [IF THE RESPONDENT IS IN A STATE WITH STATE-SPECIFIC NAMES INSERT: You may know this program as [INSERT PROGRAM NAME].]	1	2	3
d. Unemployment insurance benefits	1	2	3

[IF ALL ITEMS IN Q30=2, 3, OR REFUSED AND Q7D=2, 3, OR REFUSED]

Q30B. Have you or anyone in your family ever applied for public benefits? This would include SNAP, Medicaid or CHIP, housing assistance, unemployment insurance benefits, and any other cash or noncash government benefit programs.

- Yes 1
- No 2
- Don’t Know 3

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

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

Q13. For this question, think about your [IF DOV_FAMSIZE>1: and your family’s] health care experiences over the past 12 months, that is, since [CURRENT MONTH] [CURRENT YEAR-1]. Did you [IF DOV_FAMSIZE>1: or anyone in your family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care.

- Yes 1
- No 2

Q13A. Do you [IF DOV_FAMSIZE>1: 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, doctors, or other health care providers. The bills can be from earlier years as well as this year.

- Yes 1
- No 2

Q12. For this question, please think about your health care experiences over the past 12 months, that is, since [CURRENT MONTH] [CURRENT YEAR-1].

In the past 12 months, was there a time when you needed any of the following types of health care but did not get it because you could not afford it?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor	1	2
c. To see a specialist-- A specialist is a doctor who focuses on a particular class of patients (such as children) or on a specific disease (such as heart disease) or on a particular technique (such as surgery)	1	2
d. To get medical tests, treatment, or follow-up care	1	2
e. Dental care	1	2
f. Mental health care or counseling	1	2
g. Treatment or counseling for alcohol or drug use	1	2
h. Vision care	1	2
i. Medical supplies or equipment	1	2

[IF YES TO ANY ITEMS IN Q12 AND (AT LEAST ONE ITEM IN GRID FOR Q7A-G=1 OR Q8=2) AND Q10=1 AND Q10B=1; ONLY SHOW ITEMS SELECTED IN Q12]

Q12E. For this question, think of the times in the past 12 months when you had health insurance and did not get care you needed because you could not afford it.

The last time that you had health insurance and did not get the following types of health care, was it because the service was not covered at all by your health insurance plan, or because the service was covered by your health insurance plan but you could not afford the deductible, copayments, or other out-of-pocket health care costs?

	Not covered at all by health insurance plan	Covered by health insurance plan but could not afford out-of-pocket health care costs
a. Prescription drugs	1	2
b. To see a general doctor	1	2
c. To see a specialist	1	2
d. To get medical tests, treatment, or follow-up care	1	2
e. Dental care	1	2
f. Mental health care or counseling	1	2
g. Treatment or counseling for alcohol or drug use	1	2
h. Vision care	1	2
i. Medical supplies or equipment	1	2

TQCOVID17A. In the past 12 months, was there a time when you needed any of the following types of health care but did not get it because you were worried about being exposed to coronavirus?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2

d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care (please specify): _____	1	2

[IF ANY ITEM SELECTED IN TQCOVID17A; ONLY SHOW ITEMS SELECTED IN TQCOVID17A]

TQCOVID17A_1. In the past 30 days, was there a time when you needed any of the following types of health care but did not get it because you were worried about being exposed to coronavirus?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Preventive health screenings or medical tests	1	2
e. Treatment or follow-up care	1	2
f. Dental care	1	2
g. Mental health care or counseling	1	2
h. Treatment or counseling for alcohol or drug use	1	2
i. Some other type of medical care (please specify): _____	1	2

[IF Q26=1]

TQCOVID19A. For this question, think of your children under age 19 who are living with you.

In the past 12 months, was there a time when your children needed any of the following types of health care but did not get it because you were worried they would be exposed to coronavirus?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Checkups, well child visits, or other preventive health screenings	1	2
e. Immunizations		
f. Treatment or follow-up care	1	2
g. Dental care	1	2
h. Mental health care or counseling	1	2
i. Treatment or counseling for alcohol or drug use	1	2
j. Physical, occupational, or speech therapy	1	2
k. Some other type of medical care (please specify): _____	1	2

[IF ANY ITEM SELECTED IN TQCOVID19A; ONLY SHOW ITEMS SELECTED IN TQCOVID19A]

TQCOVID19A_1. In the past 30 days, was there a time when your children needed any of the following types of health care but did not get it because you were worried they would be exposed to coronavirus?

	Yes	No
a. Prescription drugs	1	2
b. To see a general doctor or specialist	1	2
c. To go to a hospital	1	2
d. Checkups, well child visits, or other preventive health screenings	1	2
e. Immunizations		
f. Treatment or follow-up care	1	2
g. Dental care	1	2
h. Mental health care or counseling	1	2
i. Treatment or counseling for alcohol or drug use	1	2
j. Physical, occupational, or speech therapy	1	2
k. Some other type of medical care (please specify): _____	1	2

TQCOVID17D. Thinking about the next 30 days, how likely would you be to seek in-person care with [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider] [IF TQ57H NE 1 OR 2: a doctor or other health care provider] if you needed the following types of care:

	Very likely	Likely	Unlikely	Very unlikely
1. Visit for preventive care	1	2	3	4
2. Visit for a new health concern	1	2	3	4
3. Visit for a serious health concern	1	2	3	4
4. Visit for a new prescription or prescription refill	1	2	3	4

Q12F. There are many other reasons people do not get health care that they need. In the past 12 months, was there a time when you needed health care but did not get it because of difficulties with any of the following?

	Yes	No
1. Finding transportation	1	2
2. Taking time off work	1	2
3. Taking time away from child care or family obligations	1	2
4. [IF (AT LEAST ONE ITEM IN GRID FOR Q7A-G=1 OR Q8=2) AND Q10=1 AND Q10B=1: Getting authorization from your health insurance plan for health care]	1	2
5. [IF (AT LEAST ONE ITEM IN GRID FOR Q7A-G=1 OR Q8=2) AND Q10=1 AND Q10B=1: Getting authorization from your health insurance plan for prescription drugs]	1	2
6. [IF (AT LEAST ONE ITEM IN GRID FOR Q7A-G=1 OR Q8=2) AND Q10=1 AND Q10B=1: Finding a doctor or health care provider who was accepting new patients]	1	2
7. [IF (AT LEAST ONE ITEM IN GRID FOR Q7A-G=1 OR Q8=2) AND Q10=1 AND Q10B=1: Finding a doctor or health care provider who would accept your type of health insurance coverage]	1	2

TQTEL1. The next questions ask about phone or video visits with doctors and other health care providers.

In the past 12 months, have you had a phone or video visit with a doctor or other health care provider to talk about your own health? These types of visits are sometimes called telehealth visits.

Yes 1
 No 2

[IF TQTEL1=1]

TQTEL2. When was your most recent phone or video visit with a doctor or other health care provider?

Within the past month 1
 1-3 months ago 2
 4-6 months ago 3
 7-9 months ago 4
 10-12 months ago 5

[IF TQTEL1=1]

TQTEL3. How many total phone or video visits with a doctor or other health care provider have you had in the past 12 months?

1 1
 2-3 2
 4-5 3
 6 or more 4

[IF TQTEL1=1]

TQTEL4. What type(s) of telehealth visits have you had in the past 12 months?

	Yes	No
1. Phone (audio only)	1	2
2. Video	1	2
3. Other (please specify): ____	1	2

[IF TQTEL1=1 AND TQ57H=1 OR 2]

TQTEL5. Were any of these phone or video visits in the past 12 months with your [IF TQ57H_2=1, 3, OR 5: personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: personal health care provider]?

Yes 1
 No 2

[IF TQTEL1=1]

TQTEL6. What [IF TQ57H=1 OR 2: other] types of providers have you seen for your phone or video visits in the past 12 months? Check all that apply.

1. A general doctor	Yes	No
2. A nurse, nurse practitioner, physician assistant, or midwife	1	2
3. A mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker	1	2
4. A specialist (other than a psychiatrist)	1	2
5. A provider from a telehealth vendor (e.g., "Teladoc")	1	2
6. Other (please specify): ____	1	2

[IF TQTEL1=1]

TQTEL7. What types of health care issues were addressed during your phone or video visits in the past 12 months? Check all that apply.

	Yes	No
1. General preventive care or routine care	1	2
2. Mental health care or counseling	1	2
3. Treatment or counseling for alcohol or drug use	1	2
4. COVID-19 screening	1	2
5. Care for a new injury, illness, or health problem other than COVID-19	1	2
6. Care for a chronic or ongoing condition	1	2
7. Other types of care (please specify): ____	1	2

[IF TQTEL1=1]

TQTEL8. How much did you spend out-of-pocket on your last phone or video visit for 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 health insurance or any health care costs that you will be reimbursed for.

- No out-of-pocket costs 1
- \$1 to \$20 2
- \$21 to \$50 3
- \$51 to \$100 4
- More than \$100 5

TQTEL9. Was there a time in the past 12 months when you wanted a phone or video visit with a health care provider to talk about your own health, but did not get one?

- Yes 1
- No 2

[IF TQTEL9=1]

[ORDER OF ITEMS 1-7 IS RANDOMIZED]

TQTEL10. Thinking of the most recent time you wanted a phone or video visit with a health care provider to talk about your own health but did not get one, which of the following are reasons you did not get a phone or video visit?

	Yes	No
1. The provider was not taking visits by phone or video	1	2

2. It took too long to get an appointment	1	2
3. The visit would not be covered by my health insurance	1	2
4. I could not afford the copayment or other out-of-pocket costs	1	2
5. I needed a test, treatment, or medication that could only be provided in person	1	2
6. I did not have the technology needed for this type of visit	1	2
7. I did not want to use too much data under my cellular data plan	1	2
8. Other reason (please specify):_____	1	2

[IF TQTEL1=1]

TQTEL11. Thinking of your phone or video visits with health care providers in the past 12 months, do you agree or disagree with the following statements?

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	[FOR ROW 3: Not applicable]
1. It was easy to schedule phone or video visits at a convenient time.	1	2	3	4	5	
2. The wait times for phone or video visits were shorter than the wait times for similar in-person visits.	1	2	3	4	5	
3. You were able to receive prescription drug fills that you needed through phone or video visits.	1	2	3	4	5	6
4. It was less expensive to have phone or video visits than similar in-person visits (i.e., you paid lower out-of-pocket costs)	1	2	3	4	5	
5. You preferred to have an in-person visit, but you chose phone or video because you were concerned about exposure to coronavirus	1	2	3	4	5	

TQTEL12. Thinking ahead to after the COVID-19 pandemic is well contained, do you anticipate wanting to have phone or video visits with a doctor or other health care provider?

Yes	1
No	2

TQVACC1. The next questions focus on COVID-19 vaccines.

Have you received at least one dose of a COVID-19 vaccine?

Yes	1
No	2

[IF TQVACC1=1]

TQVACC2. Where did you receive the vaccine?

A pharmacy (this would include pharmacies located in drug stores, grocery stores, retail stores, or other places)	1
A hospital	2
A nursing home	3
A local health department	4
A clinic or health center	5
A doctor's office	6
A mass vaccination site (such as a stadium, amusement park, college, or convention center)	7
A pop-up or mobile vaccination site (e.g., at a housing complex or community center)	8
Other (please specify): _____	9

[IF TQVACC1=1]

TQVACC3. How difficult or easy was it to travel to the place where you received a COVID-19 vaccine?

Very difficult	1
Difficult	2
Easy	3
Very easy	4

[IF TQVACC1=1]

TQVACC4. When you received a COVID-19 vaccine, did you make an appointment, go to a drop-in vaccination site that did not require an appointment, or receive the vaccine some other way?

Made an appointment	1
Went to a drop-in vaccination site that did not require an appointment	2
Received the vaccine some other way (please specify): _____	3

[IF TQVACC1=2 OR REFUSED]

TQVACC5. Some people are now eligible to get a COVID-19 vaccine based on factors such as their age, health conditions, the type of work they do, or the community where they live.

Are you currently eligible to get a COVID-19 vaccine?

- Yes 1
- No 2
- Not sure 3

[IF TQVACC5=1, 3, OR REFUSED]

TQVACC6. Have you tried to schedule an appointment for a COVID-19 vaccine?

- Yes, I have scheduled an appointment 1
- Yes, but I do not have an appointment 2
- No, I have not tried to schedule an appointment 3

[IF TQVACC4=1 OR TQVACC6=1]

TQVACC7. How difficult or easy was it to schedule an appointment for a COVID-19 vaccine?

- Very difficult 1
- Difficult 2
- Easy 3
- Very easy 4

[IF TQVACC6=2]

TQVACC8. Which of the following are reasons you were unable to get an appointment?

	Yes	No
1. You could not find information on how to schedule an appointment	1	2
2. You did not have time to schedule an appointment	1	2
3. [IF SURVEY IN SPANISH]: The information on how to schedule an appointment was not in your language	1	2
4. You had problems finding or using the website(s) for scheduling appointments online	1	2
5. You had to wait too long when trying to schedule an appointment by phone	1	2
6. No appointments were available	1	2
7. The appointments that were available were at places that were too far away or you did not have transportation to get to them	1	2
8. You could not take time off work when appointments were available	1	2
9. You were put on a waiting list	1	2
10. Other reason (please specify): _____	1	2

[IF TQVACC5=1, 3, OR REFUSED AND TQVACC6=2, 3, OR REFUSED]

TQVACC9. Have you tried to get a COVID-19 vaccine at a drop-in vaccination site that does not require an appointment?

- Yes 1
- No 2

[IF TQVACC5=2]

TQVACC10. When you become eligible to get a COVID-19 vaccine, how likely would you be to get it?

Would you:

- Definitely get the vaccine 1
- Probably get the vaccine 2
- Probably NOT get the vaccine 3
- Definitely NOT get the vaccine 4

[IF TQVACC10=3 OR 4]

[ORDER OF ITEMS IS RANDOMIZED]

TQVACC12. Which of the following are reasons you would [IF TQVACC10=3: probably] [IF TQVACC10=4: definitely] NOT get a COVID-19 vaccine?

	Yes	No
1. You are concerned about allergic reactions or short-term side effects of the vaccines	1	2
2. You are concerned about long-term side effects of the vaccines	1	2
3. You want to know more about how well the vaccines work in protecting people against COVID-19	1	2
4. You want to know more about whether the vaccines are safe and effective for people with the same health conditions that you have	1	2
5. You do not believe you need a vaccine	1	2
6. You are concerned the vaccines were developed too quickly or have not been tested long enough	1	2
7. You do not trust the government or pharmaceutical companies	1	2
8. Some other reason (specify):____	1	2

[IF TQVACC5=1, 3, OR REFUSED AND TQVACC6=3 AND TQVACC9=2]

[ORDER OF ITEMS IS RANDOMIZED]

TQVACC13. Which of the following are reasons you have not tried get a COVID-19 vaccine?

	Yes	No
1. You are concerned about allergic reactions or short-term side effects of the vaccines	1	2
2. You are concerned about long-term side effects of the vaccines	1	2
3. You want to know more about how well the vaccines work in protecting people against COVID-19	1	2
4. You want to know more about whether the vaccines are safe and effective for people with the same health conditions that you have	1	2
5. You do not believe you need a vaccine	1	2
6. You are concerned the vaccines were developed too quickly or have not been tested long enough	1	2
7. You do not trust the government or pharmaceutical companies	1	2
8. Some other reason (specify):____	1	2

[IF TQVACC12_5=1 OR TQVACC13_5=1]

[ORDER OF ITEMS IS RANDOMIZED]

TQVACC14. Which of the following are reasons you do not believe you need a COVID-19 vaccine?

	Yes	No
1. You have already had COVID-19	1	2
2. You are not a member of a high-risk group	1	2
3. You plan to use masks or other precautions instead	1	2
4. You do not believe COVID-19 is a serious illness	1	2
5. You do not think vaccines are beneficial	1	2
6. Some other reason (specify):_____	1	2

[ORDER OF ITEMS IS RANDOMIZED, BUT ITEM 2 ALWAYS SHOWN AFTER ITEM 1]

TQVACC15. How much would you trust each of the following sources for information about a COVID-19 vaccine?

	Strongly trust	Somewhat trust	Neither trust or distrust	Somewhat distrust	Strongly distrust	[ROW 4: Not applicable]
1. [IF TQ57H_2=1, 3, OR 5: Your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: Your personal health care provider] [IF TQ57H NE 1 OR 2: A doctor or health care provider in your community]	1	2	3	4	5	
2. [IF TQ57H=1 OR 2: Other doctors or health care providers in your community]	1	2	3	4	5	
3. Pharmacists in your community	1	2	3	4	5	
4. Leaders of your religious group in your community, if applicable	1	2	3	4	5	6
5. The local elected officials who represent your community (e.g., mayors, city or county councilmembers)	1	2	3	4	5	
6. Social service, neighborhood, or civic organizations in your community	1	2	3	4	5	
7. Family and friends	1	2	3	4	5	

TQVACC16. Have you ever obtained information about a COVID-19 vaccine from [IF TQ57H_2=1, 3, OR 5: your personal doctor] [IF TQ57H_2=2, 4, 6, 7, 8, OR REFUSED: your personal health care provider] [IF TQ57H NE 1 OR 2: a doctor or health care provider in your community]?

Yes 1
No 2

[IF TQVACC16=1]

TQVACC17. Thinking of the last time you obtained information about a COVID-19 vaccine from [IF TQ57H=1 OR 2: your] [IF TQ57H NE 1 OR 2: a] doctor or health care provider, did the doctor or health care provider answer your questions about the vaccine?

Yes 1
No 2

TQVACC19. Have any of your family members or friends...

	Yes	No
1. Gotten a COVID-19 vaccine	1	2
2. Been infected with COVID-19	1	2
3. Had severe illness or been hospitalized because of COVID-19	1	2

TQ86C. In the past 12 months, was there a time when you felt you were treated or judged unfairly in the following places or situations because of your racial or ethnic background?

	Yes	No
1. At a doctor's office, clinic, or hospital	1	2
2. When applying for public benefits	1	2

TQ86D. In the past 12 months, was there a time when you felt you were treated or judged unfairly at a doctor's office, clinic, or hospital because of any of the following other reasons?

	Yes	No
1. Your gender or gender identity	1	2
2. Your sexual orientation	1	2
3. Your country of origin	1	2
4. Your primary language	1	2
5. Your health insurance coverage type	1	2
6. A disability	1	2
7. A health condition	1	2
8. Your income level	1	2
9. Other (specify): [TEXT BOX]	1	2

[IF ANY ITEM IN TQ86C=2 OR REFUSED]

TQ86E. Has there ever been a time when you felt you were treated or judged unfairly in the following places or situations because of your racial or ethnic background?

	Yes	No
1. [IF TQ86C_1=2 OR REFUSED: At a doctor's office, clinic, or hospital]	1	2
2. [IF TQ86C_2=2 OR REFUSED: When applying for public benefits]	1	2

[IF TQ86C_1=1 OR TQ86E_1=1]

TQ86F. Thinking of the last time you were treated or judged unfairly at a doctor's office, clinic, or hospital, who treated or judged you unfairly?

	Yes	No
1. A doctor, nurse, or other health care provider	1	2
2. A front office staff member	1	2
3. Someone else (specify): [TEXT BOX]	1	2

[IF TQ86C_1=1 OR TQ86E_1=1]

TQ86G. Thinking of the last time you were treated or judged unfairly at a doctor's office, clinic, or hospital, did you take any of the following actions?

	Yes	No
1. Looked for a new health care provider	1	2
2. Delayed getting care you needed	1	2
3. Didn't get care you needed	1	2
4. Spoke to the doctor or provider about the way you were treated	1	2
5. Filed a complaint	1	2
6. Did not follow the doctor or provider's recommendations	1	2
7. Other (specify): [TEXT BOX]	1	2

[IF TQ86C_2=1 OR TQ86E_2=1]

TQ86H. Thinking of the last time you were treated or judged unfairly when applying for public benefits, did you take any of the following actions?

	Yes	No
1. Looked for other ways to apply for benefits	1	2
2. Delayed getting benefits	1	2
3. Did not get needed benefits	1	2
4. Spoke to the benefits provider about the way you were treated	1	2
5. Filed a complaint	1	2
6. Other (specify): [TEXT BOX]	1	2

TQH11. The following are statements that people have made about their food situation. For these statements, please indicate whether the statement was often true, sometimes true, or never true for [IF NUMPEOPLE_HH_18PL=1: you; IF NUMPEOPLE_HH_18PL>1: your household] in the last 30 days.

The first statement is, "The food that [IF NUMPEOPLE_HH_18PL=1: I; IF NUMPEOPLE_HH_18PL>1: we] bought just didn't last, and [IF NUMPEOPLE_HH_18PL=1: I; IF NUMPEOPLE_HH_18PL>1: we] didn't have money to get more."

Was that often, sometimes, or never true for [IF NUMPEOPLE_HH_18PL=1: you; IF NUMPEOPLE_HH_18PL>1: your household] in the last 30 days?

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

TQH12. “[IF NUMPEOPLE_HH_18PL=1: I; IF NUMPEOPLE_HH_18PL>1: We] couldn't afford to eat balanced meals.”

Was that often, sometimes, or never true for [IF NUMPEOPLE_HH_18PL=1: you; IF NUMPEOPLE_HH_18PL>1: your household] in the last 30 days?

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

TQH13. In the last 30 days, did [IF NUMPEOPLE_HH_18PL=1: you; IF NUMPEOPLE_HH_18PL>1: you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?

Yes	1
No	2
Don't know	3

[IF TQH13=1]

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

_____ days
Don't know

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

[IF DOV_FOODSCREEN=1]

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

Yes	1
No	2
Don't know	3

[IF DOV_FOODSCREEN=1]

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

Yes	1
No	2
Don't know	3

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

	Not at all worried	Not too worried	Somewhat worried	Very worried
1. Having enough to eat	1	2	3	4
2. Being able to pay your rent or mortgage	1	2	3	4
3. Being able to pay your gas, oil, or electricity bills	1	2	3	4
4. Being able to pay your debts	1	2	3	4

The next questions ask about citizenship.

TQCIT1. Are you a citizen of the United States?

- Yes 1
- No 2

TQCIT3. [IF Q24=1 OR Q24A=1: Including your [IF Q24=1: spouse] [IF Q24A=1: partner, are] [IF Q24 NE 1 AND Q24A NE 1: Are] all of the other family members or relatives currently living with you citizens of the United States?

- Yes, all are citizens 1
- No, all are noncitizens 2
- Some are citizens and some are noncitizens 3
- [IF Q24 NE 1 AND Q24A NE 1: Not living with other family members or relatives] 4

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

- Yes 1
- No 2