

# Health Reform Monitoring Survey

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

June 2022  
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. Your participation in this survey is important to help us get the latest information on how well the US health care system is working. As with all KnowledgePanel surveys, your responses to this survey or any individual question on the survey is completely voluntary, and your responses will be kept confidential.

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

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

Q3D. The next questions ask about difficulties you may have doing certain activities because of a health problem.

	Yes	No
1. Are you deaf or do you have serious difficulty hearing?	1	2
2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1	2
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1	2
4. Do you have serious difficulty walking or climbing stairs?	1	2
5. Do you have difficulty dressing or bathing?	1	2
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1	2

Q3A\_1. Do you have a physical or mental condition or impairment that requires you to use special equipment or devices, such as a wheelchair, special telephone or communication device?

Yes	1
No	2

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	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

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

Q1E. The next questions are about coronavirus or COVID-19.

Has a doctor or other health professional ever told you that you had coronavirus or COVID-19?

Yes            1  
No              2

Q1F. Did you ever take a test that showed you had coronavirus or COVID-19?

Yes            1  
No              2

[IF Q1E=1 OR Q1F=1]

Q1G. Would you describe yourself as having “long COVID,” that is, you are still experiencing symptoms more than four weeks after you first had coronavirus or COVID-19, that are not explained by something else?

Some examples of long-term symptoms include tiredness or fatigue; difficulty thinking, concentrating, or remembering; shortness of breath; joint or muscle pain; fast-beating or pounding heart; chest pain; dizziness; and depression, anxiety, or mood changes.

Yes	1
No	2

[IF Q1G=1]

Q1H. Have these symptoms lasted more than three months after you first had coronavirus or COVID-19?

Yes	1
No	2

[IF Q1G=1]

Q1I. Do these symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

Yes, a lot	1
Yes, a little	2
Not at all	3

Q4. The next questions ask about where you get health care.

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
Urgent care clinic	4
Some other place (please specify): _____	5

[IF Q4=1 OR 2]

TQ110A. Thinking about the place you usually go to [if Q4=2: most often] when you are sick or need advice about your health, how do you typically get to that place?

Walking	1
Driving	2
Being driven by someone else	3
Ambulance, paratransit, or dial-a-ride	4
Taxi or ride-sharing service, such as Uber or Lyft	5

Bus	6
Train	7
Bicycle	8
Some other way (please specify): _____	9

[IF Q4=3 OR REFUSED]

TQ110A\_1. Thinking about the places you go to when you are sick or need advice about your health, how do you typically get to those places?

Walking	1
Driving	2
Being driven by someone else	3
Ambulance, paratransit, or dial-a-ride	4
Taxi or ride-sharing service, such as Uber or Lyft	5
Bus	6
Train	7
Bicycle	8
Some other way (please specify): _____	9

[IF Q4=1 OR 2]

TQ110C. About how long does it take you to get to the place you usually go to [if Q4=2: most often] when you are sick or need advice about your health? Your best estimate is fine.

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

[IF Q4=1 OR 2 AND TQ57A=1,2,4,5, 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

[RESPONDENTS RANDOMLY ASSIGNED TO DOV\_TRUST\_ORDER=1 OR 2]

[IF TQ57H=1 OR 2]

TQ57S. Are the following statements about [if TQ57H=1: your personal health care provider] [if TQ57H=2: the personal health care provider that you see most often] [if DOV\_TRUST\_ORDER=1: never true, rarely true, sometimes true, often true, or always true] [if DOV\_TRUST\_ORDER=2: always true, often true, sometimes true, rarely true, or never true]?

[IF DOV\_TRUST\_ORDER=1, RESPONSE OPTIONS ORDERED FROM NEVER TRUE TO ALWAYS TRUE; IF DOV\_TRUST\_ORDER=2, RESPONSE OPTIONS ORDERED FROM ALWAYS TRUE TO NEVER TRUE]

	Never true	Rarely true	Sometimes true	Often true	Always true
1. I am treated with courtesy and respect by [IF TQ57H=1: my personal health care provider] [IF TQ57H=2: the personal health care provider that I see most often].	1	2	3	4	5
2. I trust [IF TQ57H=1: my personal health care provider] [IF TQ57H=2: the personal health care provider that I see most often].	1	2	3	4	5

TQ57T. Are the following statements about most doctors and other health care providers [IF DOV\_TRUST\_ORDER=1: never true, rarely true, sometimes true, often true, or always true] [IF DOV\_TRUST\_ORDER=2: always true, often true, sometimes true, rarely true, or never true]?

[IF DOV\_TRUST\_ORDER=1, RESPONSE OPTIONS ORDERED FROM NEVER TRUE TO ALWAYS TRUE; IF DOV\_TRUST\_ORDER=2, RESPONSE OPTIONS ORDERED FROM ALWAYS TRUE TO NEVER TRUE]

	Never true	Rarely true	Sometimes true	Often true	Always true
1. I am treated with courtesy and respect by most doctors and other health care providers.	1	2	3	4	5
2. I trust most doctors and other health care providers.	1	2	3	4	5

[IF TQ57H=1 OR 2]

TQ57L. Is [IF TQ57H=1: your personal health care provider] [IF TQ57H=2: the personal health care provider that you see most often] 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=1: your personal health care provider] [IF TQ57H=2: the personal health care provider that you see most often] to be the same race as you are?

- Yes      1
- No      2

[IF TQ57H=1 OR 2 AND (RESPONDENT COMPLETED SURVEY IN SPANISH OR DOES NOT SPEAK ENGLISH WELL OR VERY WELL)]

TQ57U. Does [IF TQ57H=1: your personal health care provider] [IF TQ57H=2: the personal health care provider that you see most often] speak to you in the language you prefer or provide translator services?

- Yes 1
- No 2

[IF RESPONDENT COMPLETED SURVEY IN ENGLISH AND SPEAKS ENGLISH WELL OR VERY WELL]

TQ57W. When you see or talk to doctors or health care providers about your own health, how important is it to you for the doctors or health care providers to be the same race as you are?

- Very important 1
- Somewhat important 2
- Not too important 3
- Not at all important 4

[IF RESPONDENT COMPLETED SURVEY IN SPANISH OR DOES NOT SPEAK ENGLISH WELL OR VERY WELL]

TQ57X. When you see or talk to doctors or health care providers about your own health, how important is it to you for the doctors or health care providers...

	Very important	Somewhat important	Not too important	Not at all important
1. to be the same race as you are?	1	2	3	4
2. to speak to you in the language you prefer or provide translator services?	1	2	3	4

[IF RESPONDENT COMPLETED SURVEY IN ENGLISH AND SPEAKS ENGLISH WELL OR VERY WELL]

TQ57Y. When you are sick or need advice about your health, is it easy or difficult to find doctors or health care providers who are the same race as you are?

- Very easy 1
- Easy 2
- Difficult 3
- Very difficult 4
- Don't know 5

[IF RESPONDENT COMPLETED SURVEY IN SPANISH OR DOES NOT SPEAK ENGLISH WELL OR VERY WELL]

TQ57Z. When you are sick or need advice about your health, is it easy or difficult to find doctors or health care providers who ...

	Very easy	Easy	Difficult	Very difficult	Don't know
1. are the same race as you are?	1	2	3	4	5
2. speak to you in the language you prefer or provide translator services?	1	2	3	4	5

Q5. The next questions ask about your use of health care services.

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=1: your personal health care provider] [IF TQ57H=2: the personal health care provider that you see most often] about your own health [IF Q5=1: for reasons other than a routine checkup]?

- Yes    1
- No    2

[IF Q5=2, 3, OR REFUSED AND Q5A=2, REFUSED, OR SKIPPED]

Q5B. In the past 12 months, have you seen or talked to any [if TQ57H=1 or 2: other] doctors or health care providers about your own health?

- Yes    1
- No    2

TQ89. In the past 12 months, have you seen or talked to any of the following health care providers about your own mental health, which includes stress, anxiety, depression, and problems with emotions?

	Yes	No
A general doctor or primary care physician	1	2
A psychiatrist, psychologist, psychiatric nurse, clinical social worker, therapist, counselor, or other provider who specializes in mental health	1	2
Other (please specify): _____	1	2

TQTEL1. 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

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 age 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



[IF Q28>0 OR Q28a=1]

Q28b. [if Q28>1: Are any of these children][if Q28a=1 or Q28=1: Is this child] under age 3?

Yes            1  
 No             2

[IF Q24=2-5 OR REFUSED AND Q24A=2 OR REFUSED]

Q29B. Other than yourself, 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 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]]	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. [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) AND Q7A, C, E=2, 3, OR REFUSED]

Q8C. 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 (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 Q7D=1 OR Q7G=1 OR Q8=2) AND Q7A NE 1 AND Q7C 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 logos 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, Q7D, OR Q7G) AND Q7A NE 1 AND Q7C 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, Q7D, OR Q7G) AND Q7A NE 1 AND Q7C 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 Q10B=1 AND (Q7D=1 OR Q7G=1 OR Q8=2 OR Q8E=2 OR 3 OR Q8H=1) AND Q7A, C, E=2, 3, OR REFUSED]

Q10B\_1. When did you enroll in this type of health insurance or health coverage plan?

- |                            |   |
|----------------------------|---|
| Before March 2020          | 1 |
| During or after March 2020 | 2 |
| Don't know                 | 3 |

[IF DOV\_FAMSIZE>1 OR Q26=1]

Q10I. The next questions ask about health insurance coverage for other members of your family.

[IF Q24=1 AND Q26=2, REFUSED, OR SKIPPED: Is your spouse currently covered by health insurance or a health coverage plan?]

[IF Q24A=1 AND Q26=2, REFUSED, OR SKIPPED: Is your partner currently covered by health insurance or a health coverage plan?]

[IF Q24 NE 1 AND Q24A NE 1 AND Q26=1 AND Q27>1 OR REFUSED: Are all of your children or stepchildren under 19 who live with you currently covered by health insurance or a health coverage plan?]

[IF Q24 NE 1 AND Q24A NE 1 AND Q26=1 AND (Q24B=1 OR Q27=1): Is your child or stepchild under 19 who lives with you currently covered by health insurance or a health coverage plan?]

[IF (Q24=1 OR Q24A=1) AND Q26=1: Are your [IF Q24=1: spouse] [IF Q24A=1: partner] and all of your children or stepchildren under 19 who live with you currently covered by health insurance or a health coverage plan?]

Yes 1  
No 2

[IF Q10I=2 AND ((Q24=1 OR Q24A=1) AND Q26=1)]

Q10J. Who in your family is not currently covered by health insurance or a health coverage plan?

	Not covered	Covered
1. Your [IF Q24=1: spouse] [IF Q24A=1: partner]	1	2
2. Your children or stepchildren under 19 who live with you	1	2

[IF DOV\_FAMSIZE>1 OR Q26=1]

TQ165A. Are any of your family members [if (Q7D=1 OR Q7G=1 OR Q8=2 OR Q8E=2 or 3 OR Q8H=1) AND Q7A, C, E=2, 3, or refused: (other than yourself)] covered by 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 disability? You may know this type of coverage as [insert state program name]. This would include a spouse or partner (if applicable) and any of your children or stepchildren under 19 who live with you.

Yes, covered 1  
No, not covered 2  
Not sure 3

[IF TQ165A=1]

TQ165B. Did any of your family members enroll in this type of coverage or plan during or after March 2020?

Yes 1  
No 2  
Don’t know 3

[IF ((Q7D=1 OR Q7G=1 OR Q8=2 OR Q8E=2 OR 3 OR Q8H=1) AND Q7A, C, E=2, 3, OR REFUSED) OR TQ165A=1]

TQ166. Since March 2020, states have been required to keep Medicaid enrollees continuously covered unless enrollees choose to cancel their coverage or move out of state. How much have you heard about this requirement?

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

[IF ((Q7D=1 OR Q7G=1 OR Q8=2 OR Q8E=2 OR 3 OR Q8H=1) AND Q7A, C, E=2, 3, OR REFUSED) OR TQ165A=1]

TQ166A. When the regular Medicaid renewal process starts up again, some people with Medicaid will have to renew their coverage. How much have you heard that your state may be returning to the regular Medicaid renewal process later this year or next year?

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

[IF TQ166A=1, 2, OR 3]

TQ166B. Where did you hear about the return to the regular Medicaid renewal process? Did you hear from...

	Yes	No
1. A state agency	1	2
2. A health insurance company or plan	1	2
3. A doctor's office, clinic, hospital, or other health care provider	1	2
4. Social media, television, radio, newspapers, or other media	1	2
5. Somewhere else (please specify): ____	1	2

[IF TQ166B=1 OR 2]

TQ166C. What sort of communication did you receive from a state agency or health insurance company or plan? Check all that apply.

- Request that you verify or update your address or other contact information 1
- Request that you verify or update your income or other factors that may affect your eligibility 2
- Notification that you will need to renew your coverage 3
- Information about other sources of coverage 4
- Information about how to get consumer assistance during the renewal process 5
- Other (specify): \_\_ 6

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.

Q14a answer	Response item 1 At or below 138% FPL	Response item 2 Above 138% and less than 250% FPL	Response item 3 At or above 250% and less than 400% FPL	Response item 4 400% FPL or more
One person	At or below \$18,800	Above \$18,800 and less than \$34,000	At or above \$34,000 and less than \$54,400	At or above \$54,400
Two people	At or below \$25,300	Above \$25,300 and less than \$45,800	At or above \$45,800 and less than \$73,300	At or above \$73,300
Three people	At or below \$31,800	Above \$31,800 and less than \$57,600	At or above \$57,600 and less than \$92,200	At or above \$92,200
Four people	At or below \$38,300	Above \$38,300 and less than \$69,400	At or above \$69,400 and less than \$111,000	At or above \$111,000
Five people	At or below \$44,900	Above \$44,900 and less than \$81,200	At or above \$81,200 and less than 129,900	At or above \$129,900
Six people	At or below \$51,400	Above \$51,400 and less than \$93,000	At or above \$93,000 and less than \$148,800	At or above \$148,800
Seven people	At or below \$57,900	Above \$57,900 and less than \$104,800	At or above \$104,800 and less than \$167,700	At or above \$167,700
Eight people	At or below \$64,400	Above \$64,400 and less than \$116,600	At or above \$116,600 and less than \$186,600	At or above \$186,600
Nine people	At or below \$70,900	Above \$70,900 and less than \$128,400	At or above \$128,400 and less than \$205,400	At or above \$205,400
Ten or more people	At or below \$77,400	Above \$77,400 and less than \$140,200	At or above \$140,200 and less than \$224,300	At or above \$224,300

[IF Q14B=1]

Q14C. Was your family's total income over the last year at or below {FILL}? Your best estimate is fine.

[INSERT {FILL} BASED ON THE VALUES BELOW:]

[IF Q14A=1]: \$13,600  
 [IF Q14A=2]: \$18,400  
 [IF Q14A=3]: \$23,100  
 [IF Q14A=4]: \$27,800  
 [IF Q14A=5]: \$32,500  
 [IF Q14A=6]: \$37,200  
 [IF Q14A=7]: \$42,000  
 [IF Q14A=8]: \$46,700  
 [IF Q14A=9]: \$51,400  
 [IF Q14A=10]: \$56,100

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.

[INSERT {FILL} BASED ON THE VALUES BELOW:]

[IF Q14A=1]: \$81,600  
 [IF Q14A=2]: \$109,900  
 [IF Q14A=3]: \$138,200  
 [IF Q14A=4]: \$166,500  
 [IF Q14A=5]: \$194,900  
 [IF Q14A=6]: \$223,200  
 [IF Q14A=7]: \$251,500  
 [IF Q14A=8]: \$279,800  
 [IF Q14A=9]: \$308,100  
 [IF Q14A=10]: \$336,500

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

Q13. The next questions focus on the affordability of health care [IF DOV\_FAMSIZE>1: for you and your family. We're interested in your immediate family, which would include you, a spouse or partner (if applicable), and any of your children or stepchildren under 19 who live with you].

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

Q13C. Do you [IF DOV\_FAMSIZE>1: or anyone in your family] currently have any unpaid medical bills that are past due? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care. This could include medical bills owed directly to health care providers or paid with a credit card or personal loan. The bills can be from earlier years as well as this year

Yes	1
No	2

[IF Q13C=1]

Q13D. How much do you [IF DOV\_FAMSIZE>1: or your family] owe for medical bills that are past due? Exclude bills that will likely be paid by an insurance company. Your best estimate is fine.

Less than \$500	1
\$500 to less than \$1,000	2
\$1,000 to less than \$2,500	3
\$2,500 to less than \$5,000	4
\$5,000 to less than \$10,000	5
\$10,000 or more	6

[IF Q13C=1]

Q13E. Did you [IF DOV\_FAMSIZE>1: or your family] pay any of these medical bills with a credit card and were then unable to make the minimum required credit card payment?

Yes, all of the bills	1
Yes, some of the bills	2
No, none of the bills	3
Don't know	4

[IF Q13C=1]

Q13F. Are any of your past-due medical bills from a period when you [IF DOV\_FAMSIZE>1: or a family member] did not have health insurance?

Yes	1
No	2

[IF Q13F=1]



Q13G. Are any of your past-due medical bills from a period when you [IF DOV\_FAMSIZE>1: or a family member] did have health insurance?

- Yes 1
- No 2

[IF Q13C=1]

Q13H. Are your [IF DOV\_FAMSIZE>1: or your family's] past-due medical bills owed to the following health care providers?

	Yes	No
1. A hospital	1	2
2. A general doctor's office	1	2
3. A specialist doctor's office	1	2
4. A dentist or dental care provider's office	1	2
5. Another health care provider (please specify):____	1	2

[IF Q13H\_1=1]

Q13I. Thinking of your [IF DOV\_FAMSIZE>1: or your family's] past-due medical bills owed to a hospital, did the hospital take any of the following actions to make the bills easier to pay?

	Yes	No	Don't Know
1. Negotiated with you to lower the bill amount	1	2	3
2. Worked out a payment plan allowing you [IF DOV_FAMSIZE>1: or your family] to make partial payments over time	1	2	3
3. Reduced bills through a financial assistance program for people who have trouble paying	1	2	3
4. Offered help with applying for Medicaid	1	2	3
5. Other (specify):____	1	2	3

[IF Q13H\_1=1]

Q13J. Thinking of your [IF DOV\_FAMSIZE>1: or your family's] past-due medical bills owed to a hospital, did the hospital take any of the following actions to collect payment?

	Yes	No	Don't Know
1. Had a collection agency contact you [IF DOV_FAMSIZE>1: or your family]	1	2	3
2. Filed a lawsuit against you [IF DOV_FAMSIZE>1: or your family]	1	2	3
3. Garnished your [IF DOV_FAMSIZE>1: or a family member's] wages	1	2	3
4. Seized funds from your [IF DOV_FAMSIZE>1: or a family member's] bank account	1	2	3

5. Other (specify):__	1	2	3
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[IF Q13H\_2=1 OR Q13H\_3=1 OR Q13H\_4=1]

Q13K. Thinking of your [IF DOV\_FAMSIZE>1: or your family's] past-due medical bills owed to [IF Q13H\_2=1 OR Q13H\_3=1: a doctor's office] [IF (Q13H\_2=1 OR Q13H\_3=1) AND Q13H\_4=1: or] [IF Q13H\_4=1: a dentist's office], did the [IF Q13H\_2=1 OR Q13H\_3=1: doctor's] [IF (Q13H\_2=1 OR Q13H\_3=1) AND Q13H\_4=1: or] [IF Q13H\_4=1: dentist's] office take any of the following actions to make the bills easier to pay?

	Yes	No	Don't Know
1. Negotiated with you to lower the bill amount	1	2	3
2. Worked out a payment plan allowing you [IF DOV_FAMSIZE>1: or your family] to make partial payments over time	1	2	3
3. Reduced bills through a financial assistance program for people who have trouble paying	1	2	3
4. Offered help with applying for Medicaid	1	2	3
5. Other (specify):__	1	2	3

[IF Q13H\_2=1 OR Q13H\_3=1 OR Q13H\_4=1]

Q13L. Thinking of your [IF DOV\_FAMSIZE>1: or your family's] past-due medical bills owed to [IF Q13H\_2=1 OR Q13H\_3=1: a doctor's office] [IF (Q13H\_2=1 OR Q13H\_3=1) AND Q13H\_4=1: or] [IF Q13H\_4=1: a dentist's office], did the [IF Q13H\_2=1 OR Q13H\_3=1: doctor's] [IF (Q13H\_2=1 OR Q13H\_3=1) AND Q13H\_4=1: or] [IF Q13H\_4=1: dentist's] office take any of the following actions to collect payment?

	Yes	No	Don't Know
1. Had a collection agency contact you [IF DOV_FAMSIZE>1: or your family]	1	2	3
2. Filed a lawsuit against you [IF DOV_FAMSIZE>1: or your family]	1	2	3
3. Garnished your [IF DOV_FAMSIZE>1: or a family member's] wages	1	2	3
4. Seized funds from your [IF DOV_FAMSIZE>1: or a family member's] bank account	1	2	3
5. Other (specify):__	1	2	3

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

[IF (AT LEAST ONE ITEM IN GRID FOR Q7A-G=1 OR Q8=2) OR Q10=1-3 OR REFUSED]

Q12J. There are many 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. Getting authorization from your health insurance plan for health care or prescription drugs	1	2
2. Finding a doctor or health care provider who would accept your type of health insurance coverage	1	2
3. Getting information from your health plan on the providers in your plan's network, covered services, or the cost of care	1	2

Q12K. 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 a doctor or health care provider who was accepting new patients	1	2
2. Getting to a doctor's office or clinic when it was open	1	2
3. Getting an appointment at a doctor's office or clinic as soon as you thought you needed one	1	2
4. Getting a phone or video visit with a doctor or other health care provider	1	2

Q12L. In the past 12 months, was there a time when you needed health care but did not get it because of difficulties finding transportation?

Yes            1  
No              2

Q12L\_1. In the past 12 months, was there a time when you missed, skipped, or were unable to make it to a scheduled health care visit because of difficulties finding transportation?

Yes            1

No 2

TQ89B. In the past 12 months, was there a time when you delayed getting or did not get mental health care or counseling you needed?

Yes 1  
No 2

[IF TQ89B=1]

[ORDER OF RESPONSE CATEGORIES 1-11 IS RANDOMIZED]

TQ89C. Which of the following are reasons you delayed or did not get mental health care or counseling you needed? Check all that apply.

- You could not afford it 1
- You did not know where to go 2
- You could not get an appointment soon enough 3
- You could not find a provider taking appointments 4
- You could not find a provider who would accept your insurance 5
- [IF RESPONDENT COMPLETED SURVEY IN SPANISH OR DOES NOT SPEAK ENGLISH WELL OR VERY WELL: You could not find a provider who speaks to you in the language you prefer or provides translator services] 6
- Some other reason (please specify): \_\_\_\_ 7

The next questions focus on the health care experiences of you and other people living in your household.

TQ167. In the past 12 months, was there a time when you or someone living with you delayed getting or did not get any of the following types of equipment, supplies, or services you or they needed?

	Yes	No
1. Medical equipment, devices, or aids (including getting new equipment, devices, or aids or repairing existing equipment, devices, or aids)	1	2
2. Disposable medical supplies	1	2
3. Physical or occupational therapy	1	2
4. Speech therapy	1	2
5. Care at home from a nurse or other health professional	1	2
6. Personal assistance services (such as help with bathing, dressing, eating, or shopping)	1	2

[IF ANY ITEM IN TQ167=1 AND (DOV\_FAMSIZE >1 OR Q24B>0 OR Q29B>0)]

[ONLY ITEMS SELECTED IN TQ167 ARE DISPLAYED]

TQ167A. Who in your household delayed getting or was unable to get the following types of equipment, supplies, or services?

	Yourself	[IF Q24: Your spouse]	[IF Q24A: Your partner]	[IF Q26=1: Your children or stepchildren under 19]	Your children ages 19 or older	A parent or grandparent	Someone else (please specify):__
1. Medical equipment, devices, or aids	1	2	3	4	5	6	7
2. Disposable medical supplies	1	2	3	4	5	6	7
3. Physical or occupational therapy	1	2	3	4	5	6	7
4. Speech therapy	1	2	3	4	5	6	7
5. Care at home from a nurse or other health professional	1	2	3	4	5	6	7
6. Personal assistance services (such as help with bathing, dressing, eating, or shopping)	1	2	3	4	5	6	7

[IF TQ167\_1=1 OR TQ167\_2=1]

TQ167B. Which of the following types of medical equipment or supplies did you or someone living with you delay getting or were you unable to get? Check all that apply.

- Augmentative and alternative communication device 1
- Breathing equipment, such as nebulizers, CPAP devices, or oxygen equipment (other than ventilators) 2
- Diabetes equipment or supplies, such as blood sugar monitors, lancets, test strips, diabetic shoes, or insulin pumps 3
- Dialysis machine 4
- Eyeglasses 5
- Feeding supplies or equipment, such as feeding tubes, formula, or TPN 6
- Hearing aid 7
- Hospital bed 8

Infusion pumps or intravenous supplies (other than diabetes equipment or supplies)	9
Mobility equipment, such as wheelchairs, scooters, walkers, crutches, or canes	10
Prosthetic or orthotic devices	11
Ventilators and life support equipment (such as tracheostomy tubes, ventilator circuits, suction equipment, and other supplies)	12
Other (please specify):__	13

[IF TQ167\_1=1 OR TQ167\_2=1]

[ORDER OF ITEMS 1-6 IS RANDOMIZED]

TQ167C. Which of the following are reasons you or someone living with you delayed getting or did not get medical equipment or supplies you needed?

	Yes	No
1. You did not have health insurance	1	2
2. It was not covered by your health insurance plan	1	2
3. You could not afford the deductibles, copayments, or coinsurance under your health insurance plan	1	2
4. You had difficulty getting authorization from your health insurance plan	1	2
5. You had difficulty getting a prescription from a health care provider	1	2
6. It was not available because of supply chain shortages	1	2
7. Some other reason (please specify):_____	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 race	1	2
2. Your ethnicity	1	2
3. Your gender	1	2
4. Your gender identity or sexual orientation	1	2
5. Your country of origin or primary language	1	2
6. Your health insurance coverage type	1	2
7. A disability or health condition	1	2
8. Your weight	1	2
9. Your income level	1	2
10. Other (specify):__	1	2

[IF ANY ITEM IN TQ86D=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): _____	1	2

[QUESTION IS RANDOMLY ASSIGNED TO 50 RESPONDENTS SELECTING YES FOR ANY ITEM IN TQ86D=1]

TQ86I. Thinking of the last time you were treated or judged unfairly at a doctor's office, clinic, or hospital, what made you feel you were treated or judged unfairly?

[TEXT BOX]

[IF ANY ITEM IN TQ86D=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. Did not 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. Wrote a review or shared on social media	1	2
8. Other (specify): _____	1	2

[IF Q26=1]

TQ86J. In the past 12 months, was there a time when you felt [IF Q27=1 OR (Q26=1 AND Q24B=1): your child under 19 living with you was] [IF Q27>1 OR REFUSED: any of your children under 19 living with you were] treated or judged unfairly at a doctor's office, clinic, or hospital because of your or their...

	Yes	No
1. race?	1	2
2. ethnicity?	1	2
3. primary language?	1	2
4. country of origin?	1	2

[IF ANY ITEM IN TQ86J=1]

TQ86K. Thinking of the last time [IF Q27=1 OR (Q26=1 AND Q24B=1): your child under 19 living with you] [IF Q27>1 OR REFUSED: one of your children under 19 living with you] was treated or judged unfairly at a doctor's office, clinic, or hospital because of [FILL WITH REASONS ABOVE], who treated or judged them 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): _____	1	2

[IF ANY ITEM IN TQ86J=1]

TQ86M. Thinking of the last time [IF Q27=1 OR (Q26=1 AND Q24B=1): your child under 19 living with you] [IF Q27>1 OR REFUSED: one of your children under 19 living with you] was treated or judged unfairly at a doctor’s office, clinic, or hospital because of [FILL WITH REASONS ABOVE], did you take any of the following actions?

	Yes	No
1. Looked for a new health care provider for your child	1	2
2. Delayed getting care your child needed	1	2
3. Did not get care your child needed	1	2
4. Spoke to the doctor or provider about the way your child was treated	1	2
5. Filed a complaint	1	2
6. Did not follow the doctor or provider's recommendations for your child	1	2
7. Wrote a review or shared on social media	1	2
8. Other (specify): _____	1	2

TQ86N. Thinking about the future, how concerned are you that you or a family member will be treated or judged unfairly at a doctor’s office, clinic, or hospital because of your or their racial or ethnic background or primary language?

- Very concerned 1
- Somewhat concerned 2
- Not too concerned 3
- Not at all concerned 4

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

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

- Yes 1
- No 2

TQ84C. How would you rate the following characteristics of your neighborhood?

	Excellent	Very good	Good	Fair	Poor
1. Your ability to get around without driving	1	2	3	4	5
2. Access to public transportation	1	2	3	4	5

[ORDER OF ITEMS 1-8 IS RANDOMIZED]

TQ169. This question is about how others see your race, not how you identify yourself. If you were out in public, what race do you think other people who do not know you personally would assume you were based on what you look like (for example, your skin color, facial features, and hair)?

White	1
Black or African American	2
East or Southeast Asian (such as Chinese, Japanese, Korean, Filipino, or Vietnamese)	3
South Asian (such as Indian or Pakistani)	4
American Indian or Alaska Native	5
Hispanic or Latino	6
Middle Eastern or North African (such as Lebanese or Egyptian)	7
Native Hawaiian or other Pacific Islander	8
Some other race (please specify):__	9

[IF TQ169=3, 4, 5, 6, 7, 8, 9, OR REFUSED]

[ORDER OF ITEMS 1-3 IS RANDOMIZED]

TQ169A. For this question, please continue thinking about how others see your race, not how you identify yourself.

When you are out in public, how often do you think other people who do not know you personally classify your race in each of the following categories based on what you look like (for example, your skin color, facial features, and hair)?

	Often	Sometimes	Rarely	Never
1. White	1	2	3	4
2. Black or African American	1	2	3	4
3. Brown (that is, not Black or African American)	1	2	3	4

[IF PROFILE INFORMATION ON CITIZENSHIP STATUS IS MISSING]

TQCIT1. Are you a citizen of the United States?

Yes	1
No	2

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