

CMS Children's Health Insurance Program (CHIP/MEDICAID) Survey

Note: With branching/skip patterns, the questionnaire will average 30 minutes for every respondent. No respondent will receive all questions in the survey due to skips.

Introduction

The purpose of this survey is to learn about parents' experiences with health insurance for their children. All of your answers will be kept private to the extent permitted by law. Your decision whether or not to participate will not affect your insurance coverage, health care, or eligibility for health care services. The purpose is simply to hear about your experiences and opinions on this issue.

1. Are you the parent or guardian of a child under age 19 living in your household?

Yes.

No (TERMINATE).

2. How many children do you have living in your household under age 19?

—.

3. When it comes to making decisions about a health insurance plan for your child[ren], do you usually make those decisions on your own, or does someone else help you?

I usually make decisions on my own.

Someone else helps.

I'm not sure.

4. IF SOMEONE ELSE: Who usually helps you make these decisions?

Spouse/partner.

Other family member.

Friend.

School nurse.

Social worker.

Doctor/nurse/pharmacist.

Other (specify). _____.

I'm not sure.

Insurance Status of Child (If only one child)

If only one child:

5. We'd like to ask a few questions about the health insurance status of your child. To make it easier to ask questions, could you please type your child's name or initials below? This is only to make it easier to ask questions.

NAME.

6. Is NAME a:

Boy.
Girl.

7. How old is NAME?

_____.

8. Are you NAME's:

Mother.
Father.
Grandparent.
Legal Guardian.
Other (SPECIFY: _____).

9. Does NAME happen to have health insurance coverage right now?

Yes.
No.

10. IF INSURED: Does NAME have health insurance through:

A plan from your work or your spouse's work.
Medicaid or STATE NAME.
STATE NAME OF CHIP .
COBRA.
A plan you bought directly from an insurance company, not through a job.
Military health care, such as TRICARE.
Other (Specify: _____).
Not sure.

11. ALL EXCEPT MEDICAID/CHIP: Since NAME was born, has [he/she] ever received health insurance through Medicaid or STATE NAME or CHIP NAME? MULTIPLE RESPONSE.

Yes – Medicaid or STATE NAME.

Yes – CHIP NAME.

No – neither.

12. YES TO Q11: Why is NAME no longer enrolled in Medicaid or STATE NAME or CHIP NAME?

My financial situation changed and we no longer qualified.

We were dropped from the program but I'm not sure why.

We were no longer eligible (Why? _____).

We moved.

Work situations changed so NAME could get coverage through work.

Other (SPECIFY: _____).

13. IF NOT MEDICAID/CHIP AND NO TO Q11: Have you ever tried to enroll any of your children in Medicaid or STATE NAME or CHIP NAME? (MULTIPLE RESPONSE.)

Yes – Medicaid or STATE NAME.

Yes – CHIP NAME.

No – neither.

14. IF INSURED: Was there ever a time in the past 12 months that NAME had to go without health insurance, even if it was just for a short time?

Yes.

No.

Insurance Status of All Children (*If more than one child*)

If more than one child:

15. We'd like to ask a few questions about the insurance status of your children. To make it easier to ask questions, could you please insert each of your children's names or initials below? This is only to make it easier to ask questions for each child.

NAMES.

16. How old is _____?

INSERT NAME 1

INSERT NAME 2
INSERT NAME 3
INSERT NAME 4
“
“
“
“

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average **30 minutes**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

17. Are you NAME's:

- Mother.
- Father.
- Grandparent.
- Legal Guardian.
- Other (SPECIFY: _____).

18. Does each of your children happen to have health insurance coverage right now?

Child	Yes – has health insurance coverage right now	No – does not have health insurance coverage right now
INSERT NAME 1		
INSERT NAME 2		
INSERT NAME 3		
INSERT NAME 4		
"		
"		
"		
"		

19. IF INSURED: Does NAME 1 receive health insurance through: (REPEAT FOR ALL NAMES.)

- A plan from your work or your spouse's job.
- Medicaid or STATE NAME.
- STATE NAME OF CHIP.
- COBRA.
- A plan you bought directly from an insurance company, not through a job.
- Military health care, such as TRICARE.
- Other (Specify: _____).
- Not sure.

20. ALL EXCEPT MEDICAID/CHIP: Have any of your children ever received health insurance through Medicaid or STATE NAME or CHIP NAME? (MULTIPLE RESPONSE.)

- Yes – Medicaid or STATE NAME.
- Yes – CHIP NAME.
- No – neither.

21. IF YES TO Q20: Why are your children no longer enrolled in Medicaid or STATE NAME or CHIP NAME?

- My financial situation changed and we no longer qualified.
- We were dropped from the program but I'm not sure why.
- We were no longer eligible. (Why? _____.)
- My child is too old to qualify.
- Work situations changed so they could get coverage through work.
- Other (SPECIFY: _____).

22. IF NO TO Q20: Have you ever tried to enroll any of your children in Medicaid or STATE NAME or CHIP NAME? (MULTIPLE RESPONSE.)

- Yes – Medicaid or STATE NAME.
- Yes – CHIP NAME.
- No – neither.

23. FOR CHILDREN WHO HAVE HEALTH INSURANCE COVERAGE: Was there ever a time in the past 12 months that any of your children had to go without health insurance, even if it was just for a short time?

Child	Yes – had to go without coverage at some time in the past 12 months	No – has had insurance coverage for <u>all of the past 12 months</u>
INSERT NAME 1		
INSERT NAME 2		
INSERT NAME 3		
INSERT NAME 4		
"		
"		
"		
"		

RANDOMLY SELECT CHILD:

- IF ANY UNINSURED IN Q14=18/23, RANDOMLY SELECT UNINSURED CHILD.
- FOR ALL OTHERS, RANDOMLY SELECT CHILD.

For the rest of the survey, we'd like to ask about your experiences with [RANDOMLY-SELECTED CHILD'S NAME'S] insurance situation.

Resume All

24. IF NAME UNINSURED NOW OR PAST 12 MONTHS. [IF PAST 12 MONTHS: You mentioned NAME was uninsured at some point in the past 12 months.] Prior to losing coverage, what type of insurance did NAME have?

A plan from your work or your spouse's job.

Medicaid or STATE NAME.

STATE NAME OF CHIP.

COBRA.

A plan you bought directly from an insurance company, not through a job.

Military health care, such as TRICARE.

NAME has never had insurance coverage. (SKIP TO 26.)

Other (Specify: _____).

Not sure.

25. IF NAME UNINSURED NOW OR PAST 12 MONTHS: What was the main reason NAME's insurance coverage ended?

Lost a job that had health insurance for NAME.

Employer stopped offering health insurance.

Could no longer afford insurance through a job.

Was no longer eligible for Medicaid or STATE NAME or CHIP NAME. (Do you know why NAME was no longer eligible? _____.)

Got dropped from Medicaid or STATE NAME or CHIP NAME. (Do you know why you were dropped? _____.)

Could no longer afford Medicaid or STATE NAME or CHIP NAME.

Some other reason (SPECIFY: _____).

26. IF NAME UNINSURED: There are many reasons why children may not have health insurance right now. What is the main reason NAME does not have health insurance coverage right now?

I can't afford insurance.

NAME was denied insurance because of pre-existing condition.

In a waiting period for coverage at work.

Some other reason (SPECIFY: _____).

27. IF NAME UNINSURED: How long has NAME been uninsured?

Less than 3 months.

3 months to less than 6 months.

6 months to less than 1 year.

- 1 to less than 2 years.
- 2 to less than 5 years.
- 5 or more years.

28. IF NAME RECEIVES MEDICAID/CHIP: How long has NAME been receiving health insurance through MEDICAID/CHIP?

- Less than six months.
- 6 months to 1 year.
- 1 to less than 2 years.
- 2 to less than 5 years.
- 5 or more years.

Satisfaction with Coverage

29. IF INSURED: In general, how satisfied or unsatisfied are you with NAME's health insurance coverage?

- Very satisfied.
- Somewhat satisfied.
- Not too satisfied.
- Not at all satisfied.
- Not sure.

30. IF INSURED: How satisfied are you with... RANDOMIZE:

- Very satisfied.
- Somewhat satisfied.
- Not too satisfied.
- Not at all satisfied.
- I'm not sure.
- Does not apply to me.

- a. how quickly you can get an appointment to see a doctor for NAME?
- b. how easy it is to see a specialist?
- c. how easy it is to find a doctor for NAME who takes [his/her] insurance?
- d. how easy it is to find a dentist for NAME who takes [his/her] insurance?
- e. the quality of health care NAME receives?
- f. how affordable NAME's coverage is?
- g. the range of services NAME'S insurance covers?

31. Would you say the out-of-pocket costs you pay for NAME's health insurance are:

PRA Disclosure Statement

8

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Something I can easily afford to pay?
Something I can afford, but it's not always easy to pay?
Something I can't really afford to pay?

Values

32. IF UNINSURED NOW OR IN PAST 12 MONTHS: What one or two words would you use to describe how it feels to not have health insurance coverage for NAME?
33. IF INSURED: What one or two words would you use to describe how it feels to have health insurance coverage for NAME?
34. Do you agree or disagree with each of the following statements: RANDOMIZE.

Strongly agree.
Somewhat agree.
Somewhat disagree.
Strongly disagree.
I'm not sure.

- a. There are times when I can't afford health insurance for NAME.
b. UNINSURED: I'm worried that without health insurance NAME won't get the health care that he/she needs.
c. INSURED: I would be worried if my child did not have health insurance because my child would not be able to get the health care that he/she needs.
d. INSURED: I would know where to turn for help if NAME became uninsured.

Tracking Awareness

35. Before today, had you heard of MEDICAID/CHIP NAME?

Yes.
No.
I'm not sure.

36. Have you recently seen, read, or heard any information about MEDICAID/CHIP NAME?

Yes.
No.
Not sure.

37. IF YES: Did you see, read, or hear any information about MEDICAID/CHIP NAME from:
(Check all that apply.)

- A newspaper.
- A magazine.
- Something you got in the mail.
- TV.
- Radio.
- A poster or billboard.
- On the internet.
- A friend or family member.
- Someone else.
- Other [SPECIFY].
- Don't remember.

38. In the past two months, have you seen any advertisements about MEDICAID/CHIP NAME:
(Check all that apply.)

- On TV.
- On the radio.
- In a newspaper.
- In a magazine.
- On the Internet.
- On a poster or billboard.
- Other [SPECIFY].
- Have not seen any ads about MEDICAID/CHIP NAME.

39. IF ANY IN Q38: As a result of seeing an ad about MEDICAID/CHIP NAME, did you:

- Yes.
- No.

- a. Call a phone number in the ad?
- b. Go to a website that was in the ad?
- c. Talk to someone about the program?
- d. Try to learn more about the program?

40. Has anyone ever talked to you or given you information about enrolling your child[ren] in
MEDICAID/CHIP NAME?

- Yes.
- No.
- Not sure.

41. Where did you get this information? (Check all that apply.)

- From someone at your child's [children's] school.
- It was something sent home with your child.
- From a friend or family member.
- From a social worker or caseworker.
- From someone at a hospital.
- From a doctor or nurse.
- From someone else. (Who or where was this person? _____.)
- Don't remember.

42. Have you ever heard of the website: www.insurekidsnow.gov?

- Yes.
- No.
- Not sure.

43. IF YES: Have you ever been to the www.insurekidsnow.gov website?

- Yes.
- No.
- Not sure.

Interest in CHIP/MEDICAID

We'd like to ask a few more questions about MEDICAID/CHIP NAME.

As you may know, MEDICAID/CHIP NAME is a government program that provides health insurance to low and moderate income, uninsured children in STATE.

44. IF CURRENTLY UNINSURED: How interested would you be in enrolling NAME in MEDICAID/CHIP NAME?

IF INSURED, NOT CHIP/MEDICAID: If NAME happened to become uninsured, how interested would you be in enrolling NAME in MEDICAID/CHIP NAME?

1 TO 7 SCALE, NOT AT ALL INTERESTED, EXTREMELY INTERESTED.

45. From what you know of MEDICAID/CHIP NAME, is it:

- A very good program.
- A somewhat good program.
- A somewhat bad program.
- A very bad program.
- I'm not sure.

46. IF UNINSURED: Do you think NAME would be eligible for health insurance through MEDICAID/CHIP NAME?

IF INSURED AND NOT MEDICAID/CHIP: Do you think NAME would be eligible for health insurance through MEDICAID/CHIP NAME if he/she happened to become uninsured?

- Definitely eligible.
- Probably eligible.
- Probably not eligible.
- Definitely not eligible.

47. IF NOT ELIGIBLE: Why do you think NAME is PROBABLY/DEFINITELY not eligible for MEDICAID/CHIP NAME?

Barriers to Enrollment

48. As far as you know, can a child be eligible for MEDICAID/CHIP NAME if:

Yes.
No.
I'm not sure.

RANDOMIZE.

- a. his or her parent has a full-time job?
- b. his or her parent has a car?
- c. the child has a pre-existing condition?
- d. his or her parents are not US citizens or legal residents?

49. Do you agree or disagree: RANDOMIZE

Strongly agree.
Somewhat agree.
Somewhat disagree.
Strongly disagree.

- a. My family's income is too high to be eligible for MEDICAID/CHIP NAME.
- b. IF NOT MEDICAID/CHIP: It would be easy to find a doctor who takes MEDICAID/CHIP NAME insurance.
- c. IF NOT MEDICAID/CHIP: It would be easy to find a dentist who takes MEDICAID/CHIP NAME insurance.
- d. IF NOT MEDICAID/CHIP: I could probably afford MEDICAID/CHIP NAME.
- e. I know where parents can go to apply for MEDICAID/CHIP NAME.
- f. I know where parents can find information about MEDICAID/CHIP NAME.
- g. IF CHIP/MEDICAID: I don't like getting help from a government program.
- h. I don't want to deal with enrollment workers.
- i. Children with MEDICAID/CHIP NAME get the same quality of health care as children with private insurance.
- j. There is too much paperwork and red tape to apply for MEDICAID/CHIP NAME.
- k. MEDICAID/CHIP: Now that health reform has passed, I may not need MEDICAID/CHIP for NAME.
- l. ALL OTHERS: Now that health reform has passed, I may not need MEDICAID/CHIP as an option.
- m. IF UNINSURED: By the time my child got enrolled in MEDICAID/CHIP NAME, I'd probably have some other health insurance coverage for him/her.

50. Do you think enrolling your child in MEDICAID/CHIP NAME would be:

Very easy.
Somewhat easy.
Somewhat hard.

Very hard.

51. How long do you think it would take to get your child covered by MEDICAID/CHIP NAME?

- One day.
- One week.
- One month.
- 1-3 months.
- 3-6 months.
- Longer than 6 months.
- I'm not sure.

52. IF MEDICAID/CHIP: How long did it take to get MEDICAID/CHIP NAME insurance for NAME from the time you first looked into MEDICAID/CHIP NAME? This would include completing the application, handing in all of the paperwork, getting questions answered and anything else up until the day you found out NAME was covered by MEDICAID/CHIP NAME.

- One day.
- One week.
- One month.
- 1-3 months.
- 3-6 months.
- Longer than 6 months.
- Don't recall.

Motivations – Reasons to Enroll

53. On a scale of 1 to 7, please rate whether each of these is a reason to enroll your child in CHIP NAME.

IF CHIP/MEDICAID: Think back to when you enrolled NAME in MEDICAID/CHIP NAME. On a scale of 1 to 7, please rate whether each of these was a reason you enrolled NAME in MEDICAID/CHIP NAME.

IF INSURED, NOT CHIP/MEDICAID: On a scale of 1 to 7, please rate whether each of these would be a reason to enroll NAME in MEDICAID/CHIP NAME, if [he/she] happened to become uninsured.

1	2	3	4	5	6	7
Not a reason to enroll						Major reason to enroll

RANDOMIZE.

- a. It would give me peace of mind.
- b. I found out it was something I could afford.
- c. My child could get dental care.
- d. My child could get vision care.
- e. My child could get mental health services if needed.
- f. My child could get prescription drugs if needed.
- g. I found out that a family of four can make \$44,000 and still be eligible.

Motivations – Methods of Enrollment

54. Here are some ways parents might be able to apply for MEDICAID/CHIP NAME.

UNINSURED: Would it make you more likely or less likely to apply for MEDICAID/CHIP NAME if it meant...

IF CHIP/MEDICAID: If you had to apply again for MEDICAID/CHIP NAME, would it make you more or less likely to apply if it meant...

IF INSURED, NOT CHIP/MEDICAID: If you were interested in applying for MEDICAID/CHIP NAME, would you be more or less likely to apply if it meant....

1	2	3	4	5	6	7
Much less likely to apply			No diff			Much more likely to apply

RANDOMIZE.

- a. Going to a government office to fill out an application?
- b. Filling out an application online?
- c. Filling out an application by telephone?
- d. Filling out an application and sending it in by mail?
- e. Someone from your child’s school, like a school nurse or a coach, would help you fill out the application?
- f. Someone from a community group, like a community center, would help you fill out the application?
- g. You had to show an original birth certificate for your child?
- h. You would not be asked any questions about your immigration status, only questions about your child’s status?
- i. IF LATINO: The application would be available in Spanish?
- j. IF LATINO: Someone who speaks Spanish would help you complete the application?

RESUME ALL.

55. Some states are trying to make it easier to apply for MEDICAID/CHIP. For example, if a parent already applied for Food Stamps, the Food Stamp application information such as family income could be shared with MEDICAID/CHIP, instead of the parent having to hand in the same information twice.

How comfortable are you with this idea?

Very comfortable.

Somewhat comfortable.
Not too comfortable.
Not at all comfortable.

56. If you applied for a government program like Food Stamps or MEDICAID/CHIP NAME, would you want the program to tell you if you were eligible for other programs?

Yes.

No.

Doesn't matter to me.

57. Another idea is for MEDICAID/CHIP NAME to use information from people's income tax returns to find out which families in the state might be eligible for children's health insurance coverage. MEDICAID/CHIP NAME would then send these families information in the mail about the program.

Do you think this is a good idea?

Yes.

No.

58. IF NO: Would you think this is a good idea if parents gave permission on their tax forms to share income information?

Yes.

No.

Messengers and Media

59. For you personally, where would you want to get information about MEDICAID/CHIP NAME? (Check all that apply. RANDOMIZE.)

- Your workplace
- Child's school
- Child's child care
- Child's sports programs
- Doctor's office
- Hospital
- Clinic
- Unemployment office
- Community organizations (IF YES: Which ones?)
- Job training center
- Other government programs like WIC or Food Stamps
- Internet (IF YES: Which websites?)
- Friends or family
- TV ad

- Radio ad
- Newspaper ad
- Local parenting magazine
- Health fair
- Library
- Facebook or other online social network
- Other (SPECIFY: _____).

60. How much would you trust each of the following people on whether or not you should sign up for MEDICAID/CHIP NAME? RANDOMIZE.

Trust a lot.
 Trust some.
 Trust a little.
 Would not trust.
 Not sure.

- a. Your child’s teacher.
- b. A nurse.
- c. A doctor.
- d. A child care provider.
- e. Your child’s coach.
- f. A social worker.
- g. An enrollment worker.
- h. Your employer.
- i. Other parents who have used CHIP NAME.

61. IF CURRENTLY UNINSURED: How interested would you be in enrolling NAME in MEDICAID/CHIP NAME?

IF INSURED, NOT CHIP/MEDICAID: If NAME ever happened to become uninsured, how interested would you be in enrolling NAME in MEDICAID/CHIP NAME?

1 TO 7 SCALE, NOT AT ALL INTERESTED, EXTREMELY INTERESTED.

Medicaid/CHIP Enrollees ONLY: Program Experience

IF NAME HAS MEDICAID/CHIP: Here are a few questions about your experiences with MEDICAID/CHIP NAME for NAME.

IF PREVIOUSLY HAD MEDICAID/CHIP: We’d like to ask a few questions about your previous experience with a child covered by MEDICAID/CHIP NAME.

62. Do/Did you have to do something to renew NAME's MEDICAID/CHIP health insurance every so often?

Yes.

No.

I'm not sure.

63. IF YES: Do/Did you know when you have/had to do something to renew NAME'S health insurance?

Yes.

No.

I'm not sure.

64. IF YES: [Do/did] you know what you [have/had] to do to renew NAME'S insurance?

Yes.

No.

I'm not sure.

65. In the past, did you do anything to renew NAME'S coverage through MEDICAID/CHIP NAME?

Yes.

No.

I'm not sure.

66. IF YES: How easy or hard was it to renew NAME in MEDICAID/CHIP NAME?

Very easy.

Somewhat easy.

Somewhat hard.

Very hard.

Don't recall.

67. Have you ever received anything in the mail or a telephone call or some other notification telling you when and what to do to renew NAME in MEDICAID/CHIP NAME?

Yes, I did.

No, I didn't.

I don't remember.

68. Has NAME ever lost coverage through MEDICAID/CHIP NAME because you didn't have the information you needed to renew?

Yes.

No.

I'm not sure.

Thinking back to the most recent time you enrolled in MEDICAID/CHIP,

69. How easy or hard was enrolling your child in MEDICAID/CHIP NAME?

- Very easy
- Somewhat easy
- Somewhat hard
- Very hard
- Don't recall

How satisfied were you with... RANDOMIZE.

- Very satisfied.
- Somewhat satisfied.
- Somewhat dissatisfied.
- Very dissatisfied.
- Don't recall.

- 70. the enrollment process overall?
- 71. the length of time it took to get NAME enrolled?
- 72. the friendliness of enrollment workers?

How easy was it to... RANDOMIZE.

- Very easy.
- Somewhat easy.
- Somewhat hard.
- Very hard.
- Don't recall.

- 73. gather the required pay stubs and other paperwork you needed?
- 74. find out what you needed to do in order to enroll?
- 75. find out if NAME was eligible for MEDICAID/CHIP NAME?
- 76. find out who to call or ask if you had questions?
- 77. get answers to your questions?

78. Did you fill out the application for MEDICAID/CHIP NAME:

- Online?
- By telephone?
- By mail?
- In-person at a government office?
- In-person somewhere else? (SPECIFY: _____.)

79. Did you hand in your paperwork, such as pay stubs, for MEDICAID/CHIP NAME:

- By mail?
- In-person at a government office?
- In-person somewhere else? (SPECIFY: _____.)

Uninsured ONLY

Since NAME has been uninsured, have you ... RANDOMIZE.

- Yes.
- No.
- Not sure.

- 80. had to put off medical care for NAME because of cost?
- 81. had to pay for medical care for NAME out of pocket?
- 82. had to put off filling a prescription for NAME?
- 83. had to put off getting an immunization for NAME?
- 84. had to put off a dentist visit for NAME?

85. Is NAME not getting medical care right now for an illness [he/she] has?

- Yes.
- No.
- Not sure.

86. Is NAME not getting dental care right now for a dental problem [he/she] has?

- Yes.
- No.
- Not sure.

Private Insurance ONLY

Thinking about the next year or two, how concerned are you about: RANDOMIZE.

- Very concerned.
- Somewhat concerned.
- Not too concerned.
- Not at all concerned.

87. someone in your household losing a job ?
88. your insurance premiums increasing?
89. your co-pays increasing?
90. an employer dropping your or your children's health insurance ?
91. an employer reducing your benefits?

92. How secure do you feel about the insurance coverage you have for your child?

- Very secure.
- Somewhat secure.
- Not too secure.
- Not at all secure.

93. Do you feel the costs you pay for insurance are:

- Too high.
- Too low.
- About right.

In the past year, have you had to:

- Yes.
- No.

- 94. put off or delay medical or dental care for NAME because of cost?
- 95. put off or delay medical or dental care for yourself because of cost?

Resume All

96. When you read or hear the word "Medicaid", what comes to mind? There is no right or wrong answer. OPEN END.

Has NAME ever been told by a doctor or health care provider that he/she:

- Yes.
- No.

- 97. Has asthma?
- 98. Has diabetes?
- 99. Has allergies?
- 100. Is overweight or obese?
- 101. Has behavioral or mental health problems?
- 102. Has another health problem or illness? (SPECIFY: _____.)

103. Does NAME have a regular doctor who watches over [his/her] health care?

- Yes.
- No.

104. Do you happen to have health insurance right now?

- Yes.
- No.

105. IF YES: What is your main source of insurance coverage?

- A plan through your or your spouse's employer.
- Medicare.
- Medicaid/STATE NAME.
- Tricare/VA.
- A plan you purchased yourself through the private market.
- Other (specify).
- Not sure.

106. IF NO: How interested would you be in enrolling in MEDICAID/CHIP, if you found out you as a parent were eligible for coverage?

1 TO 7 SCALE, NOT AT ALL INTERESTED, EXTREMELY INTERESTED.

In the past 12 months, have you or someone in your household received help from:

- Yes.
- No.

- 107. Food stamps?
- 108. WIC?
- 109. Social services?
- 110. TANF?
- 111. School lunch program?