

# 2022 KFF Women's Health Survey Questions

This is mental health section of the 2022 KFF Women's Health Survey.

Other sections of the survey questionnaire are published with their respective reports.

(ASK ALL)

Q39B.

In the past two years, has there been a time when you thought you needed mental health services?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

(ASK ALL)

Q34.

In the past two years, have you tried to get mental health services for yourself?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

[SHOW IF Q34 =1 (TRIED TO GET MENTAL HEALTH CARE FOR SELF IN PAST 2 YEARS)]

Q36.

When you tried to get mental health services in the past two years, to the best of your recollection, how long did you have to wait before you got an appointment?

PHONE ONLY, IF NECESSARY: Your best guess is fine.

[PHONE: READ LIST]

- 1. Less than 1 month
- 2. 1 to 2 months
- 3. More than 2 months
- 4. [PHONE: You / WEB: I] could not get an appointment
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

[ASK IF Q36=4]

Q36E.

You indicated that when you tried to get mental health services in the past two years you were unable to get an appointment. Please indicate the main reason you did not get an appointment.

PHONE ONLY: [INTERVIEWER: READ LIST]

1. [PHONE: You / WEB: I] could not find a provider nearby
2. None of the providers [PHONE: you / WEB: I] contacted were taking new patients
3. [PHONE: You / WEB: I] could not afford the cost
4. [PHONE: You were / WEB: I was] too busy or couldn't get time off work
5. [PHONE: You were / WEB: I was] afraid or embarrassed
6. [PHONE: You / WEB: I] worked through it [PHONE: yourself / WEB: myself]
7. [PHONE: You / WEB: I] could not get an appointment in a reasonable amount of time
8. [PHONE: You / WEB: I] didn't want to go in person due to COVID-19
9. Some other reason [Please explain]
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

[SHOW IF Q36 = 1, 2, 3 and Q20 = 1, 2, 3, OR 4] (TRIED TO GET A MENTAL HEALTH APPT IN PAST 2 YEARS AND HAVE PRIVATE INSURANCE OR MEDICAID)  
Q36A.

Thinking about your most recent mental health appointment, did your mental health provider accept your health plan? Please select 'yes' even if your plan only covered part of the costs for your appointment.

1. Yes
2. No
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

[SHOW IF Q36A ≠ 2] (MENTAL HEALTH PROVIDER ACCEPTED YOUR INSURANCE OR DO NOT KNOW)

Q36B.

How did you pay for your most recent visit with this mental health provider?

[PHONE: READ LIST]

1. [PHONE: Your / WEB: My] insurance covered the full cost
2. [PHONE: Your / WEB: My] insurance covered part of the cost and [PHONE: you / WEB: I] paid the rest out-of-pocket
3. [PHONE: Your / WEB: My] insurance did not cover any of the cost and [PHONE: you / WEB: I] paid out-of-pocket
4. [PHONE: Your / WEB: My] insurance would have covered the visit, but [PHONE: you / WEB: I] chose not to use it and paid out-of-pocket
5. Other
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

[SHOW IF Q36A = 2 OR Q36B=2,3] (MENTAL HEALTH PROVIDER DID NOT ACCEPT YOUR INSURANCE)  
Q36C.

You indicated that [IF Q36A=2 INSERT: "your mental health provider did not accept your health insurance"; IF Q36B=2,3 INSERT PHONE VERSION OF RESPONSE TO Q36B] for this visit. Did you file a claim with your health insurance plan to try to get reimbursed for some or all of the cost?

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

[SHOW IF Q36C = 1] (FILED A CLAIM WITH INSURER)

[PN: ROTATE RESPONSE OPTIONS 1-3/3-1; MATCH ORDER IN QUESTION]

Q36D. Did your insurance end up paying [all] [some] or [none] of the cost of the visit?

1. All
2. Some
3. None
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

(ASK ALL)

T1.

In the past 2 years, have you had a visit with a doctor or health care provider over the phone or virtually via video, also known as telemedicine or telehealth, or not?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

[SHOW IF T1=1 (HAS HAD A TELEHEALTH OR TELEMEDICINE VISIT IN PAST 2 YEARS)]

[PN: RANDOMIZE AND RECORD; RANDOMIZE RESPONSE OPTIONS 1-7, BUT ALWAYS KEEP OPTION 8 (OTHER HEALTH CONCERN) LAST]

T3.

What was the primary purpose of your most recent telemedicine or telehealth visit?

[PHONE: READ LIST]

RESPONSE OPTIONS:

1. COVID-related symptoms
2. [IF SEX=2, INSERT: A gynecological or sexual health issue, such as birth control or sexually transmitted infection services; IF SEX = 1, INSERT: Sexually transmitted infection services]
3. [SHOW IF SEX=2 AND (AGE<=49 OR AGE2<5)] Prenatal or postpartum care
4. An annual check-up or well-visit
5. Management of a chronic condition
6. Minor illness or injury
7. Mental health services
8. Other health concern
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

[SHOW IF T1=1 (HAS HAD A TELEHEALTH OR TELEMEDICINE VISIT IN PAST 2 YEARS)]

T4.

Would you say the quality of care that you received at your most recent telemedicine or telehealth visit was better, worse, or about the same as an in-person visit, or have you never had an in-person visit for this type of care?

RESPONSE OPTIONS:

1. Better
2. The same
3. Worse
4. [PHONE: You / WEB: I] have never had an in-person visit for this type of care