

**Oregon Rheumatological Alliance Survey  
Ci3 Instrument**

CATI ON

SQL right  
REVIEW CtrlR

Q:INTID  
T:  
Interviewer number

INTERVIEWER: PLEASE ENTER YOUR ID NUMBER

I:  
NUM 1 1500 4 0 20 3

IF (ANS>1500) REASK

Q:SURVNUM  
T:  
What is the number of the survey at the bottom right corner?

INTERVIEWER: PLEASE KEY IN THE SURVEY NUMBER

I:  
NUM 1 2200 4 0 20 5  
IF (ANS>2200) REASK

Q:COVERED  
T:  
Are you covered by private health insurance that pays for  
some or all charges for your arthritis inpatient and  
outpatient hospital and physician services?

1 YES  
2 NO --> SKIPTO MEDICARE

I:  
KEY 1-2  
QAL NOQAL  
IF (ANS>1) SKIPTO MEDICARE

Q:THROUGH  
T:  
Was this private health insurance obtained through

1 Current employer or work  
2 Former employer  
3 Union  
4 TRICARE/CHAMPUS  
5 CHAMPVA

6 The military/VA health care  
7 Private purchased  
8 Other --> SPECIFY

98 MULTIPLE ENTRY -->SPECIFY  
99 NO ANSWER, LEFT BLANK

I:  
NUM 1 99 2 0 25 10  
OTH 8 15 5 20 60  
OTH 98 17 5 20 60  
IF (ANS > 8)  
IF (ANS < 98) REASK  
ENDIF

Q:NAMEINS

T:  
What is the full name of the private insurance company and  
the insurance plan? Please print.

I:  
OPN 10 10 20 70 M N

Q:MEDICARE

T:  
Are you covered by Medicare?

1 YES  
2 NO

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-2,9

Q:SUPPMDCR

T:  
Are you covered by any health insurance that  
supplements Medicare?

1 YES  
2 NO -->IF NO, SKIPTO PUBASSIT

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-2,9  
IF (ANS>1) SKIPTO PUBASSIT

Q:SUPPNAME

T:  
What is the full name of the supplemental insurance company  
and plan? Please print.

I:  
OPN 10 10 20 70 M N

Q:PUBASSIT

T:

Are you covered by any public assistance health insurance program such as Medicaid?

1 YES

2 NO --> IF NO, SKIPTO AFFTARTH

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

IF (ANS>1) SKIPTO AFFTARTH

Q:PUASSTNM

T:

What is the full name of the public assistance health insurance program? Please print.

I:

OPN 10 10 20 70 M N

Q:AFFTARTH

T:

Considering all the ways that your arthritis affects you, rate how you are doing on the following scale by placing a mark on the line.

1-----10

very poorly

very well

I:

NUM 0 10 3 1 20 5

IF (ANS>10) REASK

Q:FREQCARE

T:

In the last 12 months (counting today's visit but not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for your arthritis?

1 ONE (JUST TODAY IN THE LAST 12 MONTHS)

2 2 TIMES

3 3 TIMES

4 4 TIMES

5 5 TO 9 TIMES

6 10 OR MORE TIMES

9 NO ANSWER, LEFT BLANK

I:

KEY 1-6,9

Q:TRBLCARE

T:

In the last 12 months, how much of a problem, if any, was it to get the arthritis care you or a doctor believed necessary?

- 1 NOT A PROBLEM
- 2 A SMALL PROBLEM
- 3 SOMEWHAT OF A PROBLEM
- 4 A BIG PROBLEM

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:CAUSPRBM

T:  
If there were problems, which of the following contributed to the problems?

- 1 YOUR ARTHRITIS DOCTOR
- 2 THE STAFF AT YOUR ARTHRITIS DOCTOR'S OFFICE
- 3 PHARMACIES OR DRUG STORES
- 4 LABS, X-RAY, OR MRI FACILITIES
- 5 HEALTH INSURANCE COMPANY
- 6 OTHER --> PLEASE SPECIFY

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-6,9  
OTH 6 15 5 20 60

Q:MOSTPRBM

T:  
Which ONE of these contributed the MOST to the problems?

- 1 YOUR ARTHRITIS DOCTOR
- 2 THE STAFF AT YOUR ARTHRITIS DOCTOR'S OFFICE
- 3 PHARMACIES OR DRUG STORES
- 4 LABS, X-RAY, OR MRI FACILITIES
- 5 HEALTH INSURANCE COMPANY
- 6 OTHER --> PLEASE SPECIFY

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-6,9  
OTH 6 15 5 20 60

Q:DRINSUR

T:  
Has your arthritis doctor had to give you less than ideal care for your arthritis because of insurance restrictions or requirements?

- 1 YES
- 2 NO

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

Q:PAPERWK

T:

In the last 12 months, how much of a problem, if any, did you have with paperwork for your health insurance?

- 1 NOT A PROBLEM
- 2 A SMALL PROBLEM
- 3 SOMEWHAT OF A PROBLEM
- 4 A BIG PROBLEM

9 NO ANSWER, LEFT BLANK

I:

KEY 1-4,9

Q:INFORM

T:

How well does your health insurance company inform you about the benefits and rules of your health insurance?

- 1 VERY WELL
- 2 WELL
- 3 POORLY
- 4 VERY POORLY

9 NO ANSWER, LEFT BLANK

I:

KEY 1-4,9

Q:CHNGEDR

T:

In the last 12 months, have you changed arthritis doctors, for any reason?

- 1 YES
- 2 NO --> PLEASE SKIP TO CHGEUNWT

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

IF (ANS>1) SKIPTO CHGEUNWT

Q:WHYCGDR

T:

Why did you change arthritis doctors?

- 1 AT MY DOCTOR'S REQUEST OR BECAUSE MY DOCTOR RETIRED OR MOVED
- 2 TO GO TO A DOCTOR I PREFERRED
- 3 I MOVED
- 4 MY HEALTH INSURANCE CHANGED AND I HAD TO CHANGE DOCTORS
- 5 OTHER REASON --> PLEASE SPECIFY '

9 NO ANSWER, LEFT BLANK

I:

KEY 1-5,9

OTH 5 15 5 20 60

Q:CHGEUNWT

T:

Have you EVER had to change arthritis doctors when you did not want to, because of your health insurance?

1 YES

2 NO

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

Q:MDCN1

T:

In the last 12 months, have you skipped doses to make your arthritis medicine last longer?

1 YES

2 NO --> IF NO, SKIPTO MDCN2

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

IF (ANS>1) SKIPTO MDCN2

Q:MDCN1WHY

T:

Please tell us the reason

I:

OPN 10 10 20 70 M N

Q:MDCN2

T:

In the last 12 months, have you stopped taking arthritis medicines?

1 YES

2 NO --> IF NO, SKIPTO MDCN3

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

IF (ANS>1) SKIPTO MDCN3

Q:MDCN2WHY

T:

Please tell us the reason

I:

OPN 10 10 20 70 M N

Q:MDCN3

T:

In the last 12 months, have you not filled a prescription for your arthritis?

1 YES

2 NO --> IF NO, SKIPTO MDCN4

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

IF (ANS>1) SKIPTO MDCN4

Q:MDCN3WHY

T:

Please tell us the reason

I:

OPN 10 10 20 70 M N

Q:MDCN4

T:

In the last 12 months, have you skipped a visit to a doctor or lab test for your arthritis?

1 YES

2 NO --> IF NO, SKIPTO DENIED

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

IF (ANS>1) SKIPTO DENIED

Q:MDCN4WHY

T:

Please tell us the reason

I:

OPN 10 10 20 70 M N

Q:DENIED

T:

In the past 12 months, have arthritis services, treatments, or medicines been denied you by your health insurance company?

1 YES

2 NO --> PLEASE SKIP TO INS1

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-2,9  
IF (ANS>1) SKIPTO INS1

Q:WHYDEND  
T:  
What was denied?

I:  
OPN 10 10 20 70 M N

Q:RESOLVE  
T:  
How was this resolved?

I:  
OPN 10 10 20 70 M N

Q:INS1  
T:  
Please rate your arthritis health insurance on each of these:  
Covering the medicines you need

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:INS2  
T:  
Customer service when you contact them

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:INS3  
T:  
Ability to choose the arthritis doctor you want

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR



9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:INS4  
T:  
Stability of coverage in future

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:INS5  
T:  
Monthly cost of health insurance

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:INS6  
T:  
Your co-pay for doctors visits

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:INS7  
T:  
Your co-pay for medicine

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:INS8  
T:  
Convenience of location of Lab for arthritis lab work

1 EXCELLENT  
2 GOOD  
3 FAIR  
4 POOR

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:WORRIED1  
T:  
How worried are you that these events might happen to you  
in the next twelve months?  
Being denied recommended arthritis medicines

1 NOT AT ALL WORRIED  
2 NOT VERY WORRIED  
3 SOMEWHAT WORRIED  
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:WORRIED2  
T:  
Being denied a recommended arthritis treatment

1 NOT AT ALL WORRIED  
2 NOT VERY WORRIED  
3 SOMEWHAT WORRIED  
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:WORRIED3  
T:  
Co-pay will go up

1 NOT AT ALL WORRIED

2 NOT VERY WORRIED  
3 SOMEWHAT WORRIED  
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:WORRIED4  
T:  
Losing coverage

1 NOT AT ALL WORRIED  
2 NOT VERY WORRIED  
3 SOMEWHAT WORRIED  
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:WORRIED5  
T:  
Change arthritis doctors

1 NOT AT ALL WORRIED  
2 NOT VERY WORRIED  
3 SOMEWHAT WORRIED  
4 VERY WORRIED

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-4,9

Q:SEX  
T:  
Are you male or female?

1 MALE  
2 FEMALE

9 NO ANSWER, LEFT BLANK

I:  
KEY 1-2,9

Q:BIRTH  
T:  
What year were you born? Year \_\_\_\_\_

I:  
NUM 0000 1986 4 0 24 10  
IF(ANS>0000)

IF(ANS<1900) REASK  
ENDIF

Q:EDU

T:

What is the highest grade or level of school you completed?

- 1 LESS THAN HIGH SCHOOL
- 2 HIGH SCHOOL DIPLOMA OR GED
- 3 SOME COLLEGE, NO DEGREE
- 4 COMPLETED VOCATIONAL OR TECHNICAL TRAINING OR  
A 2-YEAR DEGREE PROGRAM
- 5 COMPLETED A 4-YEAR DEGREE PROGRAM
- 6 GRADUATE SCHOOL

9 NO ANSWER, LEFT BLANK

I:

KEY 1-6,9

Q:HISPANIC

T:

Are you of Hispanic or Latino origin or descent?

- 1 YES, HISPANIC OR LATINO
- 2 NO, NOT HISPANIC OR LATINO

9 NO ANSWER, LEFT BLANK

I:

KEY 1-2,9

Q:RACE

T:

What is your race?

- 1 WHITE OR CAUCASIAN
- 2 BLACK OR AFRICAN-AMERICAN
- 3 AMERICAN INDIAN OR ALASKA NATIVE
- 4 ASIAN
- 5 NATIVE HAWAIIAN OR PACIFIC ISLANDER
- 6 OTHER --> PLEASE SPECIFY

9 NO ANSWER, LEFT BLANK

I:

KEY 1-6,9

OTH 6 15 5 20 60

Q:SUGG

T:

What is the one thing you would most like your health insurance to do differently?

I:

OPN 10 10 20 70 M N

Q:ELSE

T:

What else would you like to tell us about your arthritis care or your health insurance?

I:

OPN 10 10 20 70 M N

Q:CONTACT

T:

If we need to contact you to clarify one of your answers, what telephone number should we call?

I:

OPN 10 10 20 70 M N

Q:NAME

T:

We do not need your name, but please give your initials, nickname, or some other way we can ask for you if we call.

I:

OPN 10 10 20 70 M N

Q:INTOBS

T:

INTERVIEWER: ENTER YOUR OBSERVATIONS FOR THIS INTERVIEW (OPTIONAL)

I:

OPN 10 10 20 70 M N

CPL

DISPOS = 26

ENDQUEST

Q:NOQAL

T:

This respondent does not qualify for the survey.

I:

KEY

CTRLEND