

Health Insurance Survey of Arthritis Patients

This survey is confidential and voluntary and will help Oregon arthritis doctors improve the quality of the care they give you.

You may skip any question you do not want to answer. When you are done, seal the questionnaire in the privacy envelope and place it in the ballot box.

No one at your doctor's office will see your answers. They will be sent to the University of Oregon, summarized, and reported anonymously.

1. 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 → ANSWER NEXT QUESTION
- ₂ No → PLEASE SKIP TO QUESTION 4

2. 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 – How did you obtain this private health insurance? Please write below.

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

4. Are you covered by Medicare?

₁ Yes

₂ No

5. Are you covered by any health insurance that supplements Medicare?

₁ Yes → ANSWER NEXT QUESTION

₂ No → PLEASE SKIP TO QUESTION 7

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

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

₁ Yes → ANSWER NEXT QUESTION

₂ No → PLEASE SKIP TO QUESTION 9

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

9. 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.

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----

10

very poorly

very well

10. 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

11. 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

12. 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 → _____

13. 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 → _____

14. 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

Paperwork means things like getting your ID card, having your records changed, processing insurance forms, and so on.

15. 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

16. 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

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

- ₁ Yes → ANSWER NEXT QUESTION
- ₂ No → PLEASE SKIP TO QUESTION 20

18. 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 →

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

₁ Yes

₂ No

20. In the last 12 months, have you...?

A. Skipped doses to make your arthritis medicine last longer?	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	Please tell us the reason
B. Stopped taking arthritis medicines?	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	Please tell us the reason
C. Not filled a prescription for your arthritis?	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	Please tell us the reason
D. Skipped a visit to a doctor or lab test for your arthritis?	<input type="checkbox"/> ₁ Yes → <input type="checkbox"/> ₂ No	Please tell us the reason

21. 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 QUESTION 24

22. What was denied?

23. How was this resolved?

24. Please rate your arthritis health insurance on each of these:

A. Covering the medicines you need	Excellent₄	Good₃	Fair₂	Poor₁
B. Customer service when you contact them	Excellent₄	Good₃	Fair₂	Poor₁
C. Ability to choose the arthritis doctor you want	Excellent₄	Good₃	Fair₂	Poor₁
D. Stability of coverage in future	Excellent₄	Good₃	Fair₂	Poor₁
E. Monthly cost of health insurance	Excellent₄	Good₃	Fair₂	Poor₁
F. Your co-pay for doctors visits	Excellent₄	Good₃	Fair₂	Poor₁
G. Your co-pay for medicine	Excellent₄	Good₃	Fair₂	Poor₁
H. Convenience of location of Lab for arthritis lab work	Excellent₄	Good₃	Fair₂	Poor₁

25. How worried are you that these events might happen to you in the next twelve months?

A. Being denied recommended arthritis medicines	Not at all worried₁	Not very worried₂	Somewhat worried₃	Very worried₄
B. Being denied a recommended arthritis treatment	Not at all worried₁	Not very worried₂	Somewhat worried₃	Very worried₄
C. Co-pay will go up	Not at all worried₁	Not very worried₂	Somewhat worried₃	Very worried₄
D. Losing coverage	Not at all worried₁	Not very worried₂	Somewhat worried₃	Very worried₄
E. Change arthritis doctors	Not at all worried₁	Not very worried₂	Somewhat worried₃	Very worried₄

26. Are you male or female?

- ₁ Male
₂ Female

27. What year were you born? Year _____

28. 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

29. Are you of Hispanic or Latino origin or descent?

- ₁ Yes, Hispanic or Latino
₂ No, not Hispanic or Latino

30. 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 _____

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

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

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

AREA CODE: _____ **NUMBER:** _____

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

This is the end of the survey.

Please place it in the privacy envelope, seal it for confidentiality, and drop it in the ballot box. No one at the doctor's office will see your answers.

Thank you for your time!