

The Oregon Health Care Survey

Our records show that you applied for the Oregon Health Plan (OHP) Standard program's lottery in January or February of 2008. Whether your name was selected or not, we'd like to hear about your health and health care experiences.

Before you fill out this survey, please read the included letter explaining this research study. If you have any questions, please call 1-866-332-9896.

You may choose to answer this survey or not. If you do, all information that would let someone identify you or your family will be kept private. The Office for Oregon Health Policy & Research, Portland State University, and the Center for Outcomes Research & Education will not share your personal information with anyone without your OK. Choosing not to answer this survey will not affect your health benefits or your position on the OHP Standard waiting list.

You may notice a number on this survey. This number is used ONLY to let us know if you returned the survey so we don't have to send you reminders, and to enter you into the drawing to win \$200.

Survey Instructions

1. Answer all the questions by checking the box to the left of the answer.
2. You are sometimes told to skip over questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

Yes → [GO TO QUESTION 1]
 No

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The Oregon Health Care Survey

START HERE ↓

Your Health Coverage

- Our records show that you applied for the OHP Standard waiting list between January and February 2008. Although the OHP lottery has not ended yet, everyone picked so far would have received an application in the mail. As of today, have you received an application?
 - Yes
 - No → (Go to Question 6)
- As of today, have you sent your application in?
 - Yes → (Go to Question 4)
 - No
- If you did not send your application for OHP Standard, why not? *Mark all that apply.*
 - I haven't finished it yet
 - I decided not to apply
 - My income or assets were too high
 - I found other health insurance
 - The paperwork is a hassle
 - I could not find my paperwork to prove citizenship (birth certificate, naturalization papers, etc.)
 - I could not find other required paperwork (proof of income, etc.)
 - Some other reason: _____
 - I don't know why
- Were you accepted into OHP Standard?
 - Yes → (Go to Question 6)
 - No
 - My application is still pending
 - I haven't sent in my application yet
 - I don't know
- If your application was denied, what was the main reason? *Mark all that apply.*
 - My income or assets were too high
 - I was told I hadn't been uninsured long enough to qualify for coverage
 - I was late turning the application in
 - I could not send paperwork to prove citizenship (birth certificate, naturalization papers, etc.)
 - I could not send other required paperwork (proof of income, etc.)
 - Some other reason: _____
 - I don't know why
- Do you **currently** have health insurance through any of the following? *Mark all that apply.*
 - Oregon Health Plan (OHP)/Medicaid
 - Medicare
 - Employer or family member's employer
 - A private plan I pay for myself
 - Other coverage: _____
 - I don't have any insurance now
 - I don't know
- For how many of the **last 6 months** did you have some kind of health insurance?
 - No insurance during last 6 months
 - 1 Month
 - 2 Months
 - 3 Months
 - 4 Months
 - 5 Months
 - Insured for all of the last 6 months



Your Health Care

8. Is there a place you usually go to receive medical care?
- Yes
- No → (Go to Question 10)
9. Where do you usually go to receive medical care?
Mark only one.
- A private doctor's office or clinic
- A public health clinic, community health center, or tribal clinic
- A hospital-based clinic
- A hospital emergency room
- An urgent care clinic
- Some other place not listed here
Where? _____
- I don't have a usual place
- I don't know
10. Was there a time in the last 6 months when you needed **medical care**?
- Yes
- No → (Go to Question 13)
11. If you needed medical care in the **last 6 months**, did you get ALL the care you needed?
- Yes → (Go to Question 13)
- No
- I didn't need care in the last 6 months
12. The *most recent time* you went without needed medical care, what were the main reasons?
Mark all that apply.
- It cost too much
- I didn't have insurance
- The doctor wouldn't take my insurance
- I owed money to the care provider
- I couldn't get an appointment quickly enough
- The office wasn't open when I could get there
- I didn't have a doctor
- Some other reason: _____
- I don't know
13. In the last 6 months, have you needed any **prescription medications**?
- Yes
- No → (Go to Question 17)
14. If you needed prescription medications in the **last 6 months**, did you get **all** the medications you needed?
- Yes → (Go to Question 16)
- No
- I didn't need medications in the last 6 months
15. The *most recent time* you went without prescription medications you needed, what were the main reasons? *Mark all that apply.*
- They cost too much
- I didn't have insurance
- I didn't have a doctor
- I couldn't get a prescription
- I couldn't get to the pharmacy
- Some other reason: _____
- I don't know
16. How many different prescription medications are you currently taking? _____
17. In the **last 6 months**, have you needed any **dental care**?
- Yes
- No → (Go to Question 19)
18. If you needed dental care in the **last 6 months**, did you get ALL the care you needed?
- Yes
- No
- I didn't need dental care in the last six months



19. In the **last 6 months**, how many times did you go to a doctor's office, clinic, or other health care provider to get care for yourself? *Don't include emergency room or hospital visits. Your best estimate is fine.*

- None
- 1 time
- 2 times
- 3 or more times (*how many?:*_____)

20. In the **last 6 months**, how many times did you go to an emergency room to get care for yourself? *Your best estimate is fine.*

- None → (Go to Question 22)
- 1 time
- 2 times
- 3 or more times (*how many?:*_____)

21. The last time you went to the emergency room, what was the reason you went there instead of somewhere else for health care? *Mark all that apply.*

- I needed emergency care
- Doctors' offices/clinics were closed
- I couldn't get an appointment to see a regular doctor soon enough
- I didn't have a personal doctor
- I couldn't afford the copay to see a doctor
- I needed a prescription drug
- I didn't know where else to go
- Some other reason: _____
- I don't know
- I haven't gone to the emergency room in the last 6 months

22. In the last 6 months, how many different times were you a patient in a hospital at least overnight? *Do not include hospital stays to deliver a baby.*

- None → (Go to Question 24)
- 1 time
- 2 times
- 3 or more times (*how many?:*_____)

23. In the last six months, how many total days did you spend in a hospital? *Include the total number of days for all the times you checked in question 22, ABOVE. Your best estimate is fine.*

Total number of days: _____

Your Health Care Costs

24. In the last 6 months, what were your average, out-of-pocket monthly costs for your prescription medicines? *Don't include medicines you can buy without a prescription. Your best estimate is fine.*

Medication cost per month: \$ _____

25. In the last 6 months, how much money did you spend on medical care for yourself? *Include anything you paid for your health care. Your best estimate is fine.*

Total medical costs in last 6 months: \$ _____

26. In the last 6 months, have you had to borrow money, skip paying other bills, or pay other bills late in order to pay health care bills?

- No
- Yes

27. Do you currently owe money to a health care provider, credit card company, or anyone else for medical expenses?

- No
- Yes

↳ *If yes, about how much do you owe?* _____

28. In the last 6 months, has a doctor, clinic, or medical service refused to treat you because you owed money to them for past treatment?

- Yes
- No
- I don't know

Your Health

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

- Excellent
- Very Good
- Good
- Fair
- Poor



30. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Total number of days (0-30): _____

31. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Total number of days (0-30): _____

32. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Total number of days (0-30): _____

33. How has your health changed in the last six months?

- My health has gotten better
- My health is about the same
- My health has gotten worse

34. Have you ever been told by a doctor or other health professional that you have any of the following?
Mark all that apply.

- Diabetes or Sugar Diabetes
- Asthma
- High Blood Pressure
- Emphysema or Chronic Bronchitis (COPD)
- Congestive Heart Failure
- Depression or Anxiety

About You

35. Are you male or female?

- Male
- Female

36. What is the YEAR of your birth? _____

37. Are you currently employed or self employed?
Mark only one.

- Yes, employed
- Yes, self-employed
- Not currently employed
- Retired

38. What was your gross household income (before taxes and deductions are taken out) for last year (2007?) *Your best estimate is fine.*

- \$0
- \$1 to \$2,500
- \$2,501 to \$5,000
- \$5,001 to \$7,500
- \$7,501 to \$10,000
- \$10,001 to \$12,500
- \$12,501 to \$15,000
- \$15,001 to \$17,500
- \$17,501 to \$20,000
- \$20,001 to \$22,500
- \$22,501 to \$25,000
- \$25,001 to \$27,500
- \$27,501 to \$30,000
- \$30,001 to \$32,500
- \$32,501 to \$35,000
- \$35,501 to \$37,500
- \$37,501 to \$40,000
- \$40,001 to \$42,500
- \$42,500 to \$45,000
- \$45,001 to \$47,500
- \$47,500 to \$50,000
- \$50,001 or more

39. Would you describe yourself as Spanish, Hispanic, or Latino?

- Yes
- No

40. How would you describe your race?
Mark all that apply.

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other: _____

41. About how many hours per week, on average, do you work at your current job?

- Less than 20 hours per week
- 20-29 hours per week
- 30 or more hours per week
- I don't currently work



42. What is the highest level of education you have completed?

- Less than high school
- High school diploma or GED
- Vocational training or 2-year degree
- A 4-year college degree or more

43. What is your current living arrangement?

- Live alone
- Live with partner or spouse
- Live with parents
- Live with other relatives (including children)
- Live with friends
- Other: _____

44. How many family members, including yourself, counting adults and children, are living in your home?

Size of Household: _____

45. Of the family members living in your house, how many are under 19?

Number under 19: _____

46. Thinking about the family members in your house under 19 years of age, how many are currently covered by some kind of health insurance?

- All family members under 19 are covered by health insurance of some kind
- Some family members under 19 are insured, some are not
- None of the family members under 19 are insured

Contact Information

Thank you for participating! This study will continue for one year, and we would like to contact you again in six months. It is important for us to have a way to reach you if you move during that time.

Please tell us three people who **do not** live with you and would know how to reach you if you moved. Good contacts are people like your mother, a sister or brother, or a good friend.

This information will NOT be shared, and will be used by us if we are unable to find you, and ONLY for the sole purpose of continuing this study.

Name: _____

Relationship: _____

Address: _____
Street Apartment #

_____ City State Zip

Home Phone: _____

Cell or Message Number: _____

Name: _____

Relationship: _____

Address: _____
Street Apartment #

_____ City State Zip

Home Phone: _____

Cell or Message Number: _____

Name: _____

Relationship: _____

Address: _____
Street Apartment #

_____ City State Zip

Home Phone: _____

Cell or Message Number: _____

When you have finished your survey, please place it in the postage-paid envelope and drop it in the mail. Thank you for your time!

