LANDING PAGE

EXIT

Thank you for agreeing to participate in our study!

Please use the "Next" and "Back" buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

If at any time during the survey, you would like to exit, please use the "Exit" button above. Using this button will save all of the data you have already entered and ensure you are able to return to the same location to complete the survey.



TEXT ONLY

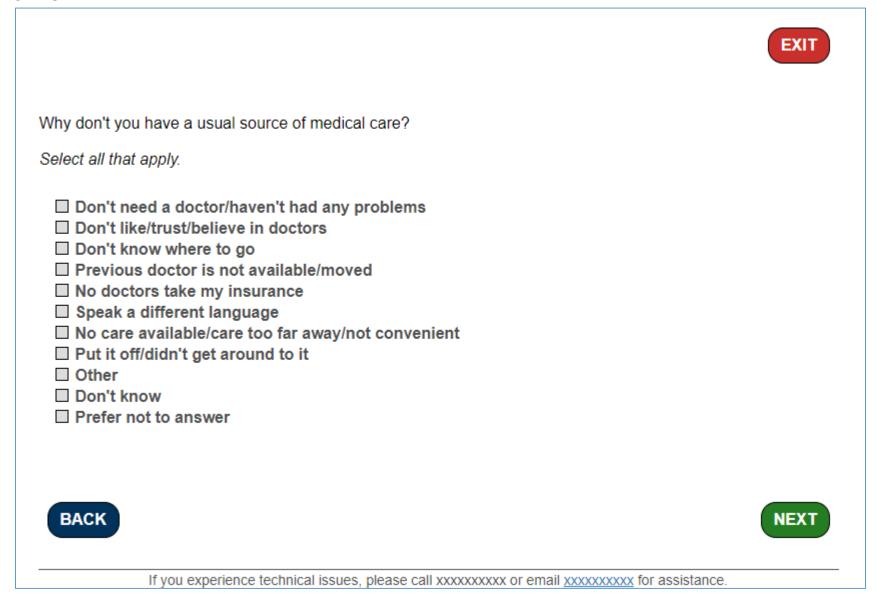


Our records show that you are now in Medicare, the health insurance program for people 65 years old or older or persons with certain disabilities. Please answer the following questions in this survey as fully as possible regardless of whether you consider yourself in Medicare.





SELECT ALL



RATING

01 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc 6 \circ 7 08 \bigcirc 9

O 0 - Worst health care possible

O 10 - Best health care possible

EXIT Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

BACK

O Don't know

O Prefer not to answer

NEXT

OTHER SPECIFY

				EXIT
What is this language?				
BACK				NEXT
	perience technical issues, ple	ease call xxxxxxxxxx or email <u>x</u>	xxxxxxxxx for assistance.	

NEVER TO ALWAYS



In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- O Never
- Sometimes
- Usually
- Always
- O Don't know
- O Prefer not to answer





MAIN REASON



What is the main reason you were unable to get medical care, tests, or treatments you or a doctor believed necessary?

- O Couldn't afford care
- O My health plan wouldn't approve, cover, or pay for care
- O Doctor refused to accept my insurance
- O Doctor doesn't speak my language
- O Couldn't get transportation to doctor's office
- O Couldn't take time off work or get child care
- O Didn't know where to go to get care
- O The wait took too long
- O Don't know
- O Prefer not to answer





HOW MUCH



When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?

- O Not at all
- A little
- Some
- O A lot
- O Don't know
- O Prefer not to answer





EXIT

What other health insurance do you have? For each type of insurance listed below, please mark yes or no.

	Yes	No	Don't know	Prefer not to answer
Medigap, which may be identified on the front of your policy as "Medicare Supplemental Insurance"?	0	0	0	0
Employer, Union, or Retiree Health Coverage (insurance)?	0	0	0	0
Veteran's Benefits, also known as VA benefits?	0	0	0	0
Military Retiree Benefits, also known as Tricare?	0	0	0	0
Medicaid, also known as State medical assistance, which is for some persons with limited income and resources?	0	0	0	0
Any Prescription Drug Plan?	0	0	0	0
Other health insurance?	0	0	0	0

BACK

NEXT

COUNT



In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- O None
- O 1 time
- \bigcirc 2
- \bigcirc 3
- \bigcirc 4
- O 5 to 9
- O 10 or more times
- O Don't know
- O Prefer not to answer





YES/NO



Some people who have Medicare also have other insurance to help pay for some of the costs of their health care. Do you have any other insurance that pays at least some of the cost of your health care?

- O Yes
- O No
- O Don't know
- O Prefer not to answer



