

Background

REDCap Record ID _____

Study ID _____
(SU-XXX)

Site Name _____

Date of Survey _____
(MM-DD-YYYY)

Data collector's initials _____
(Initials)

First, we have a couple questions about your background. We ask about this because we want to describe who participated in our study as a group and it is important to us to have a diverse group of participants.

Which one of the following best represents your gender?

Male
 Female
 Other

What is your age? _____
(Years)

Which one of these groups would you say best represents your race?

White
 Black or African American
 Asian
 Native Hawaiian or Pacific Islander
 American Indian or Alaska Native
 Other
 (Select all that apply)

Other race, specify _____

Are you Hispanic or Latino?

Yes
 No

Would you say your ethnicity is:

Puerto Rican
 Mexican, Mexican-American, Chicano
 Cuban
 Other Spanish/Hispanic/Latino
 Other
 (Select all that apply)

Other ethnicity, specify _____

Which of these best describes your current situation?

Married or living with a partner
 Divorced or separated
 Widowed
 Never married
 Other

Other marital situation, specify _____

Do any children less than 18 years of age live in your household?

Yes
 No

How many children less than 18 years of age live in your household?

How many people TOTAL live in your household?

How many people are dependent on you for financial support?

Think about your total MONTHLY household income from all sources. This can include paychecks, social security, disability, and other sources. I am going to read you a list of income ranges, and I want you to stop me when you hear the range that fits you the best.

- Less than \$400/month
 \$400-\$799
 \$800-\$1,199
 \$1,200-\$1,699
 \$1,700-\$2,499
 More than \$2,500
 Prefer not to answer

Do you have savings or a savings account?

- Yes
 No

Do you have a checking account?

- Yes
 No

Do you currently receive food stamps?

- Yes
 No
 Application in progress
 Other

Other, specify

To your knowledge, are you eligible for food stamps?

- Yes
 No
 Not sure

What is the highest grade of schooling that you completed? You can stop me when I reach the correct answer.

- Did not finish high school
 High school graduate or GED
 Technical school (no HS diploma)
 Technical school (has HS diploma)
 Some college
 College graduate (2 or 4 year)
 Some graduate school
 Graduate degree

Last grade completed was:

(Year only (e.g. 11))

Are you currently:

- Employed for wages or pay
 Out of work for more than 1 year
 Out of work for less than 1 year
 Unable to work or disabled
 A student
 Retired
 A homemaker
 (Select all that apply)

Which of the following applies?

- Work full time
 Work part time
 Self-employed
 Work a temporary or seasonal job
 Work more than one job at a time

How long have you been in your current situation (working or out of work)?

(Years)

of Years

of Months

(Months)

How many times have you moved in the past 3 months?

(Times)

How many times have you moved in the past month?

(Times)

What is your current living situation?

- I live in my own place
- I live in someone else's place (partner, family member, etc.)
- I live in transitional housing or a shelter
- I am currently homeless

Have you been homeless in the past 12 months?

- Yes
- No

What state do you reside in?

- Missouri
- Illinois
- Other

Other state, specify

What is the ZIP code of the place where you currently stay?

Health And Healthcare

We would now like to ask you about your health and healthcare use.

In general, would you say your health is excellent, good, fair, or poor?

- Excellent
- Good
- Fair
- Poor

How many times have you gone to see the doctor or nurse practitioner in the last 12 months, not including urgent care or emergency room visits?

_____ (Number)

How often have you delayed care or skipped an appointment because you were concerned about the cost?

- Never
- Rarely
- Sometimes
- Often
- Always

How many times have you gone to urgent care in the past 12 months?

_____ (Number)

Were any of the times you chose to go to the urgent care because you couldn't afford to go to the doctor?

- Yes
- No
- Not sure

How many times?

_____ (Number)

How many times have you gone to the emergency room in the past 12 months?

_____ (Number)

Were any of the times you chose to go to the emergency room because you couldn't afford to go to the doctor?

- Yes
- No
- Not sure

How many times?

_____ (Number)

How many times have you been hospitalized in the past 12 months?

_____ (Number)

Have you put off getting glasses or getting new glasses because you are concerned about the cost?

- Yes
- No
- Does not apply

Have you put off dental care because you are concerned of the cost, or have you made different choices about dental work because of the cost?

- Yes
- No

We know that sometimes medical information can be complex and want to ask a few questions about the health information you receive from your doctor or health care provider

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- Never
 Rarely
 Sometimes
 Often
 Always

How often do you have problems learning about your medical condition because of difficulty understanding written information?

- Never
 Rarely
 Sometimes
 Often
 Always

How confident are you filling out medical forms by yourself?

- Extremely
 Quite a bit
 Somewhat
 A little bit
 Not at all

Now, I have a few questions about health coverage.

What kind of health insurance or coverage do you currently have?

- Private insurance; HMO but not Medicaid; Marketplace
 Medicaid; Medical Assistance; MO HealthNet
 Medicare
 Military Health Care; Tricare; VA
 Gateway to Better Health Program
 No insurance
 Other
 (Select all that apply)

Other insurance, specify

Did you purchase your private insurance through the Marketplace?

- Yes
 No

How is your private insurance paid for? This is just the monthly cost or premium and doesn't include the co-pays or deductibles that you pay when you see the doctor.

- Employer pays all of the monthly premium
 Employer pays part of the monthly premium
 Spouse's employer pays all or part
 Family member's employer pays all or part
 All of it is out-of-pocket (self-paid)
 Other
 Not sure
 (Select all that apply)

Other insurance payment, specify

In the past 12 months, was there any time when you did NOT have ANY coverage, including Gateway?

- Yes
 No

For how many months of the last 12 months did you NOT have coverage?

_____ (# of months)

Does your insurance cover prescriptions or medications?

- Yes
 No
 Not sure

Details on prescription coverage

During the past 12 months, how many months did you not have prescription coverage?

(Please enter # of months WITHOUT Rx coverage. If covered for whole year, enter 0)

(# of months)

How are you charged for your prescriptions?

- Not charged
 Set cost
 Pay a percentage
 Other
 Don't know
 (Select all that apply)

Other ways charged for prescriptions, specify

With Medicare, have you reached the "donut hole" or "coverage gap"? This is when you have spent a certain amount of money on prescription drug costs and you have to pay more for your prescriptions until you reached specified amount of money spent.

- Yes
 No
 Not sure

What was the start month of the gap?

(Month abbreviation)

What was the end month of the gap?

(Month abbreviation or PRESENT)

For what reasons did you stop having coverage?

- Lost job or changed employers
 Divorced or death of a spouse, or spouse lost coverage
 Left or graduated from school
 Cost is too high
 Insurance company refused coverage
 Lost Medicaid benefits for other reason
 Never had insurance
 Other

Other reason for not having coverage

About how long has it been since you last had insurance?

(Number of months)

Medications

I am going to ask you about a series of common health conditions that you might have and whether you've been prescribed or have taken medications for them.

High blood pressure

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

High cholesterol

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Heart disease

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Lung disease

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Diabetes

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Ulcer or stomach disease

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Kidney disease

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Liver disease

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Anemia or other blood disease

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Cancer

- Ever diagnosed with this medical condition? Yes
 No
- What type of cancer? _____
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Depression / Anxiety

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Back pain

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Rheumatoid arthritis

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Osteoarthritis/degenerative arthritis

- Ever diagnosed with this medical condition? Yes
 No
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Other (1)

- Ever diagnosed with this medical condition? Yes
 No
- Specify other condition _____
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Other (2)

- Ever diagnosed with this medical condition? Yes
 No
- Specify other condition _____
- Currently receive treatment for this condition? Yes
 No
- Currently prescribed medication for this condition? Yes
 No

Other (3)

Ever diagnosed with this medical condition?

- Yes
 No

Specify other condition _____

Currently receive treatment for this condition?

- Yes
 No

Currently prescribed medication for this condition?

- Yes
 No
-
-

Other (4)

Ever diagnosed with this medical condition?

- Yes
 No

Specify other condition _____

Currently receive treatment for this condition?

- Yes
 No

Currently prescribed medication for this condition?

- Yes
 No
-
-

Other (5)

Ever diagnosed with this medical condition?

- Yes
 No

Specify other condition _____

Currently receive treatment for this condition?

- Yes
 No

Currently prescribed medication for this condition?

- Yes
 No
-
-

Now, I would like to talk about the specific medications that you have been prescribed and how often you fill or take them.

Medication 1

Condition name _____

Medication name _____

Generic?

- Yes
 No
 Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 2

Condition name

Medication name

Generic?

- Yes
- No
- Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 3

Condition name

Medication name

Generic?

- Yes
- No
- Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 4

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filledHow often do you miss a dose or take less than prescribed? Usually take as directed
 Sometimes miss or reduce
 Often miss or reduce

Notes _____

Medication 5

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filledHow often do you miss a dose or take less than prescribed? Usually take as directed
 Sometimes miss or reduce
 Often miss or reduce

Notes _____

Medication 6

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 7

Condition name

Medication name

Generic?

- Yes
- No
- Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 8

Condition name

Medication name

Generic?

- Yes
- No
- Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 9

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filledHow often do you miss a dose or take less than prescribed? Usually take as directed
 Sometimes miss or reduce
 Often miss or reduce

Notes _____

Medication 10

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filledHow often do you miss a dose or take less than prescribed? Usually take as directed
 Sometimes miss or reduce
 Often miss or reduce

Notes _____

Medication 11

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 12

Condition name

Medication name

Generic?

- Yes
- No
- Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 13

Condition name

Medication name

Generic?

- Yes
- No
- Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 14

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filledHow often do you miss a dose or take less than prescribed? Usually take as directed
 Sometimes miss or reduce
 Often miss or reduce

Notes _____

Medication 15

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filledHow often do you miss a dose or take less than prescribed? Usually take as directed
 Sometimes miss or reduce
 Often miss or reduce

Notes _____

Medication 16

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 17

Condition name

Medication name

Generic?

- Yes
- No
- Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 18

Condition name

Medication name

Generic?

- Yes
- No
- Not sure

How often do you fill it?

- Usually fill on time
- Sometimes delay filling
- Never filled

How often do you miss a dose or take less than prescribed?

- Usually take as directed
- Sometimes miss or reduce
- Often miss or reduce

Notes

Medication 19

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filledHow often do you miss a dose or take less than prescribed? Usually take as directed
 Sometimes miss or reduce
 Often miss or reduce

Notes _____

Medication 20

Condition name _____

Medication name _____

Generic? Yes
 No
 Not sureHow often do you fill it? Usually fill on time
 Sometimes delay filling
 Never filledHow often do you miss a dose or take less than prescribed? Usually take as directed
 Sometimes miss or reduce
 Often miss or reduce

Notes _____

Medical Care

In this next set of questions, we will ask you more generally about your medications.

About how many prescriptions (filled or not filled) do you have right now?

_____ (Number)

Are there over-the-counter medicines that you take regularly?

- Yes
 No

Are there medical supplies, such as diabetes test strips, that you use regularly?

- Yes
 No

Specify medical supplies

Do you ever have to cut back on your use of medical supplies because of costs? This might be like not testing your blood sugar as often if you have diabetes.

- Never cut back
 Rarely cut back
 Sometimes cut back
 Often cut back
 Always cut back

How do you get your medications?

- Go to the pharmacy
 Pharmacy delivery
 By mail
 Other
(Select all that apply)

Other way to get medications, specify

Is there a delivery charge?

- Yes
 No

Is transportation to the pharmacy ever a problem for you?

- Never
 Rarely
 Sometimes
 Often
 Always

How much of your prescription(s) do you order at one time?

- Less than one month supply
 A one month supply
 Three months supply or more
 Other
(Select all that apply)

Other amount of prescription ordered, specify

Now we'll ask about some things people do to deal with the cost of their medication. Please think about the last 12 months, and answer how often this has happened to you.

How often do you delay filling or refilling a prescription because of cost?

- Never
 Rarely
 Sometimes
 Often
 Always

When this happened, did you miss doses of medicine?

- Yes
 No

How often did you not fill a new prescription or re-fill an existing one because of cost?

- Never
 Rarely
 Sometimes
 Often
 Always

When this happened, did you miss doses of medicine?

- Yes
 No

How often did you take smaller doses to make the medicine last longer and reduce cost?

- Never
 Rarely
 Sometimes
 Often
 Always

How often have you skipped a dose to make the medicine last longer, because of cost?

- Never
 Rarely
 Sometimes
 Often
 Always

Do you share medications, borrow medications, or give medications to someone that you know because of cost?

- Yes
 No

How often did you buy medicine by mail or over the internet, because of cost?

- Never
 Rarely
 Sometimes
 Often
 Always

How often did you buy medicine from outside of the US because of cost?

- Never
 Rarely
 Sometimes
 Often
 Always

How often did you skip or reduce one medicine so that you could afford a different medicine?

- Never
 Rarely
 Sometimes
 Often
 Always

How do you choose which one of your medications to take?

- Cost
 Availability
 Current pain level
 Doctor's opinion
 Symptoms
 Change in routine or activities
 At random
 Other
 (Select all that apply)

Other way to choose medication to take, specify

Have you asked your health care provider to switch you to generic medication to save money?

- Yes, and received generic
 Yes, and did not receive generic
 No

Have you sought out assistance programs or changed pharmacies to reduce costs?

- Yes, and received help
 Yes, and did not receive help
 No

Have you asked for or received free samples of medications because of cost?

- Yes
- No

Have you spent less on basic needs in order to pay for medication?

- Yes
- No

What did you spend less on?

- Food / groceries
 - Utilities
 - Gas / transportation
 - Housing / rent
 - Other medical expenses
 - Other
- (Select all that apply)

Spent less on other, specify

Are your medication costs steady month-to-month, or do they change frequently?

- Steady
- Change
- Not sure

Can you estimate how much you spent in TOTAL last month on medications?

(\$)

Was this a typical amount?

- Yes
- No
- Not sure

Were there medications last month that you didn't fill?

- Yes
- No

Can you estimate the cost of the medications that you didn't fill?

(\$)

Financial Strain

As you know, part of our goal is to learn about financial challenges in healthcare, and in general. So now I'll ask some questions about financial situations.

Do you have any outstanding medical bills? Consider all bills for yourself, your partner, and your dependents.

- Yes
 No
 Prefer not to answer

How many outstanding medical bills do you have?

(Number of bills)

Who are these medical bills for?

- Self
 Child
 Spouse / Partner
 Other dependent
 (Select all that apply)

How long ago is it from? (If multiple, consider the most recent bill)

- This year
 One to two years ago
 Over two years ago

How much do you owe in medical bills (total)?

- \$1 - \$500
 \$501 - \$1,000
 \$1,001 - \$5,000
 More than \$5,000
 Prefer not to answer

For the next several questions, I want you to think about the past 12 months and what things have been like for you.

During the past 12 months, how often did it happen that you did not have enough money for the things you needed?

- Never
 Not very often
 Fairly often
 Very often

What things did you not have enough money for?

- Food / groceries
 Utilities
 Gas / transportation
 Housing / rent
 Medical expenses
 Loan repayments
 Other
 (Select all that apply)

Didn't have enough money for other, specify

How often do you worry about being able to make your typical monthly living expenses?

- Worry all of the time
 Often worry
 Sometimes worry
 Rarely worry
 Never worry

How confident are you that you could find the money to pay for a financial emergency that costs about \$300?

- No confidence
- Little confidence
- Some confidence
- High confidence

Think over the past 12 months. Generally, at the end of the month, do you end up with:

- Not enough money to make ends meet
- Just enough money to make ends meet
- Some money left over
- More than enough money left over

How often do you find it difficult to pay your bills?

- Never
- Rarely
- Sometimes
- Often
- Always

How often are you unable to sleep well or how often do you have other physical effects, such as headache or stomachache, because of financial worries?

- Never
- Rarely
- Sometimes
- Often
- Always

At the present time

Are you able to afford a place to stay suitable for yourself/your family?

- Yes
- No
- Not sure

Are you able to afford furniture or household equipment that needs to be replaced?

- Yes
- No
- Not sure

Are you able to afford the kind of car or transportation you need?

- Yes
- No
- Not sure

Do you have enough money for the kind of clothing you/your family should have?

- Yes
- No
- Not sure

Do you choose not to do leisure activities like movies or dinner out so that you can afford your medication or basic needs?

- Yes
- No
- Not sure

Have you experienced any of the following events in the last 12 months?

Had a bill that was past due

- Yes
- No
- Not sure
- N/A

Paid the minimum on a utility bill

- Yes
- No
- Not sure
- N/A

- Paid a utility bill late
- Yes
 No
 Not sure
 N/A
- Had a utility cut off
- Yes
 No
 Not sure
 N/A
- Had a phone cut off
- Yes
 No
 Not sure
 N/A
- Paid rent or mortgage late
- Yes
 No
 Not sure
 N/A
- Received a notice from a collection agency about an overdue bill
- Yes
 No
 Not sure
 N/A
- Did not have enough money to pay for a minor emergency
- Yes
 No
 Not sure
 N/A

The following statements describe some of the ways that families or households experience economic strain. For each statement, please choose the response that indicates HOW OFTEN the situation described applies to you.

- Financial problems limit my daily routine or activities
- Never
 Rarely
 Sometimes
 Often
 Almost always
- Financial problems interfere with or limit my relationships with other people
- Never
 Rarely
 Sometimes
 Often
 Almost always
- Financial problems limit what I can buy for the children (< 18) I care about in my life
- Never
 Rarely
 Sometimes
 Often
 Almost always
- Financial problems limit what I can buy for other people I care about in my life
- Never
 Rarely
 Sometimes
 Often
 Almost always
- Are there people you can go to if you are short on funds?
- Yes
 No

Comments (Are there people you can go to if you are short on funds?)

Do people you know ask you for money?

- Yes
 No

Comments (Do people you know ask you for money?)

Credit cards

Do you have a credit card?

- Yes
 No

Have you tried to get a credit card and been turned down?

- Yes
 No

Have you had a credit card in the past?

- Yes
 No

I get or in the past have gotten new credit cards to pay off old ones.

- Never
 Rarely
 Sometimes
 Often
 Always

Payday loans

Do you currently have a payday loan?

- Yes
 No

Have you had a payday loan in the past?

- Yes
 No

What expense prompted you to get a payday loan?

- Routine (like a regular bill)
 Unexpected expense or an emergency
 Other

Other expense, specify

I have had trouble making payments on my payday loans.

- Yes
 No

I get new payday loans to pay off old ones.

- Never
 Rarely
 Sometimes
 Often
 Always

Title loans

Do you currently have a title loan?

- Yes
 No

Have you had a title loan in the past?

- Yes
 No

What expense prompted you to get a title loan?

- Routine (like a regular bill)
 Unexpected expense or an emergency
 Other

Other expense, specify _____

I have had trouble making payments on my title loans.

- Yes
 No

I get new title loans to pay off old ones.

- Never
 Rarely
 Sometimes
 Often
 Always

Bankruptcy

Have you ever filed for bankruptcy?

- Yes
 No

Was this due to medical bills?

- Yes
 No
 Other

Other reason to file for bankruptcy _____

Food

Which of the following statements best describes the food eaten in your household?

- Enough of the kinds of food we want or should eat
 Enough food, but not always the kinds of food we want or should eat
 Sometimes not enough to eat
 Often not enough to eat

How often do you run out of food before the end of the month?

- Do not run out of food
 Seldom or rarely
 Sometimes
 Most of the time
 Almost always

In the past 30 days, have you been to a food pantry to get food for your household?

- Yes
 No

To wrap up, I'd like to ask a few questions about the people you talk to about the cost of your medications.

Have you ever talked to your doctor about affordability of your healthcare or medications?

- Yes
- No

How comfortable are you or would you be talking with your doctor about the cost of medications?

- Very comfortable
- Comfortable
- Uncomfortable
- Very uncomfortable

Which other health care professionals would you feel comfortable talking to about the cost of medications?

- Physician's Assistant (PA) / Nurse Practitioner (NP)
 - Nurse
 - Medical Assistant
 - Pharmacist
 - Pharmacy tech
 - Social worker / Case manager
 - Receptionist
 - Office manager
 - Billing or other financial person
 - Other
- (Select all that apply)

Other health care professional, specify

Out of the people that we've spoken about, is there one person that you'd prefer to speak to about the cost of your medications?

- Yes
- No

Who would be your preferred person to talk to?

Outro

That is all of the structured questions that I have for you. I have a couple of open-ended questions and want to give you a chance to share any thoughts about what we've talked about or anything that you think we should have covered related to cost and medication. Would you mind if I audio recorded your comments so that I can make sure to get your thoughts completely and accurately?

[Audio recorded?]

- Yes
 No

Given the possibility of change to healthcare reform, are there things you are worried about or hopeful about?

Do you have any other comments or thoughts on affording or coping with the costs of your medications?

Would you mind being recontacted about this study in the future?

- Recontact
 Do not recontact

Thank you for taking time to participate in this survey. Because the research process is lengthy, it will probably be awhile before we have results to share with you. However, when we do, would you like for us to send you a short summary of our findings?

- Yes
 No

Additional comments

Recommendation for Interview

- Yes
 Probably
 Probably not
 No