



## Patient Survey

Date: \_\_\_\_\_

Patient Information

Interviewer: \_\_\_\_\_

City, State: \_\_\_\_\_

Location: \_\_\_\_\_

Country: \_\_\_\_\_

Interview completed?

 Yes  No  Refused

Information obtained from:

 Patient  Spouse/Partner  Parent/Guardian

 Other

### 1. How were you (the patient) referred for treatment to NIH?

- Primary care physician  Specialty physician  Internet  Patient refused to answer  
 Other source (specify): \_\_\_\_\_

### 2. Did you (the patient) provide a copy of your medical record to your doctor at NIH?

- Yes  No  Unsure  Patient refused to answer  Patient's referring MD provided medical record

### 3. When you (the patient) go to a medical provider for medical care outside of NIH, do you:

- Only go to the doctor or hospital/clinic specified by your insurance  
 Choose a doctor or hospital/clinic only from a list provided by your insurance  
 Select any doctor and share the cost for out of network service  
 Select any doctor or hospital/clinic and pay out of your own pocket  
 Not Applicable  
 Unsure  
 Patient refused to answer

### 4. Do you (the patient) have health insurance?

- Yes  No  Unsure  Patient refused to answer

#### a. Do you (the patient) have health insurance coverage for the condition for which NIH is seeing you (the patient) today?

- Yes  No  Unsure  N/A  Patient refused to answer

#### b. What is your (the patient's) primary health insurance company?

- Commercial (circle: HMO / PPO / other)  Medicare  Medicaid  Other Government  
 Non-USA  Unsure  Patient refused to answer

Specify: \_\_\_\_\_

#### c. If your (the patient's) primary insurance does not cover all costs, is there coverage from a second insurance source?

- None  Commercial (circle: HMO / PPO / other)  Medicare  Medicaid  
 Other Government  Non-USA  Unsure  Patient refused to answer

Specify: \_\_\_\_\_

#### d. Are you (the patient) presently near to or exceeding the annual or lifetime insurance limits for the condition for which you were referred to NIH?

- Yes  No  Unsure  N/A  Patient refused to answer

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suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0458). Do not return the completed form to this address.

**5. Have you (the patient) been denied or changed health insurance because of the condition for which you were referred to NIH?**

- Yes, patient denied further coverage by insurance company
- Yes, patient chose different benefits with another company
- Yes, patient changed employment or employment status
- No
- Unsure
- Patient refused to answer

**6. If health reforms are implemented and annual / lifetime limits no longer apply, would you (the patient) continue to participate in research at NIH if they were to bill your insurance?**

- Yes
- No
- Unsure
- N/A
- Patient refused to answer

**7. Would you (the patient) be willing to provide your insurance to NIH even if it required you to pay out of pocket expenses toward your co-pay or deductible?**

- Yes
- No
- Unsure
- Patient refused to answer

**8. Under your current coverage, if NIH were to bill your (the patient's) insurance for its services, would you:**

- Continue to participate in research at NIH, because:
  - I am interested in participating in a research protocol
  - I think that NIH provides the best care for my condition
  - The cost of clinical care outweighs any insurance concerns
  - Unsure
  - Other: \_\_\_\_\_
- No longer participate in research at NIH, because:
  - I think it is not appropriate to bill a research participant for care
  - I cannot afford the cost of care, including co-pays and deductibles
  - I would exceed annual / lifetime limits
  - I fear losing my insurance
  - Unsure
  - Other: \_\_\_\_\_
- Patient refused to answer