

**Appendix A**  
**MEDICARE BENEFICIARY SURVEY**

**Centers for Medicaid and Medicare Services**  
**American Indian and Alaska Native Transportation Barriers**

**MEDICARE BENEFICIARY SURVEY**

Identification Number \_\_\_\_\_

Interviewer Initials \_\_\_\_\_

Status of Interview:

\_\_\_\_\_ Complete

\_\_\_\_\_ Incomplete

\_\_\_\_\_ Reviewed by \_\_\_\_\_

\_\_\_\_\_ Missing Information:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

**DEMOGRAPHICS**

**PERSONAL BACKGROUND**

QUESTION 001 IS DIRECTED TO THE INTERVIEWER

001. INTERVIEWER: INDICATE SEX OF RESPONDENT.

- 1 Male
- 2 Female

[INTERVIEWER: The remaining questions are asked of the respondent, unless otherwise noted.]

To begin, we are going to talk about basic things like age, where you live, your health, and education.

002. What is your Zip Code?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

003a. What is the month and year of your birth?

\_\_\_\_ MONTH 19 \_\_\_\_ YEAR

- 8 8 = Don't know/not sure
- 9 9 = No response

003b. [ INTERVIEWER: If the respondent answered *unknown* or there was no response, please ask for approximate age.]

\_\_\_\_ years

004a. Which of the following Indian Health Service (IHS) services are you eligible for?

- 1 Direct care at IHS facility
- 2 Contract health services
- 3 Neither direct care at IHS facility nor contract health services

004b. Do you have health insurance covered by any of the following? Please indicate all that apply.

- 1 Medicare----- END INTERVIEW IF **NOT** INDICATED
- 2 Medicaid
- 3 Veterans Administration
- 4 Tribal
- 5 Private
- 6 Other (not including IHS) \_\_\_\_\_
- 8 Don't know/not sure
- 9 No response -----END INTERVIEW

- 004c. Please indicate all the Medicare services in which you are currently enrolled.
- 1 Part A: Hospitalization
  - 2 Part B: Doctor's services, outpatient care
  - 3 Medicare Advantage: Part A and Part B and is covered by private insurance companies
  - 4 Part D: Prescription drug services
  
  - 8 Don't know/not sure
  - 9 No response

- 004d. Do you have a Medicare-recognized disability?
- 1 Yes
  - 2 No
  
  - 8 Don't know/not sure
  - 9 No response

005. What is your race? Please circle and complete all that apply.

- 1 American Indian or Alaska Native
- 2 Native Hawaiian or other Pacific Islander
- 3 Black or African American
- 4 Asian
- 5 White
- 6 Other (specify: \_\_\_\_\_)

} **INTERVIEWER: End Interview if ONLY these racial categories are mentioned**

006. What are your tribal affiliations?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

007. What languages do you understand and/or speak? **[INTERVIEWER: Mark all that apply.]**

	<u>Understand</u>	<u>Speak</u>
1 English	1	2
2 Native language (specify)_____	1	2
3 Spanish	1	2
4 Other (specify) _____	1	2

008. What is your marital status?

- 1 Married
- 2 Living together as a couple with another person
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Never married

**EDUCATION**

009. How many years of school have you completed?

**[INTERVIEWER: Please read the following options and enter the appropriate code; see below.]**

\_\_\_\_\_

- 00 = 00 to less than 1 year
- 01 = 01-04 years
- 02 = 05-08 years
- 03 = 09-12 years (no high school diploma)
- 04 = High school diploma or GED
- 05 = Attended but did not complete college or university
- 06 = College degree or more

010. Did you attend a trade school or receive other specialized training?

- 1 Yes
- 2 No

**EMPLOYMENT AND INCOME**

011. Do you have a job?

- 1 Yes
- 2 No -----

**GO TO Q 013**

012. What is your employment status?

- 1 Full-time employed
- 2 Part-time employed
- 3 Self-employed
- 4 Seasonally employed

**[INTERVIEWER: Do not read these options to respondent; circle only if they apply.]**

- 8 Don't know/Not sure
  - 9 No response
- GO TO Q 014**-----

013. What is the **main** reason you do not work now?

- 1 Retired
- 2 Disabled
- 3 Homemaker
- 4 Other (specify) \_\_\_\_\_
  
- 8 Don't know/not sure
- 9 No response

014. How many people, **including yourself**, live at least 4 days per week in your house?

\_\_\_ \_\_\_ PEOPLE  
8 8 = Don't know/not sure

015. Including you, how many household members received income from any source for the year ending this past December? ***If no one, enter "0 0."***

\_\_\_ \_\_\_ Number of household members with any income

- 8 8 Don't know/not sure
- 9 9 No response

016. For the year ending this past December, what was the annual income of your household, before taxes and deductions, for **all household members, including you**? Please look at the following choices and tell me which range best fits the income of your household.

- |   |                   |    |                   |
|---|-------------------|----|-------------------|
| 1 | Income loss       | 8  | \$25,000-\$29,999 |
| 2 | No income         | 9  | \$30,000-\$34,999 |
| 3 | \$1-\$4,999       | 10 | \$35,000-\$39,999 |
| 4 | \$5,000-\$9,999   | 11 | \$40,000-\$49,999 |
| 5 | \$10,000-\$14,999 | 12 | \$50,000-\$59,999 |
| 6 | \$15,000-\$19,999 | 13 | \$60,000-\$60,999 |
| 7 | \$20,000-\$24,999 | 14 | \$70,000 AND OVER |

- 88 Don't know/not sure
- 99 No response

017. In the past 12 months, did your family receive any kind of food or economic assistance?

- 1 Yes
- 2 No
  
- 8 Don't know/not sure
- 9 No response

018. Do you or any of your household members have:

	YES	NO	DON'T KNOW	NO RESPONSE
a. A telephone or cell phone with service?	1	2	8	9
b. A computer?	1	2	8	9
c. A connection to the Internet?	1	2	8	9
d. A functioning truck or car?	1	2	8	9

**LOCATION OF RESIDENCE**

019. How far away do you live from your health center/clinic?

- 1 Within a half mile
- 2 Between a half mile to 5 miles
- 3 Between 5 to 10 miles
- 4 Over 10 miles

020. How would you describe the condition of the roads around and near your residence?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

**HEALTH STATUS AND HEALTH CARE DELIVERY**

021a. In general, how would you rate your health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

021b. Do you have a disability that requires special transportation options?

- 1 Yes
- 2 No

022. During the past 12 months, where did you go for most of your health care services?

- 1 Indian Health Service
- 2 Tribal health care center
- 3 Private health care
- 4 Veterans Administration
- 5 Other (specify: \_\_\_\_\_)
- 6 During the past 12 months, I did not access health care services

### **TRANSPORTATION AVAILABILITY FOR HEALTH CARE DELIVERY**

023. What kinds of transportation services, public and/or private, are available for you to use to get to a medical appointment or procedure?

	<u>Available</u>	<u>Not Available</u>	<u>Don't Know</u>
a. Public transportation	1	2	3
b. Tribal transportation	1	2	3
c. Private transportation service	1	2	3
d. Transportation for people with disabilities	1	2	3
e. Transportation by clinic or social service agency	1	2	3
f. Household car	1	2	3
g. Walking or hitchhiking	1	2	3
h. Other _____	1	2	3

024. Which of the following transportation services have you used for medical appointments and/or referrals within the past 12 months? [INTERVIEWER: Check "N/A" if service is unavailable to respondent.]

	<u>Regular Appointments</u>	<u>Referrals</u>	<u>N/A</u>
a. Public transportation	1	2	3
b. Tribal transportation	1	2	3
c. Private transportation service	1	2	3
d. Transportation for people with disabilities	1	2	3
e. Transportation provided by clinic or social service agency	1	2	3
f. Other (specify _____)	1	2	3



025. Please rate the transportation services you have used to get to and from a medical appointment in the past 12 months in terms of: 1) how often they are on time; 2) how convenient their schedules are; and 3) how reasonable the cost is. [INTERVIEWER: Check "N/A" if service is never used or is not available.]

	<i>Timeliness of Service</i>	<i>Schedules</i>	<i>Cost</i>
a. Public transportation  _____N/A	1 Always on time 2 Mostly on time 3 Sometimes on time 4 Rarely on time 5 Never on time  8 Don't recall 9 No response	1 Very convenient 2 Somewhat convenient 3 Slightly convenient 4 Not convenient 5 Not at all convenient  8 Don't recall 9 No response	1 Good deal 2 Reasonable 3 A little high 4 High 5 Unaffordable  8 Don't recall 9 No response
b. Tribal transportation  _____N/A	1 Always on time 2 Mostly on time 3 Sometimes on time 4 Rarely on time 5 Never on time  8 Don't recall 9 No response	1 Very convenient 2 Somewhat convenient 3 Slightly convenient 4 Not convenient 5 Not at all convenient  8 Don't recall 9 No response	1 Good deal 2 Reasonable 3 A little high 4 High 5 Unaffordable  8 Don't recall 9 No response
c. Private transportation service  _____N/A	1 Always on time 2 Mostly on time 3 Sometimes on time 4 Rarely on time 5 Never on time  8 Don't recall 9 No response	1 Very convenient 2 Somewhat convenient 3 Slightly convenient 4 Not convenient 5 Not at all convenient  8 Don't recall 9 No response	1 Good deal 2 Reasonable 3 A little high 4 High 5 Unaffordable  8 Don't recall 9 No response
d. Transportation for people with disabilities  _____N/A	1 Always on time 2 Mostly on time 3 Sometimes on time 4 Rarely on time 5 Never on time  8 Don't recall 9 No response	1 Very convenient 2 Somewhat convenient 3 Slightly convenient 4 Not convenient 5 Not at all convenient  8 Don't recall 9 No response	1 Good deal 2 Reasonable 3 A little high 4 High 5 Unaffordable  8 Don't recall 9 No response
e. Transportation offered by clinic/social service agency (medical taxi service or van)  _____N/A	1 Always on time 2 Mostly on time 3 Sometimes on time 4 Rarely on time 5 Never on time  8 Don't recall 9 No response	1 Very convenient 2 Somewhat convenient 3 Slightly convenient 4 Not convenient 5 Not at all convenient  8 Don't recall 9 No response	1 Good deal 2 Reasonable 3 A little high 4 High 5 Unaffordable  8 Don't recall 9 No response

	<i>Timeliness of Service</i>	<i>Schedules</i>	<i>Cost</i>
f. Other (specify) _____	1 Always on time 2 Mostly on time 3 Sometimes on time 4 Rarely on time 5 Never on time	1 Very convenient 2 Somewhat convenient 3 Slightly convenient 4 Not convenient 5 Not at all convenient	1 Good deal 2 Reasonable 3 A little high 4 High 5 Unaffordable
_____ N/A	8 Don't recall 9 No response	8 Don't recall 9 No response	8 Don't recall 9 No response

## **TRANSPORTATION BARRIERS AND UNMET NEEDS**

The following questions will ask you about different transportation issues and whether any of these issues affected your medical care.

026a. During the past 12 months did you ever miss an appointment or procedure because of a schedule delay or a breakdown of a bus, van, or airplane?

- 1 Yes
- 2 No

-----

**GO TO Q 029a**

026b. What kinds of appointments did you miss because of this delay? **Please indicate all that apply.**

- 1 Checkup for a medical condition or disability
- 2 Monitoring of a chronic condition (like diabetes or arthritis)
- 3 Procedure for a medical condition or disability
- 4 New or worsening symptoms for an existing medical condition or disability
- 5 Sudden onset of an illness or condition
- 6 Physical or occupational therapy session
- 7 Diagnostic tests (like a lab test or x ray)
- 8 Outpatient surgery
- 9 Regular checkup
- 10 Health and or nutrition education
- 11 Other (specify: \_\_\_\_\_)

- 88 Don't know/not sure
- 99 No response

}

**GO TO Q 029a**

027. How often during the past 12 months did schedule delays or breakdowns in a service cause you to miss a doctor's appointment or not get a medical procedure done?

- 1 1 time
- 2 2 - 3 times
- 3 4 - 5 times
- 4 6 - 7 times

- 5 8 - 9 times
- 6 10 or more times
  
- 9 No response

028a. Did any of these occasions result in you getting sicker?

- 1 Yes
- 2 No
  
- 9 No response

028b. Did any of these occasions result in you having to go to the hospital?

- 1 Yes
- 2 No
  
- 9 No response

029a. During the past 12 months did you ever miss an appointment or not get a procedure done because of bad weather or bad roads?

- 1 Yes
- 2 No ----- **GO TO Q 032a**

029b. What kinds of medical appointments or procedures did you miss? **Please indicate all that apply.**

- 1 Checkup for a medical condition or disability
- 2 Monitoring of a chronic condition (like diabetes or arthritis)
- 3 Procedure for a medical condition or disability
- 4 New or worsening symptoms for an existing medical condition or disability
- 5 Sudden onset of an illness or condition
- 6 Physical or occupational therapy session
- 7 Diagnostic tests (like a lab test or x ray)
- 8 Outpatient surgery
- 9 Regular checkup
- 10 Health and or nutrition education
- 11 Other (specify: \_\_\_\_\_)

- 88 Don't know/not sure
  - 99 No response
- } **GO TO Q 032a**

030. How often in the past 12 months has bad weather or bad roads caused you to miss a doctor's appointment or get a procedure done?

- 1 1 time
- 2 2 - 3 times
- 3 4 - 5 times
- 4 6 - 7 times
- 5 8 - 9 times
- 6 10 or more times

9 No response

031a. Did any of these occasions result in you getting sicker?

- 1 Yes
- 2 No

9 No response

031b. Did any of these occasions result in you having to go to the hospital?

- 1 Yes
- 2 No

9 No response

032a. During the past 12 months did you ever miss an appointment or not get a procedure done because of how far you had to travel?

- 1 Yes
- 2 No -----

**GO TO Q 035a**

032b. What kinds of medical appointments or procedures did you miss? **Please indicate all that apply.**

- 1 Checkup for a medical condition or disability
- 2 Monitoring of a chronic condition (like diabetes or arthritis)
- 3 Procedure for a medical condition or disability
- 4 New or worsening symptoms for an existing medical condition or disability
- 5 Sudden onset of an illness or condition
- 6 Physical or occupational therapy session
- 7 Diagnostic tests (like a lab test or x ray)
- 8 Outpatient surgery
- 9 Regular checkup
- 10 Health and or nutrition education
- 11 Other (specify: \_\_\_\_\_)

- 88 Don't know/not sure
- 99 No response



**GO TO Q 035a**

033. How often in the past 12 months has the distance you had to travel caused you to miss a doctor's appointment or get a procedure done?

- 1 1 time
- 2 2 - 3 times
- 3 4 - 5 times
- 4 6 - 7 times
- 5 8 - 9 times
- 6 10 or more times
  
- 9 No response

034a. Did any of these occasions result in you getting sicker?

- 1 Yes
- 2 No
  
- 9 No response

034b. Did any of these occasions result in you having to go to the hospital?

- 1 Yes
- 2 No
  
- 9 No response

035a. Do you feel you have to travel a long distance to get to your health center/clinic?

- 1 Yes
- 2 No
- 3 Sometimes
  
- 9 No response

035b. What is the **worst** thing about traveling a long distance to a medical appointment?

- 1 It is tiring
- 2 It is stressful
- 3 It is uncomfortable
- 4 It is dangerous
- 5 It makes my medical condition worse (e.g., raises blood pressure)
- 6 It is costly
- 7 Other (specify \_\_\_\_\_)

## TRANSPORTATION DECISIONS AND HEALTH CONSEQUENCES

036a. During the past 12 months did you ever decide not to go to a doctor's appointment or get a procedure done because of transportation scheduling problems?

1 Yes

2 No -----

GO TO Q 039a

036b. What kind of medical appointments or procedures did you miss? Please indicate all that apply.

1 Checkup for a medical condition or disability

2 Monitoring of a chronic condition

3 Procedure for a medical condition or disability

4 New or worsening symptoms for an existing medical condition or disability

5 Sudden onset of an illness or condition

6 Physical or occupational therapy session

7 Diagnostic tests (like a lab test or x ray)

8 Outpatient surgery

9 Regular checkup

10 Health and or nutrition education

11 Other (specify: \_\_\_\_\_)

88 Don't know/not sure

99 No response

}

GO TO Q 039a

037. How often within the past 12 months did you decide not to go to a doctor's appointment or get a procedure done because you did not want to deal with scheduling your transportation?

1 1 time

2 2 - 3 times

3 4 - 5 times

4 6 - 7 times

5 8 - 9 times

6 10 or more times

9 No response

038a. Did any of these occasions result in you getting sicker?

1 Yes

2 No

9 No response

038b. Did any of these occasions ever result in you having to go to the hospital?

- 1 Yes
- 2 No
  
- 9 No response

039a. During the past 12 months, did you ever decide not to go to a doctor's appointment or get a procedure done because you did not want to deal with traveling a long distance?

- 1 Yes
- 2 No ----- **GO TO Q 042a**

039b. What kinds of medical appointments or procedures did you miss? **Please indicate all that apply.**

- 1 Checkup for a medical condition or disability
- 2 Monitoring of a chronic condition (like diabetes or arthritis)
- 3 Procedure for a medical condition or disability
- 4 New or worsening symptoms for an existing medical condition or disability
- 5 Sudden onset of an illness or condition
- 6 Physical or occupational therapy session
- 7 Diagnostic tests (like a lab test or x ray)
- 8 Outpatient surgery
- 9 Regular checkup
- 10 Health and or nutrition education
- 11 Other (specify: \_\_\_\_\_)

- 88 Don't know/not sure
  - 99 No response
- } **GO TO Q 042a**

040a. During the past 12 months, how often did you decide not to go to a doctor's appointment or get a procedure done because you did not want to deal with traveling a long distance?

- 1 1 time
- 2 2 - 3 times
- 3 4 - 5 times
- 4 6 - 7 times
- 5 8 - 9 times
- 6 10 or more times
  
- 9 No response

040b. How long would it have taken you to get there?

- 1 Under 30 minutes
- 2 Between 30 minutes and 1 hour
- 3 Between 1 and 2 hours

- 4 Between 2 and 3 hours
- 5 Over 3 hours

041a. Did any of these occasions result in you getting sicker?

- 1 Yes
- 2 No
  
- 9 No response

041b. Did any of these occasions result in you having to go to the hospital?

- 1 Yes
- 2 No
  
- 9 No response

042a. During the past 12 months, did you ever decide not to go to a doctor's appointment or get a procedure done because a family member was not able to take you?

- 1 Yes
- 2 No ----- **GO TO Q 045a**

042b. What kinds of medical appointments or procedures did you miss? **Please indicate all that apply.**

- 1 Checkup for a medical condition or disability
- 2 Monitoring of a chronic condition (like diabetes or arthritis)
- 3 Procedure for a medical condition or disability
- 4 New or worsening symptoms for an existing medical condition or disability
- 5 Sudden onset of an illness or condition
- 6 Physical or occupational therapy session
- 7 Diagnostic tests (like a lab test or x ray)
- 8 Outpatient surgery
- 9 Regular checkup
- 10 Health and or nutrition education
- 11 Other (specify: \_\_\_\_\_)

- 88 Don't know/not sure
  - 99 No response
- } **GO TO Q 045a**

043. How often within the past 12 months did you decide not to go to a doctor's appointment or get a procedure done because a family member was not available to take you?

- 1 1 time
- 2 2 - 3 times
- 3 4 - 5 times



- 4 6 - 7 times
- 5 8 - 9 times
- 6 10 or more times

9 No response

044a. Did any of these occasions result in you getting sicker?

- 1 Yes
- 2 No

9 No response

044b. Did any of these occasions result in having to go to the hospital?

- 1 Yes
- 2 No

9 No response

045. During the past 12 months, did you ever decide not to go to a doctor's appointment or get a procedure done because of the cost of transportation?

- 1 Yes
- 2 No -----

**GO TO Q 049**

046. What kinds of medical appointments or procedures did you miss? **Please indicate all that apply.**

- 1 Checkup for a medical condition or disability
- 2 Monitoring of a chronic condition (like diabetes or arthritis)
- 3 Procedure for a medical condition or disability
- 4 New or worsening symptoms for an existing medical condition or disability
- 5 Sudden onset of an illness or condition
- 6 Physical or occupational therapy session
- 7 Diagnostic tests (like a lab test or x ray)
- 8 Outpatient surgery
- 9 Regular checkup
- 10 Health and or nutrition education
- 11 Other (specify: \_\_\_\_\_)

88 Don't know/not sure

99 No response

}

**GO TO Q 049**

047. How often within the past 12 months did you decide not to go to a doctor's appointment or get a procedure done because of the cost of transportation?

- 1 1 time
- 2 2 - 3 times
- 3 4 - 5 times
- 4 6 - 7 times
- 5 8 - 9 times
- 6 10 or more times
  
- 9 No response

048a. Did any of these occasions result in you getting sicker?

- 1 Yes
- 2 No
  
- 9 No response

048b. Did any of these occasions result in you having to go to the hospital?

- 1 Yes
- 2 No
  
- 9 No response

049. During the past 12 months, have you ever had to leave the health center/clinic before you could see the doctor or before you could get your medications because you did not want to miss your transportation/ride home?

- 1 Yes
- 2 No
  
- 8 Don't know/not sure
- 9 No response

} GO TO Q 053

050. Please indicate the type of appointment that was scheduled.

- 1 Checkup for a medical condition or disability
- 2 Monitoring of a chronic condition (like diabetes or arthritis)
- 3 Procedure for a medical condition or disability
- 4 New or worsening symptoms for an existing medical condition or disability
- 5 Sudden onset of an illness or condition
- 6 Physical or occupational therapy session
- 7 Diagnostic tests (like lab test or x ray)
- 8 Outpatient surgery
- 9 Regular checkup

- 10 Health and or nutrition education
- 11 Other (specify: \_\_\_\_\_)

- 88 Don't know/not sure
  - 99 No response
- } GO TO Q 053

051. During the past 12 months, how often have you had to make this kind of decision?

- 1 1 time
- 2 2 - 3 times
- 3 4 - 5 times
- 4 6 - 7 times
- 5 8 - 9 times
- 6 10 or more times
  
- 9 No response

052a. Did any of these occasions result in you getting sicker?

- 1 Yes
- 2 No
  
- 9 No response

052b. Did any of these occasions result in you having to go to the hospital?

- 1 Yes
- 2 No
  
- 9 No response

053. Have you ever had an appointment with a specialist that you had to change because of the scheduled pickup times of your transportation service?

- 1 Yes
- 2 No ----- GO TO Q 055
  
- 9 No response

054. Was it easy to make the changes in your appointment?

- 1 Yes
- 2 No
  
- 9 No response

055. How helpful are scheduling personnel in helping you change an appointment when you have a transportation problem for the scheduled time?
- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Slightly helpful
  - 4 Not at all helpful
  
  - 9 No response

**TRANSPORTATION AND COST TO BENEFICIARY**

- 056a. During the past 12 months, have you ever received any help to cover the cost of transportation to medical appointments or procedures?
- 1 Yes
  - 2 No ----- **GO TO Q 057**
  
  - 8 Don't know/not sure
  - 9 No response

- 056b. Have you received any help with transportation costs from any of the following? **Please indicate all that apply.**
- 1 Medicaid
  - 2 Contract Health Service
  - 3 Tribe
  - 4 Family and friends
  - 5 Other (specify: \_\_\_\_\_)

057. During the past 12 months, have you ever had to choose between paying for transportation to a doctor's appointment and using the money for food, rent, or another family need?
- 1 Yes
  - 2 No
  
  - 9 No response

058. How big a problem is the cost of getting to a medical appointment for you?
- 1 Very big problem
  - 2 Big problem
  - 3 Problem
  - 4 Small problem
  - 5 Not a problem
  
  - 8 Don't know/not sure
  - 9 No response

059. How big a problem is the cost of getting to a specialist for you?

- 1 Very big problem
- 2 Big problem
- 3 Problem
- 4 Small problem
- 5 Not a problem
  
- 8 Don't know/not sure
- 9 No response

060. If you are eligible for Contract Health Services, does it cover costs for transportation services?

- 1 Yes
- 2 No
  
- 7 Not applicable
- 8 Don't know/not sure
- 9 No response

### **TRANSPORTATION BARRIERS AND HEALTH PROVIDERS**

061. Overall, how much do you think transportation problems affect your health care?

- 1 Very much
- 2 Much
- 3 Somewhat
- 4 Slightly
- 5 Not at all
  
- 9 No response

} GO TO Q 063

062. Do you feel that your doctor and your doctor's staff know about your problems with transportation?

- 1 Yes
- 2 No
  
- 7 Don't have any problems with transportation
- 8 Don't know/not sure
- 9 No response



067. Have you ever communicated with a doctor or other health profession using telemedicine?

1 Yes

2 No -----

GO TO Q 071

068. Would you have been able to see the health professional if you did not use this method of consulting?

1 Yes -----

GO TO Q 070

2 No

3 Maybe -----

GO TO Q 070

069. What prevented you from traveling to see the health professional in person? (Please indicate all that apply.)

1 Cost of travel

2 Distance to travel

3 Uncomfortable to travel

4 No one to accompany me there

5 No one to drive me there

6 It was an emergency situation

7 Other (specify: \_\_\_\_\_)

070. How many times in the past 12 months have you used telemedicine to talk to a health professional?

1 1 -2 times

2 3 - 4 times

3 5 or more times

8 Don't know/not sure

**ADDITIONAL COMMENTS**

071. Lastly, are there any transportation problems or related health care issues that we have not talked about that you feel we should have discussed?

1 Yes

2 No

9 No response



**Thank you for your participation!**

072. What are those problems?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Thank you for your participation!**

TIME INTERVIEW ENDED: \_\_\_\_\_ : \_\_\_\_\_