

MEDICARE EXPERIENCE SURVEY



SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to: NORC at the University of Chicago, 55 East Monroe Street, 19th Floor, Chicago, IL 60603.

Answer all the questions by putting an "X" in the box to the left of your answer, like this:

Yes

Be sure to read all the answer choices given before marking your answer. You are sometimes told not to answer some 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:

→ *If No, Go to Question 3*

See the example to the right.

EXAMPLE

1. Do you wear a hearing aid now?

- Yes
- No → *If No, Go to Question 3*

2. How long have you been wearing a hearing aid?

- Less than one year
- 1 to 3 years
- More than 3 years
- I don't wear a hearing aid

3. In the last 6 months, did you have any headaches?

- Yes
- No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXXX-XXXX**. The time required to complete this information collections is estimated to average **20 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.

INTRODUCTION

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.

1. 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?

- Yes
 No → *If No, Go to Question 3*

2. Please mark the box below for each type of health insurance that you have.

- Medigap, which may be identified on the front of your policy as “Medicare Supplemental Insurance”
- Employer, Union, or Retiree Health Coverage (insurance)
- Veteran’s Benefits, also known as VA benefits
- Military Retiree Benefits, also known as Tricare
- Medicaid, also known as State medical assistance, which is for some persons with limited income and resources
- Any Prescription Drug Plan
- Other (Please write the name of the other health insurance you currently have on the line below.)
-
- I don’t have health insurance other than Medicare
- I am not on Medicare

YOUR HEALTH CARE IN THE LAST 6 MONTHS

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor’s office?

- Yes
 No → *If No, Go to Question 5*

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

- Never
 Sometimes
 Usually
 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor’s office or clinic?

- Yes
 No → *If No, Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

- Never
 Sometimes
 Usually
 Always

7. In the last 6 months, not 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?

- None → *If None, Go to Question 9*
 1 time
 2
 3
 4
 5 to 9
 10 or more times

8. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine (including hormone therapies)?

- Yes
- No → *If No, Go to Question 13*

10. 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?

- Not at all
- A little
- Some
- A lot

11. 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 not want to take a medicine?

- Not at all
- A little
- Some
- A lot

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes
- No

13. 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?

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests or treatment you needed?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a doctor believed necessary?

- Yes
- No → *If No, Go to Question 17*

16. What is the main reason you were not able to get medical care, tests, or treatments you or a doctor believed necessary? Choose one.

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

17. Is there a place that you usually go to when you are sick or need advice about your health?

- Yes → *If Yes, Go to Question 19*
- There is NO place

18. Why don't you have a usual source of medical care? Mark one or more.

- Haven't had any problems
- No doctors take my insurance
- No doctors speak my language
- Doctors office is too far away or not convenient
- Don't plan to see a doctor even when I'm sick

19. What kind of place do you go to most often for your medical care? Choose one.

- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room
- Hospital outpatient department
- Some other place
- Don't go to one place most often

YOUR PERSONAL DOCTOR

20. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → *If No, Go to Question 34*

21. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → *If None, Go to Question 34*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

22. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

25. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

26. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

27. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

- Yes
- No → *If No, Go to Question 31*

29. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?

- Never → *If Never, Go to Question 31*
- Sometimes
- Usually
- Always

30. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?

- Never
- Sometimes
- Usually
- Always

31. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No → *If No, Go to Question 34*

32. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

- Yes
- No → *If No, Go to Question 34*

33. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

- Yes, definitely
- Yes, somewhat
- No

GETTING HEALTH CARE FROM SPECIALISTS

34. Specialists are doctors like surgeons, endocrinologists, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

- Yes → *If Yes, Please include your personal doctor as you answer these questions about specialists*
- No
- I do not have a personal doctor

35. In the last 6 months, did you make any appointments to see a specialist?

- Yes
- No → *If No, Go to Question 39*
- Someone else made my specialist appointments for me

36. How many specialists have you seen in the last 6 months?

- None → *If None, go to Question 39*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

37. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?

- Never
- Sometimes
- Usually
- Always
- I do not have a personal doctor
- I did not visit my personal doctor in the last 6 months
- My personal doctor is a specialist

YOUR HEALTH PLAN

39. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes
- No → *If No, go to Question 42*

40. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → *If No, Go to Question 44*

43. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

44. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

ABOUT YOU

45. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

46. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

47. In the last 6 months, did you spend one or more nights in a hospital?

- Yes
- No

48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → *If No, Go to Question 50*

49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

50. Do you now need or take any medicine prescribed by a doctor for any condition (including hormone therapies)? Do not include birth control.

- Yes
- No → *If No, Go to Question 52*

51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

52. In the last 6 months, how often was it easy to get the medicines your doctor prescribed?

- Never
- Sometimes
- Usually
- Always
- My doctor did not prescribe any medicines for me in the last 6 months

53. Do you have insurance that pays part or all of the cost of your prescription medicines?

- Yes
- No
- Don't know

54. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

- Yes
- No
- My doctor did not prescribe any medicines for me in the last 6 months

55. Has a doctor ever told you that you had any of the following conditions?

	Yes	No
a. Heart attack	<input type="checkbox"/>	<input type="checkbox"/>
b. Angina or coronary heart disease	<input type="checkbox"/>	<input type="checkbox"/>
c. Hypertension or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer, <u>other than skin cancer</u>	<input type="checkbox"/>	<input type="checkbox"/>
e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)	<input type="checkbox"/>	<input type="checkbox"/>
f. Any kind of diabetes or high blood sugar	<input type="checkbox"/>	<input type="checkbox"/>
g. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>

56. Have you had a flu shot since July 1, 2017?

- Yes
- No
- Don't know

57. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → *If Not at all, Go to Question 59*
- Don't know → *If Don't know, Go to Question 59*

58. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 6 months

59. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

60. Are you of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin

61. What is your race? (One or more categories may be selected.)

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

62. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

63. Do you speak a language other than English at home?

- Yes
- No → *If No, Go to Question 65*

64. What is this language?

- Spanish
 - Other language (specify)
-

65. How many people live in your household now, including yourself?

- 1 person
- 2 to 3 people
- 4 or more people

66. Which of the following best represents how you think of yourself?

- Lesbian or Gay
- Straight, that is, not lesbian or gay
- Bisexual
- Something else
- I don't know the answer

67. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Don't know

68. Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender
- None of these

69. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

70. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

71. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

72. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

73. Do you have difficulty dressing or bathing?

- Yes
- No

74. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

75. Did someone help you complete this survey?

- Yes → *If Yes, Go to Question 76*
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

76. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

THANK YOU FOR COMPLETING THIS SURVEY

Please return your completed survey in the postage-paid envelope to:

NORC at the University of Chicago
55 East Monroe Street, 19th Floor
Chicago, IL 60603

Please do not include any other correspondence.