



Your privacy is protected. All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-5294.

|--|

> Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

> Correct Mark

Incorrect Marks







> You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

> ■ Yes 
> → Go to Question 1 O No

START HERE



1. Our records show that you are now in [HEALTH PLAN NAME]. Is that right?

O Yes → Go to Question 3

O No

2. What is the name of your health plan? (Please print)

## YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

3.	In the last 6 months, did you have an illness, injury, or condition that <u>needed care right</u> <u>away</u> in a clinic, emergency room, or doctor's office?
	O Yes O 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?
	O Never O Sometimes O Usually O Always
5.	In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?
	O Yes O No → Go to Question 7
6.	In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?
	O Never O Sometimes O Usually O Always
7.	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?
	<ul> <li>O None → Go to Question 15</li> <li>O 1 time</li> <li>O 2</li> <li>O 3</li> <li>O 4</li> <li>O 5 to 9</li> <li>O 10 or more times</li> </ul>

7a.	In the last 6 months, when you visited a doctor's office or clinic, did someone in the doctor's office or clinic give you information about what to do if you needed care during evenings, weekends, or holidays?
	O Yes O No
8.	In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
	O Yes O No
9.	In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?
	O Yes O 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?
	O Not at all O A little O Some O 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 <u>not</u> want to take a medicine?
	O Not at all O A little O Some O 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?
	O Yes O 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?  OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	16.	In the last 6 months, how many times did you visit your personal doctor to get care for yourself?  ○ None → Go to Question 23 ○ 1 time ○ 2 ○ 3 ○ 4 ○ 5 to 9
14.	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?  O Never O Sometimes O Usually O Always	17.	<ul> <li>10 or more times</li> <li>In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?</li> <li>Never</li> <li>Sometimes</li> <li>Usually</li> </ul>
14a.	In the last 6 months, did a doctor or other health provider ask you if there are things that make it hard for you to take care of your health?	18.	O Always  In the last 6 months, how often did your personal doctor listen carefully to you?
14b.	O Yes O No In the last 6 months, did you and a doctor or other health provider talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?	19.	O Never O Sometimes O Usually O Always  In the last 6 months, how often did your personal doctor show respect for what you had to say?
	O Yes O No  YOUR PERSONAL DOCTOR		O Never O Sometimes O Usually O Always
15.	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 → Go to Question 24	20.	In the last 6 months, how often did your personal doctor spend enough time with you?  O Never O Sometimes O Usually O Always
		21.	•

03

personal doct date about the	nonths, how often di tor seem informed a e care you got from ner health providers	nd up-to- these	26.	How many last 6 mont  O None - O 1 special O 2 O 3 O 4 O 5 or mo	hs? ▶ Go to (	Questi	-	seen i	in the
the worst personumber would doctor?	mber from 0 to 10, we sonal doctor possible on al doctor possible d you use to rate you are to a factor of the fac	ole and 10 is e, what ur personal	27.	We want to you saw more Using any of the worst's best special you use to	ost often number fi pecialist alist poss rate that	in the rom 0 to possible, was special	last 6 last 6 last 6 last 6 last 6 last nu list?	monti where I 10 is imber	hs. e 0 is s the
GETTIN	G HEALTH CAR	E		YOU	JR HEA	LTH F	PLAN		
When you answer the include dental visits stayed overnight in a 24. Specialists and doctors, aller other doctors health care.  In the last 6 m appointments  ○ Yes ○ No → Go  25. In the last 6 m	or care you got when a hospital.  The doctors like surger gy doctors, skin doctors, skin doctors, who specialize in on the sto see a specialist?  The to Question 28 to see a specialist and to see a specialist and the second the se	eons, heart ctors, and one area of te any ?		information Internet abo  O Yes O No → In the last 6 written mati information health plan  O Never O Sometin O Usually O Always	6 months, in writte out how y  Go to Qu 6 months, erials or n you need works?	did your he estion how othe Intided at	ou lool erials c ealth p 30 often d ernet p oout ho	k for a or on lan w lid the orovid ow you	any the orks?  de the our

31.	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	37.	In general, how would you rate your overall mental or emotional health?
	O Never O Sometimes		O Excellent O Very Good O Good
	O Usually		O Fair
	O Always		O Poor
32.	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	38.	Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
			O Every day
	O Never		O Some days
	O Sometimes		O Not at all → Go to Question 42
	O Usually O Always		O Don't know → Go to Question 42
33.	,	39.	In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your
	0. 1/		plan?
	O Yes		0.11
	O No → Go to Question 35		O Never
34.	In the last 6 months, how often were the		O Sometimes
J-T.	forms from your health plan easy to fill out?		O Usually
	To the control of the		O Always
	O Never O Sometimes O Usually O Always	40.	In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum,
35.	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		patch, nasal spray, inhaler, or prescription medication.
	would you use to rate your health plan?		O Never
			O Sometimes
	0 0 0 0 0 0 0 0 0 0		O Usually
	0 1 2 3 4 5 6 7 8 9 10 Worst Best		O Always
	Health Plan Possible  Health Plan Possible	41.	In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than
			medication to assist you with quitting
	ABOUT YOU		smoking or using tobacco? Examples of
36.	In general, how would you rate your overall health?		methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
	O Excellent		O Never
	O Very Good		O Sometimes
	O Good		O Usually
			O Always
	O Fair		○ /iiways
	O Poor		

05

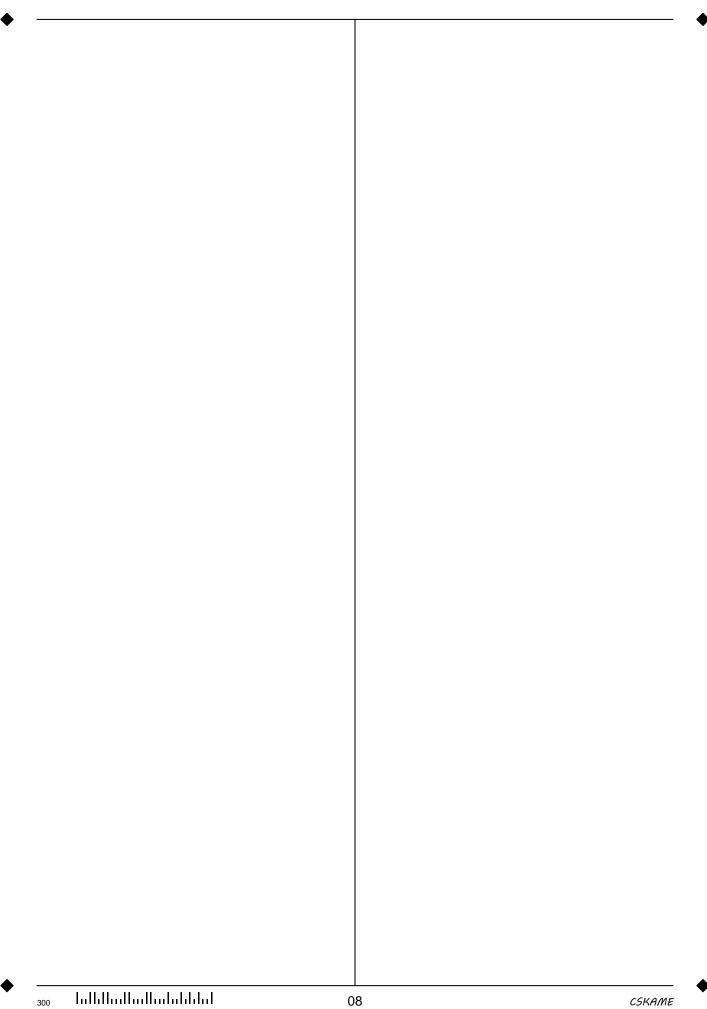
42.	Do you take aspirin daily or every other day?  O Yes	49.	Do you now need or take medicine prescribed by a doctor? Do <u>not</u> include birt control.
	O No O Don't know		<ul><li>○ Yes</li><li>○ No → Go to Question 51</li></ul>
43.	Do you have a health problem or take medication that makes taking aspirin unsafe for you?	50.	Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.
	O Yes O No		O Yes
	O Don't know		O No
44.		51.	What is your age?
	discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?		O 18 to 24 O 25 to 34
	O Yes		O 35 to 44
	O No		O 45 to 54
45.	Are you aware that you have any of the		O 55 to 64 O 65 to 74
	following conditions? Mark one or more.		O 75 or older
	<ul><li>O High cholesterol</li><li>O High blood pressure</li></ul>	52.	Are you male or female?
	O Parent or sibling with heart attack before the age of 60		O Male O Female
46.	Has a doctor ever told you that you have any of the following conditions? Mark one or more.	53.	What is the highest grade or level of school that you have completed?
	O A heart attack		O 8th grade or less
	O Angina or coronary heart disease		<ul><li>O Some high school, but did not graduate</li><li>O High school graduate or GED</li></ul>
	O A stroke		O Some college or 2-year degree
	O Any kind of diabetes or high blood sugar		O 4-year college graduate
47.	In the last 6 months, did you get health care 3		O More than 4-year college degree
	or more times for the same condition or problem?	54.	Are you of Hispanic or Latino origin or descent?
	O Yes		O Yes, Hispanic or Latino
	O No → Go to Question 49		O No, Not Hispanic or Latino
48.	Is this a condition or problem that has lasted for at least 3 months? Do <u>not</u> include	55.	What is your race? Mark one or more.
	pregnancy or menopause.		O White
	O Yes		O Black or African-American
	O No		O Asian
			<ul><li>O Native Hawaiian or other Pacific Islander</li><li>O American Indian or Alaska Native</li><li>O Other</li></ul>

- 56. Did someone help you complete this survey?
  - O Yes → Go to Question 57
  - No → Thank you. Please return the completed survey in the postage-paid envelope.
- 57. How did that person help you? Mark one or more.
  - O Read the questions to me
  - O Wrote down the answers I gave
  - O Answered the questions for me
  - O Translated the questions into my language
  - O Helped in some other way

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108



lubbollududubbbd 80 CSKAME