

Health Care Questionnaire

of _____

(Interviewee's name here)

Identifying Health Care Needs

1. Have you or someone in your family ever had problems getting the health care you need? YES NO, skip to 2.

a) What made it difficult to get care? _____

b) If cost has been the problem, what type of care have you been unable to get? Regular check-ups Surgery Prescription Drugs Dental Care Mental Health Care Vision care/glasses _____

c) What costs have been difficult for you? Premiums Deductible Co-pays Paying bills out-of-pocket
 Other: _____

2. Do you have medical insurance? YES NO NOT SURE

If yes, what type? Employer Medicaid/OHP Medicare Private Other: _____

3. Have you or someone in your family ever...	Yes	No	If Yes, describe:
(a) stayed in a job or a relationship to keep health insurance?			
(b) experienced discrimination when trying to get health care because of race, immigration status, gender, sexual orientation, age, or disability?			
(c) developed more serious health problems because high costs/limited insurance delayed needed treatment?			
(d) had problems with medical debts?			

The Health Care System

4. Should everyone have the care they need to maintain health? YES NO NOT SURE

5. Do you believe that health care is a human right? YES NO NOT SURE

6. Is it a government responsibility to make sure that everyone has health care? YES NO NOT SURE
If "NO", whose responsibility is it? _____

7. Do you believe you have a say in how our health care system operates? YES NO NOT SURE

8. How has the Affordable Care Act (Obamacare) affected your access to health care?

Improved access to the care I need Made it more difficult to access the care I need

NO CHANGE NOT SURE

9. Would you support a publicly funded universal health care system (everybody in and nobody out) supported by taxes based on ability to pay, with no premiums, deductibles or co-pays? YES NO NOT SURE

10. If you could change anything about our health care system, what would it be? _____

About You

11. Age: 18-26, 27-30, 31-40, 41-64, 65-75, 76 and older

12. Gender: Female Male

13. Race or Ethnicity: African American Asian/Pacific Islander Latino/Hispanic
 Middle Eastern Native/Indigenous White/European American Other _____

Address: _____ Zip: _____

Phone: (____) _____ Cell phone: (____) _____ Email: _____

14. Briefly summarize your health care story: _____

15. Are you willing to share your story with others? Personally In writing On video

16. Do you vote on Oregon State ballot issues? YES NO DEPENDS

By completing this questionnaire I agree HCAO, its member organizations, and HCAO-Education Fund may use my responses in efforts to bring health care to all people in Oregon.

Name: _____

PRINT CLEARLY

SIGNATURE

YES, I want more information about Health Care for All Oregon!

YES, I would like to be part of the movement to bring health care to all people in Oregon!

Thank you for sharing your experience and values.

OTHER COMMENTS by Interviewer:

Important information to be collected by interviewer:

Collected by: _____ Organization: _____

Date: _____ Location: _____

Date Entered, Local Group: _____ Date Entered, HCAO: _____

Volunteer Supporter I.D.: _____