**Survey Questions**

**Background Questions:**

1. What is your marital status?
	1. Unmarried/never married
	2. Married/remarried
	3. Separated/divorced
	4. Living with a partner
	5. Widowed
2. Do you have children:
	1. No
	2. Yes
3. If yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you currently a student?
	1. No
	2. Yes, part-time
	3. Yes, full time
5. What is the highest degree or level of school that you have completed?
	1. Less than high school
	2. High school
	3. GED
	4. Some college, but I did not graduate
	5. Associate’s degree
	6. Bachelor’s degree
	7. Master’s degree
	8. Professional degree beyond a masters or doctorate degree (for example: MD, DDS, JD, PhD, EdD).
6. Have you ever been diagnosed with a learning disability or attended special education classes?
	1. Yes
	2. No
	3. I don’t know
7. What is your current work situation? Check one answer.
	1. Full time paid work (hours per week \_\_\_\_\_\_\_\_)
	2. Part time paid work (hours per week \_\_\_\_\_\_\_\_)
	3. Homemaker
	4. Unemployed (and looking for a job
	5. Unemployed (and not looking for a job)
	6. Disability/government financial assistance
	7. Retired
	8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. What was your total household income last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. How would you describe the place that you live?
	1. I live in a house or apartment for which I pay I rent.
	2. I live in a house or apartment that I own.
	3. I live in a house or apartment that a family member or friend owns, and I do not pay rent.
	4. I do not currently have a home.
	5. Other
10. Of what race do you consider yourself?
	1. White/Caucasian
	2. Black/African American
	3. Asian
	4. Hawaiian/Pacific Islander
	5. American Indian/Alaska native
	6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Of what ethnicity do you consider yourself?
	1. Hispanic
	2. Non-Hispanic

**Questions about your heart care:**

1. How important do you think it is for you to see a cardiologist who specializes in congenital heart disease, on a scale from 1-3?

|  |  |  |
| --- | --- | --- |
| **Not at all important** | **Somewhat important** | **Very important** |
| 1 | 2 | 3 |

1. Do you have a primary care provider (PCP)?
	1. Yes
	2. No
2. Have you ever thought about moving to a different city so you could get better care for your heart?
	1. No
	2. Yes, and I have moved to get better care.
	3. Yes, but I have not moved.
3. Have you ever gone more than 3 years between cardiology clinic visits?
	1. Yes
	2. No

***If no, please skip to the next question.***

1. What is the longest period of time (number of years) you ever went between appointments with the cardiologist? \_\_\_\_\_\_\_\_\_\_

**Transportation and barriers questions:**

1. How do you normally travel to clinic appointments?

1. I drive to clinic in my own car
2. I drive to clinic in a car owned by someone else
3. Someone else drives me
4. I take public transportation (eg, the bus)
5. I take an airplane
6. I walk
7. Other \_\_\_\_\_\_\_\_\_\_\_
8. Do you have a driver’s license?
	1. Yes
	2. No
9. How difficult is it for you to travel to appointments **at OHSU cardiology**, on a scale of 1-5 as follows?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very easy** | **Somewhat easy** | **Not easy or hard** | **Somewhat hard** | **Very hard** |
| 1 | 2 | 3 | 4 | 5 |

1. The following is a list of things that makes it difficult to some people to attend **OHSU cardiology clinic** appointments. Please rate your level of agreement with the following statements on a scale of 1-5 as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** |  |  |  | **Strongly agree** |
| It’s a problem taking time off work | 1 | 2 | 3 | 4 | 5 |
| If I don’t work, I don’t get paid | 1 | 2 | 3 | 4 | 5 |
| The clinic is far from my home | 1 | 2 | 3 | 4 | 5 |
| It’s difficult to get the money to get to clinic | 1 | 2 | 3 | 4 | 5 |
| I need someone else to drive me and no one is available | 1 | 2 | 3 | 4 | 5 |
| I have problems with child care | 1 | 2 | 3 | 4 | 5 |
| Appointments are not at a time that work for me | 1 | 2 | 3 | 4 | 5 |
| I have difficulty affording insurance co-pays | 1 | 2 | 3 | 4 | 5 |
| Clinic appointments are stressful | 1 | 2 | 3 | 4 | 5 |
| I don’t like thinking about my heart | 1 | 2 | 3 | 4 | 5 |
| I don’t like coming into the city | 1 | 2 | 3 | 4 | 5 |
| Weather sometimes makes travel difficult | 1 | 2 | 3 | 4 | 5 |

1. How difficult is it for you to travel to appointments in PRIMARY CARE clinic, on a scale of 1-5 as follows?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very easy** | **Somewhat easy** | **Not easy or hard** | **Somewhat hard** | **Very hard** |
| 1 | 2 | 3 | 4 | 5 |

1. How difficult is it for you to travel to the pharmacy to pick up your prescriptions, on a scale of 1-5 as follows?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very easy** | **Somewhat easy** | **Not easy or hard** | **Somewhat hard** | **Very hard** |
| 1 | 2 | 3 | 4 | 5 |

**Insurance questions:**

1. Which of the following describes your current health insurance:
	1. I get my own insurance through my work.
	2. My insurance is through my spouse or partner.
	3. I am on my parent’s insurance.
	4. I get my insurance through the government (for example, Oregon Health Plan).
	5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever had a time in your life when did not have health insurance?
	1. No I have always had health insurance.
	2. Yes, I was without health insurance for less than a year
	3. Yes, I was without health insurance for for 1-5 years
	4. Yes, I was without health insurance for longer than 5 years.
3. If yes, how old were you when you first did not have insurance? \_\_\_\_\_\_\_\_\_\_\_\_
4. How much do you pay each month for your health insurance?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please fill in)
	2. I don’t know
	3. I don’t have to pay for my insurance
5. How much did you pay out of pocket for your health care in the last year, **not** including the monthly cost of your health insurance? Examples include co-pays and medications.
	1. I didn’t pay anything in the last year
	2. Less than $500
	3. $500-1,000
	4. $1,000-5,000
	5. $5,000-10,000
	6. More than $10,000.
6. On a scale of 1-5, how difficult is it for you to pay the monthly premiums for health insurance for you and your family?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very easy** | **Somewhat easy** | **Not easy or hard** | **Somewhat hard** | **Very hard** |
| 1 | 2 | 3 | 4 | 5 |

1. On a scale of 1-5, how difficult is it for you to pay the co-pays for health insurance for you and your family?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very easy** | **Somewhat easy** | **Not easy or hard** | **Somewhat hard** | **Very hard** |
| 1 | 2 | 3 | 4 | 5 |

1. On a scale of 1-5, how difficult is it for you to pay for medications for you and your family?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very easy** | **Somewhat easy** | **Not easy or hard** | **Somewhat hard** | **Very hard** |
| 1 | 2 | 3 | 4 | 5 |