

SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this: Yes..... **Go to Question 1**

Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations. 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 your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-707-7601.

1. Our records show that you are now in Sunshine Health. Is that right?

- 1 Yes **Go to Question 3**
- 2 No **Go to Question 2**

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 not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

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?

- 1 Yes **Go to Question 4**
- 2 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

- 1 Yes **Go to Question 6**
- 2 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 at a doctor's office or clinic as soon as you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

- 0 None **Go to Question 15**
- 1 1 time **Go to Question 8**
- 2 2 **Go to Question 8**
- 3 3 **Go to Question 8**
- 4 4 **Go to Question 8**
- 5 5 to 9 **Go to Question 8**
- 6 10 or more times **Go to Question 8**

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?

- 1 Yes
- 2 No

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

- 1 Yes..... **Go to Question 10**
- 2 No **Go to Question 13**

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- 1 Yes
- 2 No

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

- 1 Yes
2 No

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?

- 1 Yes
2 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?

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

00 01 02 03 04 05 06 07 08 09 10

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

- 1 Never
2 Sometimes
3 Usually
4 Always

YOUR PERSONAL DOCTOR

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?

- 1 Yes Go to Question 16
2 No Go to Question 24

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

- 0 None Go to Question 23
1 1 time Go to Question 17
2 2 Go to Question 17
3 3 Go to Question 17
4 4 Go to Question 17
5 5 to 9 Go to Question 17
6 10 or more times Go to Question 17

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

- 1 Never
2 Sometimes
3 Usually
4 Always

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

- 1 Never
2 Sometimes
3 Usually
4 Always

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

- 1 Never
2 Sometimes
3 Usually
4 Always

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

- 1 Never
2 Sometimes
3 Usually
4 Always

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1 Yes Go to Question 22
2 No Go to Question 23

22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- 1 Never
2 Sometimes
3 Usually
4 Always

23. 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?

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

00 01 02 03 04 05 06 07 08 09 10

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

- 1 Yes **Go to Question 25**
 2 No **Go to Question 28**

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

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

- 0 None **Go to Question 28**
 1 1 specialist **Go to Question 27**
 2 2 **Go to Question 27**
 3 3 **Go to Question 27**
 4 4 **Go to Question 27**
 5 5 or more specialists.. **Go to Question 27**

27. 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?

Worst specialist possible	Best specialist possible
0	10
<input type="checkbox"/>	<input type="checkbox"/>
00	10

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- 1 Yes **Go to Question 29**
 2 No **Go to Question 30**

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

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

- 1 Yes **Go to Question 31**
 2 No **Go to Question 33**

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

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

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

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

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

- 1 Yes **Go to Question 34**
 2 No **Go to Question 35**

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

- 1 Never
 2 Sometimes
 3 Usually
 4 Always

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 would you use to rate your health plan?

Worst health plan possible	Best health plan possible
0	10
<input type="checkbox"/>	<input type="checkbox"/>
00	10

ABOUT YOU

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

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

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

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

38. Have you had either a flu shot or flu spray in the nose since July 1, 2018?

- 1 Yes
- 2 No
- 3 Don't know

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

- 1 Every day..... **Go to Question 40**
- 2 Some days... **Go to Question 40**
- 3 Not at all **Go to Question 43**
- 4 Don't know... **Go to Question 43**

40. 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 plan?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

41. 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, patch, nasal spray, inhaler, or prescription medication.

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

42. 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 smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Yes..... **Go to Question 44**
- 2 No **Go to Question 45**

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

- 1 Yes
- 2 No

45. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- 1 Yes..... **Go to Question 46**
- 2 No **Go to Question 47**

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

- 1 Yes
- 2 No

47. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

48. Are you male or female?

- 1 Male
- 2 Female

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

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

50. Are you of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, Not Hispanic or Latino

51. What is your race? Mark one or more.

- a White
- b Black or African-American
- c Asian
- d Native Hawaiian or other Pacific Islander
- e American Indian or Alaska Native
- f Other

52. Did someone help you complete this survey?

- 1 Yes **Go to Question 53**
- 2 No **Go to Question 54**

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

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

Now we would like to ask you a few more questions about your health care and health plan. Your health plan is very interested in your responses to these questions.

54. In the last 6 months, did you need any treatment or counseling for a personal or family problem?

- 1 Yes **Go to Question 55**
- 2 No **Go to Question 57**

55. In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I did not need treatment or counseling in the last 6 months

56. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 6 months?

Worst treatment or counseling possible _____ Best treatment or counseling possible

0 1 2 3 4 5 6 7 8 9 10

00 01 02 03 04 05 06 07 08 09 10

- 11 I did not receive treatment or counseling in the last 6 months

57. How would you rate the number of doctors you had to choose from?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 No experience

58. Would you recommend your health plan to your family or friends?

- 1 Definitely yes
- 2 Probably yes
- 3 Uncertain
- 4 Probably no
- 5 Definitely no

59. If today you could select any health plan company in your area, would you select your current plan again?

- 1 Definitely yes
- 2 Probably yes
- 3 Uncertain
- 4 Probably not
- 5 Definitely not

**Thank You. Please return the completed survey in the postage-paid envelope.
SPH Analytics, PO Box 5703, Hopkins MN 55343-9989**

