

5151



Interviewer (initials)

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COPD Gene ID

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Month

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Day

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Year

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Center (eg, NJC)

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Nonsmoker Socioeconomic Questionnaire

1. What is your current annual income? (Please include Social Security benefits.)

- Under \$15,000
- \$15,000-35,000
- \$35,000-50,000
- \$50,000-75,000
- More than \$75,000
- Decline to answer

2. Do you have health insurance or a health care plan to help cover your health care costs?

- Yes
- No
- Uncertain

If **No**, then skip to *question 3*.

If **Yes**, what kind of insurance do you have? Choose one.

- Medicare
- Medicare and supplemental private insurance
- Private health insurance that my employer or I pay for
- Medicaid
- Military health care
- I don't know

3. Do you have a primary care physician or other health care provider?

- Yes
- No
- Uncertain

If **No**, why do you not have one? Mark all that apply.

- I do not want one.
- I have been dissatisfied with the ones I have seen.
- I cannot find doctors who take new patients.
- I cannot find doctors who take my insurance.
- I do not have health insurance.

4. How much of the cost of your prescription drugs is covered by your health care plan?

- All
- Most
- Some
- Little
- None



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5. In the last year, because of the expense or lack of coverage, have you ... (mark all that apply)
- Not gone to your doctor when you needed to
 - Not filled a prescription
 - Stretched out a prescription medication by taking less of it or less often than it was prescribed
 - Not gone to the hospital when you needed to
 - Gone to an emergency room to be treated
 - Used someone else's prescription medication
 - None of these
6. Do you have access to the Internet at home or work?
- Yes No
7. How well-informed about your health condition(s) and their treatment do you think you are?
- Well informed
 - Adequately informed
 - Less than adequately informed
 - Poorly informed
8. In the last year, which of these have you used to get information about your health condition(s) and their treatment? (Mark all that apply.)
- Doctors
 - Nurses
 - Patient organizations like the American Heart Association
 - Other patients
 - Books or magazines
 - Television
 - Internet
 - None of these
9. What is your current living situation? (Mark all that apply.)
- I own and live in my own home
 - I rent my home or apartment
 - I live with a spouse, family member, or friend
 - I live in an assisted living facility
 - I live in a nursing facility (care and meals are provided)
 - I do not have a permanent place to live





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10. Where do you *usually* go when you need *routine* or *preventative care*?

- Doctor, clinic, or health center
- Hospital emergency room
- I do not get preventative care

