

# FARMER HEALTH INSURANCE AND HEALTH CARE SURVEY

## QUESTIONNAIRE INSTRUCTIONS

- If you are at least 18 years old and the head of your household, you are eligible to participate.
- If you are not a farmer, you are still eligible to complete this survey.
- When you have completed with the survey, please place it in the addressed and stamped envelope.
- If you would like to be included in the drawing, fill out the drawing card and place it in the envelope.

## PART A. BACKGROUND INFORMATION

A **farmer** is a person engaged in agriculture, who raises living organisms for food or raw materials, generally including livestock husbandry and growing crops, such as produce and grain.

		Yes	No
1.	Do you consider yourself a farmer?		
2.	Do you consider farming your main occupation?		
3.	Do you derive a portion of your income from farming?		

## PART B. USE OF HEALTH SERVICES

1. In the past 12 months, about how many times total have you utilized each of the following?

A. Routine Health Checkups/Treatment for Minor Illnesses

B. Chronic health related visits to a healthcare provider (visits related to diseases such as high blood pressure, heart disease, lung disease, or mental health, etc.)

C. Chronic health treatments (outpatient treatments such as chemotherapy, radiation, injections, blood draws, same day surgery, etc.)

D. Emergency Care (ER visit)

E. Admission to the hospital for greater than one day

2. How long would you wait to see a doctor if you had the following conditions?:

		Less than 1 day	1 day	2-4 days	4-7 days	8+ days	Would not go	Don't know
A.	Chest Pain							
B.	Fever							
C.	Stomach Pain							
D.	Pain from a fall or injury							
E.	Can't stop coughing							
F.	Blood in bowel movement							
G.	Difficulty breathing							

3. How would you rate your health? *(Please circle one)*

Excellent    Very Good    Good    Fair    Poor

4. In the past 12 months, what preventative care practices did you engage in?

		Yes	No	N/A	Don't Know
A.	Established or maintained a relationship with a primary care provider ( <i>physician, physician's assistant, or nurse practitioner</i> )				
B.	Had a regular physical				
C.	Managed the disease(s) I have (such as regular blood glucose management for diabetics, blood pressure management for those with high blood pressure, etc.)				
E.	Discussed end of life wishes with your primary care provider				
F.	Addressed disease risk factors at the recommendation of your primary care provider through activities such as diet, exercise, etc.				
G.	Had a preventative screening recommended by a primary care provider ( <i>example: prostate testing, cholesterol testing, mammogram, colonoscopy, pap smear, etc</i> )				
H.	Had a flu vaccination				

PART C. HEALTH INSURANCE

1. Do you have health insurance? \_\_\_\_\_ Yes (Go to Question 3) \_\_\_\_\_ No

2. Why don't you have health insurance? (*Check all that apply*)

You are self-employed and do not have access to an affordable insurance plan	
Your employer does not have a health insurance plan	
You are not eligible for your employer's health insurance plan	
Health insurance is too expensive	
Your cost for insurance coverage went up and is too expensive	
You have been in good health and did not think the cost was worth paying	
You have been denied insurance coverage in the past due to existing condition	
Your spouse's employer dropped its health insurance plan	
You or your spouse lost your job and coverage	
Your spouse is not eligible for (his/her) employer's health insurance plan	
Other <i>Please Specify:</i>	

3. What are the sources of your current health insurance coverage? (*Check all that apply*)

Private policy that is not through an employer	
Your off-farm employer	
Your spouse's employer	
Medicare	
Medicaid	
Veterans Administration/Tricare	
State sponsored high risk health insurance pool	
IHS	
Don't Know	
None	

4. Out of the options listed in question 3, what is your primary source of health insurance coverage?  
 \_\_\_\_\_

5. Do you believe you benefit from having health insurance coverage, or do you think you do not need it at this time? *(Check all that apply)*

Benefit	
Do not benefit	
Do not need insurance	
Don't Know	

6. Different people do different things to cut back on health care expenses. Have you done any of the following? *(Check all that apply)*

	Yes	No	Don't Know
Decided not to go to the doctor when you felt you needed to because of cost			
Stopped taking medication to avoid the cost of prescription drugs			
Cut back the dose of prescription drugs to help make the drugs last longer			
Decided not to fill prescriptions given to you by your doctor because of cost			
Not scheduled tests your doctor has suggested in order to save on cost			
Waited longer to see a doctor when you are sick with hopes you will get better on your own			
Switched doctors or hospitals in order to save money			
Minimized how often you use your health insurance in order to keep the overall cost of premiums for everyone in your group from rising			
Switched health insurance to a plan with higher deductibles and copayments in order to save money			
Switched health insurance to a plan with fewer benefits to save money			

7. In your experience, what effect does increasing cost of health care have on your household budget? As a result of having to pay more out of pocket for health costs, are you... *(Choose one)*

Making major sacrifices	
Making minor sacrifices	
Not really sacrificing	
Don't know	

**PART D. DEMOGRAPHIC INFORMATION**

1. Including yourself, how many individuals live in your household? \_\_\_\_\_
2. What is your sex?            Male \_\_\_\_\_ Female \_\_\_\_\_
3. What is your current age? \_\_\_\_\_

		Yes	No
4.	Do you derive more than \$10,000 of your income from farming?		
5.	Does your farm employ any non-family employees?		

7. Are you currently....

Married	
Living with a partner, not married	
Widowed	
Separated	
Never married	
Divorced	

		You		Your Spouse	
8.	What is the highest level of education completed?				
9.	Please list your main occupation				
10.	Approximately how many hours a week do you spend on farming activities?				
11.	Do you maintain off farm employment? <i>(Circle)</i>	Yes	No	Yes	No
12.	Is the primary reason for off farm employment to afford health insurance coverage? <i>(Circle)</i>	Yes	No	Yes	No
13.	If you could obtain health insurance coverage at the rate you currently pay by only farming, would you quit your off farm employment? <i>(Circle)</i>	Yes	No	Yes	No

14. In what county do you currently reside?

\_\_\_\_\_

## PART E. HOUSEHOLD HEALTH

1. How would you rate the health of the following?

	Excellent	Very Good	Good	Fair	Poor	N/A	Don't Know
Your Spouse/partner							
Your Children							
Anyone else living in your household							
Your household as a whole							

2. Does anyone in your household have one or more chronic conditions/illnesses such as high blood pressure, cancer, heart disease, lung diseases (such as COPD, chronic bronchitis, or emphysema), genetic disorders, gastrointestinal problems, diabetes, mental problems (such as depression, ADHD), etc?

	Yes	No	N/A	Don't Know
Your Spouse/partner				
Your Children				
Anyone else living in your household				

3. What is the make up of your household?

Number of Children

Number of Children living in your household

Number of extended family living in your household

4. What is the source of your current health insurance for the members of your household?  
(Check all that apply)

	Your Spouse	Your Children	Other individual(s) living in household
Private policy that is not through an employer			
Your off-farm employer			
Your spouse's employer			
Medicare			
Medicaid/SCHIP			
Veterans Administration			
IHS			
State sponsored high risk pool			
Not Applicable			
Don't Know			
None			

5. (Optional) In order to get a better understanding of the health insurance coverage issues from a rural perspective, I invite you to leave comments about your experiences in obtaining health insurance, obtaining health care, and affording health care on the backside of this questionnaire.

Please return the survey (and if desired, the stub to make you eligible for the drawing for two \$100 Visa gift cards) in the self-addressed, stamped envelope provided.

**THANK YOU FOR PARTICIPATING!**