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
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
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