

# Socioeconomic

Please complete the survey below.

Thank you!

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1. What is your 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

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

- Yes
- No
- Uncertain

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a. If yes, what kind of insurance do you have? (Choose one or more.)

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

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

- Yes
- No
- Uncertain

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a. 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
- I cannot find doctors who take new patients
- I cannot find doctors who take my insurance
- I do not have health insurance

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4. How much 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 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

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6. Do you have access to the internet at your home or work?

- Yes
- No

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7. How well-informed about COPD and its treatment do you think you are?

- Well informed
- Adequately informed
- Less than adequately informed
- Poorly informed

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8. In the last year, which of these have you used to get information about your lung disease and treatment? (mark all that apply)

- Doctors
- Nurses
- Respiratory therapists (COPD subjects only)
- Patient organizations like COPD Foundation or AHA
- Other patients
- Books or magazines
- Television
- Internet
- None of these

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9. What is your current living situation? (mark all that apply)

- I own 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
- I do not have a permanent place to live
- I live with a caregiver

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

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