

Identifying Our Needs: The Problem

1. Do you currently have health insurance? Yes No

a) If Yes, what type? Thru Employer Medicaid Medicare
 Spouse's/Parent's Policy Health Insurance Marketplace
 Other: _____

b) Your insurance company? _____

c) If your insurance was purchased on the Health Insurance Marketplace, what tier did you select? Bronze Silver Gold Platinum

d) What's the longest period of time you have gone without health insurance? _____

2. Have you ever had problems getting the health care you need? Yes No

a) If yes what were/are the reasons: _____

3. Have you ever had to forgo needed health care because of costs? Yes No

a) Have you skipped or put off any of the following? Regular Check-Up Surgery Prescription Drugs
 Mental Health Care and Counselling
 Dental Care Vision
 Other: _____

b) Have any of the following costs been difficult for you? Premiums Deductibles Co-Pays
 Co-insurance Paying bills out-of pocket
 Other: _____

4. Have you, or someone in your family, ever experienced any of the following:

a) Stayed in a job only to keep your health insurance? Yes No
 If Yes, please describe: _____

b) Been discriminated against when trying to get healthcare because of your race, immigration status, gender, sexual orientation, age, or disability? Yes No
 If Yes, please describe: _____

c) Developed more serious health problems or delayed treatment because of concerns around cost? Yes No
 If Yes, please describe: _____

d) Had problems paying medical bills? Yes No
 If Yes, please describe: _____

e) Had problems paying for home care? Yes No
 If Yes, what were the reasons?: _____

For those who work in health care:

5. Do you work in a clinical setting? Yes No

If Yes, please describe: _____

6. Have you ever observed different treatment for patients based on health insurance status? Yes No

If Yes, please describe: _____

7. Have you ever observed a patient delay or refuse health care because of cost? Yes No

8. Do you feel that a patient's concern with cost of health care has affected your relationship with the patient? Yes No

If Yes, please describe: _____

Claiming Our Rights: The Action

9. Do you think we should make sure that everyone in New York can get the health care they need? Yes No

10. Do you believe that health care is a human right? Yes No

a) Do you believe our government has an obligation to protect the human right to health care? Yes No Not Sure

b) Would you say that the human right to health care is protected here in New York? Yes No Not Sure

11. Do you feel that you have a say in decisions about our health care system? Yes No

Responsibilities of Government: The Solution

12. What do you think of the idea of a universal health care system, which would be publicly funded from our taxes rather than paying premiums and deductibles to insurers and medical care providers? This type of coverage would allow for you to choose your doctor and hospital. It is often called a single-payer system or improved Medicare for All. Like It Don't Like It Not Sure

a) If you could change anything about our health care system, what would it be?

13. Any other comments you'd like to make?

About You (this will help us analyze the results of this survey)

How do you describe your gender?

- Female Male Nonbinary
 Other

How do you describe your race or ethnicity?

- White Black/African-American Asian
 Latino Native/Indigenous
 Other:

Your age

Which New York county or city do you live in?

Are you a medical practitioner?

- Yes No
 If Yes, in what field?

Thank you for completing this survey!

Do you want to get involved?

It is not necessary to give your personal information to do the survey. You can choose to remain anonymous. However, if you would like to get involved in the Campaign for New York Health, for example by telling your story, we need some way to get in touch with you!

Name	Address	
Phone	City	Zip
Email	County	

- YES, I would like more information about the Campaign for New York Health
 YES, I would like to get involved!
 YES, I can ask a friend or family member to show their support! Petitions taken

What's the best way to contact you?

- Phone Email Text Message

Would you be willing to allow the Campaign for New York Health to share your story in letters, press releases, or social media campaigns? (We would contact you beforehand).

- Yes No Maybe

Can you submit a 60-second video right now?
(See Onstack instructions)

- Video submitted via Onstack

Meetup scheduled:

Time: _____

Place: _____

This survey was collected:

Organizer	Location	Date

Please return survey to:

Campaign for NY Health
c/o Metro Justice
1115 E. Main St., A207
Rochester, NY 14609

Please enter survey results: www.nyhcampaign.org/canvassing