

# Healthcare Barriers Survey

(Prior to survey, provide description of research/survey, and ask consent)

## Survey Eligibility Questions

1. Are you eighteen years old or older?

Yes  No

2. Have you ever completed this survey before?

Yes  No

## Demographic Information

3. What is your gender?

Male  Female  Transgender  Other: \_\_\_\_\_

4. What is your age? \_\_\_\_\_

5. What race/ethnicity category do you identify most closely with?

Native American  Asian/Pacific Islander  Hispanic or Latino  
 Black or African American  White  Other

6. What is your marital status?

Married or domestic partnership  Single, never married  
 Widowed  Divorced  Separated

7. Do you have children?

Yes  No

If yes, how many? \_\_\_\_\_

8. Paid Employment Status:

Not in paid employment  Part-time  
 Full-time  Self-employed

Not in Paid Employment:

Looking for work  Laid off  
 Disabled or medical reason  Other  
 Student  Homemaker  
 Homemaker  
 Retired

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9. What is your average yearly income?

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$60,000
- >\$60,000

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10. What is the highest level of education you have completed?

- Elementary School (Kindergarten-5<sup>th</sup>)
- Middle School (6<sup>th</sup>-8<sup>th</sup>)
- Some High School
- High School Graduate
- GED
- Trade/Technical/Vocational Training
- Some College
- College degree

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11. Where have you been sleeping for most of your nights over the past 30 days?

- A house or apartment that you own or pay rent for
- A family member's or friend's house or apartment
- A hotel or motel room
- A car or truck
- Street or other outdoor place
- Transitional Living Facility (Please specify): \_\_\_\_\_
- Shelter: \_\_\_\_\_
- Other: \_\_\_\_\_

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### Current Means of Healthcare

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12. What kind of health insurance do you have, if any?

- Private insurance
- Medicare
- Medicaid
- Medical Access Program
- Children's Health Insurance Program
- VA Health Care
- None
- Other: \_\_\_\_\_

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13. In the past six months, where have you most often gone to receive healthcare?

- Private Physician's Office
- Walk-in Clinic
- Hospital (not emergency department)
- Emergency Department
- None
- Other: \_\_\_\_\_

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14. In general, how would you rate the *quality* of healthcare you currently receive?

- Excellent
- Very good
- Good
- Fair
- Poor
- No care

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### Hospital and Emergency Department Usage

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15. Within the past six months, have you been hospitalized?

- Yes
- No

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16. Within the past six months, how many times have you visited the emergency room, if at all? \_\_\_\_\_

17. Within the past six months, have you been to the emergency room to receive care for something that was not a medical emergency?

- Yes
- No

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### Self-Rated Health Status

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18. In general, how would you say your health is?

- Excellent
- Very good
- Good
- Fair
- Poor

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### Perceived Barriers to Healthcare

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19. In general, how easy is it for you to receive healthcare when you need it, currently?

- Very easy
- Moderately easy
- Moderately difficult
- Very difficult

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20. Have you ever decided against seeing a health professional even though you were sick?

- Yes
- No

The following statements describe some of the barriers that some people have in receiving adequate health care. To what extent have the following factors prevented you from seeking or receiving medical care?	Not at all (0)	To a Low Extent (1)	To a Moderate Extent (2)	To a High Extent (3)
The cost of healthcare				
Lack of insurance				
Lack of transportation to and from health facilities				
Not knowing where I can get treated				
Not having necessary identification				
Not knowing where to find a health care provider that accepts my coverage				
Nervousness about filling out forms (i.e. insurance paperwork, medical forms at the doctor's office, etc.)				
Self-consciousness about my appearance				
Poor treatment at a health facility I have visited in the past				
Are there other factors not listed above that have prevented you from seeking or receiving medical care?				
Additional Factor 1: _____				
Additional Factor 2: _____				
Additional Factor 3: _____				

**Resources**

How helpful have the following resources been in helping you gain access to healthcare?	I have never used this resource.	I do not currently use this resource, but have used it in the past.	I am currently using this resource	Not helpful (1)	Somewhat helpful (2)	Helpful (3)	Very helpful (4)
Medical Access Program							
Medicaid							
Medicare							
Health Care for Homeless Veterans							
Case workers							
Shelters or Transitional Living Facilities Name of facility: _____							
Coordinated Assessment							
Austin Travis County Integral Care							
PATH/ACCESS							
Are there other resources not listed above that have helped you receive healthcare?							
Additional Resource 1: _____							
Additional Resource 2: _____							
Additional Resource 3: _____							