

**Intro to the Uninsured Survey:**

As part of the Governor's Initiative to insure all New Mexicans, we were wondering why you chose not to participate in the medical coverage provided through General Services Department/Risk Management Division.

Please take a moment to complete the survey and return by **-date-**  
to General Services Department/Risk Management Division.

**1. Do you have health insurance?**

- Yes  No

If Yes, are you covered under:

If No, continue to question #2 ↓

- Spouse/Partner insurance
- Private insurance plans
- Medicare
- Veteran's Administration (VA)/Tricare
- Indian Health Services (IHS)
- Public programs (such as Medicaid Salud!)
- Just got covered with State benefits
- Other, please explain \_\_\_\_\_

If you have checked a box above, you are finished! Please **skip to #5**.

**2. Check (√) up to 2 of the following to describe why you don't have health insurance.**

- |   |   |
|---|---|
| <p>_____ Didn't want it</p> <p>_____ Healthy/rarely sick</p> <p>_____ Don't know where to get it</p> <p>_____ Can't afford it</p> <p>_____ Cost not worth benefits (value)</p> <p>_____ Lost/quit/changed jobs</p> <p>_____ Retired</p> | <p>_____ Awaiting coverage by another policy</p> <p>_____ Benefit package doesn't meet my needs</p> <p>_____ Not eligible for health insurance</p> <p>_____ Was/might be rejected by health status</p> <p>_____ Only use natural/alternative medicine</p> <p>_____ Don't believe in health insurance</p> <p>_____ Too much hassle</p> |
|---|---|

**3. In past year, when you had to see a doctor/nurse for some illness, where did you go?**

- |                                      |   |  |                                       |
|--------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Clinic      | <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Urgent Care                 | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> MD's office | <input type="checkbox"/> Didn't go      | <input type="checkbox"/> Other, please explain _____ |                                       |

**4. How did you pay for the physician visit?**

- |  |                                 |                                 |                                 |
|--|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Free clinic                 | <input type="checkbox"/> Unpaid | <input type="checkbox"/> Myself | <input type="checkbox"/> Church |
| <input type="checkbox"/> Other, please explain _____ |                                 |                                 |                                 |

**5. What was your experience with the materials used to explain your employer's health insurance plans?**

- |   |   |  |                                     |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Didn't Receive Any | <input type="checkbox"/> Information Overload   | <input type="checkbox"/> Administrative Hassle |                                     |
| <input type="checkbox"/> Didn't Read it     | <input type="checkbox"/> Not enough information | <input type="checkbox"/> Okay as presented     | <input type="checkbox"/> No opinion |

**6. Did you attend one of the employee meetings for your group/department/agency?**

- Yes  No

**7. If cost is a factor, do you believe the State's health insurance to be:**

- Cheap    Inexpensive    Reasonable    Slightly expensive    Too expensive

**8. Demographic Information (please check √)**

- |                |   |  |   |
|----------------|---|--|---|
| Salary Bracket | <input type="checkbox"/> under \$30,000 | <input type="checkbox"/> \$30,000 - \$40,000 | <input type="checkbox"/> over \$40,000                          |
| Status         | <input type="checkbox"/> Full Time      | <input type="checkbox"/> Part Time           |   |
| Household Size | <input type="checkbox"/> 1              | <input type="checkbox"/> 2                   | <input type="checkbox"/> 3-4 <input type="checkbox"/> 5 or more |