

TEMPLE EMANU-EL HEALTH CARE SURVEY

Temple Emanu-El's Just Congregations Core Team is involved in a process to identify the health care concerns of our members. To help better understand the situation in our congregation, we are asking you to take a few minutes to answer the following questions:

All responses will be kept confidential. Please complete only one questionnaire per person. Please return your completed questionnaire by February 19, 2010.

1. Please indicate your current health insurance coverage for yourself and for other members of your household.	Yourself	Other Household Members
Insurance obtained through an employer (your employer or someone else's in the household).....	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Insurance that you purchase individually for yourself.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Medicare (including supplemental and prescription coverage).....	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Medicaid.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4
CHIP.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Other type of insurance (Please specify :) _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6
No health insurance.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7

2. Which of the following group approximates the monthly health insurance costs for yourself and other household members?	
Less than \$200 per month.....	<input type="checkbox"/> 1
\$200 to \$499 per month.....	<input type="checkbox"/> 2
\$500 or more per month.....	<input type="checkbox"/> 3
Don't know or no answer.....	<input type="checkbox"/> 4

3. How many household members are covered by this monthly cost?
Number of people covered..... _____

4. Which of the following costs is currently a major concern to your household? A. First, please check all that apply. B. Second, check the cost that is the greatest concern to your household. C. Third, check the cost that is the next greatest concern to your household.	A, Check All That Apply	B. Greatest Concern (One only)	C. Next Greatest Concern (One only)
The cost of the health insurance premium.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
The cost of prescription medicines.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
The cost of dental insurance.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
The cost of long-term care.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
The cost for providing end-of-life care.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
The cost of medical equipment or supplies.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Other costs (Please specify :) _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
None of these costs are currently a major concern to my household	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

5. During the past 12 months , have you or any member of your household been hospitalized or had significant medical care for any reason?		Other Household Members
	Yourself	
Yes, have been hospitalized or had significant medical care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1
No.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Don't know or no answer.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3

6. (IF YES ABOVE :) How satisfied were you or other household members with the insurance coverage?		Other Household Members
	Yourself	
Very satisfied.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Somewhat satisfied.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Somewhat dissatisfied.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Very dissatisfied.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Don't know or no answer.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5

7. What pressures are you or other household members feeling about issues of health care?

8. How many people reside in your household in each of these age groups?
Under 18..... _____
18 to 34 years old..... _____
35 to 49 years old..... _____
50 to 64 years old..... _____
65 and older..... _____

Over the next few months, Temple Emanu-El's Just Congregations Core Team will be speaking with congregants about health care as a part of a congregational listening campaign. We want you to get involved. Please provide your contact information below and a member of our Just Congregations Core-Team will follow-up with you.

NAME: _____ EMAIL: _____ PHONE: _____

If you do not want to provide your name here because you are concerned about the confidentiality of your responses, but you would like to get involved in the listening campaign, please contact Penny Coney at coneyL@cfbisd.edu or 972-971-3360.

THANKS FOR YOUR PARTICIPATION! Please return your completed questionnaire by **February 19** either by:

- email to healthsurvey@tedallas.org or
- mail to Karen Howson, Temple Emanu-El, 8500 Hillcrest Road, Dallas, TX 75225 or
- drop it off at the Temple reception desk marked: Attention -Karen Howson.