

JDRF Artificial Pancreas Project Randomized Clinical Trial
Income/Insurance Survey- Subject Version
tblASurveyIncP

Patient ID: _____ **PIID**

INCOME PRIMARY CAREGIVER

1. Record the state you live in _____ **State**
2. Primary caregiver:
EduCareGvrP ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Aunt ☐ Uncle
☐ Older Sibling ☐ Other
3. What is the income category that best describes your household income from last year before taxes (include salary, social security, pension, and other income)? **IncomeCatP**
☐ \$2,500 or less
☐ \$2,501 to \$5,000
☐ \$5,001 to \$10,000
☐ \$10,001 to \$15,000
☐ \$15,001 to \$25,000
☐ \$25,001 to \$35,000
☐ \$35,001 to \$50,000
☐ \$50,001 to \$100,000
☐ Over \$100,000
☐ Do not know
☐ Do not want to answer
4. Have you done any work for money in the last 12 months? **WrkLast12MPri**
☐ Yes
☐ No
☐ Do not want to answer
5. If you had worked an hour for pay, how much would you earn for that hour? **WrkHrlyPayPri**
\$ _____ ☐ Don't know **WrkPayNotKnowPri** ☐ Do not want to answer **WrkPayNotAnsPri**

INCOME SECONDARY CAREGIVER

- ☐ Not Applicable **SecCareGvrNA**
1. Secondary caregiver:
EduCareGvrS ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Aunt ☐ Uncle
☐ Older Sibling ☐ Other
 2. Have you done any work for money in the last 12 months? **WrkLast12MSec**
☐ Yes
☐ No
☐ Do not want to answer

3. If you had worked an hour for pay, how much would you earn for that hour? [WrkHrlyPaySec](#)
\$ _____ ☐ Don't know [WrkPayNotKnowSec](#) ☐ Do not want to answer [WrkPayNotAnsSec](#)

INSURANCE STATUS

1. At any time in the last 12 months, were you covered by
- a. A health insurance plan provided through your current or former employer or union (Military health insurance will be covered later in another question.) [InsEmpP](#)
☐ Yes
☐ No
 - b. A health insurance plan that you purchased directly from an insurance company, that is, not related to current or past employment [InsDirP](#)
☐ Yes
☐ No
 - c. The health plan of someone who does not live in your household [InsOthP](#)
☐ Yes
☐ No
 - d. Medicare [MedicareP](#)
☐ Yes
☐ No
 - e. Medicaid (see Chart 1 for other names for Medicaid for the state you live in) [MedicaidP](#)
☐ Yes
☐ No
 - f. TRICARE, CHAMPUS, CHAMPVA, VA, military health care, or Indian Health Service [OthGovPlan](#)
☐ Yes
☐ No
 - g. In the state you live in, the SCHIP program (see Chart 2 for other names for SCHIP for the state you live in) also helps families get health insurance for children. Was your child covered by that program? [SCHIP](#)
☐ Yes
☐ No
 - h. Other than the plans listed above, during the last 12 months, was your child covered by a health insurance plan of any other type, such as the STATEHLTH (see Chart 3 for other names for the state you live in) [OthHlthPlan](#)
☐ Yes
☐ No

2. If you answered yes to more than one type of health insurance in the questions just asked –
- a. Is it because you switched plans during the year? ☐ Yes ☐ No **SwPlanP**
if yes then answer the following
1. First Plan? _____ **SWPlan1P** What months (check all that apply)?
☐ Jan **SWPlan1PJan** ☐ Feb **SWPlan1PFeb** ☐ Mar **SWPlan1PMar** ☐ Apr **SWPlan1PApr** ☐ May
SWPlan1PMay ☐ Jun **SWPlan1PJun** ☐ Jul **SWPlan1PJul** ☐ Aug **SWPlan1PAug** ☐ Sep **SWPlan1PSep** ☐ Oct
SWPlan1POct ☐ Nov **SWPlan1PNov** ☐ Dec **SWPlan1PDec**
 2. Second Plan? _____ **SWPlan2P** What months (check all that apply)?
☐ Jan **SWPlan2PJan** ☐ Feb **SWPlan2PFeb** ☐ Mar **SWPlan2PMar** ☐ Apr **SWPlan2PApr** ☐ May
SWPlan2PMay ☐ Jun **SWPlan2PJun** ☐ Jul **SWPlan2PJul** ☐ Aug **SWPlan2PAug** ☐ Sep **SWPlan2PSep** ☐ Oct
SWPlan2POct ☐ Nov **SWPlan2PNov** ☐ Dec **SWPlan2PDec**
 3. Third Plan? _____ **SWPlan3P** What months (check all that apply)?
☐ Jan **SWPlan3PJan** ☐ Feb **SWPlan3PFeb** ☐ Mar **SWPlan3PMar** ☐ Apr **SWPlan3PApr** ☐ May
SWPlan3PMay ☐ Jun **SWPlan3PJun** ☐ Jul **SWPlan3PJul** ☐ Aug **SWPlan3PAug** ☐ Sep **SWPlan3PSep** ☐ Oct
SWPlan3POct ☐ Nov **SWPlan3PNov** ☐ Dec **SWPlan3PDec**
- b. Is it because you had more than one plan at the same time? ☐ Yes ☐ No **MorePlanP**
If yes then answer the following
1. First Plan? _____ **MorePlan1P** What months (check all that apply)?
☐ Jan **MorePlan1PJan** ☐ Feb **MorePlan1PFeb** ☐ Mar **MorePlan1PMar** ☐ Apr **MorePlan1PApr** ☐ May
MorePlan1PMay ☐ Jun **MorePlan1PJun** ☐ Jul **MorePlan1PJul** ☐ Aug **MorePlan1PAug** ☐ Sep **MorePlan1PSep** ☐ Oct
MorePlan1POct ☐ Nov **MorePlan1PNov** ☐ Dec **MorePlan1PDec**
 2. Second Plan? _____ **MorePlan2P** What months (check all that apply)?
☐ Jan **MorePlan2PJan** ☐ Feb **MorePlan2PFeb** ☐ Mar **MorePlan2PMar** ☐ Apr **MorePlan2PApr** ☐ May
MorePlan2PMay ☐ Jun **MorePlan2PJun** ☐ Jul **MorePlan2PJul** ☐ Aug **MorePlan2PAug** ☐ Sep **MorePlan2PSep** ☐ Oct
MorePlan2POct ☐ Nov **MorePlan2PNov** ☐ Dec **MorePlan2PDec**
 3. Third Plan? _____ **MorePlan3P** What months (check all that apply)?
☐ Jan **MorePlan3PJan** ☐ Feb **MorePlan3PFeb** ☐ Mar **MorePlan3PMar** ☐ Apr **MorePlan3PApr** ☐ May
MorePlan3PMay ☐ Jun **MorePlan3PJun** ☐ Jul **MorePlan3PJul** ☐ Aug **MorePlan3PAug** ☐ Sep **MorePlan3PSep** ☐ Oct
MorePlan3POct ☐ Nov **MorePlan3PNov** ☐ Dec **MorePlan3PDec**
3. If you answered no to all the health insurance questions just asked, is that because you were uninsured during the last 12 months? **NoInsP**
- ☐ Yes
- ☐ No