

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

Patient ID: _____ **PtID**

INCOME

1. Record the state you live in _____ **State**
2. What is the income category that best describes your household income from last year before taxes (include salary, social security, pension, and other income)? **IncomeCatS**
 - ☐ \$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
3. Have you done any work for money in the last 12 months? **WrkLast12MS**
 - ☐ Yes
 - ☐ No
 - ☐ Do not want to answer
4. If you had worked an hour for pay, how much would you earn for that hour? **WrkHrlyPayS**
\$_____ ☐ Don't know **WrkPayNotKnowS** ☐ Do not want to answer **WorkPayNotAnsS**

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.) **InsEmpS**
 - ☐ Yes
 - ☐ No
 - b. A health insurance plan that you purchased directly from an insurance company, that is, not related to current or past employment **InsDirS**
 - ☐ Yes
 - ☐ No

c. The health plan of someone who does not live in your household **InsOthS**

☐ Yes

☐ No

d. Medicare **MedicareS**

☐ Yes

☐ No

e. Medicaid (see Chart 1 for other names for Medicaid for the state you live in) **MedicaidS**

☐ 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? **SWPlanS** ☐ Yes ☐ No

If yes then answer the following

1. First Plan? _____ **SWPlan1S** What months (check all that apply)?

☐ Jan **SWPlan1SJan** ☐ Feb **SWPlan1SFeb** ☐ Mar **SWPlan1SMar** ☐ Apr **SWPlan1SApr** ☐ May

SWPlan1SMay
SWPlan1SOct

☐ Jun **SWPlan1SJun** ☐ Jul **SWPlan1SJul** ☐ Aug **SWPlan1SAug** ☐ Sep **SWPlan1SSep** ☐ Oct

☐ Nov **SWPlan1SNov** ☐ Dec **SWPlan1SDec**

2. Second Plan? _____ **SWPlan2S** What months (check all that apply)?

☐ Jan **SWPlan2SJan** ☐ Feb **SWPlan2SFeb** ☐ Mar **SWPlan2SMar** ☐ Apr **SWPlan2SApr** ☐ May

SWPlan2SMay
SWPlan2SOct

☐ Jun **SWPlan2SJun** ☐ Jul **SWPlan2SJul** ☐ Aug **SWPlan2SAug** ☐ Sep **SWPlan2SSep** ☐ Oct

☐ Nov **SWPlan2SNov** ☐ Dec **SWPlan2SDec**

3. Third Plan? _____ **SWPlan3S** What months (check all that apply)?

☐ Jan **SWPlan3SJan** ☐ Feb **SWPlan3SFeb** ☐ Mar **SWPlan3SMar** ☐ Apr **SWPlan3SApr** ☐ May

SWPlan3SMay
SWPlan3SOct

☐ Jun **SWPlan3SJun** ☐ Jul **SWPlan3SJul** ☐ Aug **SWPlan3SAug** ☐ Sep **SWPlan3SSep** ☐ Oct

☐ Nov **SWPlan3SNov** ☐ Dec **SWPlan3SDec**

b. Is it because you had more than one plan at the same time? **MorePlanS** ☐ Yes ☐ No

If yes then answer the following

1. First Plan? _____ **MorePlan1S** What months (check all that apply)?

☐ Jan **MorePlan1SJan** ☐ Feb **MorePlan1SFeb** ☐ Mar **MorePlan1SMar** ☐ Apr **MorePlan1SApr** ☐ May

MorePlan1SMay

☐ Jun **MorePlan1SJun** ☐ Jul **MorePlan1SJul** ☐ Aug **MorePlan1SAug**

☐ Sep **MorePlan1SSep** ☐ Oct **MorePlan1SOct** ☐ Nov **MorePlan1SNov** ☐ Dec **MorePlan1SDec**

2. Second Plan? _____ **MorePlan2S** What months (check all that apply)?

☐ Jan **MorePlan2SJan** ☐ Feb **MorePlan2SFeb** ☐ Mar **MorePlan2SMar** ☐ Apr **MorePlan2SApr** ☐ May

MorePlan2SMay

☐ Jun **MorePlan2SJun** ☐ Jul **MorePlan2SJul** ☐ Aug **MorePlan2SAug** ☐ Sep **MorePlan2SSep** ☐ Oct

MorePlan2SOct

☐ Nov **MorePlan2SNov** ☐ Dec **MorePlan2SDec**

3. Third Plan? _____ **MorePlan3S** What months (check all that apply)?

☐ Jan **MorePlan3SJan** ☐ Feb **MorePlan3SFeb** ☐ Mar **MorePlan3SMar** ☐ Apr **MorePlan3SApr** ☐ May

MorePlan3SMay

☐ Jun **MorePlan3SJun** ☐ Jul **MorePlan3SJul** ☐ Aug **MorePlan3SAug** ☐ Sep **MorePlan3SSep** ☐ Oct

MorePlan3SOct

☐ Nov **MorePlan3SNov** ☐ Dec **MorePlan3SDec**

3. If you answered no to all the health insurance questions just asked, is that because you were uninsured during the last 12 months? **NoInsS**

☐ Yes

☐ No