Maine Health Care Is a Human Right Survey

Identifying Our Needs: The Problem

1. Do you currently have health insurance? [ ] YES [ ] NO
   a. If yes what type? [ ] Thru Employer [ ] Spouse’s or Parent’s Policy [ ] Medicaid [ ] Medicare [ ] Individual Plan [ ] Other_________

   b) What’s the longest period of time you have gone without health insurance? ________________

   c) [For people with employer based insurance] Have you seen your out of pocket costs for insurance increase? [ ] YES [ ] NO

      If yes, please describe:______________________________________________________________________________

      What is the cost of your deductible?______________________________________________________________

2. Have you ever had problems accessing health care? [ ] YES [ ] NO
   a) If yes, what were/are the reasons?________________________________________________________________________

   _________________________________________________________________________________________________

   _________________________________________________________________________________________________

   _________________________________________________________________________________________________

   _________________________________________________________________________________________________

3. Have you ever had to forgo health care because of costs? [ ] YES [ ] NO
   a) If YES, what type of care? [ ] Regular Check-Up [ ] Surgery [ ] Prescription Drugs [ ] Mental Health Care [ ] Dental Care [ ] Vision [ ] Other:________________________

   b) What costs have been difficult for you: [ ] Premiums [ ] Deductibles [ ] Co-pays [ ] Co-insurance [ ] Paying bills out-of-pocket [ ] Other: ___________

4. Have you, or someone in your family, ever experienced any of the following:
   a) Stayed in a job only to keep your health insurance? [ ] YES [ ] NO

      If yes, please describe:___________________________________________________________________________

   b) Been discriminated against when trying to get healthcare because of your race, immigration status, gender, sexual orientation, age, or disability? [ ] YES [ ] NO

      If yes, please describe:___________________________________________________________________________

   c) Developed more serious health problems because concerns around cost or coverage delayed treatment? [ ] YES [ ] NO

      If yes, please describe:___________________________________________________________________________

   d) Have had problems paying medical bills? [ ] YES [ ] NO

      If yes, please describe:___________________________________________________________________________

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e) Have you ever had to travel a significant distance to access the care you or your family needed?  
[ ] YES  [ ] NO  
If yes, please describe what care ________________________________ ________________________________

**Claiming Our Rights: The Action**

5. Do you think everyone in Maine should get the health care they need?  [ ] YES  [ ] NO

6: The Universal Declaration of Human Rights states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care."

Have you heard of this human right before?  [ ] YES  [ ] NO

7. Do you believe that health care is a human right?  [ ] YES  [ ] NO

   a) Do you believe our government has an obligation to protect the human right to health care?  
      [ ] YES  [ ] NO  [ ] NOT SURE

   b) Would you say that the human right to health care is protected here in Maine?  
      [ ] YES  [ ] NO  [ ] NOT SURE

8. Do you feel that you have a say in decisions about our health care system?  [ ] YES  [ ] NO

**Responsibilities of Government: The Solution**

9. What do you think of the idea of a universal health care system, which would be publicly funded from our taxes rather than paying premiums and deductibles to insurers and medical care providers?  
   [ ] LIKE IT  [ ] DON'T LIKE  [ ] NOT SURE

   a) If you could change anything about our health care system, what would it be?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

10. Any other comments you'd like to make?

___________________________________________________________________________________
___________________________________________________________________________________

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About you (this will help us analyze the results of this survey)

Which Maine county do you live in?

Which gender do you identify with:
[ ] Female       [ ] Male      [ ] Transgender

Your race or ethnicity:
[ ] White       [ ] African American       [ ] Asian
[ ] Latino      [ ] Native/Indigenous       [ ] Other:____________

Your age:_______

What is your annual household income?
[ ] less than $12,167       [ ] $12,168-$17,711       [ ] $17,712-$30,810
[ ] $30,811-$55,471       [ ] $55,472-$108,724       [ ] $108,725 or more

How many people are in your household?___________

What is your occupation? ______________
Thank you for completing this survey!

Do you want to get involved?
It is not necessary to give your personal information to do the survey. You can choose to remain anonymous. However, if you would like to get involved in our Health Care Is a Human Right Campaign, for example by telling your story, we need some way to get hold of you!

Name: ___________________________________________________________

Phone: __________________________________________________________________________

Address: __________________________________________________________________________

Email: __________________________________________________________________________

[ ] YES, I would like more information about the Health care Is a Human Right Campaign
[ ] YES, I would like to get involved!
[ ] Please keep my story anonymous, but you can contact me to get involved
[ ] I’m willing to share my story

Do you know someone else who has a health care story or would be good for us to reach out to?
________________________________________________________________________
________________________________________________________________________

This survey was collected:
Organizer________________________ Location __________________________ Date ____________

WHEN COMPLETE Please drop off at or mail back to the organization you are working with:
Maine People’s Alliance, Attn. Jennie, 565 Congress Street, Portland, Maine 04101
Maine AFL-CIO, Attn. Sarah, 21 Gabriel Drive, Augusta, ME 04330

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