



Community Health Insurance Survey

Please take a moment to _____ fill out this survey about health insurance. Your participation is voluntary and confidential, and you may choose to skip any of the questions below. The information gathered will be used for a baseline assessment of Rhode Island health care coverage in the fishing industry with the intention to potentially engage the State of Rhode Island and offshore wind developers to fund this program.

Thank you for your time.

Name: _____ Gender: M / F

Address: _____ City, State, Zip: _____

Preferred phone: _____ Email: _____

Do you work in the fishing industry? Yes No

Are you a harvester or part of a supporting business to the fishing industry?

harvester industry support

If you work for Industry support, what type of support? _____

What is your age? _____

Marital Status: Single Married/Domestic Partner Divorced/Separated Widowed

If you are married, does your spouse work in the fishing industry? Yes No

Age of spouse: _____

Number of dependent children: _____

Ages of dependent children: _____

Which members of your family have a primary care doctor? (mark all that apply)

Self Spouse/partner Children None

Which members of your family have health insurance? (mark all that apply)

Self Spouse/partner Children None

If you have health insurance, what type do you have? Employer plan Spouse's employer plan

Private Plan Medicaid Medicare HealthSourceRI I don't know

Provider Name: _____

If you don't have health insurance, why not? Too expensive I am between jobs. I don't need it.
 No plans fit my needs. I never go to the doctor. Paperwork is confusing.
 I don't have time to deal with it. Other: _____

Who makes most of the health care decisions in your family? Myself Spouse/partner
 Shared between myself and my spouse/partner Other: _____

How would you describe your current health? excellent good
 fair poor

How would you describe your family's current health?

Spouse: excellent good fair poor

Children: excellent good fair poor

What is your family income? _____

For a typical illness, what type of medical care provider do you visit? Primary Physician

Emergency room Urgent care / walk-in clinic None of the above

Describe your hospital usage per year for your household: Never go to the hospital

Maybe once a year 2-3 times a year 4 or more times a year

How confident are you that you could renew or enroll in a health insurance plan without help?

1 2 3 4 5
Not confident Neutral Very confident

Do you need assistance with health insurance enrollment or renewal? Yes No

Preferred contact: email phone letter text

What questions do you have about health insurance? _____

Thank you for your time. Please return completed surveys by email to fredmattera@cfcri.org or shayerooney@cfcri.org, or mail to:

**CFCRI
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Wakefield, RI 02880**