

Appendix A

GEO Health Benefits Survey

1. What is your position (please circle all that apply)? RA TA GA Fellowship Other
2. Are you a GEO member (circle one)? YES NO
3. Do you have health insurance outside of the UI insurance system (circle one)? YES NO
If so, what is it, and how did you get it (spouse/domestic partner, parents, independent purchase)?
4. On average, how many claims do you make to the university health insurance plan per semester?

- 5a. During your time at UIUC, have you ever visited the emergency room? YES NO
b. If yes, how many times? _____
c. What was your approximate out-of-pocket expense for these visits? _____
- 6a. During your time at UIUC, have you ever been hospitalized (circle one)? YES NO
b. If yes, how many times? _____
c. what was your approximate out-of-pocket expense? _____
d. For what, and for how long? _____
- 7a. Do you have a spouse/domestic partner(circle one)? YES NO
b. If yes, what insurance plan do they use (circle one below)?
No Insurance University Insurance Plan Other (specify)_____
- 8a. Do you have children? YES NO
b. If yes, what insurance plan are they on (circle one below)?
NO INS UNIV PLAN Other(specify)_____
9. Do you have any chronic conditions? YES NO
If no, skip down to 15
If yes, please answer the following:
- 10a. Do you require any regular prescription medications or medical supplies in order to treat these conditions? YES NO
b. If yes, what are they?
- 11a. Do you require any durable medical equipment (nebulizers, insulin pumps, wheel chairs, prosthetics, etc)? YES NO
b. If yes, what?
- 12a. Do you need to regularly see a specialist regarding these conditions? YES NO
b. If yes, how often?
- 13a. Do you regularly require some sort of medical procedure (surgery, endoscopy, MRI, etc) to treat these conditions? YES NO
b. If yes, what and how often?

14a. Are any of the preceding items **not** covered by your UI health insurance or McKinley health fee? YES NO

b. If yes, which ones?

15a. On average, how many times per semester have you used McKinley Health Center during your time at UI? (If none, skip to 19) _____

b. If you have, for what?

16a. Were you generally satisfied with those experiences? YES NO

b. If no, please explain.

17a. Did McKinley Health Center refer you to an outside physician for any reason? YES NO

b. If yes, what was your approximate out-of-pocket expense for that outside physician? _____

18a. Are any of your prescriptions not carried by McKinley? YES NO

b. If yes, what are they?

19. Have you sought assistance from a mental health professional while at UIUC? YES NO

If no, skip to 22

20a. Have you gone to the University Counseling Center during your time at UI? YES NO

If no, skip to 22 .

b. If yes, were you satisfied with that experience? Please explain. YES NO

21a. Did the Counseling Center refer you to an outside mental health professional? YES NO

b. If yes, what was your approximate out-of-pocket expense? _____

22a. Have you required dental care during your time at UIUC? YES NO

b. If yes, was it covered by the University dental coverage? YES NO

c. Approximately what was your out-of-pocket expense? _____

23a. Have you required vision care during your time at UIUC? YES NO

b. If yes, was it covered by the university vision plan? YES NO

c. What was your out-of-pocket expense? _____

24. What other health concerns do you believe the GEO health care committee should address?