



# ECONOMIC HUMAN RIGHTS VIOLATION REPORT

## HEALTH CARE ADDENDUM II, 2011

Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**ARTICLE 25—Right to well-being of a person and his or her family, including food, clothing, housing, medical care and necessary social services; right to security in the event of unemployment, sickness, disability, widowhood, old age or other uncontrollable circumstance; right to special care and assistance for motherhood and childhood.**

**Are you are a Medical & Medicare recipient with an ongoing chronic illness? Yes  No**   
**(If “No” Skip to next section)**

1. How long have received your medical services through Medical & Medicare?
2. Have you had to interrupt your medical care due to your eligibility status? Yes  No
3. Have you gone without medicine due to limitations set by Medi-Cal / Medicare? Yes  No
4. Do you have a regular doctor for your health care services? Yes  No
5. How long do you need to travel to receive care?

**Do you have Medical- with a share of cost? Yes  No**   
**(If “No” Skip to next section)**

1. Have you ever used your Medi-Cal Card? Yes  No
2. How much is your share of cost?
3. Tell us about your experience securing a provider that accepted Medi-Cal
4. Where you able to secure medical services in your community? Yes  No
5. Tell us about the quality of your health care services

**Are you employed full time or part-time? Yes  No**   
**Are you un-insured over the age of 21 and under the age of 65 ? Yes  No**   
**Are you a youth? Are you a student? Yes  No**

1. Do you worry about your health and ability to work with out health coverage? Yes  No
2. Have you had to overcome health issues with out health care insurance? Yes  No
3. Have you had to alter your life style due to the lack of health care access? Yes  No
4. Do you foresee having health insurance in your near future? Yes  No

## Generic Questions

1. Do you put off medical care until your condition is severe and then seek Treatment in an emergency room? Yes  No
  2. Do you have children over 18 who have been cut off your insurance and cannot afford their own? Yes  No
  3. Has health care been cut from your pension or pension plan? Yes  No
  4. Do you or will you have to work past retirement age to pay for medical care? Yes  No
  5. Have you ever been denied a medical procedure or the care of a specialist? By your medical insurer because of a pre-existing condition? Yes  No
  6. Do you work for a company that does not provide health insurance? Yes  No
  7. Have you ever been employed as a temporary worker without medical? Benefits or sick leave? Yes  No
  8. Have you ever had employee medical insurance and lost it when the job ended? Yes  No
  9. Are you self-employed and uninsured? Yes  No
  10. If you buy your own medical insurance, what is your monthly premium? \_\_\_\_\_
  11. Have you ever reached your maximum coverage and/or had your insurance cancelled? Yes  No
  12. Are you or is someone in your family, an elder who has lost or is at risk of losing your home because of the costs of a late-onset illness? Yes  No
  13. Are you a healthcare worker who has ever been unable to properly care for a patient due to lack of adequate medication/equipment/procedures? Yes  No
  14. Were you affected by the transition to Medicare D? Yes  No
  15. Have you ever been denied dental, vision, hearing or mental health care because your insurance did not cover it? Yes  No
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- Have you ever been denied or cut off welfare (cash, food stamps, medical, or SSI) Yes  No
- Have you ever lived in a house that was in dangerous conditions? Yes  No
- Have you ever been homeless? Yes  No
- Have you ever had your utilities shut off? Yes  No
- Has your family ever gone without meals because there wasn't enough money? Yes  No
- Have you ever had problems obtaining childcare for your children because you could not afford it? Yes  No
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**PLEASE SHARE ANY INFORMATION ABOUT YOUR EXPERIENCE IN THE HEALTHCARE SYSTEM BELOW:**