



# HCHS/SOL Health Care Questionnaire (HCE)

QxQ

3/15/2022

## Background and General Instructions

The purpose of this questionnaire is to understand patterns of health services use in the preceding 12 months, utilization of screening and preventive services, and health insurance status. This new version to be administered during Visit 3 has been expanded to assess health utilization patterns, use of adult preventive or screening services, and health insurance coverage and eligibility. Most of these questions were obtained from different national surveys, including the Behavioral Risk Factor Surveillance System (BRFSS), the National Health Interview Survey (NHIS), the Medical Expenditure Panel Survey (MEPS), the Health Information National Trends Survey (HINTS) and the 2010 U.S. Census Survey.

Upon asking each question, let the participant answer first. If the participant does not understand the question, the descriptions and explanations below will help you re-state the question. Once the concepts or terms are explained, ask the question again, and wait for an answer. If the participant does not answer immediately, you may read the alternatives, except for “Does not know/Not Sure” and “Refused”. Please note that for any given question, a specific answer and “Does not know/Not Sure/Refused” cannot co-exist. Either a specific answer or answers are provided, or the participant does not know/refuses to answer the question.

Please note that the time frames for some of the questions generally refer to the past 12 months. At the same time, some of the screening or preventive services are recommended to be performed at different time intervals (not necessarily every year). Also, screening and preventive services vary by age, sex, and underlying health status.

Although screening tests and continuity of care have been recommended to prevent diseases and/or complications, it will be good to maintain our objectivity and not judge participants’ answers. We need to let them feel comfortable: “there is no right or wrong answer”.

Finally, HCHS/SOL presents a unique opportunity to understand the relationship between having health insurance, utilization of health services, and future health outcomes. Place of birth, education, income, citizenship/documentation status, years living in the U.S., and other factors influence a person’s ability to have health insurance. For this reason, questions about citizenship and documentation have been added to this questionnaire.

## Question by Question Instructions

### Administrative Information

Be sure to complete the DEM-Demographics and PSE-Patient Safety Screen forms before you administer the Health Care Questionnaire.

0c, 0d, 0e, and 0f will be pre-filled upon form creation and cannot be updated or edited.

Please note: Q0f indicates the participant’s reported citizenship status. If this field is blank, it means this information is missing. Q19 on the form will give participants who are not citizens or whose citizenship information is missing another opportunity to report their status.

**Section A. The objective in the first block of questions (Q1-Q6) is to understand health care sought and received in the preceding 12 months.**

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Q1 In the past 12 months, did you receive any health care? (Select only one.)

The goal of this question is to document whether the participant received medical care in the preceding 12 months or not. Medical care can include routine physicals, regular doctor’s appointments, any ambulatory or in-hospital therapy, hospitalizations, acute or emergent care, filling prescriptions, and/or alternative medicine. It also includes medical care sought in the U.S. mainland (50 States), U.S. territories or any other country, and visits to alternative medicine providers in and outside of the U.S. If the participant answers anything but “Yes”, proceed to Question 3.

Q2 What was the reason for seeking health care? (Select all that apply)

The aim of this question is to learn what type of medical care participants sought. Here are some examples:

| Reason  | Examples  |
|---|---|
| a. Annual check-up (Examen anual)   | Annual physical or screening tests  |
| b. Pregnancy-related care (Cuidado médico relacionado al embarazo)                              | Outpatient prenatal care, procedures or tests done to monitor or diagnose the health of the mother and the child (e.g., sonogram, amniocentesis, screening tests to check the health of the baby)   |
| c. Acute care (Cuidado agudo)   | Sudden illness that did not require going to the emergency room. Include Urgent Care visits here and enter a Notelog that says “Urgent Care”.   |
| d. Injury or accident (Accidente o lesión)  | Any accident at home, at work or anywhere else that required medical attention  |
| e. Emergency care (Cuidado o servicios de emergencias)  | Any illness or event that required going to the emergency room or being treated and released by paramedics.   |
| f. Chronic or regular care of a disease (Cuidado de rutina)                                     | Scheduled or regular visits due to a chronic illness  |
| g. Obtaining a prescription or filling prescriptions (Obtener receta o medicamentos con receta) | Going to a clinic to get a new prescription or written renewal of a prescription, or going to a pharmacy to fill a prescription   |
| h. Hospitalization (Hospitalización)  | Acute or chronic illness, emergency or elective surgery that required hospitalization. Hospitalizations may range from 24-hour observation to days or weeks.<br>More specific examples: severe acute disease or complicated chronic diseases; labor and delivery; complications during pregnancy; surgeries; critical care (intensive care unit); chemotherapy; organ transplant  |
| i. Other  | Anything not listed above.<br>Hospitalizations in long-term care facilities (e.g., drug or physical medicine rehabilitation; long-term recovery from a debilitating disease, surgery or treatment);<br>Dental appointments and/or procedures;<br>Alternative medicine healers or consultants (e.g., sobadores, curanderos, botánicas);<br>Doctor or nurse home visits;<br>Having X-rays or other imaging performed outside of the doctor’s office;<br>Laboratory testing performed outside of the doctor’s office |

|                        |  |
|------------------------|--|
| j. Refused             |  |
| k. Don't know/Not Sure |  |

Wait for the participant to answer the question. If the participant seems to have difficulty answering, read the alternatives provided. **Select as many reasons as applicable.** **Participants may have sought medical care multiple times for different reasons each time.** If the reason(s) is (are) not listed, specify the reason(s) under “Other”. “Refused” and “Don’t know/Not Sure” cannot be selected if any other reasons are selected.

The reasons DO NOT need to be detailed like in the AFU interview. However, if the participant mentions a detailed reason/event, and it does not seem to fit in the categories provided, select “Other” and describe the reason.

Examples discussed during the Central Training:

- Medical care during pregnancy, but not related to the pregnancy itself (for example, appendicitis or abdominal pain during pregnancy) – Select “Other” and specify the best you can. In addition, you may select “Emergency services” or “Hospitalization” if the participant went to the Emergency room or was admitted to the hospital.
- Spontaneous abortion - Select “Other” and specify. In addition, you may select “Emergency services” or “Acute care” or “Hospitalization”, if any of these took place.
- Emergency surgery – This may qualify as both Emergency services and Hospitalization, depending on the scenario.

Q3 In the past 12 months, was there a time when you needed health care, but could not get it because of cost? (Select only one.)

This question aims at understanding whether a participant had a health or medical need but could not get it because of cost. If the participant answers “No”, “Refused”, or “Don’t know/not sure”, go to Question 5.

Q4 In the past 12 months, were you unable to get any of the following due to financial reasons? (Select all that apply.)

This question aims at understanding what kind of medical care or service participants could not get in the preceding 12 months because they could not afford it. They can select more than one answer.

|  |   |
|--|---|
| a. Prescription medications<br><i>Medicamentos con receta</i>                                    | Any medication that can only be obtained with a prescription. It does not include over-the-counter medications. |
| b. To go to see a general health care professional<br><i>Consulta con un médico generalista:</i> | General physician or nurse practitioner<br><i>Médico generalista o enfermera graduada o asistente</i>           |

|  |   |
|--|---|
| <p>c. To go to see a specialist</p> <p><i>Consulta con un médico especialista:</i></p> | <p>A physician or surgeon with a specialty: cardiologist (heart specialist); pulmonologist (lung specialist); dermatologist (skin specialist); oncologist (cancer specialist); ophthalmologist (eye specialist and surgeon); psychiatrist, psychologist (specialists in mental health and behavior); urologist (specialist of the urinary tract); obstetrician (specialist in pregnant women); gynecologist (specialist in women’s reproductive/sexual organs); and so on.</p> <p><i>Médico o cirujano con una especialidad. Por ejemplo, cardiólogo (especialista del corazón), neumólogo o pomólogo (especialista en los pulmones), dermatólogo (especialista de la piel), oftalmólogo (especialista y cirujano de los ojos), oncólogo (especialista en cáncer), psiquiatra, psicólogo, urólogo (especialista en el tracto urinario), obstetra (especialista en mujeres embarazadas) ginecólogo (especialista en los órganos reproductivos femeninos), etc.</i></p> |
| <p>d. Surgical procedure</p> <p><i>Procedimiento quirúrgico</i></p>                    | <p>Any surgery either minor (performed as an outpatient) or major (requiring hospitalization)<br/>Examples: heart surgery, organ transplant, bone or spine surgery, laser therapy for diabetic retinopathy (damage to the retina), cataract or glaucoma surgery, a biopsy (of any organ)</p> <p><i>Procedimiento quirúrgico menor o mayor, por ejemplo cirugía del corazón, trasplante de órganos, terapia de láser a la retina, cirugía de cataratas o glaucoma, biopsia.</i></p>  |
| <p>e. Clinical procedure</p> <p><i>Procedimiento clínico</i></p>                       | <p>Any diagnostic or imaging procedure that does not require surgery.<br/>Examples: bronchoscopy (examination of the bronchi with a camera), colonoscopy or sigmoidoscopy (examination of the intestine with a camera to detect cancer or other diseases), echocardiogram (a recorded image of the heart and its valves), CT scan, MRI, sleep studies, arthroscopy (examining a joint with a camera), and others.</p> <p><i>Procedimiento clínico, por ejemplo, broncoscopía, colonoscopía, sigmoidoscopía, radiografía, ecocardiograma, sonograma</i></p>  |

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|   |   |
|---|---|
| <p>f. Behavioral therapy, stress management/counseling/mental health services</p> <p><i>Consejería sobre estrés, terapia del comportamiento, servicios de salud mental:</i></p> | <p>Psychological or behavioral therapy, psychiatric services and treatment</p> <p><i>Terapia del comportamiento o psicológica, consejería o tratamiento psiquiátrico</i></p>  |
| <p>g. Dental care</p> <p><i>Servicios dentales</i></p>  | <p>Any dental-related care including routine exam and cleaning, treatment of cavities or periodontal disease, tooth extractions, root canal procedures, crowns, bridges, implants, etc.</p> <p><i>Limpieza, tratamiento de caries o enfermedad periodontal, extracción de dientes, bloqueo del nervio, coronas, puentes, implantes.</i></p> |
| <p>h. Eyeglasses or contact lenses</p> <p><i>Lentes con receta</i></p>  | <p>Eyeglasses that can only be obtained with a prescription. These do not include reading glasses that are sold at some pharmacies or department stores.</p> <p><i>Gafas, lentes, espejuelos, lentes de contacto, lentillas</i></p>   |
| <p>i. Other</p>   | <p>Ask the participant for the specific service or item and enter it in the form.</p>   |
| <p>j. Refused</p>   |   |
| <p>k. Don't know/Not Sure</p>   |   |

Q5 In the past 12 months, how many times did you go to an acute or urgent care center, or emergency room to get care for yourself?

0-99 times. Confirm visits are for the participant's own care, not for children, parents, etc.

Q6 In the past 12 months, not counting times you went to an emergency room or urgent care facility, how many times did you go to a doctor, nurse, or other health professional to get care for yourself for any reason?

0-99 times. Confirm visits are for the participant's own care, not for children, parents, etc.

**Section B. The objective of the second block of questions (Q7-Q11) is to understand the use of routine medical care and whether or not the participant has a place to seek medical care on a routine basis.**

Q7 Do you have one person you think of as your personal doctor or health care provider? (Select only one)

The aim of this question is to understand whether the participant has an established relationship with a health professional (for example, physician of any specialty or nurse practitioner). Participants can have one, more than one, or no personal health professional.

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Q8 Is there a place that you USUALLY go to when you are sick or need advice about your health?  
(Select only one)

This question asks about having one specific source of routine care. Wait for the participant's answer. If necessary, read the alternatives.

Q9 What kind of place do you go most often? (Select only one)

This question is to establish the type of facility the participant is most likely to go to for routine care. Wait for the participant's response. If necessary, read the alternatives.

If participant seeks care most often at an Urgent Care facility, use answer code 5=Some other place and enter a Notelog "Urgent Care".

Q10 Why don't you have a usual source of medical care? (Select all that apply)

Asked if Q9=6 Doesn't go one place most often.

This question asks a variety of reasons for not seeking routine care or for not having one specific source of routine care. Wait for the participant's answer. If necessary, read the alternatives.

Participants can select more than one answer. If the participant answers (i) Other, please ask the reason and record it in 10.i.1.

Q11 About how long has it been since you had a routine check-up by a doctor or other health professional?

A routine checkup is a general physical exam, not an exam for a specific injury, sudden illness, or condition. (Select only one)

This question intends to understand whether participants have had a regular check-up and when. This question refers to check-ups done by a health care provider within a clinical setting (e.g., doctor's office, private/public or community clinics). It does NOT refer to examinations done as part of a research study.

This question will be asked to all participants. Let the participant answer the question first. Only one answer should be selected. Read the alternatives only if the participant needs guidance. If the participant does not understand what a routine check-up is, the following explanation may be provided:

*"A routine check-up is a visit with a doctor or other health professional for assessing overall health, usually not prompted by a specific illness or complaint. It usually includes a blood pressure check and may include taking a blood sample for analysis and questions about health behaviors such as smoking, or an established follow-up visit due to a chronic disease (like diabetes, HIV, cancer, high cholesterol)".*

*"Un chequeo de rutina es un examen físico general, que no se realiza como consecuencia de una lesión, enfermedad repentina o afección específica. Por lo general, durante un examen de rutina se le examina la presión arterial, se le pudieran tomar muestras de sangre y hacer preguntas sobre hábitos de salud como el fumar, o pudiera ser una visita de seguimiento para una enfermedad crónica".*

Note: If participants state that their last routine exam or physical was the one done in SOL Visit 2, ask them if they had any prior to the SOL Visit 2. If they had a physical or routine visit prior to the

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SOL Visit 2 (and it was done in CLINICAL setting), select “5 years or longer”. If they re-state that the last routine or only routine exam they have had was done at the SOL Visit 2 or as part of a research project, select “Never”. This question addresses the use of health/medical services in a clinical setting, not a research setting.

Answer choices include:

1. Within past year = less than 12 months ago (<12 months)
2. Within past 2 years = at least 1 year ago but less than 2 years ago ( $\geq 1$  year, <2 years)
3. Within past 3 years = at least 2 years ago but less than 3 years ago ( $\geq 2$  years, < 3 years)
4. Within past 5 years = at least 3 years ago but less than 5 years ago ( $\geq 3$  years, <5)
5. 5 or more years ago ( $\geq 5$  years)
6. Never
8. Refused
9. Don't know/Not Sure

### **Section C. The objective of this question (Q12) is about utilization of services by persons with diabetes.**

- Q12 In the past 12 months have you yourself, your family or a doctor checked the following for you:
- a. Your glucose (sugar) levels?
  - b. Your hemoglobin A1c levels?
  - c. Your eyes for damage to the retina?
  - d. Your urine to determine if your diabetes is affecting your kidneys?
  - e. Your feet for sores or lesions?
  - f. Your blood pressure?
  - g. Your lipid levels?
  - h. Refused
  - i. Don't know/Not Sure

This consolidated question from past SOL Health Questionnaires seeks to discover whether the participant has continued, or had family members or health care professionals continue, to monitor the status of their diabetes through routine testing/vigilance.

### **Section D. The fourth block of questions (Q13-18) relates to health insurance.**

- Q13 Do you have health insurance or health care coverage? (Select only one.)

This question seeks to understand whether the participant has health insurance (any type) or not. Only one answer should be selected. If the participant answers “No” or “Refused”, proceed to Question 15. If the participant answers “Yes” or “Don't know/Not Sure”, proceed to the next question (Q14).

- Q14 Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (Mark "Yes" or "No" for EACH type of coverage in items a – h)
- a. Insurance through your current or former employer or union (or employer of your spouse, partner, or another family member)
  - b. Insurance purchased directly from an insurance company (by you or another family member)
  - c. Medicare, for people 65 and older, or people with certain disabilities
  - d. Medicaid, Medi-Cal, or any kind of government medical assistance plan for those with low income or a disability

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- e. Veterans Administration (VA) (including those who have ever used or enrolled for VA health care)
- f. TRICARE, CHAMPUS or other military health care plan
- g. Indian Health Service
- h. Any other type of health insurance or health coverage
  - a. h.1 Other, specify: \_\_\_\_\_
- i. Refused
- j. Don't know/Not Sure

This question seeks to understand the type of insurance the participant has. The participant may choose more than one answer. If the participant selects "Other", ask for specific type of plan and record it. Get as specific information as possible.

Question asked during the Central Training: If the participant answers "I have Obamacare", acknowledge the answer and ask: "*I understand you got health insurance through Obamacare or (the Affordable Care Act- Ley de Cuidado de Salud a Bajo Precio). Do you remember the specific plan under which you are covered? Is it...?*" and ask again for the specific coverage (e.g., Medicaid, private insurance). You may read the alternatives provided. Get as specific information as possible.

Residents of the state of New York may be covered by Medicaid that is managed by a private group, giving them the impression they have a "private plan". For example, Metroplus, Affinity, Health First, and Fidelis are managed Medicaid health systems in the Bronx area. If a participant from the Bronx reports having a "private or individual plan", the interviewer may ask whether the plan is one of those listed above and record it. If that is the case, the actual plan/coverage is Medicaid. A similar scenario (with different names) might be reported in the other cities. Get acquainted with the local health plans.

- Q15 The health reform law (commonly known as the Affordable Care Act or "Obamacare") establishes new federal and state marketplaces (also called exchanges) where the uninsured and workers in small businesses can go to purchase insurance. In the past 12 months, have you acquired coverage through one of these new marketplaces (Covered California; [nystateofhealth.ny.org](http://nystateofhealth.ny.org); [HealthCare.gov](http://HealthCare.gov); [CuidadodeSalud.gov](http://CuidadodeSalud.gov))? (Select only one.)
- Q16 In the past 12 months, have you received coverage for medical expenses through Emergency Medicaid? (Select only one)
- Q17 [Skip if Q15=1 (Yes)] About how long has it been since you last had health insurance coverage? (Select only one).
- 1=6 months or less
  - 2=More than 6 months but not more than 1 year
  - 3=More than 1 year but not more than 3 years
  - 4=More than 3 years
  - 5=Never had insurance
  - 8=Refused
  - 9=Don't know/Not Sure

If the participant answered "No" to Question 15, we want to know how long the participant has been without insurance. Select only one answer.

- Q18 What are the main reasons you do not currently have health insurance? (Check all that apply.)



If the participant does not have insurance, ask reasons why. The participant may choose more than one answer. Please, note that one of the reasons asks about citizenship status.

**Section E. The last block of questions (Q19-20a) pertains to citizenship status.**

The following questions are asked of each participant that indicated they were not a US citizen, or whose citizenship information is missing. The purpose of this set of questions is to learn about the participant's citizenship status, so it may be correlated with health insurance status and select health endpoints. Due to the sensitive nature of these questions, participants should be assured of several aspects of this interview. The following text may be used to introduce this section of the questionnaire. The last sentence of the text refers to an action that may be performed at the NIH level: blocking or removing this set of answers before the study data are available to the general public through the NHLBI data repository.

*In this last section of the questionnaire, I will ask you some questions about your place of birth and citizenship status. Some people find these questions to be sensitive or private in nature. Some persons do not feel comfortable answering them. You may choose to answer some of them, or not answer them at all. We, the SOL team, respect your decision. If you choose to NOT answer some or any of the questions, we want to assure you that your participation in the study or any referrals that have been scheduled for you WILL NOT be affected. We will keep your answers confidential. We will block your answers so no one outside of the study will be able to see them.*

*En esta última sección del cuestionario le voy a hacer algunas preguntas sobre su lugar de nacimiento y ciudadanía. Algunas personas consideran que estas preguntas son de carácter sensible o privado. Algunas personas no se sienten cómodas respondiendo a estas preguntas. Usted puede decidir si quiere responder algunas de estas preguntas o ninguna de ellas. Nosotros, el equipo de SOL, respetamos su decisión. Le aseguramos que si decide no responder a estas preguntas, su participación en el estudio o los referidos que hayan sido programados no se afectarán. Mantendremos sus respuestas de manera confidencial. Bloquearemos sus respuestas de manera que nadie fuera del estudio las vea.*

Q19 Are you a U.S. citizen? (Select only one).

Select only one answer from the list. If the participant answers "No", proceed to the last question. Otherwise, this is the end of the questionnaire.

Q20 If the previous answer is "No, not a U.S. Citizen", which of the following situations describes you best? (Select only one).

Select only one answer from the list.

Q20a If Q20=3 (Other), specify the type of visa.