



HCHS/SOL V2- Health Care Questionnaire HCE/HCS- QxQ

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 2 has been expanded in order 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, gender 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, the 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. -among 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

Section A. The first block of questions (Q1-Q8a) pursues to understand health care sought and received in the preceding 12 months.

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 range from 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 5.

Health Care Questionnaire- HCE/HCS

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
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
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. 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. Hospitalizations in long-term care facilities (e.g. drug or physical medicine rehabilitation; long-term recovery from a debilitating disease, surgery or treatment); Dental appointments and/or procedures; Alternative medicine healers or consultants (e.g. sobadores, curanderos, botánicas); Doctor or nurse home visits; Having X-rays or other imaging performed outside of the doctor's office; Laboratory testing performed outside of the doctor's office

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.

Health Care Questionnaire- HCE/HCS

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, where did you receive your medical care?

The aim of this question is to learn where medical care or services were sought, excluding dental care. Medical care or services include any type of medical care like those listed under Q2. This question may have multiple answers. First ask the location, then the frequency. If a participant answers “All the time” to any given location, it is not necessary to ask about other locations and frequencies (go to Q4).

Q4 This is a similar question, but addresses dental care only. Dental care includes dental exam and procedures (e.g. cleaning, tooth extraction, crowns, fillings, etc.) First ask the location, then the frequency. If a participant answers “All the time” to any given location, it is not necessary to ask about other locations and frequencies (go to Q5).

If a participant answers “All the time” to U.S. mainland, it would be logical to think that Q7a and Q8a would automatically be “All”. However, you still need to ask these questions (Q7a and Q8a).

If a participant answers “None of the time” to all alternatives in Q3 and Q4, consider asking Q1 again. Answering “Yes” to Q1 and “None of the time” to all alternatives contradict or cancel each other. This might require changing Q1 to “No”, and skipping to Q5.

Q5 In the past 12 months, was there a time when you needed health care, but could not get it? (Select only one.)

This question aims at understanding whether a participant had a health or medical need and attempted to get care, but could not get it. If the participant answers “No” or “Refused”, go to Question 9.

Q6 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.

Prescription medications <i>Medicamentos con receta</i>	Any medication that can only be obtained with a prescription. It does not include over-the-counter medications.
--	---

Health Care Questionnaire- HCE/HCS

<p>To go to see a general health care professional</p> <p><i>Consulta con un médico generalista: Médico generalista o enfermera graduada o asistente</i></p>	<p>General physician or nurse practitioner</p>
<p>To go to see a specialist</p> <p><i>Consulta con un médico especialista: 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>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>Surgical procedure</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>Any surgery either minor (performed as an outpatient) or major (requiring hospitalization) 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>Clinical procedure</p> <p><i>Procedimiento clínico, por ejemplo, broncoscopía, colonoscopía, sigmoidoscopía, radiografía, ecocardiograma, sonograma</i></p>	<p>Any diagnostic or imaging procedure that does not require surgery. 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>Behavioral therapy, stress management/counseling/mental health services</p> <p><i>Consejería sobre estrés, terapia del comportamiento, servicios de salud mental: Terapia del comportamiento o psicológica, consejería o tratamiento psiquiátrico</i></p>	<p>Psychological or behavioral therapy, psychiatric services and treatment</p>

Health Care Questionnaire- HCE/HCS

<p>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>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>Other</p>	<p>Ask the participant for the specific service or item and enter it in the form.</p>

Q7 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? (Select only one.)

The aim of this question is to understand how many times participants sought acute, emergency or urgent care (for their own health issues) in the preceding 12 months **for their own care (not for the care of someone else)**. These include visits to emergency rooms that are part of a hospital, standing alone emergency rooms, urgent care centers (similar to standing alone emergency rooms), and acute care centers (either part of a hospital or standing alone). Acute care centers can include “Doc-in-the-box” clinics. The important aspects of this question are: (a) it was a sudden health issue that required immediate care, and (b) number of times that this type of setting was visited due to urgent health care issues. The reason for attending these facilities could have been the same or different each time. If the participant answers “0”, proceed to Question 8. Otherwise, proceed to the next question.

If a participant answers “All the time” to U.S. mainland, it would be logical to think that Q7a and Q8a would automatically be “All”. However, you still need to ask these questions (Q7a and Q8a).

Q7a How many of these visits took place in the U.S. mainland? (Select only one.)

If the participant reported 1 or more visits under Q7, ask how many of the visits took place in the U.S. mainland using the scale provided. Only one answer can be selected. Proceed to the next question.

Q8 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?

This question is similar to Q7, except that it is about outpatient services or doctor visits that WERE NOT urgent or emergent. To guide participants, you can mention ambulatory clinics that are known in the community, CVS/Walgreens/Walmart or other store ambulatory services, free clinics or private clinics. If the participant answers “0”, proceed to Question 9.

Q8a How many of these visits took place in the U.S. mainland? (Select only one.)

If the participant reported 1 or more visits under Q8, ask how many of the visits took place in the U.S. mainland using the scale provided. Only one answer can be selected. Proceed to the next question.

Section B. The second block of questions (Q9-Q12) pursues to understand the use of routine medical care and whether or not the participant has a place where to seek medical care on a routine basis.

Q9 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. Proceed to the next question. Note: there is NO SKIP pattern for this question. Participants may not have an established relationship with a health professional, but every time they need medical services they would go to the same facility (topic of the Q10-11).

Q10 What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up? (Select all that apply.)

This question pursues to understand what kind of setting participants visit for routine medical care and whether they do seek routine medical care or not. Wait for the participant's answer. If the participant answers include any of the options listed in 10a to 10c, then proceed to Q12 (i.e., Yes to 10a, **or** 10b, **or** 10c; go to Q12).

If the participant answers do not include any of the options listed in 10a to 10c, then proceed to select options from Q11 (i.e., No to 10a, **and** 10b, **and** 10c; go to Q11).

Q11 If the participant answers do not include any of the options listed in 10a to 10c, proceed to select the routine care they usually seek from options provided in Q11. If the participant answers include 11d, please ask them to specify the "other place" and enter it in the form; you can mention ambulatory clinics that are known in the community, CVS/Walgreens/Walmart or other store ambulatory services. If any items from 11a to 11d are selected go to Q13.

Q12 Why don't you have a usual source of medical care? (Select all that apply.)

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. Proceed to the next question.

Section C. The third block of questions (Q13-Q30) is about utilization of screening or preventive services, and chronic care.

There are a variety of screening tests for transmissible (infectious) and non-transmissible (non-infectious) diseases of the adults. Some tests are performed on an annual basis, others at less frequent intervals. Some persons have debilitating chronic diseases, practice certain lifestyle, work in high-risk environments or have strong family of certain diseases that make them susceptible to specific chronic diseases or infections. There are some age-specific and gender-specific screening tests. Therefore, the following set of questions has multiple skip patterns since

Health Care Questionnaire- HCE/HCS

they are not meant to be asked to all participants. Very few participants would be required to answer all questions.

- Q13 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. 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 1, ask them if they had any prior to the SOL Visit 1. If they had a physical or routine visit prior to the SOL Visit 1 (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 1 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.

Only one answer should be selected. Proceed to the next question.

- Q14 About how long has it been since you had a flu vaccination (shot or nasal spray)? (Select only one.)

This question will be asked to all participants. Let the participant answer the question first. Read the alternatives only if the participant needs guidance. If the participant does not understand what the flu vaccination is, the following explanation may be provided:

"A flu shot is given in the fall and protects against the influenza virus during the flu season. A flu vaccine can be given as a shot or sprayed in your nose by a doctor or other health professional. A health professional may have let you spray it. This vaccine in spray is also known as FluMist".

"La vacuna contra el virus de la influenza se ofrece en el otoño y le protege durante la temporada de la gripe. La vacuna contra la gripe la administra un médico u otro profesional de la salud mediante inyección o aerosol (spray) nasal. El profesional de la salud le puede permitir que Ud. mismo(a) se aplique el aerosol. Esta vacuna en aerosol se conoce como "FluMist".

Health Care Questionnaire- HCE/HCS

NOTE for context or clarification only: The flu vaccine is not the same as the pneumonia vaccine. The CDC recommends getting the flu vaccine every year (in the Fall). The pneumonia vaccine is administered to persons of certain age groups and with certain health profile, and may require revaccination 5 years after the first dose.

Only one answer should be selected. Proceed to the next question.

- Q15 A pneumonia shot or pneumococcal vaccine (Pneumovax®, Pnu-Imune ®) is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (Select only one.)

Only one answer should be selected. Proceed to the next questions.

- Q16 About how long has it been since you received the tetanus vaccine for adults (booster)? (Select only one.)

This question will be asked to all participants. Let the participant answer the question first. Read the alternatives only if the participant needs guidance.

Only one answer should be selected. If the participant selects any answer in the affirmative (1-5), proceed to Q16a. Otherwise, proceed to Q17.

- Q16a. If you have received the tetanus vaccine, was that tetanus vaccine combined with the pertussis or whooping cough vaccine? (Select only one)

This question will be asked to participants who did receive the tetanus vaccine. If the participant does not understand what the pertussis or whooping cough is, the following explanation may be provided:

“Pertussis is a bacterial infection of the respiratory system. Small children, especially those under age 2 years, are very susceptible to it. There is a vaccine against pertussis that is administered to very young children to prevent the infection. Currently there is pertussis vaccine for adults, which is combined with the tetanus booster vaccine for adults”.

“Pertussis o tosferina es una infección bacteriana del tracto respiratorio. Los niños pequeños, especialmente aquellos menores de 2 años, son muy susceptibles a esta infección. Hay una vacuna contra la pertussis que se les administra a los niños para prevenir la infección. En la actualidad hay otra vacuna contra la pertussis diseñada para los adultos, la cual está combinada con el refuerzo de la vacuna contra el tétano.”

Only one answer should be selected. Proceed to the next question.

Clarification after Central Training:

Note for questions on screening and preventive services: These questions are intended to understand whether these tests have been done in a clinical/health system setting, not in a research setting or as part of a research study. Although we are not actively asking for the specific setting, some participants may disclose this additional information. In general, if the test was done last or only as part of a research study (including SOL Visit 1), the answer will be “Never”. If a test was done prior to participating in a research study, select the time frame accordingly.

Health Care Questionnaire- HCE/HCS

Example:

A participant reports that X test was done as part of SOL Visit 1. Ask the participant if the test was done prior to that visit at a clinic or doctor's office. If it was, ask the approximate date and select the time frame (most likely "5 years or longer"). If the test was only done at SOL Visit 1, select "Never".

- Q17 [All participants] About how long has it been since you had your vision checked (ability to see) by a doctor or an optometrist? (Select only one.)

This question will be asked to all participants. Let the participant answer the question first. Read the alternatives only if the participant needs guidance. This question aims at understanding how long it has been since the participant had his/her vision checked. The vision test may be performed by a physician, an ophthalmologist or an optometrist. If the participant does not understand the question, the following explanation can be provided:

"A test to check your vision consists of asking you to read letters in different sizes while covering either eye or without covering them at all. Also, you may be asked to look at pictures with different colors. This test may be required before issuing a driver's license".

"Un examen de la vista consiste en pedirle que lea letras de diferentes tamaños mientras se cubre un ojo o sin cubrir ninguno de ellos. También se le pide que vea ilustraciones de diferentes colores. Este examen es uno de los requisitos para obtener la licencia de conducir."

Only one answer should be selected. Proceed to the next question, according to the skip pattern.

- Q18 [All participants] Has a doctor or other health professional EVER told you to take a low-dose aspirin every day or every other day to prevent or control heart disease? (Select only one)

This question will be asked to all participants. Let the participant answer the question first. Read the alternatives only if the participant needs guidance. This question aims to understand whether aspirin has been recommended to persons at a higher risk of a heart attack or cardiovascular disease. If the participant answers "Yes", proceed with Q15a. If the participant answers anything but yes, proceed to the next question according to the skip pattern. Only one answer should be selected.

NOTE: Low-dose aspirin = 81 mg aspirin or baby aspirin.

- Q18a Are you NOW following this advice?

Participants must select one answer. If the participant answers "No", please ask the reasons (examples, allergy, stomach ache, excessive bleeding), and record them. Proceed to the next question, according to the skip pattern.

- Q19 [All participants] Have you EVER had a test to detect colorectal cancer (cancer of the colon, large intestine and rectum)? (Select only one.)

This question will be asked to all participants. Let the participant answer the question first. Read the alternatives only if the participant needs guidance. Colorectal cancer is also known as cancer of the colon (large intestine). Screening for colorectal cancer may involve one or more of the following tests: fecal occult blood test, flexible sigmoidoscopy or colonoscopy. If the participant does not know what tests are done to detect colorectal cancer, the following explanation may be provided:

Health Care Questionnaire- HCE/HCS

“A fecal occult blood stool test is a test that you do at home using a special kit or cards provided by a doctor or other health professional to determine whether the stool contains blood or DNA (genes of colon cancer), and is sent to a doctor or laboratory for testing. A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum (through the anus) to view the colon (large intestine) for signs of cancer or other problems. The difference is that tube used during the sigmoidoscopy is shorter (looks at a shorter portion of the large intestine), and you are awake and can drive yourself home after the test. The tube used for colonoscopy is longer in order to visualize a longer portion of the large intestine. During the colonoscopy, a medication to make you relax is administered; since you might feel sleepy and would need someone to drive you home.”

“La prueba de sangre en las heces (excremento, caca) se puede hacer en casa con un kit especial para detectar la presencia de sangre o ADN (genes del cáncer del colon) en las heces, y después se envía a un médico o laboratorio para su análisis. La sigmoidoscopia y la colonoscopia son exámenes en los que se inserta un tubo en el recto para visualizar el colon a fin de detectar signos de cáncer u otros problemas. Para realizar la SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para detectar signos de cáncer u otros problemas. La COLONOSCOPIA es un examen similar, pero se utiliza un tubo más largo para ver una porción más extensa del intestino grueso. Durante la colonoscopia se le administra un medicamento para relajarlo; como pudiera sentirse con sueño, se le recomienda que deje que alguien lo lleve de vuelta a su casa”.

Only one answer should be selected.

Q19a If yes or not sure, what test?

If the participant answered “Yes” or “Don’t know/ Not Sure” to Q19, ask what test and record it. Also record the approximate date or year in which the test was done. Proceed to the next question according to the skip pattern.

Q20 **[All participants]** Have you EVER had a human papilloma virus (HPV) vaccination? (Select only one.)

This question will be asked to all participants. Let the participant answer the question first. Read the alternatives only if the participant needs guidance. If the participant does not know what the HPV vaccination is, the following explanation might be provided:

“A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, or HPV shot. The brand name of the HPV vaccine for women is either GARDASIL or CERVARIX, and for men GARDASIL”.

“Una vacuna para prevenir el virus del papiloma humano o la infección por VPH está disponible y se llama la vacuna contra el cáncer cervical o verrugas genitales, o vacuna contra el VPH. El nombre de marca de la vacuna contra el VPH para mujeres es GARDASIL o CERVARIX, y la vacuna para hombres GARDASIL.”

Only one answer should be selected. If the participant answered “Yes”, proceed to Q20a. Otherwise, proceed to the next question according to the skip pattern.

Health Care Questionnaire- HCE/HCS

Q20a How many HPV shots did you receive?

If the participant answered “Yes” to Q20, record how many HPV shots they received.

Q21 **[Woman only]** How long has it been since you had your last mammogram? (Select only one).

This question will be asked to women only. Let the participant answer the question first. Read the alternatives only if the participant needs guidance. If the participant does not know what a mammogram is, the following explanation may be provided:

“A mammogram is an x-ray of each breast to look for breast cancer.”

“La mamografía es una radiografía que se realiza en ambos los senos (pechos, mamas) para detectar cáncer”

Note: We are asking about mammogram, not sonograms or other imaging of the breasts or thorax. Mammograms are done with specialized machines and are rather uncomfortable. Someone who has had a mammogram will remember it.

Only one answer should be selected. Proceed to the next question according to the skip pattern.

Q22 **[Woman only]** How long has it been since you had your last Pap test (test of cancer of the cervix)? (Select only one).

This question will be asked to women only. Let the participant answer the question first. Read the alternatives only if the participant needs guidance. If the participant does not know what a Pap smear is, the following explanation may be provided:

“A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab”.

“La prueba de Papanicolaou o Pap es un examen de rutina para mujeres en la cual el médico examina el cérvix (cuello uterino, cuello de la matriz), toma una muestra de células del cérvix con un pequeño palillo o cepillo, y lo envía al laboratorio.”

Only one answer should be selected. Proceed to the next question according to the skip pattern.

Q23 Have you had a test to detect osteoporosis (low density of the bones)? (Select only one).

This question should be asked to women aged 65 years and older. Let the participant answer the question first. Read the alternatives only if the participant needs guidance. If the participant does not know what the osteoporosis test is, the following explanation might be provided:

“Osteoporosis test is an X-ray of your bones (vertebral column and hip) to look at the thickness of your bones, and know whether or not you are at risk of having a fracture”.

“La prueba de la osteoporosis consiste en tomarle una radiografía de sus huesos (columna vertebral y la cadera) para evaluar el grosor de estos (cuán gruesos o densos son), y saber si está en riesgo de una fractura o no.”

Note: Bone densitometry for the detection of osteopenia (bone loss) or osteoporosis (severe bone loss at risk of fracture) is estimated in the vertebrae and either hip. A special X-ray machine is used of this purpose.

Only one answer should be selected. Proceed to the next question according to the skip pattern.

Please note that Questions 24-30 will be asked to participants with diabetes only.

- Q24 About how long has it been since you had your eyes checked, in which your pupils were dilated, to determine whether diabetes has affected your retina (the inner layer of your eyes)? (Select only one.)

This question may be asked to any person with diabetes. Having one eye, past history of cataract or other eye surgery, glaucoma or eye infections are not exclusions to this question. If the participant is “legally blind” you may ask the question. Some patients with retinitis pigmentosa or other chronic eye diseases would still need this test, so you may ask this question to them. If the participant has absolute blindness, absence of both eyes or informs that his/her doctor has indicated that this test is not necessary, select “not medically indicated”.

Note: Sometimes the funduscopy exam (exam of the retina) includes taking pictures of the retina.

Let the participant answer the question first. Read the alternatives only if the participant needs guidance. This question pursues to understand whether the participant has undergone an exam of the retinae (background of the eye) to detect damage caused by diabetes.

The following explanation may also be provided:

“When was the last time you had an eye exam in which the pupils were dilated? The doctor or health provider would have applied some eye drops before doing the exam. This would have made you temporarily sensitive to bright light.”

“¿Cuándo fue la última vez que le hicieron un examen de la vista en el que le dilataron las pupilas? El médico o profesional de la salud le habría aplicado unas gotas en sus ojos antes de hacer el examen. Esto le habría ocasionado una sensibilidad temporal a la luz brillante”.

Only one answer should be selected. Proceed to the next question according to the skip pattern.

- Q25 About how long has it been since you had a urine test done to determine whether diabetes has affected your kidneys? (Select only one.)

This question pursues to understand whether the participant has been asked to do a urine collection to check kidney function and albumin (protein) spilling in the urine to detect damage that could be caused by diabetes. Let the participant answer the question first. Read the alternatives only if the participant needs guidance.

This question may be asked to individuals with one kidney, recipients of kidney transplant or history of other kidney diseases. If the participant is on dialysis, select “not medically indicated”. If the participant reports that the only or last time this test was done was during SOL Visit 1 or as part of a research study, select “Never”. This question is intended to understand whether this screening test has been done in a clinical/health system setting, not in a research setting.

Only one answer should be selected. Proceed to the next question according to the skip pattern.

Health Care Questionnaire- HCE/HCS

Q26 In the past 12 months, have you or a family member or friend checked your feet for any sores or lesions? (Select only one.)

This question pursues to understand whether the participant or someone close to him/her check his/her own feet to detect lesions that they may not feel due to loss of sensation (diabetic neuropathy). Let the participant answer the question first. Read the alternatives only if the participant needs guidance. Only one answer should be selected. Proceed to the next question according to the skip pattern.

Q26a If yes, how often have you checked your feet for any sores or lesions? Include times when checked by the participant, a family member, or friend, but do NOT include times when checked by a health professional. (Select only one.)

If the participant answered "Yes" to the previous question, ask number of times. Select one answer. Note that the scale is different than the one discussed during the Central Training. Prompt participants to give you an approximate number. Proceed to the next question according to the skip pattern.

Q27 In the past 12 months, did a doctor, nurse or other health professional check your feet for sores or lesions? (Select only one.)

This question pursues to understand how many times the participant's physician or another health care professional has checked his/her feet. This is done to detect infections or skin disruptions that the participant may not feel due to loss of sensation (diabetic neuropathy). Let the participant answer the question first. Read the alternatives only if the participant needs guidance. Only one answer should be selected. Proceed to the next question according to the skip pattern.

Q27a If yes, about how many times?

If the participant answered "Yes" to the previous question, ask number of times. Proceed to the next question according to the skip pattern.

Q28 Do you, a family member or friend check your blood glucose (sugar)? (Select only one).

This question pursues to understand if participants or someone close to them check their blood glucose at home. Only one answer should be selected. Proceed to the next question according to the skip pattern.

Q28a If yes, how often have you checked your blood glucose (sugar)? Include the times when checked by the participant, family member, or friend, but do NOT include times when checked by a health professional. (Select answer according to the protocol listed below.)

If the participant answered "Yes" to Q28, ask number of times according to the following sequence.

- a.1. Enter times per day, and proceed to a.2.
If the participant states something like "sometimes", "when I remember", "whenever", then prompt to remember or ask the participant to give an approximate number of times per day. If the participant DOES NOT check his/her glucose daily, enter 00, and proceed to a.2 (number of days per week)

Health Care Questionnaire- HCE/HCS

- a.2. Enter number of days per week. If answer is greater than 00 go to Q29. If the participant states something like “sometimes”, “when I remember”, “whenever”, then prompt to remember or ask the participant to give an approximate number of days per week. If the participant checks his/her blood glucose less than 1 day a week or does not check his/her blood glucose every week, enter 00, and proceed to a.3.
- a.3. Enter number of days per month. If the participant states something like “sometimes”, “when I remember”, “whenever”, then prompt to remember or ask the participant to give an approximate number of days per month.

Proceed to the next question according to the skip pattern.

- Q29 A test for hemoglobin A1c measures the average blood glucose (sugar in the blood) level in the previous 3 months. In the past 12 months, a physician, a nurse or other health professional checked your hemoglobin A1c? (Select only one).

This question pursues to understand whether the participant is aware of having had a hemoglobin A1c test done. Only one answer should be selected. Proceed to the next question according to the skip pattern.

- Q29a If yes, how many times?

If the participant answered “Yes” to the previous question, ask the number of times the participant recalls having his/her hemoglobin A1c test done. Proceed to the next question according to the skip pattern.

- Q30 Do you know your hemoglobin A1c level? (Select only one)

This question pursues to understand whether participants know what their level hemoglobin A1c is. Participants do not need to report the value, nor the hemoglobin A1c value needs to be recorded. Only one answer should be selected. Proceed to the next question (Q31).

Section D. The fourth block of questions (Q31-38) relates to health insurance.

- Q31 Do you have health insurance or health care coverage? (Select only one.)

This question pursues 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 36. If the participant answers “Yes” or “Don’t know/Not Sure”, proceed to the next question (Q32).

- Q32 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)

This question pursues 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.

Health Care Questionnaire- HCE/HCS

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.

Q33-Q35 These questions pursue to understand if the participant has purchased or received coverage through a variety of health insurance plans available through the Affordable Care Act (ACA) and other government-sponsored programs.

Q33 The health reform law (commonly known as the Affordable Care Act, Ley de Cuidado de Salud a Bajo Precio or “Obamacare”) establishes new federal and state marketplaces (also called exchanges) where the uninsured and workers in small businesses can go to purchase insurance. Have you acquired coverage through one of these new marketplaces (Covered California; nystateofhealth; HealthCare.gov; CiudadodeSalud.gov)? (Select only one)

As of October 23, 2013, California and New York have their own state market places (Covered California and nystateofhealth, respectively), but Illinois and Florida do not. Residents from Florida and Illinois would apply to any of the insurance plans offered through Obamacare through the federal website (Healthcare.gov or CiudadodeSalud.gov). Please, familiarize with your local ACA plans.

Only one answer must be selected.

Q34 In the past 12 months, have you received coverage for medical expenses through Emergency Medicaid? (Select only one).

This question will be asked to all participants with (Q34) and without insurance (Q38). Some participants may have been off insurance at the time they claimed coverage through Emergency Medicaid, but have insurance now.

Emergency Medicaid is designed for treating people when there is any need of sudden treatment in emergency cases. There are many occasions when there is medical emergency when the patient is in very critical situation then the emergency Medicaid helps the person to get treated and recover. Emergency Medicaid is only available for sudden medical emergencies which are very serious like serious jeopardy, impairment of body functions, dysfunction of any body part etc. There is no payment needed if any candidate is eligible for taking emergency Medicaid, but the Emergency Medicaid does not pay for treatment of any other things even if there is a serious case which can be life threatening. The Emergency Medicaid cannot be approved in advance until the medical review team says that there is an emergency in the case. While citizenship or legal immigration plays no part in awarding these benefits, the other requirements for Medicaid must be met. In other words, immigrants (with and without documentation) could apply for Emergency Medicaid, and be awarded with it, but might not qualify for regular Medicaid.

El Programa de Medicaid de Emergencia (Emergencia Médica para Extranjeros) está diseñado para personas que necesitan tratamiento de emergencia. Este programa solo está disponible para emergencias médicas repentinas, la aparición repentina de una enfermedad tan

grave que, sin atención médica inmediata, se podría esperar grave peligro para la salud, deterioro grave y repentino de las funciones corporales, y disfunción grave de cualquier parte del cuerpo. Esta asistencia no se aprueba con anticipación, sino hasta que el personal médico confirme que en realidad la situación es emergente. Ser ciudadano o tener documentación para vivir en los EE.UU. no es un requisito para este programa de emergencia, pero sí para el Medicaid regular. Aunque no tiene que ser ciudadano o residente, debe reunir los otros requisitos que se deben reunir para el Medicaid regular. En otras palabras, los inmigrantes (con documentos o sin estos) pueden solicitar y ser elegibles para Medicaid de Emergencia, aunque no lo sean para Medicaid regular.

Only one answer must be selected.

- Q35 A catastrophic health insurance plan covers 3 annual primary care visits, and only provides coverage for medical expenses after the individual pays thousands of dollars (for example, the first \$6,000 or more in medical expenses). In the past 12 months, have you purchased a catastrophic health insurance plan? [Note to the interviewers: Catastrophic health plans cover persons younger than age 30 years.] (Select only one.)

~~This question will be asked to all participants with (Q32) and without insurance (Q36). Some participants may have been off insurance at the time they claimed coverage through Emergency Medicaid, but have insurance now.~~

Participants may be fully aware of the type of insurance they purchased. Nonetheless, here is text in English and Spanish (extracted from Healthcare.gov).

Catastrophic Health Insurance Plan

A catastrophic health insurance plan covers essential health benefits but has a very high deductible. This means it provides a kind of "safety net" coverage in case you have an accident or serious illness. Catastrophic plans usually do not provide coverage for services like prescription drugs or shots. Premiums for catastrophic plans may be lower than traditional health insurance plans, but deductibles are usually much higher. This means you must pay thousands of dollars out-of-pocket before full coverage kicks in.

In the Marketplace, catastrophic plans are available only to people under 30 and to some low-income people who are exempt from paying the fee because other insurance is considered unaffordable or because they have received "hardship exemptions". Marketplace catastrophic plans cover 3 annual primary care visits and preventive services at no cost. After the deductible is met, they cover the same set of essential health benefits that other Marketplace plans offer. People with catastrophic plans are not eligible for lower costs on their monthly premiums or out-of-pocket costs.

Plan de cobertura catastrófica

Un plan de cobertura catastrófica cubre los beneficios de salud esenciales, pero cobra un deducible muy caro. Lo que significa que le brinda una especie una cobertura que actúa como una "red de seguridad" si usted sufre un accidente o enfermedad grave. Por lo general, estos planes cubren servicios como los medicamentos recetados y las vacunas. Las primas de estos planes pueden ser más baratas que las de los planes tradicionales pero los deducibles son muchos más caros. Esto significa que usted tendrá que gastar miles de dólares de su bolsillo antes de que el plan pague.

En el Mercado de seguros, los planes que ofrecen cobertura catastrófica solamente se ofrecen para las personas menores de 30 años y algunas personas con ingresos bajos que están exentas del pago de la multa porque su otro seguro es demasiado caro o se les dio una

“exención por circunstancia especial”. Los planes de cobertura catastrófica del Mercado de seguros cubren 3 visitas médicas al año y servicios preventivos gratis. Una vez que usted haya pagado el deducible, el plan cubre los mismos beneficios de salud esenciales que los otros planes del Mercado de seguros. Las personas que tienen estos planes no pueden ahorrar en sus primas mensuales.

Only one answer must be selected. Proceed to Q39-41.

Q36 About how long has it been since you last had health insurance coverage? (Select only one).

If the participant answered “No” to Question 31, we want to know how long the participant has been without insurance. Select only one answer.

Q37 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.

Q38 In the past 12 months, have you received coverage for medical expenses through Emergency Medicaid? (Select only one). This is not an accidental repetition. Participants with and without insurance will answer this question: Q34 for participants with health insurance, and Q38 for participants without health insurance. Please, refer to the explanation under Question 34.

Section E. The last block of questions (Q39-41) pertains to citizenship status.

The purpose of this set of questions is to learn about the participants’ 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.

Q39 Where were you born? (Select only one.)

Health Care Questionnaire- HCE/HCS

If the participant was born in any of the 50 States, Puerto Rico, Guam, U.S. Virgin Islands or Northern Marianas, select "In the U.S." and specify the State or territory.

If the participant was born outside of the 50 States, Puerto Rico, Guam, U.S. Virgin Islands or Northern Marianas, select "Outside of the U.S." and specify country, province/state, and city/town. Please, record as much information as possible. If the participant born outside of the U.S. and Puerto Rico is reluctant to answer or wants to know why we are asking this question with such degree of detail, you may inform him/her that collaborative studies could be performed that would eventually have the goal to improve the health of Hispanics living in the U.S. and also in their country of origin.

- Q40 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.
- Q41 If the previous answer is "No", what of the following situations describes you best? (Select only one).
Select only one answer from the list.