HCHS/SOL Health Care Use

ID NUMBER:  

FORM CODE: HCE  

VERSION: B 08/12/10  

Contact Occasion  

SEQ #  

ADMINISTRATIVE INFORMATION  

0a. Completion Date: [ ]/ [ ]/ [ ]  

0b. Staff ID:  

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. In the past 12 months, where did you receive most of your health care?
   - In the United States 1
   - In my country of origin (if not U.S.) 2
   - In another country 3
   - Did not receive any care the past 12 months 4
   - Refused 5

2. Was there a time in the past 12 months when you needed health care, but could not get it?
   - No 0
   - Yes 1
   - Refused 2
   - Don't know 9

3. What reason(s) did you not get health care in the past 12 months when you needed it?
   a. You couldn’t get through on the telephone 0 1
   b. You couldn’t get an appointment soon enough 0 1
   c. Once you get there, you had to wait too long to see the doctor 0 1
   d. The clinic/doctor’s office wasn’t open when you could get there 0 1
   e. You didn’t have transportation 0 1
   f. You had no access to an interpreter 0 1
   g. You couldn’t take time off from work 0 1
   h. You were concerned about any legal consequences 0 1
   i. You were taking care of someone and could not leave them alone 0 1
   j. You couldn’t afford it 0 1

4. During the past 12 months, did you need any of the following but, didn’t get it because you couldn’t afford it?
   a. Prescription medications 0 1
   b. To go to see a doctor 0 1
   c. Mental health care or counseling 0 1
   d. Dental care 0 1
   e. Eyeglasses 0 1
5. During the past 12 months, how many times did you see a physician or health care provider for your health care?

☐ ☐ Number of times

[IF RESPONSE TO QUESTION 5 IS ZERO ➔ GO TO QUESTION 9]

6. During the last 12 months, how often did office staff at a doctor’s office or clinic...

a. treat you with courtesy and respect?
   1 ☐  2 ☐  3 ☐  4 ☐

b. be as helpful as you thought they should be?
   1 ☐  2 ☐  3 ☐  4 ☐

7. During the last 12 months, how often did doctors or other health providers...

a. listen carefully to you?
   1 ☐  2 ☐  3 ☐  4 ☐

b. explain things in a way you could understand?
   1 ☐  2 ☐  3 ☐  4 ☐

c. show respect for what you had to say?
   1 ☐  2 ☐  3 ☐  4 ☐

d. spend enough time with you?
   1 ☐  2 ☐  3 ☐  4 ☐

8. During the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because of language differences?

Never 1 ☐
Sometimes 2 ☐
Usually  3 ☐
Always  4 ☐

9. In the past 12 months have you used a curandero, santero, espiritista or other alternative care to treat any physical or emotional health concerns?

No 0 ☐
Yes 1 ☐
Refused 2 ☐
Don’t know 9 ☐
10. The next questions are about health insurance.

   a. Do you have health insurance or other health care coverage?  
      No 0  [IF NO GO TO Q 11]  
      Yes 1

   What type of health insurance or health care coverage do you have?  
   No  Yes

   b. Coverage provided through a current or former employer or labor union (excluding military coverage)  
      0  1

   c. Coverage through an individual plan  
      0  1

   d. Coverage through Medicaid  
      0  1

   e. Coverage through Medicare  
      0  1

   f. Coverage provided through the military (e.g. CHAMPUS or Tri-Care)  
      0  1

   g. Coverage through the Indian Health Services  
      0  1

   h. Other  
      0  1

   i. Refused  
      0  1

   j. Don’t know  
      0  1

[IF PARTICIPANTS REPORT HAVING HEALTH INSURANCE COVERAGE → END QUESTIONNAIRE]

11. About how long has it been since you last had health insurance coverage?  

   6 months or less 1
   More than 6 months, but not more than 1 year ago 2
   More than 1 year, but not more than 3 years ago 3
   More than 3 years 4
   Never had insurance 5 → END QUESTIONNAIRE

12. Which of these are reasons you stopped being covered by health insurance?  

   a. Person in family with health insurance lost job or changed employers 0  1
   b. Got divorced or separated/death of spouse or parent 0  1
   c. Became ineligible because of age/left school 0  1
   d. Employer does not offer coverage or not eligible for coverage 0  1
   e. Cost is too high; Insurance company refused coverage 0  1
   f. Medicaid/medical plan stopped after pregnancy 0  1
   g. Lost Medicaid/medical plan because of new job or increase in income 0  1
   h. Lost Medicaid (other reason not listed above) 0  1
   i. Other  
      If other, please specify: __________________________ 0  1
   j. Refused 0  1
   k. Don’t Know 0  1