

## **HCHS/SOL Health Care Use**

ADMINISTRATIVE INFORMATION  Oa. Completion Date: Month Day Year Ob. Staff ID: Ob. 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?									
Month Day Year  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.									
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 4									
the past 12 months  Refused 5 □									
Refused 5 _									
2. Was there a time in the past 12 months when you needed health care, but could not get it?  No  O → GO TO QUESTION 5  Yes  1 → GO TO QUESTION 5  Don't know 9 → GO TO QUESTION 5									
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 b. You couldn't get an appointment soon enough c. Once you get there, you had to wait too long to see the doctor d. The clinic/doctor's office wasn't open when you could get there e. You didn't have transportation f. You had no access to an interpreter g. You couldn't take time off from work h. You were concerned about any legal consequences i. You were taking care of someone and could not leave them alone j. You couldn't afford it.									
IF YES TO 3j → 4. During the past 12 months, did you need any of the									
following but, didn't get it because you couldn't afford it?									
No Yes									
a. Prescription medications 0 1 1									
b. To go to see a doctor 0 1 1									
c. Mental health care or counseling 0 1 1									
d. Dental care 0 ☐ 1 ☐ e. Eyeglasses 0 ☐ 1 ☐									

ID NUMBER:			CODE: HCE DN: B 08/12	Contact /10 Occasion		SEQ#				
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 cou	urtesy and respect?	?	Never 1 🗌	Sometimes 2	Usually 3 🗌	Always 4 □	;			
b. be as helpful as y	you thought they sh	nould be?	1 🗌	2 🗌	3 🗌	4 🗌				
7. During the last 12 months, how often did doctors or other health providers										
a. listen carefully to	you?		Never 1 🗌	Sometimes 2	Usually 3 □	Always 4 □	;			
b. explain things in	a way you could ur	nderstand?	1 🗌	2 🗌	3 🗌	4 🗌				
c. show respect for	what you had to sa	ay?	1 🗌	2 🗌	3 🗌	4 🗌				
d. spend enough tin	ne with you?		1 🗌	2 🗌	3 🗌	4 🗌				
<ul> <li>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</li></ul>										
9. In the past 12 months have you used a <i>curandero, santero, espiritista</i> or other alternative care to treat any physical or emotional health concerns?  No  Yes  1  Refused  2  Don't know  9										

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ID NUMBER:							FORM CODE: H VERSION: B 08		Contac Occasi			SEQ#		
10. The next	ques	stions	s are a	abou	ıt he	alth ins	surance.							
	•		_											
			•			nealth ii verage	nsurance or other ? No	0□	IE NO	GO TO	<u> </u>	14		
			i i <del>c</del> aili	ı cai	<del>c</del> 00	verage	Yes	1 🗆	II NO	GO IC	<i>)</i>	<u> </u>		
What type of health insurance or health care coverage do you have? No b. Coverage provided through a current or 0								No 0 □		′es □				
former employer or labor union								υЦ	'	Ш				
			(exc	cludi	ng m	nilitary o	coverage)			_		_		
c. Coverage through an individual plan 0 🔲								· =	1					
d. Coverage through Medicaid 0  e. Coverage through Medicare 0									1	H				
f. Coverage through the military 0									1					
(e.g. CHAMPUS or Tri-Care)								۰. 🗆						
					thre	ough th	e Indian Health S	services	3	0	1	H		
									ŏΗ	1	H			
j. Don't know 0									0 🗌	1				
IF PARTICIPANTS REPORTS HAVING HEALTH INSURANCE COVERAGE → END QUESTIONNAIRE														
11. About ho	w lon						ast had health ins	urance		. —				
6 months or less  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 🗌 -							o∐ →	ENI	QUEST	IONN	AIRE			
12. Which of	these	e are	reas	ons	you	stoppe	d being covered b	y healt	h insur	ance?				
a Po	rcon	in far	mily w	iith h	na alt	h incur	ance lost job or cl	hangod	omploy	vore	N 0	0 □ 1	Yes □	
							of spouse or pare		emplo	yers	0 [	i i	H	
c. Became ineligible because of age/left school						o [	<u> </u>							
d. Employer does not offer coverage or not eligible for coverage								0 [	] 1					
e. Cost is too high; Insurance company refused coverage							0 [	_ 1	Н					
<ul><li>f. Medicaid/medical plan stopped after pregnancy</li><li>g. Lost Medicaid/medical plan because of new job or increase in income</li></ul>							nme	0 L 0 Г	_	H				
h. Lost Medicaid (other reason not listed above)							JUITIC	0 [	- - - 1	H				
i. Other									0					
	_		her, p	leas	e sp	ecify: _				_		<b>-</b> -		
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r. DC	/11 L I XI	10 44									υı	1 !	1 1	