HCHS/SOL- Visit 3- Health Care Questionnaire

ID NUMBER:									FORM CODE: HCE VERSION: 2, 12/15/2021	Contact Occasion	0	3	Occurrence	0	1

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

0c. Participant Sex Assigned at Birth: ☐ (1=Male, 2=Female) **[Prefill from DEM1]** 0d. Age: ☐☐ **[Prefill from DEM3]**

0e. Does the participant have diabetes? ☐ (0=No, 1=Yes) **[Prefill from PSE4]**

0f. US Citizen ☐ **[Prefill from VINL50a]**

0=Not a US citizen; 1=US born citizen; 2=US territory born citizen; 3=Born abroad to US citizen parent(s); 4=Naturalized citizen

Instructions: *Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.*

A. This first block of questions [Q1-6] is about health care sought and received in the preceding 12 months

Next, I will ask questions about health care, the type of care you may have received recently and where you received care. Some of these questions refer to different medical care typically given to women and to men. May I proceed to ask these questions?

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

No	0 ☐	GO TO QUESTION 3
Yes	1 ☐	
Refused	8 ☐	GO TO QUESTION 3
Don't Know/ Not Sure	9 ☐	GO TO QUESTION 3

2. What was the reason for seeking health care? (Select all that apply)	No	Yes
a. Annual check-up and/or preventive care	0 ☐	1 ☐
b. Pregnancy-related care	0 ☐	1 ☐
c. Acute care (sudden illness not requiring going to the emergency room)	0 ☐	1 ☐
d. Injury or accident	0 ☐	1 ☐
e. Emergency care	0 ☐	1 ☐
f. Chronic or regular care of a disease (e.g., diabetes, hypertension, cancer, asthma)	0 ☐	1 ☐
g. Obtaining a prescription or filling prescriptions	0 ☐	1 ☐
h. Hospitalization	0 ☐	1 ☐
i. Other	0 ☐	1 ☐
i.1. Specify: _____		
j. Refused	0 ☐	1 ☐
k. Don't know/Not Sure	0 ☐	1 ☐

3. 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)

No	0 ☐	GO TO QUESTION 5
Yes	1 ☐	
Refused	8 ☐	GO TO QUESTION 5
Don't Know/ Not Sure	9 ☐	GO TO QUESTION 5

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

	No	Yes
a. Prescription medications	0 ☐	1 ☐
b. To go to see a general health care professional	0 ☐	1 ☐
c. To go to see a specialist	0 ☐	1 ☐
d. Surgical procedure	0 ☐	1 ☐
e. Clinical procedure	0 ☐	1 ☐
f. Behavioral therapy, stress management/counseling/mental health services	0 ☐	1 ☐
g. Dental care	0 ☐	1 ☐
h. Eyeglasses	0 ☐	1 ☐
i. I had difficulty getting or affording other service(s)	0 ☐	1 ☐
i.1. Specify: _____		
j. Refused	0 ☐	1 ☐
k. Don't know/Not Sure	0 ☐	1 ☐

5. 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? ☐☐ Number of times

6. 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?

☐☐ Number of times

B. These next questions are about routine medical care

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

No	0 ☐
Yes, only one	1 ☐
More than one	2 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

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

There is No place	0 ☐	GO TO QUESTION 10
Yes	1 ☐	
There is more than one place	2 ☐	
Refused	8 ☐	
Don't know/Not Sure	9 ☐	

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

Clinic or Health Center	1 ☐	GO TO QUESTION 11
Doctor's office or HMO	2 ☐	GO TO QUESTION 11
Hospital Emergency Room	3 ☐	GO TO QUESTION 11
Hospital Outpatient Department	4 ☐	GO TO QUESTION 11
Some other place	5 ☐	GO TO QUESTION 11
Doesn't go one place most often	6 ☐	
Refused	8 ☐	
Don't know/Not Sure	9 ☐	

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

		No	Yes
a.	Doesn't need a doctor/Haven't had any problems	0 ☐	1 ☐
b.	Doesn't like/trust/believe in doctors	0 ☐	1 ☐
c.	Doesn't know where to go	0 ☐	1 ☐
d.	Previous doctor is not available/moved	0 ☐	1 ☐
e.	Too expensive/no insurance/cost	0 ☐	1 ☐
f.	Speak a different language	0 ☐	1 ☐
g.	No care available/Care too far away, not convenient	0 ☐	1 ☐
h.	Put it off/Didn't get around to it	0 ☐	1 ☐
i.	Other	0 ☐	1 ☐
	i.1. Specify _____		
j.	Refused	0 ☐	1 ☐
k.	Don't know/Not Sure	0 ☐	1 ☐

11. About how long has it been since you had a routine check-up by a doctor or other health professional? (Select only one)

Within past year [anytime less than 12 months ago]	1 ☐
Within past 2 years [1 year but less than 2 years ago]	2 ☐
Within past 3 years [2 years but less than 3 years ago]	3 ☐
Within past 5 years [3 years but less than 5 years ago]	4 ☐
5 or more years ago	5 ☐
Never	6 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

C. The following question is about services for persons with diabetes [skip if nondiabetic]

12. In the past 12 months have you yourself, your family or a doctor checked for you the following:

		No	Yes
a.	Your glucose (sugar) levels	0 ☐	1 ☐
b.	Your hemoglobin A1c levels?	0 ☐	1 ☐
c.	Your eyes for damage to the retina?	0 ☐	1 ☐
d.	Your urine to determine if your diabetes is affecting your kidneys?	0 ☐	1 ☐
e.	Your feet for sores or lesions?	0 ☐	1 ☐
f.	Your blood pressure?	0 ☐	1 ☐
g.	Your lipid levels?	0 ☐	1 ☐
h.	Refused	0 ☐	1 ☐
i.	Don't know/Not Sure	0 ☐	1 ☐

D. These next questions are about health insurance

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

No 0 ☐ GO TO QUESTION 15
Yes 1 ☐
Refused 8 ☐
Don't know/Not Sure 9 ☐

14. 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)*

		No	Yes
a.	Insurance through your current or former employer or union (or employer of your spouse, partner, or another family member)	0 ☐	1 ☐
b.	Insurance purchased directly from an insurance company (by you or another family member)	0 ☐	1 ☐
c.	Medicare, for people 65 and older, or people with certain disabilities	0 ☐	1 ☐
d.	Medicaid, Medi-Cal, or any kind of government medical assistance plan for those with low income or a disability	0 ☐	1 ☐
e.	Veterans Administration (VA) (including those who have ever used or enrolled for VA health care)	0 ☐	1 ☐
f.	TRICARE, CHAMPUS or other military health care plan	0 ☐	1 ☐
g.	Indian Health Service	0 ☐	1 ☐
h.	Any other type of health insurance or health coverage plan	0 ☐	1 ☐
	h.1. Specify_____		
i.	Refused	0 ☐	1 ☐
j.	Don't know/Not Sure	0 ☐	1 ☐

15. 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; HealthCare.gov; CuidadodeSalud.gov)? (Select only one)

No	0 ☐
Yes	1 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

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

No	0 ☐
Yes	1 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

17. SKIP IF Q13 and/or Q15=1: About how long has it been since you last had health insurance coverage? (Select only one)

6 months or less	1 ☐
More than 6 months, but not more than 1 year	2 ☐
More than 1 year, but not more than 3 years	3 ☐
More than 3 years	4 ☐
Never had insurance	5 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

18. SKIP IF Q13 and/or Q15=1: What are the main reasons you do not currently have health insurance? (Check all that apply)

		No	Yes
a.	It is too expensive/ the cost is too high	0 ☐	1 ☐
b.	I am not eligible for coverage through my employer	0 ☐	1 ☐
c.	My employer (or the employer of my spouse, partner, or another relative) does not offer insurance coverage	0 ☐	1 ☐
d.	I was denied insurance coverage due to a previous medical condition	0 ☐	1 ☐
e.	I am not eligible for Medicaid/Medi-Cal or have recently lost my Medicaid/Medi-Cal coverage	0 ☐	1 ☐
f.	I lost the ability to purchase health insurance coverage through my spouse, partner or other relative	0 ☐	1 ☐
g.	I am not eligible for premium tax credits or other tax credits	0 ☐	1 ☐
h.	I am not eligible due to my citizenship status	0 ☐	1 ☐
i.	I don’t need insurance	0 ☐	1 ☐
j.	I don’t know how to get insurance	0 ☐	1 ☐
k.	Other	0 ☐	1 ☐
k.1.	If other, Specify: _____		
l.	Refused	0 ☐	1 ☐

18. SKIP IF Q13 and/or Q15=1: What are the main reasons you do not currently have health insurance? (Check all that apply)	No	Yes
m. Don't know/Not Sure	0 ☐	1 ☐

E. The following questions are about citizenship status [skip if reported US Citizenship in the past, if 0f>0]

In this last section of the questionnaire, I will ask you some questions about your citizenship status. Some people find these questions to be sensitive and do not feel comfortable answering them. You may choose to answer some of them, or to not answer them at all. We 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 will not be affected. We will keep your answers confidential and no one outside of the study will be able to see them.

These questions are asked of all participants who indicated they were not a U.S. citizen at V2 (HCE0f=0) or whose citizenship information is missing.

19. Since your last Visit on [date] have you become a U.S. citizen? (Select only one)

No, not a U.S. citizen	0 ☐
Yes, have become a citizen of the United States	1 ☐ End Questionnaire
Refused	8 ☐ End Questionnaire
Don't know/Not Sure	9 ☐ End Questionnaire

20. If the previous answer is "No", which of the following situations describes you best? (Select only one)
[Skip Q19 if 0f=1]

Permanent resident card holder ("Green card" holder)	1 ☐
Have applied for a "Green card"	2 ☐
Holder of another type of visa	3 ☐
None of the above	4 ☐
Refused	8 ☐
Don't know/Not Sure	9 ☐

20a. If another type of visa, Specify: _____