OMB#: 0925-0584
Exp. 2/28/2011

HCHS/SOL Health Care Use

ID NUMBER:									FORM CODE: HCE VERSION: A 01/08/08	Contact Occasion		SEQ #	

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 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 ☐	→ **GO TO QUESTION 5**
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?

	No	Yes
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 ☐

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 ☐
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…

	Never	Sometimes	Usually	Always
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…

	Never	Sometimes	Usually	Always
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. What type of health insurance coverage do you currently have?

	No	Yes	
a. None, no insurance and currently not covered	0 ☐	1 ☐	→ **GO TO QUESTION 11**
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 REPORTS 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?

	No	Yes
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	0 ☐	1 ☐
If other, please specify: _____		
j. Refused	0 ☐	1 ☐
k. Don't Know	0 ☐	1 ☐