

## Attachment H. BASELINE MEASURE for PRETEST (A-CASI)

**Form Approved**

OMB No. 0920-XXX

Exp. Date xx/xx/20xx

Public Reporting burden of this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

Respondent No. \_\_\_\_\_

### General procedures for audio

- There will be an 8 second pause after all of the responses have been read. After the pause, an option to skip or repeat the question will be offered to the participant
- Script for pause: “If you would like to hear the question again, press the repeat button, if you would like to skip this question, press the arrow”

### Audio Script

In this survey, we are trying to learn more about women’s health. Only the assistant will see your answers. There is no right or wrong answer, and you do not have to answer any question that you do not want to answer. Please choose only 1 answer for each question. If you are unsure about how to answer, then please give the best answer that you can.

To get started:

- Use the headphones
- After the question and all responses have been read, touch the screen to select your answer
- After you have answered press the arrow to go to the next question {show arrow in location}. Touch the arrow now and you will go to the next screen.
- Touch the ‘help’ sign if you need help [show the sign]. After you select help, please ask the research assistant for help. You will be able to restart the survey at the same place.
- Now, we have some practice questions for you

### ARMS 1,2,3,4

#### Practice Questions

1. There is a computer in my home:

\_\_\_Yes      \_\_\_No

2. My computer skills are:

Excellent      Very good      Good      Fair      Poor  
                       

4. In the last 30 days, how many of those days did you use a computer?

*Keypad response option*

5. When I make a phone call, I use a cell phone:

All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. television oriented?

Not at all      A little bit      Moderately      Quite a lot      Extremely  
                       

**Quality of Life: SF-12 Health Survey**

Please see SF-12® in Attachment L.

**Disability**

The next 2 questions will be asking about your ability to work. This can include any temporary and day jobs you may have had in the past 30 days.

13a. In the last 30 days have you had a job outside of your home?

\_\_\_No → {Skip to question 14}

\_\_\_Yes → 13b. Please think about the last 30 days from {insert date of 30 days before interview – day of week, month, and date – such as Sunday, July 24<sup>th</sup> } until today, did you miss any days at work because you were sick or hurt?

\_\_\_No → {Skip to question 14}

\_\_\_Yes → 13c. About how many days did you miss? \_\_\_ \_\_ (range requirement=1-30)

14. Still thinking about the last 30 days from {insert date of 30 days before interview – day of week, month, and date – such as Sunday, July 24<sup>th</sup>} until today, were you UNABLE to do your usual family or household activities because you were sick or hurt?  
\_\_\_ No → {Skip to question 15)

\_\_\_ Yes → 14b. About how many days? \_\_\_ \_\_ (range= 1-30)

### **Chronic conditions**

The next 2 questions will ask about health issues that may affect you. Remember that there is no right or wrong answer.

15. Do you take medications for asthma (including sprays, inhalants, pills, and syrups prescribed by a doctor)?

\_\_\_ Yes

\_\_\_ No

16. Have you ever been told you have an abnormal PAP smear?

\_\_\_ Yes

\_\_\_ No

### **Health Care Utilization outside Bureau**

The next 2 questions are about the health care you have had within the past year at a hospital other than County Hospital (Stroger). If you are unsure about how to answer a question, then please give the best answer that you can.

17a. In the past year, since month/year, have you been admitted to the hospital and stayed at least one night – not just in the Emergency Room – at a hospital other than here at County (Stroger)?

\_\_\_ Yes → 17b. How many times? \_\_\_\_\_

\_\_\_ No → go to question 18

18a. In the past year, since month/year, have you gone to an Emergency Room other than here at our ER room at County (Stroger)?

\_\_\_ Yes → 18b. How many times? \_\_\_\_\_

\_\_\_ No → go to question 19

### **Mental Health**

These next several questions will be about your health. Please answer “YES” or “NO” to the following questions. Remember that there is no right or wrong answer.

- |  |     |    |
|--|-----|----|
| 19. Do you often have headaches?                             | YES | NO |
| 20. Is your appetite poor?                                   | YES | NO |
| 21. Do you sleep badly?                                      | YES | NO |
| 22. Are you easily frightened?                               | YES | NO |
| 23. Do your hands shake?                                     | YES | NO |
| 24. Do you feel nervous, tense or worried?                   | YES | NO |
| 25. Is your digestion poor?                                  | YES | NO |
| 26. Do you have trouble thinking clearly?                    | YES | NO |
| 27. Do you feel unhappy?                                     | YES | NO |
| 28. Do you cry more than usual?                              | YES | NO |
| 29. Do you find it difficult to enjoy your daily activities? | YES | NO |
| 30. Do you find it difficult to make decisions?              | YES | NO |
| 31. Is your daily work suffering?                            | YES | NO |
| 32. Are you unable to play a useful part in life?            | YES | NO |
| 33. Have you lost interest in things?                        | YES | NO |
| 34. Do you feel you are a worthless person?                  | YES | NO |
| 35. Has the thought of ending your life been on your mind?   | YES | NO |
| 36. Do you feel tired all the time?                          | YES | NO |
| 37. Do you have uncomfortable feelings in your stomach?      | YES | NO |
| 38. Are you easily tired?                                    | YES | NO |

### **ARMS 2,3, & 4**

#### **Partner Violence Screen**

The next three questions are about whether you have experienced violence by a partner. Violence is a problem for many women. Because it affects their health, we are asking our patients about it. Just so you know, your answers will not be shared with anyone unless you choose to share them.

39. Have you been hit, kicked, punched, or otherwise hurt by an intimate partner within the past year?     YES     NO
40. Do you feel safe in your current relationship?     YES     NO
41. Is there a partner from a previous relationship who is making you feel unsafe now?  
       YES     NO
42. Have you ever called or visited an agency that provides help to women who have been abused by their intimate partner?  
       YES     NO

ARMS 2-4: Questions 42 & 43a-d are conditional on (YES to Q39 | NO to Q40 | YES to Q41)

43a. If (YES to 39, NO to 40, NO to 41) & NO to Q42

“Did you talk to anybody about the times you were hurt by your partner?”

YES       NO

43b. If (YES to 39, NO to 40, NO to 41) & YES to Q42

“Did you talk to anybody, different than the person you spoke to at the agency, about the times you were hurt by your partner?”

YES       NO

43c. If (YES Q40 or Q41) & NO to Q42

Did you talk to anybody about feeling unsafe?

YES       NO

43d. If (YES Q40 or Q41) & YES to Q42

Did you talk to anybody, different than the person you spoke to at the agency, about feeling unsafe?

YES       NO

### **ARM 3**

#### **Video if Screen Positive**

Now we will show you a video that explains how you can get help if you feel that your safety is threatened.

#### **Acceptability, ARMS 2,3, & 4**

These last questions ask for your opinion on how easy or how hard it was to do this survey.

aCASI

42a. Overall, was it easy or hard to answer the questions using this touch screen?

easy

hard → 42b. how hard?  a little     a lot

43a. Was it easy or hard to understand the person speaking?

\_\_\_ easy  
\_\_\_ hard → 43b. how hard? \_\_\_ a little \_\_\_ a lot

44a. In the future, would you like to answer these questions by computer or respond to a person?

\_\_\_ Computer \_\_\_ Person \_\_\_ Either one

45. The questions for this survey were read:

\_\_\_ Too slow \_\_\_ Too fast \_\_\_ Just right

**Screen negative: Software prints general health information**

**ARMS 2 & 4 (If IPV screen positive)**

Your answers to some of the questions tell us that you may be at risk for being hurt by a partner, speaking to a counselor may be helpful for you. Please contact our services at 773-278-4566. This phone number will be listed on a piece of paper that will be printed at the end of this survey.

**ARM 2:** Your doctor is available to help you.

**ARM 3**

As recommended in the video, please remember to contact our services at 773-278-4566. This phone number will be listed on a piece of paper that will be printed at the end of this survey.

**Screen positive: Software prints appropriate document**

**ARMS 2, 3, & 4 (All participants)**

Please pick up the paper from the printer (two options for printout include general health information or IPV screen positive). There are resources to help you lead a healthy lifestyle.

Thank you for helping us and completing this survey!

*Note: Throughout the interview, aCASI codes for difficulty by assessing time in seconds for patient response to each item; distinguish time for vocalization of question and response.*