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# HCHS/SOL Health Care Use

ID NUMBER:

FORM CODE: HCE  
VERSION: A 7/06/07

Contact Occasion  SEQ #

Acrostic: \_\_\_\_\_

### ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

**Instructions:** Mark the appropriate box for the response. Unless instructed, mark **ONLY** one response.

1. In the past 12 months, where did you receive most of your health care? *(Mark all that apply)*
- 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? *(Mark all that apply)*
- 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? *(Mark all that apply)*
- a. Prescription medications
  - b. To go to see a doctor
  - c. Mental health care or counseling
  - d. Dental care
  - e. Eyeglasses

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...

- |   | Always                     | Usually                    | Sometimes                  | Never                      |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. treat you with courtesy and respect?         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. be as helpful as you thought they should be? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

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

- |  | Always                     | Usually                    | Sometimes                  | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. listen carefully to you?                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. explain things in a way you could understand? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. show respect for what you had to say?         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. spend enough time with you?                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

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 <input type="checkbox"/> |
| Sometimes | 2 <input type="checkbox"/> |
| Usually   | 3 <input type="checkbox"/> |
| Always    | 4 <input type="checkbox"/> |

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 <input type="checkbox"/> |
| Yes        | 1 <input type="checkbox"/> |
| Refused    | 2 <input type="checkbox"/> |
| Don't know | 9 <input type="checkbox"/> |

10. What type of health insurance coverage do you currently have? (Mark all that apply)

- a. None  → **GO TO QUESTION 11**
- b. Coverage provided through a current or former employer or credit union (excluding military coverage)
- c. Coverage through an individual plan
- d. Coverage through Medicaid
- e. Coverage through Medicare
- f. Coverage provided through the military (e.g. CHAMPUS or Tri-Care)
- g. Coverage through the Indian Health Services
- h. Other
- i. Refused
- j. Don't know

**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? (Mark all that apply)

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