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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