

Primary Health Care Patient Surveys

Cognitive Interview Report—Round 2 Interviews

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I. Background and Introduction

The Primary Health Care Patient Surveys (PHCPS), sponsored by the Health Resources and Services Administration (HRSA), aim to collect nationally representative data on patients who use health centers funded under Section 330 of the Public Health Service Act. Results from the Patient Surveys will guide and support the Bureau of Primary Health Care (BPHC) in its mission to improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care service. The Patient Surveys will collect data from the clients of health centers funded through four BPHC grant programs: the Community Health Center Program (CHC), the Migrant Health Center Program (MHC), the Health Care for the Homeless Program (HCH), and the Public Housing Primary Care Program (PHPC).

To this end, the BPHC funded two contracts:

- The Community Health Center Patient Survey (CHC) contract will collect and analyze data from clients of the CHC program. This program serves low-income individuals.
- The Health Center Special Populations Patient Survey (Special Populations) contract will collect and analyze data from clients of the MHC, HCH, and PHPC. Respectively, these three programs serve migrant and seasonal farm workers, homeless individuals, and residents of public housing.

Because some of the Section 330–funded health center grantees receive grants through more than one of the aforementioned grant programs, extensive coordination between the two contracts will create efficiencies that will allow for larger sample sizes and ensure consistency between the two studies. Therefore, the sample design for the CHC and Special Populations studies reflects the decision by BPHC to coordinate these two studies using a harmonized sampling and data collection approach.

In the PHCPS, the primary analytic units are patients who receive services from the funded grantees. The primary analytic units are clustered within the health center sites within a grantee. Because most of the grantees operate more than one site, the sites are clustered within the grantees. RTI International¹ will use a three-stage sample design in which the grantees are selected as the primary sampling units (PSUs), sites are selected within selected grantees, and patients are selected within selected sites. Because of the high costs involved with recruiting a grantee and hiring a field interviewer (FI) to perform the data collection, we will select an independent patient sample from each funding program for grantees receiving multiple funding programs. The sample design allows us to obtain more patient interviews with fewer data collection costs due to the high costs of recruiting grantees.

Development of the questionnaire began in October 2007 with a review of the 2002 User/Visit Surveys and the National Health Interview Survey (NHIS) in accordance with BPHC's desire to make national comparisons. A meeting with the technical advisory panel (TAP) was held in February 2008. The questionnaire was streamlined and adjusted to meet the current data needs of the BPHC, and a final version was ready for cognitive testing in early October 2008.

This report summarizes the results of the second round of in-person cognitive testing of questions included on the PHCPS questionnaire. The report is organized into the following

¹ RTI International is a trade name of Research Triangle Institute.

sections: (II) Recruitment, (III) Procedures, (IV) General Results and Recommendations, and (V) Question-by-Question Results and Recommendations.

II. Recruitment

The sample was developed from existing contacts made during Round 1 recruiting. In addition, two RTI project staff visited Goshen Medical Center to conduct on-site screenings of patients and encourage participation. Goshen was selected because of the small number of contacts made in Round 1 interviews. Of the patients that were screened at Goshen, four respondents were selected and interviewed on-site. The remaining five interviews were conducted with patients of Lincoln Community Health Center.

Table 1 shows the demographic distribution of patients interviewed during Round 2.

Table 1 – Selection

Interview ID	Site	Gender	Age	Health Insurance	Migrant/ Seasonal Farm Worker	Homeless During the Past 12 Months	Currently Living in Public Housing
A1	Goshen	M	61	NO	NO	YES	NO
A2	Lincoln	F	56	NO	NO	YES	NO
A3	Lincoln	F	74	YES	NO	NO	YES
A4	Lincoln	M	60	YES	NO	NO	NO
A5	Lincoln	F	25	YES	NO	NO	YES
A6	Lincoln	F	48	NO	NO	NO	NO
A7	Lincoln	F	54	NO	NO	NO	YES
A8	Lincoln	F	19	YES	NO	NO	NO
A9	Lincoln	F	11	YES	NO	NO	NO

The distribution was quite diverse, with a few exceptions:

- A larger number of women (78%) were interviewed than men.
- No migrant farm laborers were interviewed. This was due, in part, to the difficulty in finding Hispanic farm laborers that spoke English.
- Of the three adolescents that were screened, two were no-shows and the third never returned our calls for participation.

III. Procedures

Once the sample was established, patients were then called and invited to take part in a one-on-one interview with an RTI staff member. Four interviews were conducted in a private office at Goshen Medical Center. The remaining interviews were arranged at other locations, such as the respondent's home and local libraries.

The cognitive interviews were conducted from December 9, 2008, through December 16, 2008. The nine interviews were conducted by Tim Flanigan (the Instrumentation Task Leader) and three additional survey methodologists. The interviews ranged from approximately 38 to 80 minutes, and the participants were provided a \$50 cash incentive as a token of appreciation for their time and travel. Mr. Flanigan oversaw the entire operation, including recruitment, set-up, conduct of interviews, and report writing.

Before starting the interviews, participants were required to read and sign an informed consent document that described the study and outlined the participants' rights as research volunteers. A copy of the informed consent form was given to each participant. Proxy participants signed a consent form explaining that the questions would be asked about their child and the responses would be provided by the parent.

Respondents received the instrument in its entirety. Following the interview, a few prescribed debriefing questions were administered, along with additional follow-up questions that the interviewers may have had to clarify points in the interview. Each interviewer kept timing of each module, as well. Table 2 shows the timing estimates of each of the modules.

Table 2 – Timing Estimates, by Module

Interview ID	Administration Time (in Minutes), by Module																		Avg. Total
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
A1	1	14	0	5	7	0	13	10	3	5	3	0	2	1	2	3	5	3	77
A2	1	11	4	3	3	4	12	4	2	5	2	0	2	1	4	1	3	5	67
A3	1	16	2	4	3	0	13	0	2	8	3	0	0	1	4	2	3	5	67
A4	1	13	6	5	7	0	11	4	3	3	2	0	1	0	0	0	2	4	62
A5	1	13	0	3	4	4	14	8	4	5	4	3	2	1	3	1	4	4	78
A6	1	14	2	4	0	4	13	8	3	5	4	1	1	1	3	2	6	4	76
A7	1	11	4	3	0	7	14	13	3	4	5	0	1	1	2	2	6	3	80
A8	1	11	0	3	0	2	9	9	2	4	2	3	1	1	2	2	4	3	59
A9	1	8	0	3	3	0	9	0	2	2	0	0	0	0	4	1	2	3	38
Average	1	12	3.6	3.6	4.5	4.2	12	8	2.7	4.6	3.1	2.3	1.4	1	3	1.8	3.9	3.8	67

IV. General Results and Recommendations

Overall, we found that the questionnaire worked quite well. There were a few logic and wording issues. These are displayed in blue font after the question in the question-by-question findings section. Global issues included the following:

- Module timings conducted determined that Modules B and G are each averaging 12 minutes to administer. Overall, timings ranged from 38 minutes (proxy interview) to 1 hour and 20 minutes in length. The average interview took 67 minutes to complete. Administering the interview by computer-assisted personal interviewing should bring the average administration time down to about 60 minutes.
- Skip logic is much improved compared with Round 1 interviews.
- Lengthy introductions (i.e., work-related injuries in Module M) are difficult to administer. Consider making these longer introductions into bullets for the interviewer to read.
- The largest area of concern is the lengthy response categories. These do not seem to be a problem on show cards, but do pose a problem when the interviewer is left to code the respondents answer. This may lead to interviewer error. Consider shortening these lists with an “other” category as a catch-all.
- Respondents did not have much to add when asked a few debriefing questions at the end of the survey. They seemed to be generally interested in the survey, with only one respondents saying it felt “long.” Other debriefing questions asked by the interviewers

were to clarify questions within the questionnaire. Those comments were placed within the questionnaire.

V. Question-by-Question Results and Recommendations

This section provides a question-by-question review of the findings from the cognitive testing. In addition, recommendations for improving the questions are provided where appropriate.

MODULE A: INTRODUCTION

The first few questions are for statistical purposes only, to help us analyze the results of the study.

INT1. Do you consider [yourself/name] to be Hispanic or Latino?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

INTCHK1 IF INT1 = 1, CONTINUE; ELSE GO TO INT2

INT1a. Which group represents [your/name's] Hispanic origin or ancestry...

CODE ALL THAT APPLY.

- 1 Mexican or Mexican American
- 2 Other Latin American, Hispanic, Latino or Spanish Origin
- F3 DON'T KNOW
- F4 REFUSED

INT2. What race or races do you consider (yourself/name) to be? (Are you/Is he/she)...

CODE ALL THAT APPLY.

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Native Hawaiian or Other Pacific Islander
- 4 Asian
- 5 Other
- F3 DON'T KNOW
- F4 REFUSED

INT3. IF SELF-RESPONDENT: RECORD; IF UNSURE, ASK: What is your gender?
IF PROXY-RESPONDENT, ASK: What is (name's) gender?

- 1 MALE
- 2 FEMALE
- 3 OTHER (SPECIFY: _____)
- F3 DON'T KNOW
- F4 REFUSED

INT4a. In general, what language [do you/does name] prefer to speak in?

- 1 ENGLISH
- 2 SPANISH
- 3 ANOTHER LANGUAGE
- F3 DON'T KNOW
- F4 REFUSED

IF INT4a = 1, DK, OR RE GO TO AGE

IF INT4a = 2, GO TO INT4c

IF INT4a = 3 CONTINUE

INT4b. SPECIFY LANGUAGE: _____

- F3 DON'T KNOW
- F4 REFUSED

INT4c. [Are you/ Is name] comfortable conversing in English?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

AGE: What is [your/name's] current age?

_____ AGE IN YEARS

- F3 DON'T KNOW
- F4 REFUSED

No problems found in this module.

MODULE B: CONDITIONS

CON1. Would you say (your/name's) health in general is excellent, very good, good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

CON1a. Compared with 12 months ago, that is since (12 MONTH REFERENCE DATE), would you say (your/name's) health is now better, worse, or about the same?

- 1 BETTER
- 2 WORSE
- 3 ABOUT THE SAME
- F3 DON'T KNOW
- F4 REFUSED

CON2. IF FEMALE AGE 15-49 CONTINUE ELSE GOTO CON3

Have you ever been pregnant?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON2a. IF CON2=1 CONTINUE ELSE GOTO CON3

Are you currently pregnant?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON3. How tall (are you/is name) without shoes?

PROGRAMMERS: ALLOW METRIC

- _____ (0-8 feet)
- _____ (0-11 inches)
- F3 DON'T KNOW
- F4 REFUSED

CON4. How much (do you/does name) weigh without shoes?

PROGRAMMERS: ALLOW METRIC

a. _____ POUNDS

F3 DON'T KNOW

F4 REFUSED

CONCHK2 IF AGE GE 16, CONTINUE; ELSE GO TO CONCHK4

CON5. Do you consider yourself obese, overweight, underweight, or just about right?

IF CON2a=1 ADD: What did you consider yourself to be before you were pregnant?

1 OBESE

2 OVERWEIGHT

3 UNDERWEIGHT

4 ABOUT RIGHT

F3 DON'T KNOW

F4 REFUSED

CON6. During the past 12 months, that is since (12 MONTH REFERENCE DATE), have you tried to lose weight?

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

CONCHK3 IF CON6 = 1, CONTINUE; ELSE GO TO CONCHK4

CON6a. During the past 12 months, how much weight did you lose in your most successful attempt to lose weight?

_____ POUNDS

F3 DON'T KNOW

F4 REFUSED

CON6b. How did you try to lose weight?

CODE ALL THAT APPLY.

- 1 CHANGED WHAT I ATE OR HOW MUCH I ATE OR WHEN I ATE
- 2 EXERCISED
- 3 JOINED A WEIGHT LOSS PROGRAM
- 4 TOOK DIET PILLS PRESCRIBED BY A DOCTOR
- 5 TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT
NEEDING A PRESCRIPTION
- 6 STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN
- 7 TOOK LAXATIVES OR VOMITED
- 8 DRANK A LOT OF WATER
- 9 OTHER
- F3 DON'T KNOW
- F4 REFUSED

Round 2:

Response 1 = 4

Response 2 = 3

Response 8 = 1

CONCHK4 IF AGE 13 TO 15, CONTINUE; ELSE GO TO CON7

CON6c. .Do you consider yourself to be fat or overweight, too thin, or about the right weight?

- 1 FAT OR OVERWEIGHT
- 2 TOO THIN
- 3 ABOUT THE RIGHT WEIGHT
- F3 DON'T KNOW
- F4 REFUSED

CON6d. During the last 12 months, that is since (12 MONTH REFERENCE DATE), how often have you tried to lose weight? Would you say....

- 1 never
- 2 sometimes
- 3 a lot
- F3 DON'T KNOW
- F4 REFUSED

CONCHK4A IF CON6d=1, THEN GO TO CON7; ELSE CONTINUE

CON6e. How did you try to lose weight? Please tell for the following...

- 1 Went on a diet
- 2 Starved (not eaten) for a day or more
- 3 Cut back on what you ate
- 4 Skipped meals
- 5 Exercised
- 6 Ate less sweets or fatty foods
- F3 DON'T KNOW
- F4 REFUSED

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON7. During the past 12 months, has a doctor or other health professional at [the reference health center] told you that (you/name) had a problem with (your/his/her) weight?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK5 IF CON7 = 1, CONTINUE; ELSE GO TO CONCHK8

CON8. Has anyone at [the reference health center] ever talked to you about things you can do to manage (your/name's) weight, such as meal planning, nutrition, or an exercise program?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK6 IF CON8 = 1, CONTINUE; ELSE GO TO CON9

CON8a. Has anyone at [the reference health center] ever given you a referral to a nutritionist because of (your/name's) weight?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK7 IF CON8a = 1, CONTINUE; ELSE GO TO CON9

CON8b. After you were given the referral, did (you/name) go to see a nutritionist?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON9. Has anyone at [the reference health center] ever prescribed medications to help (you/name) lose weight?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HIGH BLOOD PRESSURE

CONCHK8 IF AGE GE 2, THEN CONTINUE; ELSE GO TO CON11

CON10. Now I am going to ask you about certain medical conditions.

Have you ever been told by a doctor or other health professional that (you/name) had hypertension, also called high blood pressure?

IF NEEDED: Blood pressure is checked by a health care provider using a blood pressure cuff placed on your upper arm and a stethoscope.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK9 IF CON10 = 1 CONTINUE; ELSE GO TO CON10b

CON10a. Were you told on two or more different visits that (you/name) had hypertension, also called high blood pressure?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON10b. About how long has it been since (you/name) had (your/his/her) blood pressure checked by a doctor, nurse, or other health professional?

_____ MONTHS

_____ YEARS

99 NEVER

F3 DON'T KNOW

F4 REFUSED

Five of the nine respondents said "today". Consider adding a response "BLOOD PRESSURE CHECKED TODAY" or providing instruction to interviewer "CODE 1 MONTH IF BLOOD PRESSURE CHECKED TODAY"

CONCHK10 IF CON10a = 1 CONTINUE, ELSE GO TO CON11

CON10c. At that time, were you told that (your/his/her) blood pressure was high, normal, or low?

1 HIGH

2 NORMAL

3 LOW

4. BORDERLINE

5. NOT TOLD

F3 DON'T KNOW

F4 REFUSED

ASTHMA

CON11. Have you ever been told by a doctor or other health professional that (you/name) had asthma?

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

CONCHK11 IF CON11 = 1, CONTINUE; ELSE GOTO CON12

CON11a. (Do you/Does name) still have asthma?

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

CON11b. During the past 12 months, that is since (12 MONTH REFERENCE DATE), (have you/has name) had an episode of asthma or an asthma attack?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK12 IF CON11b = 1, CONTINUE; ELSE GO TO CON12

CON11c. During the past 12 months, (have you/has name) had to visit an emergency room or urgent care center because of asthma?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DIABETES

CON12. [IF CON2=1 ADD:] Other than during pregnancy, [ELSE] Have you ever been told by a doctor or health professional that (you/name) had diabetes or sugar diabetes?

- 1 YES
- 2. NO
- 3. BORDERLINE
- F3 DON'T KNOW
- F4 REFUSED

CONCHK13 IF CON12 = 1, CONTINUE; ELSE GOTO CONCHK14

CON12a. How old (were you/was name) when a doctor first told you that (you/he/she) had diabetes or sugar diabetes?

- _____ AGE IN YEARS
- F3 DON'T KNOW
 - F4 REFUSED

OTHER HEALTH CONDITIONS

CONCHK14 IF AGE GE 18, CONTINUE; ELSE GOTO CON14

CON13. These next questions are about blood cholesterol.

About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?

- 1 NEVER
- 2 LESS THAN 1 YEAR AGO
- 3 AT LEAST 1 YR, LESS THAN 2 YEARS
- 4 AT LEAST 2 YRS, LESS THAN 3 YEARS
- 5 AT LEAST 3 YRS, LESS THAN 4 YEARS
- 6 AT LEAST 4 YRS, LESS THAN 5 YEARS
- 7 5 OR MORE YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK15 IF CON13 = 1 OR F3 OR F4, GO TO CON14; ELSE CONTINUE

CON13a. Was this at [the reference health center] or some other place?

- 1 REFERENCE HEALTH CENTER
- 2 SOME OTHER PLACE
- F3 DON'T KNOW
- F4 REFUSED

CON13b. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON14. The next questions are about other health conditions. Please tell me yes or no for the following conditions. Has a doctor or other health professional ever told you that [you/he/she] had...

- a. Congestive heart failure
- b. Coronary heart disease
- c. Angina, also called angina pectoris
- d. a heart attack (also called myocardial infarction)
- e. a stroke
- f. Emphysema
- g. a thyroid problem
- h. chronic bronchitis
- i. Any kind of liver condition
- j. Weak or failing kidneys
- k. Tuberculosis (TB)

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

FOR EACH YES RESPONSE IN CON14g, h, i, and k, ASK CON14_CURRENT; ELSE GOTO CON15

[Skip logic problem found and corrected](#)

CON14_current. (Do you/Does name) CURRENTLY still have...

- g. a thyroid problem
- h. chronic bronchitis
- i. any kind of liver condition
- k. Tuberculosis (TB)

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON14_AGE.

FOR EACH YES RESPONSE IN CON14a THROUGH j, CONTINUE; ELSE GOTO CON15.

How old (were you/was name) when you were first told (you/he/she) had...

- a_age. Congestive heart failure
- b_age. Coronary heart disease
- c_age. Angina, also called angina pectoris
- d_age. a heart attack (also called myocardial infarction)
- e_age. a stroke
- f_age. Emphysema
- g_age. a thyroid problem
- h_age. Chronic bronchitis
- i_age. Any kind of liver condition
- j_age. Weak or failing kidneys

FOR EACH:

_____ AGE IN YEARS

F3 DON'T KNOW

F4 REFUSED

A couple of respondents gave responses of 15-20 years ago and over 10 years ago for this question. We had them estimate their age but it was only a crude estimate.

One respondent said "I had bronchitis but not chronic bronchitis"

CON15. During the past 12 months, that is since (12 MONTH REFERENCE DATE), (have you/has name) had any of the following conditions? Please tell me yes or no for each condition.

- a. Any kind of food or digestive allergy?
- b. Frequent or repeated diarrhea or colitis?
- c. **[IF AGE GE 3]** Frequent or severe headaches, including migraines?
- d. Anemia?
- e. Three or more episodes of ear pain or ear infections?
- f. Seizures?
- g. **[IF AGE GE 3]** Stuttering or stammering?

FOR EACH QUESTION:

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

One respondent said "acid reflux?" for Con15a.

One respondent did not know what we meant by "anemia"

CON16. **POTENTIAL DROP:** During the past 12 months, (have you/ has name) had any of the following medical conditions? Please tell me yes or no for each condition.

- a. Pneumonia
- b. Skin disease, skin infection, skin sores, skin ulcers
- c. Lice, scabies, similar infestations

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

One respondent asked "skin rash- does that count?"

JOINT PROBLEMS

CONCHK16 IF AGE GE 18, CONTINUE; ELSE GOTO CONCHK20

CON17. The next questions refer to your joints. Please do NOT include the back or neck.

During the past 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK17 IF CON17 = 1, CONTINUE; ELSE GO TO CON17c

CON17a. Did your joint symptoms FIRST begin more than 3 months ago?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON17b. Have you EVER seen a doctor or other health professional for these joint symptoms?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON17c. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK18 IF CON17a = 1 OR CON17c=1, CONTINUE; ELSE GO TO CON18

CON17d. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

PAIN

CON18. The following questions are about pain you may have experienced in the past three months. Please refer to pain that lasted a whole day or more. Do not report aches and pains that are fleeting or minor.

During the past three months, did you have neck pain?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON18a. During the past three months, did you have low back pain?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK19 IF CON18a = 1, CONTINUE; ELSE GO TO CON18c

CON18b. Did this pain spread down either leg to areas below the knees?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON18c. During the past three months, did you have...

1. facial ache or pain in the jaw muscles or the joint in front of the ear?
2. severe headache or migraine?
3. pelvic pain

FOR EACH QUESTION:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK20 IF AGE GE 2 GO TO CON19; ELSE GO TO CON22

CANCER

CON19. Have you ever been told by a doctor or other health professional that (you/name) had cancer or a malignancy of any kind?

- 1. YES
- 2. NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK21 IF CON19 = 1, CONTINUE; ELSE GO TO CONCHK22

CON20. What kind of cancer was it?

[SHOWCARD CON1]

CODE UP TO 3 KINDS

a _____

b _____

c _____

F3 DON'T KNOW

F4 REFUSED

1	BLADDER	13	LIVER	23	SKIN (DON'T KNOW
2	BLOOD	14	LUNG		WHAT KIND)
3	BONE	15	LYMPHOMA	24	SOFT TISSUE
4	BRAIN	16	MELANOMA		(MUSCLE OR FAT)
5	BREAST	17	MOUTH/TONGUE/	25	STOMACH
6	CERVIX		LIP	26	TESTIS
7	COLON	18	OVARY	27	THROAT - PHARYNX
8	ESOPHAGUS	19	PANCREAS	28	THYROID
9	GALLBLADDER	20	PROSTATE	29	UTERUS
10	KIDNEY	21	RECTUM	30	OTHER
11	LARYNX-WINDPIPE	22	SKIN (NON-		
12	LEUKEMIA		MELANOMA)		

CON21. For EACH cancer indicated, please also specify (your/name's) age at the time the cancer was first diagnosed.

REPEAT FOR EACH CANCER LISTED IN CON20

_____ AGE IN YEARS

F3 DON'T KNOW

F4 REFUSED

CHOLESTEROL

CONCHK22 IF CON13b=1, CONTINUE; ELSE GO TO CON25

CON22. Earlier you mentioned that you were told by a doctor or other health professional that your blood cholesterol level was high.

To lower (your/his/her) blood cholesterol, (have you/has name) ever been told by a doctor or other health professional...

- a. to eat fewer high fat or high cholesterol foods?
- b. to control your weight or lose weight?
- c. to increase your physical activity or exercise?
- d. to take prescribed medicine?

FOR EACH QUESTION:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

A respondent said "I control my weight not lose weight". This double-barreled response may lead to confusion among some respondents. Consider breaking into two different response categories. We can always collapse them during analysis.

CONCHK23 FOR EACH ITEM CODED AS "1" in CON22, CONTINUE; ELSE GO TO CONCHK24

CON23. Are you now following this advice to...

- a. to eat fewer high fat or high cholesterol foods?
- b. to control your weight or lose weight?
- c. to increase your physical activity or exercise?
- d. to take prescribed medicine?

FOR EACH QUESTION:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK24 IF CON22A-D=1 CONTINUE; ELSE GOTO CON25

CON24. Did you ever receive this advice from someone at [the reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HEARING

The next few questions are about (your/ name's) hearing and vision.

CON25. (Have you/Has name) ever worn a hearing aid?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CON25a. Without the use of hearing aids or other listening devices, is (your/name's) hearing excellent, good, a little trouble hearing, moderate trouble hearing, a lot of trouble hearing, or (are you/is name) deaf?

- 1 EXCELLENT
- 2 GOOD
- 3 A LITTLE TROUBLE HEARING
- 4 MODERATE TROUBLE HEARING
- 5 A LOT OF TROUBLE HEARING
- 6 DEAF
- F3 DON'T KNOW
- F4 REFUSED

VISION

CON 26. (Do you/ Does name) have any trouble seeing, even when wearing glasses or contact lenses?

IF UNDER 2: (Does name) have any trouble seeing?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK25 IF CON26 = 1, CONTINUE; ELSE GO TO CONCHK26

CON26a. (Are you/Is name) blind or unable to see at all?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK26 IF AGE GE 10 CONTINUE; ELSE GO TO MODULE C

CON27. Because of a physical, mental, or emotional problem, (do you/does name) need the help of other persons with personal care needs such as eating, bathing, dressing, or getting around inside your home?

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

One respondent said "yes – due to an accident"

IF CON27=1 CONTINUE ELSE GOTO CONCHK27

CON27a. (Do you/ Does name) need the help of...

- a. bathing or showering?
- b. dressing?
- c. eating?
- d. getting in or out of bed or chairs?
- e. using the toilet, including getting to the toilet?
- f. getting around inside the home?

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK27 IF AGE GE 18, CONTINUE; ELSE GO TO MODULE C

CON28. Because of a physical, mental, or emotional problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK28 IF AGE 18 TO 69, CONTINUE; ELSE GO TO MODULE C

CON29. Does a physical, mental, or emotional problem now keep you from working at a job or business?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK29 IF CON29=1 GO TO MODULE C, ELSE CONTINUE

CON30. Are you limited in the kind or amount of work you can do because of a physical, mental or emotional problem?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MODULE C: ACCESS TO CARE

The next set of questions ask about availability of various types of health services. When answering the next few questions, do not include dental care and prescription medicines.

MED1. In the last 12 months, that is since (12 MONTH REFERENCE DATE), did you or a doctor believe (you/name) needed any medical care, tests, or treatment?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MEDCHK1 IF MED1=1, THEN CONTINUE; ELSE GO TO MODULE D

MED2. In the last 12 months, (were you/was name) unable to get medical care, tests, or treatments you or a doctor believed necessary?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MEDCHK2 IF MED2=1, THEN CONTINUE; ELSE GO TO MED5

MED2a. Please describe the main reason (you were/name was) unable to get medical care, tests, or treatments you or a doctor believed necessary?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

Insurance did not cover surgery

No insurance

MED2b. How much of a problem was it that (you/name) did not get medical care, tests, or treatments you or a doctor believed necessary? Would you say ...

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- F3 DON'T KNOW
- F4 REFUSED

MED3. What kind of care was it that (you/name) needed but did not get?

_____ (Allow 40)

- F3 DON'T KNOW
- F4 REFUSED

Responses:

Ulcers of the stomach in 9/2008

Therapy

X-ray in wrist and ankle after car accident

Right medication and getting to a podiatrist

MED4. The last time (you/name) did not get the medical care, tests, or treatments (you/he/she) needed, did a doctor tell you that (you/he/she) needed it?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MED5. In the last 12 months, that is since (12 MONTH REFERENCE DATE), were (you/name) delayed in getting medical care tests, or treatments you or a doctor believed necessary?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

Two respondents had already said they did not get the services and the following questions and then answered YES to this with the same explanation. Consider skip logic for situations where they say they did not get the services so they won't repeat their responses.

MEDCHK3 IF MED5=1, THEN CONTINUE; ELSE GO TO MODULE D

MED5a Which of these best describes the main reason (you were/name was) delayed in getting medical care, tests, or treatments you or a doctor believed necessary?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER (SPECIFY _____)
- F3 DON'T KNOW
- F4 REFUSED

Responses:

Insurance did not cover surgery

Lack of insurance

#4

MED5b. How much of a problem was it that (you were/name was) delayed in getting medical care, tests, or treatments you or a doctor believed necessary? Would you say it was a...

- 1 Big problem
- 2 Small problem
- 3 Not a problem
- F3 DON'T KNOW
- F4 REFUSED

MED6. What kind of medical care, tests, or treatment was it that (you were/name was) delayed in getting?

_____ (Allow 40)

- F3 DON'T KNOW
- F4 REFUSED

Responses:

X-rays on hips

MED7. At that time, did a doctor tell you that (you/name) needed that medical care, tests, or treatment?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MODULE D: ROUTINE CARE

Next, I'm going to ask you about health services that (you/name) received in the past 12 months, that is since (12 MONTH REFERENCE DATE).

ROU1. During the past 12 months, that is since (12 MONTH REFERENCE DATE), (have you/has name) seen or talked to any of the following health care providers about (your own/his/her) health? Please tell me yes or no for each of the following...

- a. A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker
- b. An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?
- c. A foot doctor?
- d. A chiropractor?
- e. A medical doctor who specializes in a particular medical disease or problem (other than obstetrician, gynecologist, psychiatrist, or ophthalmologist)

FOR EACH:

- 1 YES
2 NO
F3 DON'T KNOW
F4 REFUSED

ROU2. During the past 12 months, how many times (have you/has name) gone to a hospital emergency room about (your own/his/her) health? This includes emergency room visits that resulted in a hospital admission.

_____ (0-365) TIMES
F3 DON'T KNOW
F4 REFUSED

ROU3. (Were you/Was name) ever hospitalized overnight in the past 12 months? Do not include an overnight stay in the emergency room.

- 1 YES
2 NO
F3 DON'T KNOW
F4 REFUSED

IF ROU3 = 1 CONTINUE ELSE GOTO ROU5

ROU4. Altogether, how many nights (were you/was name) in the hospital during the past 12 months?

_____ (0-365) NIGHTS

F3 DON'T KNOW

F4 REFUSED

ROU5. IF AGE = 6 MONTH – 6 YEARS GOTO ROU9a, ELSE CONTINUE

During the past 12 months, (have you/has name) had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

ROU6: During the past 12 months, (have you/has name) had a flu vaccine sprayed in (your/his/her) nose by a doctor or other health professional? **IF AGE GE 18 ADD:** (A health professional may have let you spray it.) This vaccine is usually given in the fall and protects against influenza for the flu season.

Read if necessary: This influenza vaccine is called FluMist (trademark).

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

ROUCHK2 IF ROU6=1, THEN CONTINUE; ELSE GO TO ROUCHK3

ROU7. Did (you/name) get the flu shot or vaccine sprayed in the nose at (the reference health center)?

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

ROUCHK3 IF AGE GE 65, CONTINUE; ELSE GO TO ROU10

ROU8. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

ROUCHK4 IF ROU8 =1, CONTINUE; ELSE GO TO ROU10

ROU9. Did you get the pneumonia vaccination at (the reference health center)?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

GOTO ROU10

ROU9a. Did {name} receive any flu shots in the last 12 months?

Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

IF ROU9a =1, CONTINUE; ELSE GO TO ROU10

ROU9b. How many of the shots (name) received in the past 12 months were provided by [reference health center]? Would you say all, some, or none?

- 1 ALL
- 2 SOME
- 3 NONE
- F3 DON'T KNOW
- F4 REFUSED

IF ROU9b =2 OR 3, CONTINUE; ELSE GO TO ROU9d

ROU9c. Were you referred to the other place where (name) got the shots by [reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

ROU9d. Are you the person who took (name) for most of {his/her} shots? Most means at least half of the shots.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

IF ROU9d =1, CONTINUE; ELSE GO TO ROU10

ROU9e. In your opinion, has (name) received all of the recommended shots for {his/her} age?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

IF ROU9d =2, CONTINUE; ELSE GO TO ROU10

ROU9f. What is the main reason (name) has not had all the shots that he/she is supposed to have at his/her age?

- 1 DID NOT THINK IT WAS IMPORTANT
- 2 AFRAID OF THE SIDE EFFECTS OF THE IMMUNIZATION
- 3 CHILD WAS SICK AND COULD NOT HAVE IMMUNIZATIONS AT THAT TIME
- 4 I DON'T TRUST THE SHOTS/ I DON'T BELIEVE IN SHOTS
- 5 COULDN'T AFFORD CARE
- 6 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 7 DIFFERENT LANGUAGE
- 8 COULDN'T GET TIME OFF WORK
- 9 DIDN'T KNOW WHERE TO GO TO GET CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER
- F3 DON'T KNOW
- F4 REFUSED

ROU10. IF AGE GE 18, CONTINUE; ELSE GO TO ROUCHK8

These next questions are about general physicals or routine check-ups.

About how long has it been since your last general physical exam or routine check-up by a medical doctor or other health professional? Do not include a visit about a specific problem.

- 1 NEVER
- 2 LESS THAN 1 YEAR AGO
- 3 AT LEAST 1 YR, LESS THAN 2 YEARS
- 4 AT LEAST 2 YRS, LESS THAN 3 YEARS
- 5 AT LEAST 3 YRS, LESS THAN 4 YEARS
- 6 AT LEAST 4 YRS, LESS THAN 5 YEARS
- 7 5 OR MORE YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

**ROUCHK6 IF ROU10= 2 OR 3, CONTINUE;
ELSE IF ROU10=F3 OR F4, GO TO ROUCHK8
ELSE GO TO ROU11a**

ROU11. Did you get this check-up at (the reference health center)?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

ROUCHK7 GO TO ROUCHK8

ROU11a. What is the main reason you have not had a general physical exam or routine check-up in the past 2 years?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#1

ROUCHK8 IF AGE <18, THEN CONTINUE; ELSE, GO TO ROU14

ROU12. These next questions are about well-child check-ups, that is a general check-up, performed when (you were/name was) not sick or injured. About how long has it been since (you/he/she) received a well-child or general check-up?

- 1 NEVER
- 2 LESS THAN 1 YEAR AGO
- 3 AT LEAST 1 YR, LESS THAN 2 YEARS
- 4 AT LEAST 2 YRS, LESS THAN 3 YEARS
- 5 AT LEAST 3 YRS, LESS THAN 4 YEARS
- 6 AT LEAST 4 YRS, LESS THAN 5 YEARS
- 7 5 OR MORE YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

**ROUCHK9 IF ROU12=2 OR 3, CONTINUE;
ELSE IF ROU12=F3 OR F4, GO TO ROU14
ELSE GO TO ROU13a**

ROU13. Did (you/he/she) get this check-up at (the reference health center)?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

ROUCHK10 GO TO ROU14

ROU13a. What is the main reason (you/name) has not had a general physical exam or routine check-up in the past 2 years?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

LEAD SCREENING

ROU14. IF AGE LE 5 CONTINUE, ELSE GO TO MODULE E

(Have you /Has name) ever had a blood test to check the amount of lead in (your/his/her) blood?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

ROUCHK11 IF ROU14=1, CONTINUE; ELSE GO TO ROU17

ROU15. How old (were you/was name) the last time this test was done?

- _____AGE
- F3 DON'T KNOW
 - F4 REFUSED

ROU16. Was that done at the [reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

ROU17. Has anyone ever talked to you about things that might cause (you/name) to be exposed to lead, such as living in or visiting a house or apartment built before 1978?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MODULE E: CONDITIONS – FOLLOWUP

HIGH BLOOD PRESSURE

CONFCHK1 IF CON10a=1, THEN CONTINUE; ELSE GO TO CONFCHK7

Earlier you mentioned that (you/name) had been told that (you/he/she) had high blood pressure. I'd like to ask a few more questions about that.

CONFCHK1a IF CON2=1 CONTINUE; ELSE GO TO CONF1a

CONF1. Did you only have high blood pressure during pregnancy?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONFCHK2 IF CONF1=1, GO TO CONFCHK7; ELSE CONTINUE

CONF1a. Because of (your/name's) high blood pressure, has a doctor or other health professional EVER advised (you/him/her) to.....

- a. go on a diet or change (your/his/her) eating habits to help lower (your/his/her) blood pressure?
- b. cut down on salt or sodium in (your/his/her) diet?
- c. exercise?
- d. [IF AGE GE 21 ASK:] cut down on alcohol use?

FOR EACH QUESTION:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONFCHK3 FOR EACH ITEM CODED AS "1" in CONF1a, CONTINUE; ELSE GO TO CONF2

CONF1b (Are you/Is Name) now following this advice?

- e. go on a diet or change (your/his/her) eating habits to help lower (your/his/her) blood pressure?
- f. cut down on salt or sodium in (your/his/her) diet?
- g. exercise?
- h. [IF AGE GE 21, ASK:] cut down on alcohol use?

FOR EACH QUESTION:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

One respondent said "sometimes". Would you consider this as another response category?

CONFCHK4 IF CONF1a, b, c, or d =1 CONTINUE; ELSE GO TO CONF2

CONF1i. Did (you/name) ever receive the advice to [FILL WHERE CONF1a, b, c, or d =1 cut down on salt or sodium, exercise, cut down on alcohol use] from someone at [the reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF2. Was any medication ever prescribed by a doctor for (your/name's) high blood pressure?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONFCHK5 IF CONF2= 1, CONTINUE; ELSE GOT TO CONF3

CONF2a. (Are you/Is Name) now taking any medicine prescribed by a doctor for (your/his/her) high blood pressure?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONFCHK6 IF CONF2a=2 CONTINUE, ELSE GO TO CONF3

CONF2b. Did a doctor advise (you/name) to stop taking the medicine?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF3. (Do you/Does name) regularly check (your/his/her) own blood pressure?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF3a. During the last 6 months, have you received any of the following to teach (you/him/her) how to take care of (your/his/her) high blood pressure?

- CONF3a. A telephone call to (your/his/her) house
- CONF3b. An appointment with nurse
- CONF3c. A visit to (your/his/her) home
- CONF3d. A referral to a specialist

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

One respondent who was homeless said "I am homeless" to CONF3a and CONF3c – consider logic here for respondents who are homeless. This would require asking a question up front or in the screener to determine if they are currently homeless.

CONFCHK7 IF CON11a=1 or CON11b=1, CONTINUE; ELSE GO TO CONFCHK11

CONF4. Earlier, you indicated that (you/name) had been told by a doctor or other health professional that (you/he/she) had asthma. I'd like to ask you a few more questions about that.

- 1 CONTINUE

CONF4a. During the past 12 months, that is since (12 MONTH REFERENCE DATE), (have you/has name) stayed overnight in a hospital because of asthma?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF4b. (Have you/Has name) ever used a PRESCRIPTION inhaler?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONFCHK9 IF CONF4b=1, CONTINUE; ELSE GO TO CONF4d

CONF4c. Now I'm going to ask you about two different kinds of asthma medicine. One is for quick relief. The other does not give quick relief but protects the lungs and prevents symptoms over the long term.

During the past 3 months, (have you/has name) used the kind of prescription inhaler that (you breathe/he/she breathes) in through (your/his/her) mouth, which gives quick relief from asthma symptoms?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF4d. (Have you/Has name) ever taken the preventive kind of asthma medicine used every day to protect (your/his/her) lungs and keep (you/him/her) from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONCHK10 IF CONF4d=1, CONTINUE; ELSE GO TO CONF4f

CONF4e. (Are you/Is name) now taking this medication (that protects [your/his/her] lungs) daily or almost daily?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF4f. (Have you/Has name) ever taken a course or class on how to manage asthma (yourself/himself/herself)?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF4. Has a doctor or other health professional ever taught (you/name) how to....

- g. recognize early signs or symptoms of an asthma episode?
- h. respond to episodes of asthma?
- i. monitor peak flow for daily therapy?

FOR EACH QUESTION:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF4j. Has a doctor or other health professional ever advised (you/name) to change things in (your/his/her) home, school, or work to improve (your/his/her) asthma?

- 1 YES
- 2 NO
- 3 WAS TOLD NO CHANGES NEEDED
- F3 DON'T KNOW
- F4 REFUSED

CONF4k. During the last 6 months, (have you/has name) received any of the following to teach (you/him/her) how to take care of your asthma?

- CONF4k1. A telephone call to (your/his/her) house
- CONF4k2. An appointment with nurse
- CONF4k3. A visit to (your/his/her) home
- CONF4k4. A referral to a specialist

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONFCHK11 IF CON12=1, CONTINUE; ELSE GO TO CONFCHK13

CONF5. Earlier, you indicated that (you/name) had diabetes. I'd like to ask you a few more questions about that. (Are you/Is name) now taking insulin?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONFCHK12 IF CONF5=1, CONTINUE; ELSE GOT O CONF5b

CONF5a. (Are you/Is name? now taking diabetic pills to lower (your/his/her) blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF5b. How often (do you check your/does name check his/her) blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional. Do not include urine tests.

- 0 Never
_____ TIMES
- F3 DON'T KNOW
- F4 REFUSED

TIME PERIOD:

- 1 DAY
- 2 WEEK
- 3 MONTH
- 4 YEAR
- F3 DON'T KNOW
- F4 REFUSED

CONF5c. Glycosylated (GLY-CO-SYL-AT-ED) hemoglobin or the "A one C" test measures the average level of blood sugar over the past 3 months, and usually ranges between 5 and 14. During the past 12 months, how many times has a doctor or other health professional checked (you/name) for glycosylated hemoglobin or A one C?

- 0 Never
_____ TIMES
- F3 DON'T KNOW
- F4 REFUSED

CONF5d. Based on all (your/his/her) blood sugar tests during the past 12 months, how often would (you/name) say (your/his/her) blood sugar level was too high? Would (you/name) say always, most of the time, some of the time, rarely, or never?

- 1 NO TEST IN PAST 12 MONTHS
- 2 ALWAYS
- 3 MOST OF THE TIME
- 4 SOME OF THE TIME
- 5 RARELY
- 6 NEVER
- F3 DON'T KNOW
- F4 REFUSED

CONF5e. During the last 6 months, (have you/ has name) received any of the following to teach (you/him/her) how to take care of (your/his/her) diabetes?

- CONF5e1. Telephone call to (your/his/her) house
- CONF5e2. Appointment with nurse
- CONF5e3. Visit to (your/his/her) home
- CONF5e4. Referral to a specialist

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

**CONFCHK13 IF CON10a=1 OR CON11=1 OR CON12=1, THEN CONTINUE;
ELSE GO TO MODULE F**

CONF6. In the past two years, (have you/has name) been in the hospital or visited an emergency room because of [FILL- high blood pressure/asthma/diabetes]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

Problem: Several respondents had more than one of the conditions in the fill. What should be done then? During administration, we had to ask (example: high blood pressure –or- diabetes) for each question. This needs to be fixed.

CONF6a. Has any doctor or nurse (you see/name sees) for (your/his/her) [fill- high blood pressure/asthma/diabetes] given (you/him/her) a plan to manage (your/his/her) own care at home?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONFCHK14 IF CONF6a=1, CONTINUE; ELSE GO TO CONF6c

CONF6b. Was this plan given to (you/name) by a doctor or nurse at [the reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CONF6c. How confident (are you/is name) that (you/he/she) can control and manage (your/his/her) [fill-- high blood pressure/asthma/ diabetes]. (Are you/Is he/she)...

- 1 Very confident
- 2 Somewhat confident
- 3 Not too confident
- 4 Not at all confident
- F3 DON'T KNOW
- F4 REFUSED

MODULE F: CANCER SCREENING

**CANCHK1 IF <18, GO TO MODULE G;
ELSE IF AGE GE 18 AND FEMALE, GO TO CAN1;
ELSE IF AGE GE 18 AND MALE, GO TO CONCHK13**

PAP SMEARS

CAN1. Next, I'm going to ask you about any cancer screening procedures that you may have had. Have you ever had a Pap smear or Pap test?

READ IF NECESSARY:

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK2 IF CAN1= 1, CONTINUE; ELSE GO TO CAN2

CAN1a. When did you have your most recent Pap smear or Pap test?

- 1 A YEAR AGO OR LESS
- 2 MORE THAN 1 YEAR BUT NOT MORE THAN 2 YEARS
- 3 MORE THAN 2 YEARS BUT NOT MORE THAN 3 YEARS
- 4 MORE THAN 3 YEARS BUT NOT MORE THAN 4 YEARS
- 5 MORE THAN 4 YEARS BUT NOT MORE THAN 5 YEARS
- 6 OVER 5 YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

CAN1b. What was the main reason you had this Pap smear or Pap test - was it part of a routine exam, because of a problem, or some other reason?

- 1 PART OF A ROUTINE EXAM
- 2 BECAUSE OF A PROBLEM
- 3 OTHER REASON
- F3 DON'T KNOW
- F4 REFUSED

CANCHK2A IF CAN1A=1, 2, 3, THEN CONTINUE; ELSE GO TO CAN2

CAN1c. As a result of any of the Pap smear or Pap tests you had done in the past three years, were you told that you should have follow-up tests or treatment?

- 1. YES
- 2. NO
- F3. DON'T KNOW
- F4. REFUSED

CANCHK3 IF CAN1c = 1, CONTINUE; ELSE GO TO CANCHK5

CAN1d. Were the follow-up tests or treatment done?

- 1. YES
- 2. NO
- F3. DON'T KNOW
- F4. REFUSED

**CANCHK4 IF CAN1d = 1 CONTINUE, IF CAN1d=2 GOTO CAN1f
ELSE GO TO CANCHK5**

CAN1e. Did [the reference health center] arrange for the follow-up tests or treatment?

- 1. YES
- 2. NO
- F3. DON'T KNOW
- F4. REFUSED

GO TO CANCHK5

CAN1f. Which of these best describes the main reason you did not get the follow-up tests or treatment?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

Other: Next month will be the test.

GO TO CANCHK5

CAN2. What is the most important reason you have [never had a Pap smear or Pap test/not had a Pap smear or Pap test in the LAST 3 years]?

- 1 NO REASON/NEVER THOUGHT ABOUT IT
- 2 DIDN'T NEED/DIDN'T KNOW I NEEDED THIS TYPE OF TEST
- 3 TOO EXPENSIVE/NO INSURANCE/COST
- 4 TOO PAINFUL, UNPLEASANT, OR EMBARRASSING
- 5 HAD HYSTERECTOMY OR PARTIAL HYSTERECTOMY
- 6 OTHER
- F3 DON'T KNOW
- F4 REFUSED

CAN2a. In the past 3 years, has anyone at [the reference health center] suggested that you have a Pap smear or Pap test?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MAMMOGRAMS

CANCHK5 IF AGE GE 40, THEN CONTINUE; ELSE GO TO CANCHK13

Consider lower minimum age for this section

CAN3. Have you ever had a mammogram?

IF NECESSARY: A MAMMOGRAM IS AN X-RAY TAKEN ONLY OF THE BREAST BY A MACHINE THAT PRESSES AGAINST THE BREAST.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK6 IF CAN3 = 1, CONTINUE; ELSE GO TO CAN3g

CAN3a. When did you have your most recent mammogram?

- 1 A YEAR AGO OR LESS
- 2 MORE THAN 1 YEAR BUT NOT MORE THAN 2 YEARS
- 3 MORE THAN 2 YEARS BUT NOT MORE THAN 3 YEARS
- 4 MORE THAN 3 YEARS BUT NOT MORE THAN 5 YEARS
- 5 OVER 5 YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

CAN3b. What was the main reason you had this mammogram - was it part of a routine exam, because of a problem, or some other reason?

MARK ONLY ONE.

- 1 PART OF A ROUTINE EXAM
- 2 BECAUSE OF A PROBLEM
- 3 SOME OTHER REASON
- F3 DON'T KNOW
- F4 REFUSED

CANCHK8 IF CAN3a = 1, 2, OR 3, THEN CONTINUE; ELSE GO TO CAN3g

CAN3c. As a result of any mammograms you had done in the past 3 years, were you told that you should have follow-up tests or treatment?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

**CANCHK9 IF CAN3c = 1, CONTINUE;
IF CAN3c = 2, GO TO CAN3f;
IF CAN3c =DK OR RE GOTO CANCHK13**

CAN3d. Were the follow-up tests or treatment done?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK10 IF CAN3d = 2, THEN GO TO CAN3f; ELSE CONTINUE

CAN3e. Did [the reference health center] arrange for the follow-up tests or treatments?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

GO TO CANCHK13

CAN3f. Which of these best describes the main reason you did not get the follow-up tests or treatment?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

GO TO CANCHK13

CAN3g. What is the main reason why you have [never had a mammogram/not had a mammogram in the past few years]?

- 1 NO REASON/ NEVER THOUGHT ABOUT IT/ DIDN'T KNOW I SHOULD
- 2 NOT NEEDED/ HAVEN'T HAD ANY PROBLEMS
- 3 TOO UNPLEASANT OR EMBARRASSING
- 4 COST TOO MUCH/NO INSURANCE
- 5 BREASTS MISSING
- 6 OTHER
- F3 DON'T KNOW
- F4 REFUSED

CAN3h. In the past 3 years, has anyone at [the reference health center] suggested that you have a mammogram?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

COLONOSCOPY/ SIGMOIDOSCOPY EXAM

CANCHK13 IF AGE GE 50, THEN CONTINUE; ELSE GO TO CANCHK19

CAN4. Have you EVER HAD a sigmoidoscopy (sigmoid-OS-copy), colonoscopy (colon-OS-copy), or proctoscopy (proc-TOS-copy). These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

READ IF NECESSARY: A proctoscopy is an older exam that used a rigid tube.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK14 IF CAN4 = 1, CONTINUE; ELSE GO TO CAN4h

CAN4a. When did you have your most recent exam?

- 1 A YEAR AGO OR LESS
- 2 MORE THAN 1 YEAR BUT NOT MORE THAN 2 YEARS
- 3 MORE THAN 2 YEARS BUT NOT MORE THAN 3 YEARS
- 4 MORE THAN 3 YEARS BUT NOT MORE THAN 5 YEARS
- 5 MORE THAN 5 YEARS BUT NOT MORE THAN 10 YEARS
- 6 OVER 10 YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

CAN4b. For a SIGMOIDOSCOPY (sigmoid-OS-copy), a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY (colon-OS-copy) is SIMILAR, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy, and told to have someone else drive you home. A PROCTOSCOPY (proc-TOS-copy) is an older exam that used a rigid tube.

Was this MOST RECENT exam a sigmoidoscopy, colonoscopy, proctoscopy or something else?

- 1 SIGMOIDOSCOPY
- 2 COLONOSCOPY
- 3 PROCTOSCOPY
- 4 SOMETHING ELSE
- F3 DON'T KNOW
- F4 REFUSED

CAN4c. What was the main reason you had this exam? Was it part of a routine exam, because of a problem, history of cancer in your family or some other reason?

- 1 PART OF A ROUTINE EXAM
- 2 BECAUSE OF A PROBLEM
- 3 HISTORY OF CANCER IN MY FAMILY
- 4 OTHER REASON
- F3 DON'T KNOW
- F4 REFUSED

CAN4d. As a result of this exam, were you told that you should have follow-up tests or treatment?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK15 IF CAN4d = 1, CONTINUE; ELSE GO TO CANCHK19

CAN4e. Were the follow-up tests or treatment done?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK16 IF CAN4e = 2, THEN GO TO CAN4g; ELSE CONTINUE

CAN4f. Did [the reference health center] arrange for the follow-up tests or treatment?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

GO TO CANCHK19

CAN4g. Which of these best describes the main reason you did not get the follow-up tests or treatment?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

GO TO CANCHK19

CAN4h. What is the main reason why you have [never had a colonoscopy, sigmoidoscopy, or proctoscopy] [not had a more recent colonoscopy, sigmoidoscopy or proctoscopy]?

- 1 NO REASON/ NEVER THOUGHT ABOUT IT
- 2 DIDN'T NEED/ DIDN'T KNOW I NEEDED THIS TYPE OF TEST
- 3 TOO EXPENSIVE/ NO INSURANCE/ COST
- 4 TOO PAINFUL, UNPLEASANT, OR EMBARRASSING
- 5 HAD DOUBLE-CONTRAST BARIUM ENEMA TEST
- 6 OTHER
- F3 DON'T KNOW
- F4 REFUSED

CAN4i. In the past 3 years, has anyone at [the reference health center] suggested that you should have a colonoscopy, sigmoidoscopy or proctoscopy?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

BLOOD STOOL OR OCCULT BLOOD TESTS

CANCHK19 IF AGE GE 40, THEN CONTINUE; ELSE GO TO MODULE G

CAN5. The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

Have you ever had a blood stool test, using a home test kit?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK20 IF CAN5 = 1, CONTINUE; ELSE GO TO CAN5f

CAN5a. When did you have your most recent blood stool test using a kit at home?

- 1 A YEAR AGO OR LESS
- 2 MORE THAN 1 YEAR BUT NOT MORE THAN 2 YEARS
- 3 MORE THAN 2 YEARS BUT NOT MORE THAN 3 YEARS
- 4 MORE THAN 3 YEARS BUT NOT MORE THAN 5 YEARS
- 5 MORE THAN 5 YEARS BUT NOT MORE THAN 10 YEARS
- 6 OVER 10 YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

One respondent was confused and gave a time but it was found out that this was a test at a hospital- not at home. Consider another category for "TEST CONDUCTED AT HOSPITAL" and also consider underlining "at home" for emphasis.

CANCHK21 IF CAN5a = 1,2,3, CONTINUE; ELSE GO TO CAN5g

CAN5b. As a result of this test, did you need follow-up tests or treatment?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK22 IF CAN5b =1, THEN CONTINUE; ELSE GO TO MODULE G

CAN5c. Were the follow-up tests or treatment done?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

CANCHK22 IF CAN5c = 2 THEN GO TO CAN 5e; ELSE CONTINUE

CAN5d. Did the [reference health center] arrange for the follow-up tests or treatments?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

GOTO CAN 5f

CAN5e. Which of these best describes the main reason you did not get the follow-up tests or treatment?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#1

CAN5f. In the past 3 years, has anyone at [the reference health center] suggested that you should have a blood stool test?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MODULE G: HEALTH CENTER SERVICES

Now, I'd like to ask some questions about the services (you/name) have received at (the reference health center).

HEA1. During the past 12 months, that is since (12 MONTH REFERENCE DATE), how many times have you seen a doctor or other health care professional about (your own/name's) health at a doctor's office, a clinic, or some other place? Do not include times (you/name) were hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls.

NOTE: IF RESPONDENT IS UNSURE- ASK THEM TO PROVIDE AN ESTIMATE

_____ TIMES
F3 DON'T KNOW
F4 REFUSED

IF HEA1=0, DK, RE THEN GOTO HEA3, ELSE CONTINUE

HEA2. How many of those times did you come to [reference health center]?

_____ TIMES
F3 DON'T KNOW
F4 REFUSED

NOTE: IF RESPONDENT IS UNSURE- ASK THEM TO PROVIDE AN ESTIMATE

IF HEA2=0, DK, RE THEN GOTO HEA3, ELSE CONTINUE

HEA2a In the past 12 months, did a medical professional at [the reference health center] think (you/name) should go someplace else to see a different doctor, like a specialist, for a particular health problem?

1 YES
2 NO
F3 DON'T KNOW
F4 REFUSED

Skip logic problems is No, DK, RE

HEACHK1 If HEA2a=1, THEN CONTINUE; ELSE GOTO HEACHK2

HEA2b. If you received more than one referral in the past 12 months, think of the most recent one. Did (you/name) see that doctor?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HEACHK2 If HEA2b=1, THEN CONTINUE; ELSE GOTO HEA2d

HEA2c. After (you/name) saw that doctor, did the staff at [reference health center] seem informed and up-to-date about the care (you/he/she) received from that doctor?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

GOTO HEA3

HEA2d. Which of these best describes the main reason why (you/name) didn't see that doctor?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Other = Transportation

HEA3. How long ago was (your/name's) first visit to [the reference health center]?

- 1 LESS THAN 6 MONTHS
- 2 AT LEAST 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
- 3 AT LEAST 1 YEAR, BUT NO MORE THAN 2 YEARS AGO
- 4 AT LEAST 2 YEARS, BUT NO MORE THAN 3 YEARS AGO
- 5 AT LEAST 3 YEARS, BUT NO MORE THAN 4 YEARS AGO
- 6 AT LEAST 4 YEARS, BUT NO MORE THAN 5 YEARS AGO
- 7 MORE THAN 5 YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

HEA4. How did you find out that (you/name) could come here for services?

CODE ALL THAT APPLY

[SHOWCARD HEA1]

- 1 FRIEND/FAMILY MEMBER/NEIGHBOR
- 2 YOUR MOTHER OR OTHER FAMILY MEMBER TOOK YOU HERE
- 3 YOUR FAMILY HAS ALWAYS COME HERE
- 4 ADVERTISEMENT IN COMMUNITY
- 5 AT A MEETING (AT SCHOOL OR NEIGHBORHOOD ASSOCIATION, FOR EXAMPLE)
- 6 YOU WERE CONTACTED BY SOMEONE WHO WORKS AT THE HEALTH CENTER
- 7 THROUGH YOUR INSURANCE
- 8 REFERRED BY SOCIAL SERVICES
- 9 REFERRED BY AN EMERGENCY ROOM
- 10 SOME OTHER WAY
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#1=2

#2=2

#3=1

#4=2

#6=2

#10 = By OBGYN doctor

#10 = Referred by another doctor

HEA5. Is there a place that you usually go to when (you are /name is) sick or you need advice about (your/ his/her) health?

- 1 YES
- 2 THERE IS NO PLACE
- 3 MORE THAN ONE PLACE
- F3 DON'T KNOW
- F4 REFUSED

IF HEA5=2, DK, RE – Need skip

HEA5a. What kind of place (is it/ are those)?

CODE ALL THAT APPLY

[SHOWCARD HEA2]

- 1 [REFERENCE HEALTH CENTER]
- 2 CLINIC OR HEALTH CENTER OFFERING A DISCOUNT TO LOW INCOME OR UNINSURED PEOPLE
- 3 OTHER CLINIC OR HEALTH CENTER
- 4 DOCTOR'S OFFICE OR HMO
- 5 HOSPITAL EMERGENCY ROOM
- 6 HOSPITAL OUTPATIENT DEPARTMENT
- 7 SOME OTHER PLACE (SPECIFY) _____
- F3 DON'T KNOW
- F4 REFUSED

HEA5b. (Is this/Are these) the same place(s) you usually go when (you need/name needs) routine or preventive care, such as a physical examination [IF AGE LE 11, ADD:] or well child check up?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HEACHK2 IF HEA5b=1, THEN GOTO HEACHK6; ELSE CONTINUE

HEA5c. What kind of place(s) do you go to when (you need/name needs) routine or preventive care, such as a physical examination or check up?

CODE ALL THAT APPLY.

[SHOW CARD HEA2]

- 1 [REFERENCE HEALTH CENTER]
- 2 CLINIC OR HEALTH CENTER OFFERING A DISCOUNT TO LOW INCOME OR UNINSURED PEOPLE
- 3 OTHER CLINIC OR HEALTH CENTER
- 4 DOCTOR'S OFFICE OR HMO
- 5 HOSPITAL EMERGENCY ROOM
- 6 HOSPITAL OUTPATIENT DEPARTMENT
- 7 SOME OTHER PLACE
- F3 DON'T KNOW
- F4 REFUSED

Responses:

[Health Department](#)

HEACHK6 IF INT4 =1 GOTO HEA7 ELSE CONTINUE

HEA6. When (you go/name goes) to [the reference health center], how do (you/he/she) usually communicate with the doctor or other health care professional that sees (you/him/her)?

- 1 ENGLISH
- 2 THE DOCTOR/HEALTH PROFESSIONAL SPEAKS A LANGUAGE, OTHER THAN ENGLISH, THAT I CAN UNDERSTAND
- 3 I BRING A FRIEND OR FAMILY MEMBER TO TRANSLATE
- 4 [THE REFERENCE HEALTH CENTER] HAS A STAFF PERSON WHO TRANSLATES
- 5. OTHER
- F3 DON'T KNOW
- F4 REFUSED

HEACHK7 IF HEA6=2 or 4, THEN CONTINUE; ELSE GO TO HEA7

HEA6a. How important was [FILL: having a doctor who speaks in your language/translation assistance] to your decision (to be/for name to be) a patient of [reference health center]. Would you say...

- 1 Very Important
- 2 Somewhat Important
- 3 Not Very Important
- 4 Not at all Important
- F3 DON'T KNOW
- F4 REFUSED

HEA7. Has anyone at [the reference health center] ever helped (you/name)...

- a. arrange for medical appointments or other medical services at a place other than the [reference health center]?
- b. apply for any government benefits (you/name) needed such as Medicaid, Food Stamps, Social Security, obtaining welfare, public benefits, or TANF?
- c. get transportation to medical appointments or provided you with tokens or vouchers to help you pay for transportation to medical appointments?
- d. with basic needs, such as finding a place to live, finding a job, finding childcare, helping you obtain food or clothing?
- e. get free medication?
- f. with other kinds of problems?

FOR EACH:

- 1 YES
- 2 NO
- 3 N/A - HAVE NOT NEEDED THESE SERVICES
- F3 DON'T KNOW
- F4 REFUSED

[This question is hard to administer. Consider repeating the stem for each of the sub-questions.](#)

HEACHK8 FOR EACH ITEM IN HEA7 = 1:

HEA8. How important was that to your decision (to be/for name to be) a patient of [reference health center]? Would you say...

- 1 Very Important
- 2 Somewhat Important
- 3 Not Very Important
- 4 Not at all Important
- F3 DON'T KNOW
- F4 REFUSED

HEA9. **IF SELF-RESPONDENT:** How (do you/does name) usually get to the health center?
IF PROXY-RESPONDENT: How do you usually get (name) to the health center?

- 1 WALKING
- 2 DRIVING
- 3 BEING DRIVEN BY SOMEONE ELSE
- 4 BUS, SUBWAY OR OTHER PUBLIC TRANSPORTATION
- 5 TAXI
- 6 HEALTH CENTER (OR OTHER AGENCY-PROVIDED) VAN SERVICE
- 7 OTHER
- F3 DON'T KNOW
- F4 REFUSED

Consider adding "...from home"

HEA10. About how long does it usually take you to get (here/there)?

_____ MINUTES

OR

_____ HOURS

F3 DON'T KNOW

F4 REFUSED

One respondent said, "Depends on where I am coming from." Consider adding "...from your home"

HEA11.

[SHOWCARD HEA11]

The next series of questions are about how satisfied you are with the services provided at [reference health center]. For these questions, please use the following response categories: Excellent, Very Good, Good, Fair, or Poor.

How well do you think [the reference health center] is doing in the following areas:

HEA11. EASE OF GETTING CARE:

- a. Ability to get in to be seen
- b. Hours center is open
- c. Convenience of center's location
- d. Prompt return of calls

HEA12. WAITING:

- a. Time in waiting room
- b. Time in exam room
- c. Waiting for tests to be performed
- d. Waiting for test results

FOR EACH:

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

HEA13. PAYMENT:

- a. What you pay
- b. Explanation of charges
- c. Collection of payment/money

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

HEA14. FACILITY:

- a. Neat and clean building
- b. Ease of finding where to go
- c. Comfort and safety while waiting
- d. Privacy

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

HEA15. CONFIDENTIALITY:

a. Keeping your personal information private

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

HEA16. The next questions are about the provider staff at [the reference health center] such as physicians, dentists, physician assistants and nurse practitioners. How well do you think they are doing in the following areas:

- a. Listens to you
- b. Takes enough time with you
- c. Explains what you want to know
- d. Gives you good advice and treatment

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

HEA17. The next questions are about the nurses and medical assistants at [the reference health center]. How well do you think they are doing in the following areas:

- a. Friendly and helpful to you
- b. answers your questions

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

HEA18. The next questions are about other staff at [the reference health center]. How well do you think they are doing in the following areas...

- a. friendly and helpful to you
- b. answers your questions

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

HEA18a. How would you rate the overall quality of the services (you/name) receive at [the reference health center]?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- F3 DON'T KNOW
- F4 REFUSED

HEA19. What is the likelihood of you referring your friends and relatives to [reference health center]. Would you say..

- 1 Very likely
- 2 Somewhat likely
- 3 Not very likely
- 4 Not at all likely
- F3 DON'T KNOW
- F4 REFUSED

HEA20. What is the main reason (you/name) go to the [reference health center] for (your/name's) health care instead of someplace else?

[SHOWCARD HEA3]

- 1 THE HEALTH CENTER HAS A CONVENIENT LOCATION.
- 2 THE HOURS ARE CONVENIENT - IT IS OPEN WHEN (YOU/NAME) NEED(S) IT.
- 3 (YOU DON'T/NAME DOESN'T) HAVE TO WAIT TOO LONG TO SEE SOMEBODY ONCE (YOU/S/HE) GET(S) HERE.
- 4 (YOU KNOW/NAME KNOWS) AND TRUST(S) THE PEOPLE HERE.
- 5 (YOU/NAME) CAN GET THE KIND OF CARE (YOU/S/HE) NEED(S) HERE.
- 6 (YOU/NAME) CAN AFFORD IT.
- 7 THEY ACCEPT MEDICAID.
- 8 THEY ACCEPT (YOUR/NAME'S) INSURANCE.
- 9 THEY PROVIDE CHILD CARE (E.G. A SUPERVISED PLACE WHERE YOUNG CHILDREN CAN PLAY WHILE (YOU/NAME) SEE(S) THE DOCTOR).
- 10 THEY PROVIDE TRANSPORTATION/BUS VOUCHERS.
- 11 THEY SPEAK (YOUR/NAME'S) LANGUAGE OR HAVE A TRANSLATOR.
- 12 THEY CARE ABOUT (YOU/NAME) AND YOUR/NAME'S FAMILY.
- 13 THERE IS NO OTHER PLACE (YOU/NAME) CAN GET FREE OR LOW COST MEDICAL CARE.
- 14 SECURITY WITHIN THE HEALTH CENTER IS GOOD; LOCATION IS FAIRLY SAFE (NOT WORSE THAN SURROUNDING AREA).
- 15 IT'S THE ONLY CLINIC/ONLY DOCTOR IN THE AREA
- 16 (YOU/NAME) CAN BE SEEN WITHOUT AN APPOINTMENT
- 17 WHEN (YOU NEED/NAME NEEDS) TO BE SEEN, YOU CAN GET AN APPOINTMENT RIGHT AWAY
- 18 THE QUALITY OF THE CARE IS VERY GOOD
- 19 OTHER, SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#1=6

#2=1

#6=1

#19=I was pregnant

#19 = I have been going there all my life

HEA21. Have you ever had a serious problem with the care (you/name) received at the [reference health center], the staff, or the way the [reference health center] is run?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HEACHK9 IF HEA21=1, THEN CONTINUE; ELSE GO TO MODULE H

HEA21a. What kind of problem was it?

_____ (Allow 80)

F3 DON'T KNOW

F4 REFUSED

Misdiagnosed – had to go to another doctor at Lincoln

HEA22. Did you complain to someone or file a written complaint?

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

HEACHK10 IF HEA22=1 THEN CONTINUE; ELSE GO TO MODULE H

HEA23. Were you satisfied with the way your complaint was handled?

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

MODULE H: SUBSTANCE USE

SUBCHK0 IF AGE GE 12, THEN CONTINUE; ELSE GO TO MODULE I

The next questions are about your use of substances. Your answers to these questions are confidential and will not be shared with anyone at the [reference health center].

SUB1a. Have you smoked at least 100 cigarettes in your entire life?

- 1 YES
- 2 NO (**GO TO SUB2**)
- F3 DON'T KNOW (**GO TO SUB2**)
- F4 REFUSED (**GO TO SUB2**)

SUB1b. Do you now smoke cigarettes every day, some days or not at all?

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL (**GO TO SUB2**)
- F3 DON'T KNOW (**GO TO SUB2**)
- F4 REFUSED (**GO TO SUB2**)

SUB1c. On the average, how many cigarettes do you now smoke a day?

_____ CIGARETTES PER DAY

- F3 DON'T KNOW
- F4 REFUSED

NOTE TO INTERVIEWER: ENTER 1 IF LESS THAN 1

SUB2.

[SHOWCARD SUB2]

Please look at this show card. We are interested in whether you have used any of these for non-medical reasons. Include prescription drugs that you took only if they were not prescribed for you or you took them only for the experience or feeling they caused.

In your life, which of the following substances have you ever used? Have you used...

- a. Alcoholic Beverages (BEER, WINE, SPIRITS, ETC.)
 - b. Cannabis or Marijuana (MARIJUANA, POT, GRASS, HASH, ETC.)
 - c. Cocaine (COKE, CRACK, ETC.)
 - d. Amphetamine-type Stimulants (SPEED, ECSTASY, CRYSTAL METH, DIET PILLS, ETC.)
 - e. Inhalants (NITROUS, GLUE, PETROL, PAINT THINNER, ETC.)
 - f. Sedatives or Sleeping Pills (VALIUM, SEREPAX, ROHYPNOL, ETC.)
 - g. Hallucinogens (LSD, ACID, MUSHROOMS, PCP, SPECIAL K, ETC.)
 - h. Opioids (HEROIN, MORPHINE, METHADONE, CODEINE, VICODIN, ETC.)
 - i. Any Other (SPECIFY)_____
- F3 DON'T KNOW
F4 REFUSED

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

**SUBCHK1 IF NONE MENTIONED IN SUB2, GO TO MODULE I;
ELSE CONTINUE**

NOTE TO PROGRAMMERS: CODING OF RESPONSE VALUES MUST ALIGN WITH SCALE

SUB2a. In the past three months, how often have you used (FILL RESPONSE SUB1)?

REPEAT QUESTION FOR EACH SUBSTANCE LISTED IN SUB1

Would you say...

- 0 Never
- 1 Once or twice
- 2 Monthly
- 3 Weekly
- 4 Daily or Almost Daily
- F3 DON'T KNOW
- F4 REFUSED

**SUBCHK2 IF NONE MENTIONED IN SUB2, GO TO SUB2e;
ELSE CONTINUE**

SUB2b. During the past three months, how often have you had a strong desire or urge to use (FILL RESPONSE SUB2)?

REPEAT QUESTION FOR EACH SUBSTANCE LISTED IN SUB2

Would you say...

- 0 Never
- 1 Once or twice
- 2 Monthly
- 3 Weekly
- 4 Daily or Almost Daily
- F3 DON'T KNOW
- F4 REFUSED

SUB2c. During the past three months, how often has your use of (FILL RESPONSE SUB2) led to health, social, legal or financial problems?

REPEAT QUESTION FOR EACH SUBSTANCE LISTED IN SUB2

Would you say...

- 0 Never
- 1 Once or twice
- 2 Monthly
- 3 Weekly
- 4 Daily or Almost Daily
- F3 DON'T KNOW
- F4 REFUSED

SUB2d.

+ During the past three months, how often have you failed to do what was normally expected of you because of your use of (FILL RESPONSE SUB2)?

REPEAT QUESTION FOR EACH SUBSTANCE LISTED IN SUB2

Would you say...

- 0 Never
- 1 Once or twice
- 2 Monthly
- 3 Weekly
- 4 Daily or Almost Daily
- F3 DON'T KNOW
- F4 REFUSED

SUB2e. How often has a friend or relative or anyone else ever expressed concern about your use of (FILL RESPONSE SUB1)?

REPEAT QUESTION FOR EACH SUBSTANCE LISTED IN SUB1

Would you say...

- 0 Never
- 1 In the past 3 months
- 2 Not in the past 3 months
- F3 DON'T KNOW
- F4 REFUSED

Consider moving response #1 down to response #3 as this makes more sense when administered.

SUB2f. How often have you tried and failed to control, cut down or stop using (FILL RESPONSE SUB1)?

REPEAT QUESTION FOR EACH SUBSTANCE LISTED IN SUB1

Would you say...

- 0 Never
- 1 In the past 3 months
- 2 Not in the past 3 months
- F3 DON'T KNOW
- F4 REFUSED

Consider moving response #1 down to response #3 as this makes more sense when administered.

SUB3. Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)
Would you say...

- 0 Never
- 1 In the past 3 months
- 2 Not in the past 3 months
- F3 DON'T KNOW
- F4 REFUSED

Consider moving response #1 down to response #3 as this makes more sense when administered.

SUBCHK2 IF SUB2a NE 0, F3, F4, CONTINUE; ELSE GO TO SUBCHK4

SUB4. On how many of the past 30 days did you smoke a cigarette?

- _____ DAYS
- F3 DON'T KNOW
 - F4 REFUSED

SUBCHK3 IF SUB4=0, THEN GO TO SUBCHK4; ELSE CONTINUE

SUB4a. On average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

- _____ NUMBER OF CIGARETTES
- F3 DON'T KNOW
 - F4 REFUSED

**SUBCHK4 IF SUB2a NE 0, F3, OR F4, THEN GO TO SUB5a;
ELSE IF SUB1a=3, THEN CONTINUE;
ELSE GO TO SUBCHK6**

SUB5. Did you smoke cigarettes in the past 12 months?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUBCHK5 IF SUB5=1, THEN CONTINUE; ELSE GO TO SUBCHK6

SUB5a. During past 12 months, have you wanted to stop smoking?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUB6. In past 12 months, did anyone at [the reference health center] talk to you about the health risks of smoking and ways to quit?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

**SUBCHK6 IF SUB2b NE 0, F3, F4, GO TO SUB7a; ELSE
IF SUB1b =3, CONTINUE;
ELSE GO TO SUBCHK9**

SUB7. Earlier you indicated that you have used alcohol. Did you drink alcohol in the past 12 months?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUBCHK7 IF SUB7=1, CONTINUE; ELSE GO TO SUBCHK9

SUB7a. In the PAST 12 MONTHS, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

_____ Number of drinks

- F3 DON'T KNOW
- F4 REFUSED

SUB8. In the PAST 12 MONTHS, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

_____ DAYS

- F3 DON'T KNOW
- F4 REFUSED

SUB9. In past 12 months, have you discussed your use of alcohol with your doctor?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUBCHK8 IF SUB9=2, CONTINUE; ELSE GO TO SUBCHK9

SUB9a. In past 12 months has your doctor asked you about your use of alcohol?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DRUG USE

**SUBCHK9 IF SUB2c,d,e,f,g,h, i or j NE 0, F3, OR F4, GOTO SUB10a;
ELSE IF SUB1c, d, e, f, g, h, i, or j = 3, THEN CONTINUE;
ELSE GO TO SUBCHK12**

SUB10. Earlier you indicated that you have used [FILL FROM SUB2c, d, e, f, g, h, i, j]. Did you use any of these drugs in the past 12 month?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUBCHK10 IF SUB10=1, CONTINUE; ELSE GO TO SUBCHK12

SUB10a. In past 12 months, have you discussed your use of drugs with your doctor?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUBCHK11 IF SUB10a=2, THEN CONTINUE; ELSE GO TO SUBCHK12

SUB10a. In past 12 months has your doctor asked you about your use of drugs?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

INJECTED DRUGS

SUBCHK12 IF SUB3=1 or 2 CONTINUE; ELSE GOTO SUBCHK15

SUB11. Earlier you indicated that you have injected drugs with a needle. Did you inject drugs with a needle in the past 12 months?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUBCHK13 IF SUB11=1, CONTINUE; ELSE GO TO SUBCHK15

SUB11a. How many days have you used drugs that you INJECT WITH A NEEDLE during the past 12 months.

- _____ NUMBER OF DAYS
- F3 DON'T KNOW
 - F4 REFUSED

SUBSTANCE USE TREATMENT

**SUBCHK15 IF SUB1b, c, d, e, f, g, h, i, j=3 OR SUB3=1 OR 2, CONTINUE;
ELSE GO TO MODULE I**

SUB12. In the past 12 months, did you want or need treatment or counseling for your use of (IF SUB1b=3 AND SUB1c, d, e, f, g, h, i, j=0, THEN FILL "alcohol"; IF SUB1b=0 AND SUB1c, d, e, f, g, h, i, j NE 0, F3, F4, THEN FILL "drugs"; ELSE FILL "alcohol or drugs")?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUB12a. In the past 12 months, did you receive treatment or counseling for your use of (IF SUB1b=3 AND SUB1c, d, e, f, g, h, i, j=0, THEN FILL "alcohol"; IF SUB1b=0 AND SUB1c, d, e, f, g, h, i, j NE 0, F3, F4, THEN FILL "drugs"; ELSE FILL "alcohol or drugs")?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUBCHK16 IF SUB12a=1 CONTINUE; ELSE GO TO SUB15

SUB13. What kind of treatment was it?

SELECT ALL THAT APPLY.

- 1 A RESIDENTIAL FACILITY WHERE YOU STAY AT NIGHT
- 2 AN OUTPATIENT FACILITY WHERE YOU DO NOT STAY AT NIGHT
- 3 A PRIVATE DOCTOR'S OFFICE
- 4 A PRISON OR JAIL
- 5 AA OR NA OR OTHER SELF-HELP GROUP
- 6 SOME OTHER PLACE
- F3 DON'T KNOW
- F4 REFUSED

SUBCHK17 IF SUB13 = F3 OR F4, GO TO MODULE I; ELSE CONTINUE

SUB14. Did the [reference health center] provide that treatment, pay for that treatment, or refer you to the place where you got the treatment?

- 1 PROVIDE TREATMENT
- 2 PAY FOR TREATMENT
- 3 REFER TO ANOTHER PLACE
- 4 NONE
- F3 DON'T KNOW
- F4 REFUSED

IF SUB12 = 2 GO TO MODULE I, ELSE CONTINUE

SUB15. During the past 12 months, did you make an effort to get treatment or counseling for your use of alcohol or drugs?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUB16. Did the [reference health center] try to help you get treatment or arrange for treatment?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

SUB17. Which of these statements explain why you did not get the treatment or counseling you needed for your use of alcohol or drugs?

[SHOWCARD SUB2]

- 1 NO WAY TO PAY FOR IT
- 2 DID NOT KNOW OF OR COULD NOT GET INTO A TREATMENT PROGRAM
- 3 DID NOT HAVE TIME FOR A PROGRAM OR A WAY TO GET THERE, OR PROGRAM NOT CONVENIENT ENOUGH
- 4 YOU DIDN'T WANT PEOPLE TO FIND OUT THAT YOU HAD A PROBLEM (AT WORK, IN COMMUNITY, ETC...)
- 5 YOU DIDN'T REALLY THINK THE TREATMENT WOULD HELP
- 6 OTHER
- F3 DON'T KNOW
- F4 REFUSED

MODULE I: PRESCRIPTION MEDICATION

The next questions are about prescription medication.

PRS1. In the last 12 months, that is since (12 MONTH REFERENCE DATE), did you or a doctor believe (you/name) needed prescription medicines?

- 1 YES
- 2 NO
- F3 REFUSED
- F4 DON'T KNOW

PRSCHK1 IF PRS1=1, THEN CONTINUE; ELSE GO TO PRS5

PRS2. In the last 12 months, (were you/was name) unable to get prescription medicines you or a doctor believed necessary?

- 1 YES
- 2 NO
- F3 REFUSED
- F4 DON'T KNOW

PRSCHK2 IF PRS2=1 THEN CONTINUE; ELSE GO TO PRS3

PRS2a. Which of these best describes the main reason (you were/name was) unable to get prescription medicines you or a doctor believed necessary

[SHOWCARD MED3]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 PHARMACY DID NOT HAVE IN STOCK
- 12 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#1 =1

#12- I had no way to get to the hospital

PRS2b. How much of a problem was it that (you/name) did not get prescription medicines you or a doctor believed necessary? Would you say...

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- F3 REFUSED
- F4 DON'T KNOW

PRS3. In the last 12 months, (were you/was name) delayed in getting prescription medicines you or a doctor believed necessary?

- 1 YES
- 2 NO
- F3 REFUSED
- F4 DON'T KNOW

PRSCHK3 IF PRS3= 1, THEN CONTINUE; ELSE GO TO PRSCHK4

PRS3a. Which of these best describes the main reason (you were/name was) delayed in getting prescription medicines you or a doctor believed necessary?

[SHOWCARD MED3]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 PHARMACY DID NOT HAVE IN STOCK
- 12 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

PRS3b. How much of a problem was it that (you were/name was) delayed in getting prescription medicines you or a doctor believed necessary? Would you say ...

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- F3 REFUSED
- F4 DON'T KNOW

PRSCHK4 IF PRS2=1 CONTINUE ELSE GOTO PRS5

PRS4. The last time (you/name) did not get prescription medicine (you/he/she) needed, did (you/he/she) actually have a prescription from a doctor for the medicine?

- 1 YES
- 2 NO
- F3 REFUSED
- F4 DON'T KNOW

PRSCHK5 IF PRS4=1, THEN CONTINUE; ELSE GO TO PRS5

PRS4a. Did you try to get this prescription filled?

- 1 YES
- 2 NO
- F3 REFUSED
- F4 DON'T KNOW

PRS5. (Do you/Does name) take any prescription medication on a regular or on-going basis?

- 1 YES
- 2 NO
- F3 REFUSED
- F4 DON'T KNOW

PRSCHK6 IF PRS5=1, THEN CONTINUE; ELSE GO TO MODULE J

PRS4a. Where do you normally get (your/name's) prescriptions filled?

- 1 I get them filled at the [reference health center]
- 2 I get some of them filled at [the reference health center] and some of them filled elsewhere
- 3 I get them filled somewhere other than [the reference health center]
- F3 DON'T KNOW
- F4 REFUSED

PRS5. About how many different prescription medicines (do you/does name) usually take in a month?

_____NUMBER/ MEDICINES

F3 DON'T KNOW

F4 REFUSED

PRSCHK7 IF PRS4a =1 OR 2 CONTINUE ELSE GOTO MODULE J

PRS5a. Think about the last time someone at the health center prescribed medication for (you/name). Were you satisfied with the way the medication was explained to you, such as instructions on how to take it and possible side-effects?

1 YES

2 NO

3 NA - HC HAS NOT PRESCRIBED MEDICATION FOR ME

F3 DON'T KNOW

F4 REFUSED

IF PRS5a = 1 OR 2 CONTINUE ELSE GOTO MODULE J

PRS5b. Were you satisfied with the way your questions about the medication were answered?

1 YES

2 NO

3 DIDN'T HAVE ANY QUESTIONS

F3 DON'T KNOW

F4 REFUSED

MODULE J: DENTAL

DENCHK1 IF AGE GE 2, THEN CONTINUE; ELSE GO TO MODULE K

The next questions are about dental care.

DEN1. In the last 12 months, that is since (12 MONTH REFERENCE DATE), did you or a dentist believe (you/name) needed any dental care, tests, or treatment?

NOTE: CODE YES IF A DOCTOR BELIEVED DENTAL CARE WAS NECESSARY

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DENCHK2 IF DEN1=1, THEN CONTINUE; ELSE GO TO DEN10

DEN2. In the last 12 months, (were you/was name) unable to get dental care, tests, or treatments you or a dentist believed necessary?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DENCHK3 IF DEN2=1, THEN CONTINUE; ELSE GO TO DEN6

DEN3. What kind of dental care, test, or treatment was it that (you/name) needed but did not get?

_____ (allow 40)

- F3 DON'T KNOW
- F4 REFUSED

Responses:

Root canal

Tooth abstraction

Cleaning and abstraction

DEN4. Please describe the main reason (you were/name was) unable to get dental care, tests, or treatments you or a dentist believed necessary?

[SHOWCARD MED2]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 AFRAID OF GOING TO THE DENTIST/ HAVING DENTAL WORK DONE
- 12 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#1

#12 – Transportation

#12 – No Insurance

DEN5. How much of a problem was it that (you/name) did not get dental care, tests, or treatments you or a dentist believed necessary? Would you say...

- 1 A big problem,
- 2 A small problem
- 3 Not a problem
- F3 DON'T KNOW
- F4 REFUSED

Need skip - GOTO Den10

DEN6. In the last 12 months, (were you/was name) delayed in getting dental care tests, or treatments you or a dentist believed necessary?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DENCHK4 IF DEN5=1, THEN CONTINUE; ELSE GO TO DEN10

DEN7. What kind of dental care, test, or treatment was it that (you were/name was) delayed in getting?

_____ (allow 40)

- F3 DON'T KNOW
- F4 REFUSED

DEN8. Which of these best describes the main reason (you were/name was) delayed in getting dental care, tests, or treatments you or a dentist believed necessary?

[SHOWCARD MED2]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 AFRAID OF GOING TO THE DENTIST/ HAVING DENTAL WORK DONE
- 12 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

DEN9. How much of a problem was it that (you were/name was) delayed in getting dental care you or a dentist believed necessary? Would you say...

- 1 A big problem,
- 2 A small problem
- 3 Not a problem
- F3 DON'T KNOW
- F4 REFUSED

DEN10. About how long has it been since (you/name) last visited a dentist?
Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists,
as well as dental hygienists.

- 1 6 MONTHS OR LESS
- 2 MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO
- 3 MORE THAN 1 YEAR, BUT NOT MORE THAN 2 YEARS AGO
- 4 MORE THAN 2 YEARS, BUT NOT MORE THAN 5 YEARS AGO
- 6 MORE THAN 5 YEARS AGO
- 7 NEVER HAVE BEEN
- F3 DON'T KNOW
- F4 REFUSED

DENCHK5 If DEN10=1 or 2, CONTINUE; ELSE GO TO DEN14

DEN11. In the past 12 months, when (you/name) did see a dentist, how many of (your/his/her)
visits were at (the reference health center)? Would you say...

- 1 All of the visits
- 2 Some of the visits
- 3 None of the visits
- F3 DON'T KNOW
- F4 REFUSED

DENCHK6 If DEN11=1 or 2, THEN CONTINUE; ELSE GO TO DENCHK6

DEN12. How would you rate the dental services (you/name) received at [the reference health
center]? Would you say...

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- F3 DON'T KNOW
- F4 REFUSED

DENCHK6 If DEN11= 2 OR 3, THEN CONTINUE; ELSE GO TO DEN14

DEN13 Were you referred to the other place where (you/name) got dental services by [reference
health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DENCHK7 IF AGE LE11 GOTO DEN16a

Now, I have some questions about the condition of (your/name's) teeth and gums.

DEN14. The following question asks about the number of adult teeth you have lost. Do not count as "lost" missing wisdom teeth, "baby" teeth, or teeth which were pulled for orthodontia (straightening the teeth). Have you lost...

- 1 All of your adult teeth
- 2 Some of your adult teeth
- 3 None of your adult teeth
- F3 DON'T KNOW
- F4 REFUSED

DEN15. **IF DEN14=2 CONTINUE, ELSE GO TO DENCHK8:** How many of your adult teeth have you lost?

- _____ TEETH
- F3 DON'T KNOW
 - F4 REFUSED

DEN15a. **IF DEN14=1 OR 2 CONTINUE, ELSE GO TO DENCHK8:** Are any of your missing teeth replaced by full or partial dentures, false teeth, bridges or dental plates?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DENCHK8 DEN14=2 OR 3 CONTINUE ELSE GOTO DEN16b

DEN16a. How would you describe the condition of (your/name's) teeth? Would you say...

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- F3 DON'T KNOW
- F4 REFUSED

GOTO DEN17

DEN16b Now I have some questions about the condition of (your/name's) gums and false teeth or dentures. Would you say . . .

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- F3 DON'T KNOW
- F4 REFUSED

This is missing part of the question... should it be "Would you say the condition of (your/name's) gums and false teeth or dentures are..."

DEN17. During the past 6 months, (have you/has name) had any of the following problems?

- DEN17a. A toothache or sensitive teeth
- DEN17b. Bleeding gums
- DEN17c. Crooked teeth
- DEN17e. Broken or missing teeth
- DEN17f. Stained or discolored teeth
- DEN17g. Broken or missing fillings
- DEN17h. Loose teeth not due to injury
IF AGE LE11: Loose teeth not due to injury or losing baby teeth

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DEN18. During the past 6 months, (have you/has name) had any of the following problems that lasted more than a day?

- DEN18a. Pain in (your/his/her) jaw joint
- DEN18b. Sores in (your/his/her) mouth
- DEN18c. Difficulty eating or chewing
- DEN18d. Bad breath
- DEN18f. Dry mouth

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DENCHK8 IF DEN17a-h=1 or DEN18a-f=1, CONTINUE; ELSE GO TO MODULE K

DEN19. Did the problems with (your/name's) mouth or teeth interfere with any of the following.

DEN19a. job or school

DEN19b. sleeping

DEN19c. social activities such as going out or being with other people

DEN19d. usual activities at home

FOR EACH:

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

MODULE K: MENTAL HEALTH

MENCHK1 IF AGE GE 18, THEN CONTINUE; ELSE GO TO MENCHK2

MEN1. Now I am going to ask you some questions about feelings you may have experienced over the past 30 days.

[SHOWCARD MEN1]

Please respond using one of these categories. During the past 30 days, how often did you feel...

- a. so sad that nothing could cheer you up?
- b. nervous?
- c. restless or fidgety?
- d. hopeless?
- e. that everything was an effort?
- f. worthless?

FOR EACH:

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- F3 DON'T KNOW
- F4 REFUSED

MEN2. We just talked about a number of feelings you had during the past 30 days. Altogether, how much did these feelings interfere with your life or activities; a lot, some, a little, or not at all?

- 1 A LOT
- 2 SOME
- 3 A LITTLE
- 4 NOT AT ALL
- F3 DON'T KNOW
- F4 REFUSED

MEN2a. Have you ever had depression?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MEN2b. Have you ever had generalized anxiety?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

Several respondents did not know what was meant by "generalized anxiety" Consider definition.

MEN2c. Have you ever had panic disorder?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MENCHK2 IF AGE =2 OR 3, THEN CONTINUE; ELSE GO TO MENCHK3

MEN3. I am going to read a list of items that describe children. For each one, tell me if it has been not true, sometimes true, or often true of (name) during the past 6 months.

- a. Has been uncooperative?
- b. Has trouble getting to sleep?
- c. Has speech problems?
- d. Has been unhappy, sad, or depressed?
- e. Has temper tantrums or a hot temper?
- f. Has been nervous or high-strung?

FOR EACH:

- 1 NOT TRUE
- 2 SOMETIMES TRUE
- 3 OFTEN TRUE
- F3 DON'T KNOW
- F4 REFUSED

MENCHK3 IF AGE =4 TO 12, THEN CONTINUE; ELSE GO TO MENCHK4

MEN3a. I am going to read a list of items that describe children. For each one, tell me if it has been not true, sometimes true, or often true, of (name) during the past 6 months.

- a. Doesn't get along with other kids?
- b. Can't concentrate or pay attention long?
- c. Feels worthless or inferior?
- d. Has been unhappy, sad, or depressed?
- e. Has been nervous or high-strung or tense?
- f. Acts too young for [his/her] age?

FOR EACH:

- 1 NOT TRUE
- 2 SOMETIMES TRUE
- 3 OFTEN TRUE
- F3 DON'T KNOW
- F4 REFUSED

MENCHK4 IF AGE =13 TO 17, THEN CONTINUE; ELSE GO TO MEN5

MEN4b. I am going to read a list of items that describe children. For each one, tell me if it has been not true, sometimes true, or often true, of (you/ name) during the past 6 months.

- a. (You/He/She) can't concentrate or pay attention long?
- b. (You/He/She) lie(s) or cheat(s)?
- c. (You/He/She) (don't/doesn't) get along with other kids?
- d. (You/He/She) (have/has) been unhappy, sad, or depressed?
- e. (You/He/She) (do/does) poorly at school work?
- f. (You/He/She) (have/has) trouble sleeping?

FOR EACH:

- 1 NOT TRUE
- 2 SOMETIMES TRUE
- 3 OFTEN TRUE
- F3 DON'T KNOW
- F4 REFUSED

MEN5. In the last 12 months, that is since (12 MONTH REFERENCE DATE), did you or a doctor believe (you/name) should receive counseling by a mental health professional?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MENCHK5 IF MEN5 = 1, CONTINUE; ELSE GO TO MEN7

MEN6. In the last 12 months, (were you/was name) unable to get counseling by a mental health professional you or a doctor believed necessary?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MENCHK6 IF MEN6 = 1, CONTINUE; ELSE GO TO MEN7

MEN6a. Which of these best describes the main reason (you were/name was) unable to get counseling by a mental health professional you or a doctor believed necessary?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 WAS EMBARRASSED/DID NOT FEEL COMFORTABLE ASKING FOR HELP/ DID NOT WANT OTHER PEOPLE TO KNOW ABOUT PROBLEM
- 12 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#12 – Knew I needed to go but just didn't

#12 - Transportation

MEN6b. How much of a problem was it that (you/name) did not get counseling by a mental health professional you or a doctor believed necessary?

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- F3 DON'T KNOW
- F4 REFUSED

MEN7. In the last 12 months, were (you/name) delayed in getting counseling by a mental health professional you or a doctor believed necessary?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MENCHK7 IF MEN7=1, CONTINUE; ELSE GO TO MENCHK8

MEN7a. Which of these best describes the main reason (you were/name was) delayed in getting counseling by a mental health professional you or a doctor believed necessary?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 WAS EMBARRASSED/DID NOT FEEL COMFORTABLE ASKING FOR HELP/ DID NOT WANT OTHER PEOPLE TO KNOW ABOUT PROBLEM
- 12 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

MEN7b How much of a problem was it that (you were/name was) delayed in getting counseling by a mental health professional you or a doctor believed necessary?
Would you say...

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- F3 DON'T KNOW
- F4 REFUSED

TREATMENT QUESTIONS

MENCHK8 IF AGE GE 13, THEN CONTINUE; ELSE GO TO MODULE L

MEN8. In the past 12 months, did you receive any mental health treatment or counseling?

(Please include treatment with prescription medication, group or individual counseling with a mental health provider, inpatient treatment. Do not include counseling or advice given by a friend, or spiritual counseling through a church or religious group.)

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MENCHK9 IF MEN8=1, CONTINUE; ELSE GO TO MODULE L

MEN8a. What was this treatment or counseling for? Was it for ...

SELECT ALL THAT APPLY

1. Depression
2. Anxiety
3. Panic
4. Stress
5. Personal or family problems/ relationship problems
6. Other (Specify)_____

MEN9. What kind of treatment or counseling was it?

QXQ FOR INDIVIDUAL TREATMENT: This includes counseling with a trained mental health professional -social worker, psychologist, psychiatrist, psychiatric nurse or other mental health professional; respondent may not know what qualifications the provider has, however

QXQ FOR GROUP COUNSELING SESSIONS: This includes counseling with a trained mental health professional -social worker, psychologist, psychiatrist, psychiatric nurse or other mental health professional; respondent may not know what qualifications the provider has, however)

1. Individual counseling
 2. Group counseling sessions
 3. Prescription medication
 4. Inpatient treatment in a general hospital or mental health treatment facility
- F3 DON'T KNOW
F4 REFUSED

MENCHK10 IF MEN9 = 1-2, THEN CONTINUE; ELSE GO TO MODULE L

MEN9a. How many of your treatment or counseling sessions you received did you get at [the reference health center]? Would you say...

- 1 All of the visits
 - 2 Some of the visits
 - 3 None of the visits
- F3 DON'T KNOW
F4 REFUSED

MENCHK11 IF MEN9a=1 OR 2, THEN CONTINUE; ELSE GO TO MENCHK12

MEN9b. How would you rate the treatment or counseling services you received at [the reference health center]. Would you say....

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- F3 DON'T KNOW
- F4 REFUSED

MENCHK12 IF MEN9a=2 OR 3, THE CONTINUE; ELSE GO TO MODULE L

MEN9c. Were you referred to the other place where you got the treatment or counseling services by the [reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MODULE L: PREGNANCY/PRENATAL CARE

PRGCHK0 IF FEMALE AGE 15-49 CONTINUE; ELSE GO TO MODULE M PRENATAL CARE

PRG1. The next questions are about pregnancy and prenatal care.
Have you been pregnant in the past 3 years?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

PRGCHK1 IF PRG1=1, CONTINUE; ELSE GO TO PRG8

PRG2. Did you receive prenatal care for any pregnancy you had in the last three years?

IF NECESSARY: Prenatal care includes the services and tests that a woman gets during a pregnancy.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

PRGCHK2 IF PRG2=1, THEN CONTINUE; ELSE GO TO PRG6

PRG3. How many of your prenatal visits did you get at [reference health center]? Would you say....

- 1 All of the visits
- 2 Some of the visits
- 3 None of the visits
- F3 DON'T KNOW
- F4 REFUSED

One respondent answered "most of the visits" - consider additional category.

PRGCHK3 IF PRG3=1-2, THEN CONTINUE; ELSE GO TO PRGCHK4

PRG4. How would you rate the prenatal care services you received at [the reference health center]. Would you say....

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- F3 DON'T KNOW
- F4 REFUSED

PRGCHK4 IF PRG3=2 OR 3; THEN CONTINUE; ELSE GO TO PRG6

PRG5. Were you referred to the other place where you got prenatal care by [reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

PRG6. In the past three years, was there a time that you needed prenatal care but were unable to get it?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

PRGCHK5 IF PRG6=1, CONTINUE ELSE GO TO MODULE PRG8

PRG7. Which of these best describes the main reason you were unable to get prenatal care?

[SHOW CARD MED3]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#4

FAMILY PLANNING

PRG8. In the past 12 months, that is since (12 MONTH REFERENCE DATE), have you received any of the following family planning services?

- A birth control method or prescription
- A check-up or medical test related to using a birth control method
- Counseling about birth control
- Counseling about getting sterilized
- Emergency contraception or the "morning-after pill" or a prescription for
- Counseling or information about emergency contraception or the "morning-after pill"
- A sterilizing operation

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

Need show card for this question – difficult to administer.

PRGCHK6 IF PRG8a-PRG8g=1, THEN CONTINUE; ELSE GOTO PRG11

PRG9. How many of these services did you get at (the reference health center)? Would you say...

- 1 All of the services
- 2 Some of the services
- 3 None of the services
- F3 DON'T KNOW
- F4 REFUSED

PRGCHK7 IF PRG9=1 OR 2, THEN CONTINUE; ELSE GO TO PRGCHK8

PRG10a. How would you rate the family planning services you received at [the reference health center]. Would you say....

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- F3 DON'T KNOW
- F4 REFUSED

PRGCHK8 IF PRG9=2 or 3, THEN CONTINUE; ELSE GO TO PRG11

PRG10b. Were you referred to the other place where you got the family planning services by [reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

PRG11. In the last 12 months, was there a time that you needed any family planning service on the list but were unable to get it?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

[Refers to a list but there is no list.](#)

PRGCHK9 IF PRG11=1, THEN CONTINUE; ELSE GO TO MODULE M

PRG12. Which of these best describes the main reason you were unable to get that family planning service?

[SHOW CARD MED1]

- 1 COULD NOT AFFORD CARE
- 2 INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE
- 3 DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN
- 4 PROBLEMS GETTING TO DOCTOR'S OFFICE
- 5 DIFFERENT LANGUAGE
- 6 COULDN'T GET TIME OFF WORK
- 7 DIDN'T KNOW WHERE TO GO TO GET CARE
- 8 WAS REFUSED SERVICES
- 9 COULDN'T GET CHILD CARE
- 10 DIDN'T HAVE TIME OR TOOK TOO LONG
- 11 OTHER SPECIFY: _____
- F3 DON'T KNOW
- F4 REFUSED

MODULE M: OCCUPATIONAL HEALTH

WORK RELATED INJURIES

OCCCHK0 IF AGE GE 16, THEN CONTINUE; ELSE GO TO MODULE N

Now I am going to ask you about on-the-job injuries or illnesses in the past 12 months. As you know, little injuries and illnesses occur from time to time when we are working, but sometimes it is more serious. We are interested in the more serious injuries and illnesses, those which may have resulted in the following things: you couldn't work for at least 4 hours; you couldn't work normally for at least 4 hours; you had to receive medical attention; or you had to take medicine prescribed by a doctor in order to be able to continue working. These injuries or illnesses include those that happen while you were at work and those that occur while traveling to and from the workplace. Do not include travel from home to work unless your employer provides your living quarters.

VERY wordy and hard to administer. Consider shortening these into bullets to read.

OCC1. During the last 12 months, that is since (12 MONTH REFERENCE DATE), have you suffered an injury or illness while doing work or while traveling to and from work?

- 1 YES
- 2 NO
- 3 HAVE NOT WORKED IN PAST 12 MONTHS
- F3 DON'T KNOW
- F4 REFUSED

OCCCHK1 IF OCC1=1, THEN CONTINUE; ELSE GO TO MODULE N

OCC1a. During the last 12 months, how many injuries or illnesses have you had...

- 1 while working
- 2 while traveling between worksites

- 1. _____ WHILE WORKING
- 2. _____ WHILE TRAVELING BETWEEN WORKSITES
- F3 DON'T KNOW
- F4 REFUSED

INJURY LOOP

OCC2a.

IF OCC1a = TOTAL OF 1 INJURY, ASK: I would like to ask you about this injury or illness.

IF OCC1a = TOTAL OF 2 OR MORE INJURIES, ASK: I would like to ask you about the TWO most recent injuries or illnesses.

MOST RECENT: Let's start by talking about the most recent injury or illness.

NEXT MOST RECENT: Now let's talk about the time before that when you experienced a work injury or illness.

What were you doing when the injury or illness occurred? **PROBE AS NEEDED:** What caused the injury or illness?

_____ [RECORD UP TO 160 CHARACTERS]

OCC2b. Please look at this card and tell me all the injuries or illnesses that resulted from this incident? Please select all that apply.

[SHOW CARD OCC1]

- 1 SCRAPE OR ABRASION
- 2 BRUISE OR CONTUSION
- 3 AMPUTATION OR LOST BODY PART
- 4 SPRAIN, STRAIN, TORN LIGAMENT, OR TRAUMATIC RUPTURE
- 5 BROKEN, CRUSHED, OR MANGLED BONE
- 6 DISLOCATION
- 7 CUT, LACERATION, PUNCTURE, OR STAB
- 8 BURN, BLISTER OR SCALD
- 9 CHEMICAL BURN OR POISONING, EITHER BY INGESTION, BREATHING, OR SKIN CONTACT
- 10 SKIN RASH
- 11 NAUSEA OR VOMITING
- 12 HEADACHE
- 13 HEATSTROKE/OVERHEATING
- 14 BURNING OR STINGING
- 15 INJURY TO EYE
- 16 OTHER INJURY OR ILLNESS
- F3 DON'T KNOW
- F4 REFUSED

OCC2c. FOR EACH: Did you receive medical care for this injury or illness?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

OCCCHK2 IF OCC2c = 2, THEN CONTINUE; ELSE GO TO OCC2e

OCC2d. Please look at this card and tell me the main reason you did not receive medical care?

[SHOW CARD OCC2]

- 1 COULD NOT AFFORD IT
- 2 NO INSURANCE
- 3 DOCTOR DID NOT ACCEPT MEDICAID/INSURANCE
- 4 NOT SERIOUS ENOUGH
- 5 WAIT TOO LONG IN CLINIC/OFFICE
- 6 DIFFICULTY IN GETTING APPOINTMENT
- 7 NO DOCTOR AVAILABLE
- 8 DIDN'T KNOW WHERE TO GO
- 9 NO WAY TO GET THERE
- 10 HOURS NOT CONVENIENT
- 11 SPEAK A DIFFERENT LANGUAGE
- 12 HEALTH OF ANOTHER FAMILY MEMBER
- 13 EMPLOYER WOULDN'T ALLOW IT
- 14 AFRAID OF GETTING IN TROUBLE WITH THE LAW
- 15 OTHER REASON (SPECIFY) _____
- F3 DON'T KNOW
- F4 REFUSED

GOTO OCC2h

OCC2e. Where did you go for medical care?

- 1 THE [REFERENCE HEALTH CENTER]
- 2 OTHER CLINIC OR HEALTH CENTER OFFERING A DISCOUNT TO LOW INCOME OR UNINSURED PEOPLE
- 3 DOCTOR'S OFFICE OR HMO
- 6 HOSPITAL EMERGENCY ROOM
- 7 HOSPITAL OUTPATIENT DEPARTMENT
- 8 SOME OTHER PLACE
- F3 DON'T KNOW
- F4 REFUSED

OCC2f. Who took you there?

- 1 EMPLOYER, SUPERVISOR, OR OTHER EMPLOYEE
- 2 FAMILY MEMBER, FRIEND, OR CO-WORKER
- 3 AMBULANCE/RESCUE SQUAD
- 4 OTHER PERSON
- 5 I TOOK MYSELF
- F3 DON'T KNOW
- F4 REFUSED

OCC2g. How was the medical care paid for?

ALLOW UP TO 2 RESPONSES

- 1 PERSONAL FUNDS
- 2 PERSONAL MEDICAL INSURANCE
- 3 EMPLOYER PROVIDED MEDICAL INSURANCE
- 4 MEDI-CAL/IEHP
- 5 MEDICARE/MEDICAID
- 6 WORKERS' COMPENSATION
- 7 HEALTHY FAMILIES
- 8 STATE DISABILITY INSURANCE
- 9 MIA
- 10 CHDP
- 11 THERE WAS NO CHARGE
- 12 OTHER (SPECIFY) _____
- F3 DON'T KNOW
- F4 REFUSED

OCC2h. Has the injury or illness resulted in a continuing disability?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

OCC2i. Did you report this injury or illness to your employer?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

OCC2j. Was a worker's compensation claim filed as a result of this injury or illness?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MODULE N: HIV TESTING

**HTGCHK1 IF AGE LE 12, THEN GO TO MODULE O; ELSE
IF AGE 13 TO 17 AND NOT HOMELESS YOUTH, GO TO MODULE O;
ELSE
IF AGE 13-17 AND HOMELESS YOUTH, GO TO HTG1; ELSE
IF AGE GE 18, THEN GO TO HTG1**

HTG1. Now I'm going to ask questions about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, Have you ever been tested for HIV?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HTGCHK2 IF HTG1=1, GO TO HTG4; ELSE CONTINUE

HTG2. I am going to read you a list of reasons why some people have not been tested for HIV, the virus that causes AIDS. Which one of these would you say is the main reason why you have not been tested?

- 1 No reason
- 2 Don't consider myself at risk of AIDS
- 3 Doctor did not recommend it
- 4 Don't believe results are accurate
- 5 Don't believe anything can be done if I am positive
- 6 Don't like needles
- 7 Don't trust results to be confidential
- 8 Afraid of losing job, insurance, housing, friends, family if people knew I was positive
- 9 I'm tested when I give blood
- 10 Some other reason (specify) _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#10 – Not sexually active.

HTG3. Has anyone at [the reference health center] ever suggested that you have your blood tested for the AIDS virus infection?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HTG4. Has anyone at [the reference health center] ever talked to you about ways to protect yourself and others from getting the AIDS virus?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HTG5. Have you ever been told by a doctor or other health professional that you are HIV positive or have AIDS?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HTGCHK3 IF HTG5=1, THEN CONTINUE; ELSE GO TO MODULE O

HTG6a. Are you receiving any medical care now for HIV or AIDS?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HTG6b. Are you receiving antiretroviral therapy?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

HTG6c. Where do you usually get medical care for HIV or AIDS?

- 1 [THE REFERENCE HEALTH CENTER]
- 2 SOMEWHERE ELSE
- F3 DON'T KNOW
- F4 REFUSED

HTGCHK4 IF HTG6c=2, THEN CONTINUE; ELSE GO TO MODULE O

HTG6d. Were you/name referred there by [the reference health center]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MODULE O: LIVING ARRANGEMENTS

Next, I'd like to ask some questions about where (you live/name lives).

LIV1

IF AGE >=18: Do you currently have your own place to live, such as a house, apartment, or room?

IF AGE <=12: Does (name)s family currently have its own place to live, such as a house, apartment, or room?

IF AGE = 13-17: Does your family currently have its own place to live, such as a house, apartment, or room?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

Respondent is 19 but said "I stay with my mother"

IF LIV1=1, CONTINUE; ELSE GO TO LIVCHK1

LIV2. How would you describe the kind of place where (you live/name lives) now?

- 1 A HOUSE (INCLUDES TRAILERS OR MOBILE HOMES)
- 2 AN APARTMENT OR CONDO
- 3 A ROOM (OTHER THAN HOTEL)
- 4 A TRANSITIONAL SHELTER (INCLUDES TRANSITIONAL HOUSING)
- 5 HOTEL OR MOTEL (PLACE WITH SEPARATE ROOMS THAT YOU PAY FOR YOURSELF)
- 6 OTHER
- F3 DON'T KNOW
- F4 REFUSED

LIVCHK1 IF LIV2=1, 2 OR 3, CONTINUE; ELSE GO TO LIVCHK2

LIV3. Does that place belong to a social service provider, or a public housing authority?

- 1 SOCIAL SERVICE PROVIDER
- 2 PUBLIC HOUSING AUTHORITY
- 3 NEITHER
- F3 DON'T KNOW
- F4 REFUSED

GOTO LIVCHK2

LIV4 How would you describe the kind of place where (you/name) slept last night?

- 1 A HOUSE (INCLUDES TRAILERS OR MOBILE HOMES)
- 2 AN APARTMENT OR CONDO
- 3 A ROOM (OTHER THAN HOTEL)
- 4 AN EMERGENCY SHELTER
- 5 A TRANSITIONAL SHELTER (INCLUDES TRANSITIONAL HOUSING)
- 6 A WELFARE OR VOUCHER HOTEL
- 7 A CAR OR OTHER VEHICLE
- 8 AN ABANDONED BUILDING
- 9 AT A TRANSPORTATION SITE (BUS STATION, AIRPORT, SUBWAY STATION
- 10 AT A PLACE OF BUSINESS (ALL NIGHT MOVIE, BAR, LAUNDROMAT, ALL NIGHT RESTAURANT, FARM BUILDING, STABLES, ETC.)
- 11 ANYWHERE OUTSIDE (STREETS, PARKS, CULVERTS, CAMPGROUNDS, OR CARDBOARD BOXES, ETC)
- 12 HOTEL OR MOTEL (PLACE WITH SEPARATE ROOMS THAT YOU PAY FOR YOURSELF)
- 13 DORMITORY HOTEL (PLACE WITHOUT SEPARATE ROOMS THAT YOU PAY FOR YOURSELF)
- 14 A MIGRANT WORKER'S CAMP, DORMITORY OR BARRACKS
- 15 OTHER
- F3 DON'T KNOW
- F4 REFUSED

**LIVCHK2 IF LIV2= 1, 2 OR 5 OR LIV4=1, 2 OR 12 CONTINUE;
IF LIV2=3 OR LIV 4=3 GO TO LIV6;
ELSE GOTO LIVCHK3**

LIV5 How many rooms there are used for sleeping?

- _____ ROOMS
- F3 DON'T KNOW
 - F4 REFUSED

LIV6 How many people, in total, sleep in that room/those rooms?

- _____ NUMBER OF PEOPLE
- F3 DON'T KNOW
 - F4 REFUSED

**LIVCHK3 IF LIV 1=2, CONTINUE;
ELSE GOTO LIVCHK4**

WITHOUT OWN PLACE

LIV7.

IF AGE >=18: When was the last time you had your own place to live for 30 days or longer, such as a house, apartment or room?

IF AGE <=12: When was the last time (name's) family had its own place to live for 30 days or longer, such as a house, apartment or room?

IF AGE =13-17: When was the last time your family had its own place to live for 30 days or longer, such as a house, apartment or room?

_____ NUMBER

- a. DAYS AGO
- b. WEEKS AGO
- c. MONTHS AGO
- d. YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

LIV8.

IF AGE >=18: How MANY times in your life have you NOT had your own place to live, that is, how many times have you NOT had your own place that you could stay at for 30 days or longer?

IF AGE <=12: How MANY times in (name's) life has (name's) family NOT had its own place to live, that is, not had its own place that it could stay at for 30 days or longer?

IF AGE =13-17: How MANY times in your life has your family NOT had its own place to live, that is, not had its own place that it could stay at for 30 days or longer?

1 JUST THIS TIME

_____ NUMBER TIMES

- F3 DON'T KNOW
- F4 REFUSED

IF LIV8 >1 CONTINUE; ELSE GOTO LIV10

LIV9. How old (were you/was name) the first time that happened?

_____ AGE

- F3 DON'T KNOW
- F4 REFUSED

LIVCHK4 CURRENTLY WITH OWN PLACE

LIV10.

IF AGE >=18: Have you ever NOT had your own place to live, that is, NOT had your own place that you could stay at for 30 days or longer?

IF AGE <=12: Has (name)'s family ever NOT had its own place to live, that is, NOT had its own place that it could stay at for 30 days or longer?

IF AGE =13-17: Has your family ever NOT had its own place to live, that is, NOT had its own place that it could stay at for 30 days or longer?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

19 yr old respondent said "I don't have my own place- it is my mother's place"

IF LIV10=1, THEN CONTINUE; ELSE GO TO LIVCHK6

LIV11. How MANY times in your life have you NOT had your own place to live, that is, how many times have you NOT had your own place that you could stay at for 30 days or longer?

_____ NUMBER OF TIMES

- F3 DON'T KNOW
- F4 REFUSED

IF LIV11=1, CONTINUE; ELSE GOTO LIV14

LIV12. How long did that last?

_____ NUMBER

- a. DAYS
- b. WEEKS
- c. MONTHS
- d. YEARS
- F3 DON'T KNOW
- F4 REFUSED

LIV13. How old (were you/was name) when that happened?

_____ AGE

- F3 DON'T KNOW
- F4 REFUSED

GOTO LIVCHK6

LIV14.

IF AGE >=18: The last time you did not have your own place to live, how long did that last?

IF AGE <=12: The last time (name's) family did not have its own place to live, how long did that last?

IF AGE =13-17: The last time your family did not have its own place to live, how long did that last?

_____ NUMBER

- a. DAYS
- b. WEEKS
- c. MONTHS
- d. YEARS
- F3 DON'T KNOW
- F4 REFUSED

LIV15. How old (were you/was name) the first time that happened?

_____ AGE

- F3 DON'T KNOW
- F4 REFUSED

**LIVCHK6 IF LIV1=2 OR LIV10=1 AND AGE >=18, CONTINUE;
ELSE GOTO MODULE P**

LIV16. The next few questions are about health care (you/name) may or may not have received while you did not have your own place to live.

Did you ever need a place to recover from an illness, injury, or hospitalization during a time that you did not have your own place to live?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

LIVCHK7 IF LIV16=1, CONTINUE; ELSE GO TO MODULE P

LIV16a. Did you find a place to recover from an illness, injury, or hospitalization?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

LIVCHK8 IF LIV16a=1, CONTINUE; ELSE GO TO MODULE P

LIV16b. Where did you go to recover? Was it...

SELECT ALL THAT APPLY

- 1 Someone's home
- 2 A shelter
- 3 A nursing home or rehabilitation facility
- 4 A special program for homeless people to recover
- 5 Some other place (SPECIFY: _____)
- F3 DON'T KNOW
- F4 REFUSED

LIVCHK9 IF LIV16b=4, CONTINUE; ELSE GO TO GO TO MODULE P

LIV6c. How long did you stay?

- 1 1-6 DAYS
- 2 7-29 DAYS
- 3 30 DAYS OR LONGER
- F3 DON'T KNOW
- F4 REFUSED

LIV6d. Did that program help you get better?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

LIV6e. Did that program help you with getting housing and/or services that you could use after you were discharged?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

MODULE P: HEALTH INSURANCE

INTERVIEWER NOTE: ADOLESCENTS AGE 13-17 WILL RECEIVE FIRST 2 QUESTIONS OF THIS MODULE.

S-CHIP PROGRAM STATE NAMES	27	Nebraska: Kids Connection
1 Alabama: ALL Kids	28	Nevada: Nevada Check Up
2 Alaska: Denali KidCare	29	New Hampshire: Healthy Kids
3 Arizona: KidsCare	30	New Jersey: FamilyCare
4 Arkansas: ARKids	31	New Mexico: New Mexico State Children's Health Insurance Program / New MexiKids
5 California: Healthy Families Program		New York: Child Health Plus (CHPlus)
6 Colorado: Child Health Plan Plus (CHP+)	32	North Carolina: North Carolina CHIP Program / Health Choice for Children
7 Connecticut: HUSKY Plan	33	North Dakota: Healthy Steps Program / North Dakota CHIP
8 Delaware: Delaware Healthy Children Program (DHCP)	34	Ohio: Healthy Start
9 Florida: Florida KidCare Program	35	Oklahoma: SoonerCare
10 Georgia: PeachCare for Kids	36	Oregon: Oregon SCHIP
11 Hawaii: Hawaii Quest / Hawaii Title XXI Program	37	Pennsylvania: Pennsylvania CHIP
12 Idaho: IdahoHealth / Idaho CHIP	38	Rhode Island: RItE Care
13 Illinois: Illinois All Kids / KidCare	39	South Carolina: Partners for Healthy Children
14 Indiana: Indiana CHIP / Hoosier Healthwise	40	South Dakota: South Dakota Children's Health Insurance Program
15 Iowa: Healthy and Well Kids in Iowa (hawk-i)	41	Tennessee: CoverKids
16 Kansas: HealthWave	42	Texas: TexCare Partnership / Texas CHIP
17 Kentucky: Kentucky CHIP (KCHIP)	43	Utah: Utah's Children's Health Insurance Program
18 Louisiana: LaCHIP	44	Vermont: Dr. Dynasaur
19 Maine: MaineCare	45	Virginia: Family Access to Medical Insurance Security Plan (FAMIS)
20 Maryland: Maryland Children's Health Program	46	Washington: Washington CHIP
21 Massachusetts: MassHealth	47	West Virginia: West Virginia's Children's Health Insurance Program (WV CHIP)
22 Michigan: MICHild	48	Wisconsin: BadgerCare
23 Minnesota: Minnesota's Children's Health Insurance Plan	49	Wyoming: Wyoming Kid Care
24 Mississippi: Mississippi CHIP / Mississippi Title XXI	50	District of Columbia: District of Columbia CHIP / DC Health Families
25 Missouri: Managed Care Plus (MC+) For Kids Program	51	
26 Montana: Montana's Children's Health Insurance Plan		

INS1. The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills. At this time, (are you/is name) covered by health insurance or some other kind of health care plan?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

INCHK1 IF INS1=1, THEN CONTINUE; ELSE GO TO INS4

INS2. What kind of health insurance or health care coverage (do you/ does name) have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental

care) exclude private plans that only provide extra cash while hospitalized.

CODE ALL THAT APPLY.

- 1 PRIVATE HEALTH INSURANCE
- 2 MEDICARE
- 3 MEDI-GAP
- 4 MEDICAID
- 5 MILITARY HEALTH CARE/VA
- 6 CHAMPUS/TRICARE/CHAMP-VA
- 7 INDIAN HEALTH SERVICE
- 8 STATE-SPONSORED CHILDREN'S HEALTH INSURANCE PLAN (GIVE STATE'S S-CHIP NAME – S-CHIP PROGRAM STATE NAMES)
- 9 SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS).
- 10 OTHER STATE-SPONSORED HEALTH PLAN
- 11 OTHER GOVERNMENT PROGRAM
- 12 NONE
- F3 DON'T KNOW
- F4 REFUSED

**INSCHK2 IF AGE= 13-17 GOTO MODULE Q
IF INS2=1, 2, 3 or 4, THEN CONTINUE,
IF INS2 = 9 ONLY GOTO INS4
ELSE GO TO INSCHK4**

INS2b. Why (do you/does name) come to [the reference health center] if you have insurance that most doctors will accept?

_____ (Allow 40)

- F3 DON'T KNOW
- F4 REFUSED

Responses:

I like the doctors

I haven't found a good doctor or a good place to go so I don't know.

I am pregnant

It is closer – more convenient

Location

INSCHK4 IF INS2=1, THEN CONTINUE; ELSE GO TO MODULE Q

INS3. Which of these best describes how this plan was obtained?

- 1 Through employer or union
- 2 Policy purchased directly from the insurance company
- 3 Through a state or local government or community program
- 4 Through an association that has insurance available to association members
- 5 Other
- F3 DON'T KNOW
- F4 REFUSED

INS3a. How many people in your family are covered by that plan?

_____ (RANGE 00-20)

- F3 DON'T KNOW
- F4 REFUSED

INS3b. (Does this plan/Do any of these plans) pay for any of the costs for medicines prescribed by a doctor?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

INS3c. (Does this plan/Do any of these plans) pay for any of the costs for dental care?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

GO TO MODULE Q

QUESTIONS FOR INDIVIDUALS WITHOUT HEALTH INSURANCE

INS4. Not including Single Service Plans, about how long has it been since (you/name) last had health care coverage? A single service plan is one that pays for only one type of service, such as nursing home care, accidents, or dental care.

- 1 6 months or less
- 2 More than 6 months, but not more than 1 yr ago
- 3 More than 1 yr, but not more than 3 yrs ago
- 4 More than 3 yrs
- 5 Never
- F3 DON'T KNOW
- F4 REFUSED

Needs skip for #5, DK, and RE responses.
Consider flipping definition before question in INS4.

INS5. (Which of these are reasons (you/name) stopped being covered? / Which of these are reasons (you/name) (do/ does) not have health insurance?)

ALLOW UP TO 5 RESPONSES

- 1 PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS
- 2 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 3 BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL
- 4 EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE FOR COVERAGE
- 5 COST IS TOO HIGH
- 6 INSURANCE COMPANY REFUSED COVERAGE
- 7 MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY
- 8 LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME
- 9 LOST MEDICAID (OTHER)
- 10 DROPPED PRIVATE COVERAGE TO MEET THE WAITING PERIOD REQUIREMENT FOR (S-CHIP NAME - S-CHIP PROGRAM STATE NAMES)
- 11 OTHER (SPECIFY) _____
- F3 DON'T KNOW
- F4 REFUSED

Responses:

#11 – Discharged from residential alcohol treatment facility and lost coverage.

MODULE Q: INCOME AND ASSETS

INC1: What is the total number of family members who lived with you in [last calendar year in 4-digit format]? Please only count family members that lived with you AT LEAST 6 of the last 12 months.

_____ FAMILY MEMBERS
F3 DON'T KNOW
F4 REFUSED

IF AGE 13-17 GOTO INC4; ELSE CONTINUE

INC1a. The next questions are about [your total/your total family] income in [last calendar year in 4-digit format] before taxes. Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group.

Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

When answering this next question please remember to include your income PLUS the income of all family members living in this household.

What is your best estimate of [IF INC1=1: your total income/ELSE: the total income of all family members] from all sources, before taxes, in [last calendar year in 4 digit format]?

_____ (0-999,995) DOLLARS
999996 \$999,995+ DOLLARS
F3 DON'T KNOW
F4 REFUSED

Respondent A8, A2, A5, A6 could not answer any of the remaining questions.

INCCHK1 IF INC1= F3 OR F4, CONTINUE; ELSE GO TO INC3c

Poverty Thresholds for 2007 by Size of Family and Number of Related Children Under 18 Years

Size of Family Unit	FPL (weighted avg)	2 times FPL (weighted avg)
One person (unrelated individual)	10,590	21,180
Two people	13,540	27,080
Three people	16,530	33,060
Four people	21,203	42,406
Five people	25,080	50,160
Six people	28,323	56,646
Seven people	32,233	64,466
Eight people	35,816	71,632
Nine people or more	42,739	85,478
Source: U.S. Census Bureau		

INC2.

INTERVIEWER: REVIEW INC1 FOR SIZE OF FAMILY FOR NEXT QUESTION

During [last calendar year in 4-digit format], was your total family income from all sources less than [FILL FAMILY POVERTY LEVEL], more than [FILL FAMILY POVERTY LEVEL] but less than [FILL 2X FAMILY POVERTY LEVEL] or [FILL 2X FAMILY POVERTY LEVEL] or more?

- 1 LESS THAN FPL
- 2 MORE THAN FPL BUT LESS THAN 2 TIMES FPL
- 3 TWO TIMES FPL OR MORE
- F3 DON'T KNOW
- F4 REFUSED

INC3. During [last calendar year in 4-digit format], did (you/name) or anyone else in (your/name's) household receive any of the following forms of public assistance?

- a. food stamps
- b. wic, the women, infants, and children nutrition program?
- c. public assistance payments
- d. general assistance or general relief
- e. transportation assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car?
- f. child care services or assistance so you could go to work or school or training?
- g. aid from the (state tanf plan) program?
- h. section 8 housing
- i. any other assistance from the government? (specify)_____

FOR EACH:

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

INC4. The next question is about the food (you/name) eat(s). Which of the following statements best describes (your/name's) situation in terms of the food (you/name) eat(s). (Do you/Does he/she)....

- 1 get enough of the kinds of foods (you want/you want him/her) to eat
- 2 get enough, but not always what (you want/you want him/her) to eat
- 3 sometimes don't get enough to eat
- 4 often don't get enough to eat
- F3 DON'T KNOW
- F4 REFUSED

Fills for STATE TANF PLANS (in INC3g)

IN STATES WHERE THERE IS MORE THAN ONE PROGRAM, AN ASTERICK * DENOTES WHICH MOST RESEMBLES TANF

- | | |
|---|-------------------|
| 1 ALABAMA | 27 MONTANA |
| 2 ALASKA | 28 NEBRASKA |
| 3 ARIZONA | 29 NEVADA |
| 4 ARKANSAS | 30 NEW HAMPSHIRE |
| 5 CALIFORNIA | 31 NEW JERSEY |
| 6 COLORADO | 32 NEW MEXICO |
| 7 CONNECTICUT | 33 NEW YORK |
| 8 DELAWARE | 34 NORTH CAROLINA |
| 9 THE DISTRICT OF COLUMBIA (WASHINGTON, DC) | 35 NORTH DAKOTA |
| 10 FLORIDA | 36 OHIO |
| 11 GEORGIA | 37 OKLAHOMA |
| 12 HAWAII | 38 OREGON |
| 13 IDAHO | 39 PENNSYLVANIA |
| 14 ILLINOIS | 40 RHODE ISLAND |
| 15 INDIANA | 41 SOUTH CAROLINA |
| 16 IOWA | 42 SOUTH DAKOTA |
| 17 KANSAS | 43 TENNESSEE |
| 18 KENTUCKY | 44 TEXAS |
| 19 LOUISIANA | 45 UTAH |
| 20 MAINE | 46 VERMONT |
| 21 MARYLAND | 47 VIRGINIA |
| 22 MASSACHUSETTS | 48 WASHINGTON |
| 23 MICHIGAN | 49 WEST VIRGINIA |
| 24 MINNESOTA | 50 WISCONSIN |
| 25 MISSISSIPPI | 51 WYOMING |
| 26 MISSOURI | |

IF STATE= 1 THEN TANFFILL = the Family Assistance Program (FA)
IF STATE = 2 THEN TANFFILL = the Alaska Temporary Assistance Program (ATAP)
IF STATE = 3 THEN TANFFILL = Cash Assistance/Temporary Assistance for Needy Families (TANF)
IF STATE = 4 THEN TANFFILL = the Transitional Employment Assistance Program (TEA)

IF STATE = 5 THEN TANFFILL = California Work Opportunity and Responsibility to Kids (CalWORKs)
 IF STATE = 6 THEN TANFFILL = Colorado Works
 IF STATE = 7 THEN TANFFILL = Jobs First
 IF STATE = 8 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 9 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 10 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 11 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 12 THEN TANFFILL = Temporary Assistance for Needy Families (TANF) or Temporary Assistance to Other Needy Families (TAONF)
 IF STATE = 13 THEN TANFFILL = Temporary Assistance for Needy Families (TANFI)
 IF STATE = 14 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 15 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 16 THEN TANFFILL = the Family Investment Program (FIP)
 IF STATE = 17 THEN TANFFILL = Successful Families Program
 IF STATE = 18 THEN TANFFILL = the Kentucky Transitional Assistance Program (K-TAP)
 IF STATE = 19 THEN TANFFILL = The Family Independence Temporary Assistance Program (FITAP), Kinship Care Subsidy Program (KCSP), and the Strategies to Empower People (STEP) Program
 IF STATE = 20 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 21 THEN TANFFILL = The Family Investment Program (FIP) or Temporary Cash Assistance (TCA)
 IF STATE = 22 THEN TANFFILL = Transitional Aid to Families with Dependent Children (TAFDC)
 IF STATE = 23 THEN TANFFILL = the Family Independence Program (FIP)
 IF STATE = 24 THEN TANFFILL = the Minnesota Family Investment Program (MFIP)
 IF STATE = 25 THEN TANFFILL = Temporary Assistance to Needy Families (TANF)
 IF STATE = 26 THEN TANFFILL = Temporary Assistance
 IF STATE = 27 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 28 THEN TANFFILL = Employment First
 IF STATE = 29 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 30 THEN TANFFILL = the Family Assistance Program (FAP) or the New Hampshire Employment Program (NHEP)
 IF STATE = 31 THEN TANFFILL = Work First New Jersey (WFNJ)
 IF STATE = 32 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 33 THEN TANFFILL = Family Assistance (FA)
 IF STATE = 34 THEN TANFFILL = Work First
 IF STATE = 35 THEN TANFFILL = Temporary Assistance for Needy Families (TANF) or Jobs Opportunities and Basic Skills (JOBS)
 IF STATE = 36 THEN TANFFILL = Ohio Works First (OWF) or Prevention, Retention and Contingency Program (PRC)
 IF STATE = 37 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 38 THEN TANFFILL = JOBS or Job Opportunities and Basic Skills Program or Temporary Assistance for Needy Families (TANF)
 IF STATE = 39 THEN TANFFILL = Pennsylvania Temporary Assistance for Needy Families (Pennsylvania TANF)
 IF STATE = 40 THEN TANFFILL = the Family Independence Program (FIP)
 IF STATE = 41 THEN TANFFILL = the Family Independence Program
 IF STATE = 42 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 43 THEN TANFFILL = Families First
 IF STATE = 44 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 45 THEN TANFFILL = the Family Employment Program (FEP)
 IF STATE = 46 THEN TANFFILL = Reach Up
 IF STATE = 47 THEN TANFFILL = Temporary Assistance for Needy Families (TANF)
 IF STATE = 48 THEN TANFFILL = Work First
 IF STATE = 49 THEN TANFFILL = West Virginia Works (WV Works)
 IF STATE = 50 THEN TANFFILL = Wisconsin Works (W-2)
 IF STATE = 51 THEN TANFFILL = Personal Opportunities with Employment Responsibility (POWER)
 ELSE TANFFILL = BLANK

MODULE R: DEMOGRAPHICS

The final questions are about (you/name).

DMO1. (Were you/Was name) born in the United States?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK1 IF DMO1 =1, THEN GO TO DMO4 ELSE CONTINUE

DMO2. In what year did (you/name) come to the United States?

- _____ YEAR
- F3 DON'T KNOW
 - F4 REFUSED

DMO3. About how long (have you/has name) been in the United States?

- 1 LESS THAN 1 YR.
- 2 AT LEAST 1 YR., BUT LESS THAN 5 YRS
- 3 AT LEAST 5YRS., BUT LESS THAN 10 YRS
- 4 AT LEAST 10YRS., BUT LESS THAN 15 YRS
- 5 15 YRS. OR MORE
- F3 DON'T KNOW
- F4 REFUSED

DMO4. IF AGE <5 GOTO DMOCHK3 ELSE CONTINUE

What is the HIGHEST grade or year of school (you have/name has) completed?

- 0 NEVER ATTENDED/KINDERGARTEN
- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE, NO DIPLOMA
- 13 HIGH SCHOOL GRADUATE
- 14 GED OR EQUIVALENT
- 15 SOME COLLEGE, NO DEGREE
- 16 ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM
- 17 ASSOCIATE DEGREE: ACADEMIC PROGRAM
- 18 BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)
- 19 MASTER'S DEGREE (EXAMPLE: MA, MS, MENG, MED, MBA)
- 20 PROFESSIONAL SCHOOL OR DOCTORAL DEGREE (EXAMPLE: MD, DDS, DVM, JD, PHD, EDD)
- 21 OTHER (SPECIFY)
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK3 IF DMO1=1, GO TO DMOCHK4; ELSE CONTINUE

DMO5. During the last year you were in school, were you attending a school in the United States?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK4 IF AGE 3 TO 21, THEN CONTINUE; ELSE GO TO DMO7

DMO6. (Are you/Is name) either going to school or on vacation from school?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMO7. How many times (have you/has name) moved in the past 12 months?

- _____ TIMES
- F3 DON'T KNOW
 - F4 REFUSED

Two respondents said- "I am homeless"

DMOCHK5 IF DMO7 GE 1, THEN CONTINUE; ELSE GO TO DMOCHK6

DMO8. How many of these moves were related to work?

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6-10
- 7 11-15
- 8 MORE THAN 15
- F3 DON'T KNOW
- F4 REFUSED

A response for "0" is needed.

DMO8a. How many of these moves were related to the work of someone in the family. For example, moving to a place to do farm work there or to look for work there, and moving back home after the farming season ended.

- _____ MOVES
- F3 DON'T KNOW
 - F4 REFUSED

MARITAL STATUS

DMOCHK6 IF AGE GE 15, THEN CONTINUE; ELSE GO TO DMOCHK8

DMO9. Are you

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- F3 DON'T KNOW
- F4 REFUSED

**DMOCHK7 IF DMO9=1, THEN CONTINUE; ELSE
IF DMO9=2, 3, 4 OR 5, THEN GO TO DMO9b; ELSE
GO TO DMOCHK9**

DMO9a. Is your spouse living with you?

- 1 YES (**GOTO DMOCHK9**)
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

IF DMOCHK8 IF DMO9a=1, THEN GO TO DMOCHK9; ELSE CONTINUE

DMO9b. Are you living with a partner?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

VETERAN'S STATUS

DMOCHK9 IF AGE GE 18, THEN CONTINUE; ELSE GO TO DMOCHK12

DMO10. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or the National Guard?

IF NECESSARY: ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK10 IF DMO10=1, THEN CONTINUE; ELSE GO TO DMOCHK12

DMO10a. Which of the following best describes your service in the U.S. military?

- 1 Currently on active duty
- 2 Currently in the Reserves or National Guard
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK11 IF DMO10a=1 OR 2, THEN GO TO DMOCHK12; ELSE CONTINUE

DMO10b. Are you eligible for veteran's benefits?

- 1 YES
- 2 NO (**GO TO DMOCHK5**)
- F3 DON'T KNOW
- F4 REFUSED

DMO10c. In the past 12 months, that is since (12 MONTH REFERENCE DATE), have you received health care from VA facilities?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

EMPLOYMENT

DMOCHK12 IF AGE GE 16, THEN CONTINUE; ELSE GO TO DMOCHK17

DMO11. The next few questions are about employment status. Information on employment is important in analyzing the health information we collect. For example, with this information, we can learn whether patients who work full-time use medical services more or less often than those that don't work full-time.

Which of the following were you doing last week?

- 1 Working at a job or business
- 2 With a job or business but not at work
- 3 Looking for work
- 4 Working, but not for pay, at family-owned job or business
- 5 Not working at a job or business and not looking for work
- F3 DON'T KNOW
- F4 REFUSED

**DMOCHK13 IF DMO11=2 OR 5, THEN CONTINUE; ELSE
IF DMO11=1, THEN GO TO DMO11b; ELSE
IF DMO11=4, THEN GO TO DMO11c; ELSE
GO TO DMO11i**

[What about DMO11=3?](#)

DMO11a. What is the main reason you did not [work last week/have a job or business last week]?

- 1 TAKING CARE OF HOUSE OR FAMILY
- 2 GOING TO SCHOOL
- 3 RETIRED
- 4 ON A PLANNED VACATION FROM WORK
- 5 ON FAMILY OR MATERNITY LEAVE
- 6 TEMPORARILY UNABLE TO WORK FOR HEALTH REASONS
- 7 HAVE A JOB/CONTRACT AND OFF-SEASON
- 8 ON LAYOFF
- 9 DISABLED
- 10 OTHER
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK14 IF DMO11a=4, 5, 6, OR 7, THEN CONTINUE; ELSE GO TO DMO11i

DMO11b.

IF DMO11=1: Do you have more than one paying job or business?

ELSE: When you are working, do you normally have more than one paying job or business?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMO11c.

IF DMO11=1 OR 4: How many hours did you work LAST WEEK at ALL jobs or businesses?

ELSE: How many hours do you USUALLY work at ALL jobs or businesses?

_____ HOURS LAST WEEK

- F3 DON'T KNOW
- F4 REFUSED

DMOCHK15 IF DMO11c LE 34, RF, OR DK, THEN CONTINUE; ELSE GO TO DMO11e

DMO11d. Do you USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

IF DMO11b=1 CONTINUE ELSE GO TO DMO11f

DMO11e. For the job you work at the most hours, what is the total number of hours you usually work?

_____ HOURS

- F3 DON'T KNOW
- F4 REFUSED

DMO11f. Do you currently have paid sick leave on this job or business?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMO11g. Now, I have questions about work you did in [last calendar year in 4 digit format].

Did you work for pay at any time in [last calendar year in 4 digit format]?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK15 IF DMO11g=1, THEN CONTINUE; ELSE GO TO DMOCHK16

DMO11h. How many months in [last calendar year in 4 digit format] did you have at least one job or business?

- _____ MONTHS
- F3 DON'T KNOW
 - F4 REFUSED

IF DMO11=1 OR 2 AND INS1=2 AND INS5 NE 4 CONTINUE, ELSE GOTO DMOCHK16

DMO11i. Does your job or business offer health insurance as a benefit to any of its employees?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK16 IF DMO11i=1, THEN CONTINUE; ELSE GO TO DMOCHK17

DMO11j. Does your job or business cover health insurance costs for those employees covered by this benefit?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMO11k Why aren't you included in your employer's health insurance plan?

CODE ALL THAT APPLY.

- 1 DO NOT NEED OR WANT ANY HEALTH INSURANCE
- 2 RARELY SICK
- 3 TOO MUCH HASSLE/PAPERWORK
- 4 COULD NOT AFFORD/TOO EXPENSIVE
- 5 DO NOT WORK ENOUGH HOURS IN A WEEK
- 6 HAVE NOT WORKED THERE LONG ENOUGH
- 7 DOUBT ELIGIBLE/REJECTED BECAUSE OF HEALTH CONDITION
- 8 BENEFIT PACKAGE DIDN'T MEET NEEDS
- 9 OTHER (SPECIFY) _____
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK17 IF MIGRANT AND AGE GE 12, CONTINUE; ELSE GO TO END

DMO12. Have you done farm work in the last 12 months, that is since (12 MONTH REFERENCE DATE)?

- 1 YES
- 2 NO
- F3 DON'T KNOW
- F4 REFUSED

DMOCHK18 IF DMO12=1, THEN CONTINUE; ELSE GO TO END

DMO12a. Are you currently employed by a:

- 1 grower/rancher
- 2 contractor
- 3 packing service
- 4 packing house
- 5 non-farm related employer
- F3 DON'T KNOW
- F4 REFUSED

DMO12b. Approximately how many years have you done farm work in the U.S.
NOTE: COUNT ANY YEAR IN WHICH 15 DAYS OR MORE WERE WORKED

- _____ YEARS
- F3 DON'T KNOW
 - F4 REFUSED

DMO12c. Approximately how many years have you done non-farm work in the U.S.?
NOTE: COUNT ANY YEAR IN WHICH 15 DAYS OR MORE WERE WORKED

_____ YEARS
F3 DON'T KNOW
F4 REFUSED

DMO12d. Approximately how many months during the past 12 months have you been in the U.S.?

_____ MONTHS
F3 DON'T KNOW
F4 REFUSED

END. Thank you very much. These are all the questions I have for you today.

1 CONTINUE

MODULE Q- END TIME: _____

DEBRIEFING QUESTIONS:

1) Were there any questions or sections that were confusing? IF YES- EXPLAIN:

They were easy to understand.

2) Did you feel there were any questions that seem repetitive or long? IF YES- EXPLAIN:

Everyone responded no

3) If I had came to the health center on a day you were there to receive services, would you have taken the time to complete this interview at that time?

One respondent- after learning that the incentive during the main study would be less said "No I wouldn't"

Possibly

Probably

All other were - yes

Would you have had time to complete the survey?

Possibly
All other were - yes

- 4) Do you have any other comments or ways in which we can improve this questionnaire?

Nope- pretty good survey
Interesting.