

Primary Health Care Patient Surveys

Cognitive Interview Report —Round 1 Interviews

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Table of Contents

I	Background and Introduction	1
II	Recruitment.....	2
	A. Grantee Recruitment.....	2
	B. Participant Recruitment.....	2
III	Procedures.....	4
IV	General Results and Recommendations.....	6
V	Question-by-Question Results and Recommendations.....	6

Appendices

A	Recruitment Cover Letter	Append-1
B	Recruitment Flyer	Append-2
C	Patient Screening Form.....	Append-3
D	Informed Consent Forms	Append-5

List of Tables

1	Cohort A Selection.....	3
2	Cohort B Selection.....	3
3	Cohort C Selection.....	3
4	Cohort A Module Distribution.....	5
5	Cohort B Module Distribution	5
6	Cohort C Module Distribution	5

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.

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

This report summarizes the results of the first round of in-person cognitive testing of questions included on the PHCPS questionnaire. The report is organized into the following sections: (II) Recruitment, (III) Procedures, (IV) General Results and Recommendations, and (V) Question-by-Question Results and Recommendations.

II. Recruitment

A. Grantee Recruitment

Three grantees in North Carolina were selected for inclusion in the cognitive test. They were selected because they served patients through one or more of the above-mentioned grant programs and because of their close proximity to the RTI offices. The selected grantees were Lincoln Community Health Center in Durham, Goshen Medical Center in Faison, and Wake Health Systems in Raleigh.

Recruitment began with a letter to each grantee being sent via Federal Express. The letter explained the study and sought the grantees' participation (**Appendix A**). The letter was followed by telephone calls to secure participation.

Two of the three grantees (Lincoln Community Health Center and Goshen Medical Center) promptly agreed to participate. Several attempts were made to recruit Wake Health Systems, but the grantee staff seemed extremely busy, and recruitment was unsuccessful.

B. Participant Recruitment

RTI sent participant recruitment flyers and handouts to the person identified as our point-of-contact at each facility (**Appendix B**). The point-of-contact was instructed to hang the flyers in the lobby and waiting areas and to place the handouts near the admission desk and other highly visible locations.

Recruitment progressed at an unexpectedly slow rate. Therefore, two RTI project staff visited each location, talked with the point-of-contact and other staff about the study, ensured that flyers and handouts were placed in prominent locations, and conducted on-site recruitment and screenings. These efforts proved quite successful, and we began receiving many calls from individuals interested in participating in the cognitive interviews.

Individuals who expressed interest in participating in the study—either through on-site recruitment efforts or by calling RTI—were screened for eligibility (**Appendix C**). RTI staff developed a list of over 80 eligible clients.

From the list of eligible respondents, RTI staff scheduled interviews with 27 clients separated into three cohorts. Tables 1 through 3 show the distribution of clients within each cohort by key data collection factors.

Table 1 – Cohort A Selection

Interview ID	Site	Gender	Age	Health Insurance	Migrant/ Seasonal Farm Worker	Homeless During the Past 12 Months	Currently Living in Public Housing
A1	Lincoln	M	41	YES	NO	YES	NO
A2	Lincoln	F	31	NO	NO	YES	NO
A3	Lincoln	M	14	YES	NO	NO	YES
A4	Lincoln	F	45	NO	YES	YES	NO
A5	Lincoln	F	61	YES	NO	NO	YES
A6	Lincoln	F	56	NO	NO	NO	NO
A7	Lincoln	F	51	YES	NO	NO	NO
A8	Lincoln	F	15	YES	NO	NO	NO
A9	Lincoln	M	5	NO	NO	NO	NO

Table 2 – Cohort B Selection

Interview ID	Site	Gender	Age	Health insurance	Migrant/ Seasonal Farm Worker	Homeless During the Past 12 Months	Currently Living in Public Housing
B1	Lincoln	M	40	NO	NO	YES	NO
B2	Lincoln	F	40	YES	NO	YES	NO
B3	Lincoln	M	29	NO	YES	NO	NO
B4	Lincoln	M	13	YES	NO	NO	NO
B5	Lincoln	F	24	NO	NO	YES	NO
B6	Lincoln	F	63	NO	NO	NO	NO
B7	Lincoln	F	28	YES	NO	NO	NO
B8	Lincoln	F	50	NO	NO	NO	NO
B9	Lincoln	F	3	YES	NO	NO	NO

Table 3 – Cohort C Selection

Interview ID	Site	Gender	Age	Health Insurance	Migrant/ Seasonal Farm Worker	Homeless During the Past 12 Months	Currently Living in Public Housing
C1	Lincoln	M	41	YES	NO	YES	NO
C2	Lincoln	F	35	YES	NO	YES	NO
C3	Lincoln	F	6	YES	NO	NO	NO
C4	Lincoln	M	55	YES	NO	NO	YES
C5	Lincoln	F	54	NO	NO	NO	NO
C6	Lincoln	F	31	YES	NO	NO	YES
C7	Goshen	F	24	YES	NO	NO	NO
C8	Lincoln	M	14	YES	NO	NO	NO
C9	Lincoln	M	4	YES	NO	NO	NO

The distribution of clients by key factors was generally diverse. However, a few exceptions are noted:

- A slightly larger number of females than males were interviewed (17 females and 10 males).

- All but one of the participants were clients of Lincoln Community Health Center. Lincoln Community Health Center seemed to have a larger number of clients than Goshen Medical Center during the time of our recruitment efforts.
- Only two migrant farm laborers were identified and interviewed. This round of the cognitive interviews was conducted in English, and it was difficult to find migrant/seasonal farm workers who spoke English.
- Only two clients over the age of 60 were identified and interviewed.

III. Procedures

Selected respondents were called and invited to take part in a one-on-one interview with an RTI staff member. The majority of interviews took place in an office at Lincoln Community Health Center. A handful of interviews were conducted at other locations, such as the respondent's home, local libraries, and RTI's central office.

The cognitive interviews were conducted from October 28 through November 7, 2008. The interviews were conducted by Tim Flanigan (the Instrumentation Task Leader) and three additional survey methodologists. The interviews ranged from approximately 45 to 90 minutes, and the participants were provided a \$50 cash incentive as compensation for their time.

Before starting the interviews, interviewers read each participant an informed consent document that described the study and outlined the participants' rights as a research volunteer (**Appendix D**). Participants were required to sign the form and were given a copy to take home. Adolescent participants were required to sign an adolescent assent form along with the consent form signed by a parent or guardian. 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.

The interviewers used both scripted and spontaneous concurrent probing techniques to assess the clarity and effectiveness of the proposed questions. Scripted probes were developed prior to patient recruitment and were designed to provide standardization of probing by all interviewers for particular questions that appeared problematic. Spontaneous probes were developed during the interview by the interviewer.

Three questionnaires were developed with specific modules to test. Each cohort of respondents received one of the three questionnaires to be tested. Tables 4 through 6 show the distribution of modules, by patient.

Table 4 – Cohort A Module Distribution

Patient ID	Modules Received																	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
A1	■	■			■			■	■	■					■	■		■
A2	■	■			■			■	■	■		■			■	■		
A3	■	■			■			■	■	■					■	■		■
A4	■	■			■			■	■	■		■			■		■	
A5	■	■			■			■	■	■					■	■		■
A6	■	■			■			■	■	■		■			■	■		
A7	■	■			■			■	■	■					■	■		■
A8	■	■			■			■	■	■	■				■	■		
A9	■	■			■				■	■	■				■	■		■

Table 5 – Cohort B Module Distribution

Patient ID	Modules Received																	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
B1	■		■	■		■	■	■	■		■				■			■
B2	■		■	■		■	■	■	■		■	■			■			
B3	■		■	■		■	■	■		■	■		■					■
B4	■		■	■		■	■	■		■	■					■		■
B5	■		■	■		■	■	■		■	■		■			■		
B6	■		■	■		■	■	■		■	■	■				■		
B7	■		■	■		■	■	■		■	■		■			■		
B8	■		■	■		■	■	■		■	■	■						■
B9	■		■	■		■	■	■		■	■					■		■

Table 6 – Cohort C Module Distribution

Patient ID	Modules Received																	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
C1	■	■	■		■	■							■	■	■			
C2	■	■		■	■		■					■	■	■	■			
C3	■	■	■		■	■							■	■				■
C4	■	■	■		■	■							■	■		■		■
C5	■	■	■		■	■							■	■		■	■	
C6	■	■		■	■							■	■	■	■	■		
C7	■	■	■		■	■							■	■		■	■	
C8	■	■		■	■		■	■					■	■			■	■
C9	■	■	■	■	■	■							■	■			■	

IV. General Results and Recommendations

There were generally very few problems. Global issues and potential resolutions are as follows:

- Time frames in questions are inconsistent (e.g., some questions ask about the past 12 months, some about the past 3 months, and some about the past month). This issue did not seem to be too problematic and can be resolved with some minor revisions. Specifically, we will emphasize (via bold or underlined text) time frames when they change often within a module. This will help ensure that respondents understand the time frame to which we are referring. Interviewers will also be provided with a calendar that they can show to respondents to help them focus on the proper time frames.
- Several modules were administered to adolescents who could not answer the questions (e.g., questions about insurance and household income are very difficult for an adolescent to answer). RTI will review these items with BPHC to make decisions on how best to address this issue.
- There were some formatting issues regarding the consistency of uppercase/mixed-case text. Interviewers are instructed to read all text that is lowercase, but not text that is uppercase. This type of issue usually occurred in lists that required show cards. These items are noted in the question-by-question findings, and the correction was made.
- Some long and repetitious response sets and complicated question stems could benefit from additional show cards (e.g., CONF3a in Module E, HEA11 in Module G, and INC3 in Module Q). The question-by-question findings describe various questions where a show card is recommended.
- There were also some isolated questions where respondents did not understand certain terminology. These items are identified in the question-by-question findings. RTI will work with BPHC to address these issues.
- Small errors in skip logic were identified and corrected within the question-by-question findings. However, any logic problems that require a decision are identified in the findings.

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

Findings: YES = 5 NO = 22

Recommendations: None

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

Findings: R1 = 4 R2 = 1

Recommendations: None

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 Asian
- 5 Other (SPECIFY:_____)

F3 DON'T KNOW

F4 REFUSED

Findings: R1 = 2 R2 = 20 R3=1 R5= Tex Mex, Hispanic (2), Native American

Recommendations: Consider removing specify and just allow an “other” category.

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

Findings: R1 = 10 R2=17

Recommendations: None

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

Findings: R1=5 R3=9 R4=2

Recommendations: None

CONCHK1 IF AGE < 2, CONTINUE; ELSE GO TO CON3

CON2. 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

Findings: R1=6 R2=2 R3=6

Recommendations: None

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

PROGRAMMERS: ALLOW METRIC

_____ (0-8 feet)

_____ (0-11 inches)

- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied greatly

Recommendations: None

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

PROGRAMMERS: ALLOW METRIC

a. _____ POUNDS

F3 DON'T KNOW

F4 REFUSED

Findings: Responses varied greatly

Recommendations: None

CONCHK2 IF AGE GE 18, CONTINUE; ELSE GO TO CONCHK4

CON5. Do you consider yourself obese, overweight, underweight, or just about right? IF FEMALE AGED 18 TO 59 ADD: If you are currently pregnant, 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

Findings: Responses varied. Although no one considered themselves "obese"

Recommendations: None

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

Findings: Responses varied. No problems found.

Recommendations: None

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

Findings: Responses varied. Respondents were probed about what was meant by most successful attempt. In general, respondents thought of the occasion where they lost the most weight or stuck to it the longest.

Recommendations: None

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 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 OTHER
- F3 DON'T KNOW
- F4 REFUSED

Findings: Most responses were #1 (4) and #2 (3). Two respondents said we should add a "Drink water" option.

Recommendations: Consider adding a category for "Drank water". Consider adding "diet" in front of "pills" as that caused some confusion.

CONCHK4 IF AGE 12 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

Findings: The adolescent respondents said "About the right weight"

Recommendations: None

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

Findings: Responses varied.

Recommendations: None

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

Findings: Responses varied. Diet was most prevalent response

Recommendations: None

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

Findings: No problems found. We probed the respondents about the difficulty in recalling the past 12 months and they said it was not difficult to think back.

Recommendations: None

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

Findings: 4 respondents said "YES". No problems found.

Recommendations: None

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

Findings: Only 2 respondents said "YES"

Recommendations: None

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

Findings: Both respondents said "YES"

Recommendations: None

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

Findings: Responses varied. No problems found.

Recommendations: None

HIGH BLOOD PRESSURE

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

Findings: This section need FILLs for Proxy interviews.

Recommendations: Add proxy fills

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?

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

Findings: Most respondents said "No". Everyone understood what was meant by high blood pressure

Recommendations: None

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

Findings: We probed to see how difficult it was for respondents to remember whether they had been told on two or more visits. There didn't seem to be any confusion and respondents said they could remember.

Recommendations: None

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

Findings: 9 respondents said that it was within the last 6 months. One respondent wasn't sure of the procedure (blood pressure check)

Recommendations: Consider an interviewer note with a description of the procedure.

CONCHK10 IF CON10a = 1 CONTINUE, ELSE GO TO CON11

CON10c. At that time, were you told that your blood pressure was high, normal, or low?

- 1 HIGH
- 2 NORMAL
- 3 LOW
- 4. BORDERLINE
- 5. NOT TOLD
- F3 DON'T KNOW
- F4 REFUSED

Findings: 8 respondents said that it was normal. No problems found.

Recommendations: None

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

Findings: 3 of 16 respondents said “YES”.

Recommendations: None

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

Findings 2 of 3 respondents said “YES”.

Recommendations: None

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

Findings: No problems found

Recommendations: None

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

Findings: No problems found

Recommendations: None

DIABETES

CON12. [IF FEMALE AND AGE 15-59, 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

Findings: 2 of 16 said "YES"

Recommendations: None

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

Findings: Both respondents had to guess at their age when first told as it was not recent.

Recommendations: None

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

Findings: 3 respondents did not know what blood cholesterol was.

Recommendations: Consider explaining blood cholesterol or the procedure so that it is clear to the respondent.

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

Findings: 6 respondent indicated that they had it done at the center.

Recommendations: None

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

Findings: No problems found.

Recommendations: None

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

Findings: One respondent wasn't sure about a "heart murmur" and where this would be classified. Another respondent did not know what Angina was.

Recommendations: None

FOR EACH YES RESPONSE IN CON14g, h, i, and k, ASK CON14_CURRENT; ELSE GOTO CON14_age

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

Findings: No problems found.

Recommendations: None

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
- _____ AGE IN MONTHS
- F3 DON'T KNOW

F4 REFUSED

Findings: We probed how confident respondents were about the age they reported. In most cases, they guessed at the age. This does not seem very accurate.

Recommendations: Consider dropping this question unless absolutely necessary as data may be inaccurate.

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. Frequent or severe headaches, including migraines?
- d. Anemia?
- e. Three or more episodes of ear pain or ear infections?
- f. Seizures?
- g. Stuttering or stammering?

FOR EACH QUESTION:

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

Findings: One respondent did not know what "anemia" was.

Recommendations: Consider adding (Excluding during pregnancy,) as two women answered yes to these and later said it was due to their pregnancy.

CON16. During the past 12 months, (have you/ 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

Findings: Respondents asked about hives and ringworm and whether they should be counted.

Recommendations: Consider adding this list to Con14 as it seems repetitious to continue asking about conditions. Consider adding hives and ringworm.

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

Findings: No problems... respondents tended to report knee and shoulder

Recommendations: None

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

Findings: No problems... respondents were confident it began more than 3 months ago.

Recommendations: None

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

Findings: No problems. 6 respondents indicated "YES"

Recommendations: None

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

Findings: No problems. 3 respondents said “YES”

Recommendations: None

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

Findings: No problems found.

Recommendations: None

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

Findings: One respondent said she does have pain but it was located in the back/spine area.

Recommendations: None

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

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

Findings: No problems found.

Recommendations: None

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

Findings: No problems found. One respondent did say “ Not below the knee, but upper leg”
Recommendations: None

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

Findings: One respondent said YES during pregnancy.
Recommendations: Consider “Excluding pregnancy” if we don't want to include pain as a result of pregnancy. Delete CON18c2 as this was already asked in CON15

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

Findings: One respondent said YES
Recommendations: None

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

_____ AGE IN MONTHS

F3 DON'T KNOW

F4 REFUSED

Findings: R had breast cancer in her 30's

Recommendations: None

CHOLESTEROL

CONCHK22 IF AGE GE 18, CONTINUE; ELSE GO TO CON25

CON22. To lower your blood cholesterol, have you 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

Findings: Both respondents and interviewers were confused by this question. If the respondents blood pressure was normal then we should skip this series. Question also assumes that the respondent has “high” blood cholesterol the way it is worded.

Recommendations: Consider a skip here if blood pressure is normal.

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

Findings: Respondents also said that they “diet” and “eat fiber”

Recommendations: Consider additional categories mentioned by respondents.

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

Findings: No problems found.

Recommendations: None

HEARING

The next few questions are about your hearing and vision.

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

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

Findings: No problems found.

Recommendations: None

CON25a. Which statement best describes (your/name's) hearing (without a hearing aid): good, a little trouble, a lot of trouble, deaf?

- 1 GOOD
- 2 A LITTLE TROUBLE
- 3 A LOT OF TROUBLE
- 4 DEAF
- F3 DON'T KNOW
- F4 REFUSED

Findings: No problems found.

Recommendations: None

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

Findings: Several respondents responded using the same response set as Con25a.

Recommendations: Consider using same response set as Con25a

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

Findings: No problems found.

Recommendations: None

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

CON27. These next questions are about limitations. Because of a physical, mental, or emotional problem, (do you/does name) need the help of other persons with personal care needs such as...

- 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

Findings: This series of questions is VERY awkward for most people, especially for a healthy adolescent. The questions seemed to be focused on the elderly and we received a lot of comments from respondents about how these do not fit them.

Recommendations: Consider age skip or logic drawn from other questions that give us an indication of mobility.

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

Findings: Same issue as CON27

Recommendations: Same recommendation as CON27

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

Findings: No problems found

Recommendations: None

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

Findings: This question is awkward after CON29 (IF YES).

Recommendations: Consider a skip IF CON29=1

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

Findings: 6 of 15 said "YES". Two respondents asked if this included "routine care"

Recommendations: Consider clarification on whether routine care should be included.

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

Findings: All 6 said "NO"

Recommendations: None

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

Findings: Question not asked as everyone skipped out.

Recommendations: None

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

Findings: Question not asked as everyone skipped out.

Recommendations: None

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

_____ (Allow 40)

- F3 DON'T KNOW
- F4 REFUSED

Findings: Question not asked as everyone skipped out.

Recommendations: None

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

Findings: Question not asked as everyone skipped out.

Recommendations: None

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

Findings: Only one person was delayed in getting care. Otherwise, no problems found
Recommendations: None

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

Findings: The one respondent that received this question chose #2. They also chose #4 and #7.
Recommendations: Consider making this and similar questions in the survey a "Select all that apply"

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

Findings: The one respondent that received this question chose #3
Recommendations: None

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

Findings: The one respondent that received this question said "eye treatment"
Recommendations: None

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

Findings: The one respondent that received this question said "YES"
Recommendations: None

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, (have you/ has name) seen or talked to any of the following health care providers about (your/his/her) own health?

- a. A medical doctor who specializes in a particular medical disease or problem other than obstetrician/gynecologist, psychiatrist, or ophthalmologist)?
- b. A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

FOR EACH:

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

Findings: 5 of 14 respondents thought this question was complicated or too long. There is a lot of information here to read and comprehend. One respond said "Would that be like going for a physical?" when asked ROU1b.

Recommendations: Consider removing the transition statement to make question easier to understand. Consider adding "...or provides physical exams" following "illnesses" in ROU1b.

ROUCHK1 IF FEMALE AND AGE GE 18, CONTINUE; ELSE GO TO ROU3

ROU2. During the past 12 months, have you seen or talked to a doctor who specializes in women's health (an obstetrician/ gynecologist)?

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

Findings: No problems found

Recommendations: None

ROU3. Altogether, how many nights (did you/did name) stay in the hospital during the past 12 months?

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

Findings: Awkward placement of this question, especially after reading ROU2. Another respondent found this awkward as it assumes that they had spent a night in the hospital.

Recommendations: Consider a different location for this question. Consider adding (if any) following nights in stem of question.

ROU4. 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

Findings: Responses varies as 8 respondents indicated at least 1 visit. No problems found.

Recommendations: None

ROU5. 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. An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses)?
- b. A foot doctor?
- c. A chiropractor?
- d. A physical therapist, speech therapist, respiratory therapist, occupational therapist, hearing specialist or audiologist?
- e. A nurse practitioner, physician assistant, or mid wife?

FOR EACH:

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

Findings: A couple of respondents mentioned confusion with the response (e). When hearing "midwife" they assumed this is talking of women's health. One respondent said, "Audiologist? What is that?"

Recommendations: Consider asking midwife separate or removing this as an example in (e).

ROU6. During the past 12 months, (have you/has name) had a flu shot or influenza vaccine sprayed in the nose? READ IF NECESSARY: This vaccination is usually given in the fall and protects against influenza for about one year.

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

Findings: 5 of 14 said YES. No problems found.

Recommendations: None

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

Findings: Two of the five said YES

Recommendations: None

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

OROU8. 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

Findings: Only one respondent received this shot and another respondent had never heard of it.

Recommendations: None

ROUCHK4 IF ROU8 =1, CONTINUE; ELSE GO TO ROUCHK5

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

- 1 YES

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

Findings: The one respondent that received this question said YES

Recommendations: None

ROU10. ROUCHK5 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**

Findings: Responses varied but no problems found.

Recommendations: None

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

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

Findings: 6 respondents said YES

Recommendations: None

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

Findings: Only one respondent received question and selected #6

Recommendations: None

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

ROU12. These next questions are about well-child check-ups. A well-child check-up 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 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=1 OR 2, CONTINUE;
ELSE IF ROU12=F3 OR F4, GO TO ROU14
ELSE GO TO ROU13a**

Findings: There was a problem with the skip logic which has been corrected. Two adolescents had some confusion as to what a "well-child check-up" is. This is not terminology they would use.

Recommendations: Consider adding "or general physical exam" to "well child check up"

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

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

Findings: 1 respondent said YES

Recommendations: None

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

Findings: No respondents received this question

Recommendations: None

LEAD SCREENING

ROU14. (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

Findings: Only 2 respondents said YES

Recommendations: None

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

Findings: Respondents indicated 3 and 4 years of age. They were very confident about the age.
Recommendations: None

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

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

Findings: Both respondents said YES
Recommendations: None

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

Findings: Both respondents said YES
Recommendations: None

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 FEMALE AND AGE GE 15, THEN 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

Findings: 2 of 4 respondents said NO

Recommendations: None

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

CONF1. 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

Findings: Respondents also said they were advised to "not get so angry and stressed"

Recommendations: None

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?

Findings: Question seems awkward... This can be resolved during programming as each could immediately follow the one it is linked with.

Recommendations: Consider changing for CAPI

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

Findings: No problems found.

Recommendations: None

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

Findings: No problems found.

Recommendations: None

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

Findings: 3 of 5 respondents indicated YES. No problems found.

Recommendations: None

CONFCHK6 IF CONF2a=1 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

Findings: Skip logic problem found and corrected.

Recommendations: None

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

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

Findings: No problems found.

Recommendations: None

CONF3a. When was the last time (you/name) received 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 WITHIN PAST 6 MONTHS

- 2 MORE THAN 6 MONTHS AGO BUT NO MORE THAN 1 YEAR AGO
- 3 MORE THAN 1 YEAR AGO BUT NO MORE THAN 2 YEARS AGO
- 4 MORE THAN 2 YEARS AGO BUT NO MORE THAN 5 YEARS AGO
- 5 MORE THAN 5 YEARS AGO
- 6 NEVER
- F3 DON'T KNOW
- F4 REFUSED

Findings: Very awkward question to administer. This might help to be a show card for response categories.

Recommendations: Consider show card of response categories to make the question easier to understand.

CONFCHK7 IF CON11=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.

CONFCHK8 IF CON11b=1, CONTINUE; ELSE GO TO CONF4b

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

Findings: No problems found.

Recommendations: None

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

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

Findings: No problems found.

Recommendations: None

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

Findings: 3 of 3 respondents indicated YES. No problems found.

Recommendations: None

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

Findings: 2 of the 3 respondents indicated YES. No problems found.

Recommendations: None

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

Findings: No problems found.

Recommendations: None

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

Findings: No problems found.

Recommendations: None

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

Findings: No problems found. One respondent did ask, "Is this what peak flow is"?

Recommendations: None

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

Findings: No problems found.

Recommendations: None

CONF4k. When was the last time (you/name) received the following to teach (you/him/her) how to take care of (your/his/her) 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 WITHIN PAST 6 MONTHS
- 2 MORE THAN 6 MONTHS AGO BUT NO MORE THAN 1 YEAR AGO
- 3 MORE THAN 1 YEAR AGO BUT NO MORE THAN 2 YEARS AGO
- 4 MORE THAN 2 YEARS AGO BUT NO MORE THAN 5 YEARS AGO
- 5 MORE THAN 5 YEARS AGO
- 6 NEVER
- F3 DON'T KNOW
- F4 REFUSED

Findings: Same concerns as CONNF3a

Recommendations: Same recommendations as CONNF3a

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

Findings: Two respondents said NO

Recommendations: None

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

Findings: No problems found.

Recommendations: None

CONF5b. How often (do you check your/does name check his/her) blood for glucose or sugar? Include times when G/Q/U 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

Findings: One interviewer did not know how to administer this (G/Q/U)

Recommendations: Need clarification so interviewers will know how to administer.

CONF5c. Glycosylated (GLY-CO-SYL-AT-ED) hemoglobin or the “A one C” test measures the average level of blood G/Q 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

Findings: One interviewer did not know how to administer this (G/Q). Another respondent was not familiar with A one C

Recommendations: Need clarification to question so interviewers will know how to administer.

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

Findings: Only respondent said #3

Recommendations: None

CONF5e. When was the last time (you/name) received 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 WITHIN PAST 6 MONTHS

2 MORE THAN 6 MONTHS AGO BUT NO MORE THAN 1 YEAR AGO

3 MORE THAN 1 YEAR AGO BUT NO MORE THAN 2 YEARS AGO

4 MORE THAN 2 YEARS AGO BUT NO MORE THAN 5 YEARS AGO

5 MORE THAN 5 YEARS AGO

6 NEVER

F3 DON'T KNOW

F4 REFUSED

Findings: Same concerns as CONF3a

Recommendations: Same recommendations as CONF3a

**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

Findings: 6 of 7 responded NO

Recommendations: None

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

Findings: 4 of 6 responded YES

Recommendations: None

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], or someplace else?

- 1 REFERENCE HEALTH CENTER
- 2 SOMEPLACE ELSE
- F3 DON'T KNOW
- F4 REFUSED

Findings: One respondent said both 1 and 2.

Recommendations: Consider whether to allow multiple responses or how to deal with multiple responses.

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

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: 6 of 7 women said YES.. No problems found. Everyone understood definition.

Recommendations: None.

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

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

- 1 LESS THAN 1 YEAR AGO
- 2 AT LEAST 1 YR, LESS THAN 2 YEARS
- 3 AT LEAST 2 YRS, LESS THAN 3 YEARS
- 4 AT LEAST 3 YRS, LESS THAN 4 YEARS
- 5 AT LEAST 4 YRS, LESS THAN 5 YEARS
- 6 5 OR MORE YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied. Three respondents said greater than 5 years ago and explained they had a hysterectomy.

Recommendations: Consider adding a response for "NA – HAD A HYSTERECTOMY"

CAN1b. What was the main reason you had this Pap smear or Pap test?

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

Findings: No problems found.

Recommendations: Consider having categories read to respondent as it would make it easier on the interviewer. Several times we probed their response to get it to fit into one of these categories.

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 additional tests or treatment?

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

Findings: Only one respondent said YES

Recommendations: None.

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

CAN1d. Were the additional tests or treatment done?

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

Findings: The one respondent said YES. No problems found.

Recommendations: None.

CANCHK4 IF CAN1d = 2, THEN GO TO CAN1f; ELSE CONTINUE

CAN1e. Did [the reference health center] arrange for the additional tests or treatment?

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

Findings: The one respondent said NO. No problems found.

Recommendations: None.

GO TO CANCHK5

CAN1f. Which of these best describes the main reason you did not get the additional 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 CANCHK5

Findings: No respondents received this question.

Recommendations: None.

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
- 6 OTHER

- F3 DON'T KNOW
- F4 REFUSED

Findings: No respondents received this question.

Recommendations: None. Consider adding "...OR PARTIAL HYSTERECTOMY" to category 5.

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

Findings: No respondents received this question.

Recommendations: None.

MAMMOGRAMS

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

CAN3. Have you ever had a mammogram?

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

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

Findings: 5 respondents said YES to this question.

Recommendations: None.

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

CAN3a. When did you have your most recent mammogram?

- 1 LESS THAN 1 YEAR AGO
- 2 AT LEAST 1 YR, LESS THAN 2 YEARS
- 3 AT LEAST 2 YRS, LESS THAN 3 YEARS

- 4 AT LEAST 3 YRS, LESS THAN 4 YEARS
- 5 AT LEAST 4 YRS, LESS THAN 5 YEARS
- 6 5 OR MORE YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: All 5 said YES. No problems found.

Recommendations: Consider reading responses to respondent to make this question easier to administer.

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 additional tests or treatment?

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

Findings: One respondent said "The doctor told me to have a mammogram test every year – does that count?"

Recommendations: Consider adding "Please don't consider yearly routine mammograms"

CANCHK9 IF CAN3b = 1, CONTINUE; ELSE GOTO CANCHK13

CAN3d. Were the additional tests or treatment done?

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

Findings: No respondents received this question.

Recommendations: None.

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

CAN3e. Did [the reference health center] arrange for the additional tests or treatments?

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

Findings: No respondents received this question.

Recommendations: None.

GO TO CANCHK13

CAN3f. Which of these best describes the main reason you did not get the additional 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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: Three respondents answered YES

Recommendations: None.

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

CAN4a. When did you have your most recent exam?

- 1 LESS THAN 1 YEAR AGO
- 2 AT LEAST 1 YR, LESS THAN 2 YEARS
- 3 AT LEAST 2 YRS, LESS THAN 3 YEARS
- 4 AT LEAST 3 YRS, LESS THAN 4 YEARS
- 5 AT LEAST 4 YRS, LESS THAN 5 YEARS
- 6 AT LEAST 5 YEARS, LESS THAN 10 YEARS
- 7 10 OR MORE YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: All 3 respondents said #2

Recommendations: None.

CAN4c. What was the main reason you had this exam? 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

Findings: Two respondents answered #3 – History of colon cancer in the family.

Recommendations: Consider adding another response “HISTORY OF CANCER IN MY FAMILY”

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

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

Findings: All 3 respondents said NO

Recommendations: None.

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

CAN4e. Were the additional tests or treatment done?

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

Findings: No respondents received this question

Recommendations: None.

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

CAN4f. Did [the reference health center] arrange for the additional tests or treatment?

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

Findings: No respondents received this question

Recommendations: None.

GO TO CANCHK19

CAN4g. Which of these best describes the main reason you did not get the additional 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

Findings: No respondents received this question

Recommendations: None.

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

Findings: No respondents received this question

Recommendations: None.

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

Findings: No respondents received this question

Recommendations: None.

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

Findings: 7 respondents all said NO to this question.

Recommendations: None.

CANCHK20 IF CAN5 = 1, CONTINUE; ELSE GO TO CAN5g

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

- 1 LESS THAN 1 YEAR AGO
- 2 AT LEAST 1 YR, LESS THAN 2 YEARS
- 3 AT LEAST 2 YRS, LESS THAN 3 YEARS
- 4 AT LEAST 3 YRS, LESS THAN 4 YEARS
- 5 AT LEAST 4 YRS, LESS THAN 5 YEARS
- 6 AT LEAST YRS, LESS THAN YEARS
- 7 10 OR MORE YEARS AGO
- F3 DON'T KNOW
- F4 REFUSED

Findings: No respondents received this question

Recommendations: None.

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

CAN5b. What was the MAIN reason you had this test?

- 1 PART OF A ROUTINE PHYSICAL EXAM/SCREENING TEST
- 2 BECAUSE OF A SPECIFIC PROBLEM
- 3 FOLLOW-UP TEST OF AN EARLIER TEST OR SCREENING EXAM
- 4 FAMILY HISTORY
- 5 OTHER
- F3 DON'T KNOW
- F4 REFUSED

Findings: No respondents received this question

Recommendations: None.

CAN5c. Was this blood stool test done at home, [the reference health center] or somewhere else?

- 1 HOME
- 2 THE REFERENCE HEALTH CENTER
- 3 SOMEWHERE ELSE
- F3 DON'T KNOW
- F4 REFUSED

Findings: No respondents received this question

Recommendations: None.

CAN5d. As a result of this test, did you need additional tests or treatment?

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

Findings: No respondents received this question

Recommendations: None.

CANCHK22 IF CAN5d =1, THEN CONTINUE; ELSE GO TO MODULE G

CAN5e. Where were the additional tests or treatment done?

- 1 Did not have additional tests or treatment
- 2 The reference health center
- 3 Another clinic
- 4 A private doctor's office
- 5 A hospital
- 6 Other
- F3 DON'T KNOW
- F4 REFUSED

Findings: No respondents received this question

Recommendations: None.

CANCHK22 IF CAN5e = 3,4,5,6, THEN CONTINUE; ELSE GO TO MODULE G

CAN5f. Did the [reference health center] arrange for the additional tests or treatments?

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

Findings: No respondents received this question

Recommendations: None.

CAN5g. 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

Findings: 1 respondent of 7 said YES to this question. This was because of a problem but then decided to do a colonoscopy instead.

Recommendations: None.

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. 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

Findings: All 11 responses varied greatly.

Recommendations: None.

HEA2. 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

Findings: 10 of the respondents selected one or several from the first five categories. Only one respondent selected #9.

Recommendations: None.

HEA3. 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

Findings: 8 respondents selected YES.

Recommendations: None.

HEACHK1 IF HEA3=1 OR 3, THEN CONTINUE; ELSE GO TO HEA3c

HEA3a. 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

Findings: Several respondents selected more than one place. Three respondents selected the health center.

Recommendations: None.

HEA3b. (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

Findings: This question came across as repetitive – very similar to what was asked in HEA3
Recommendations: None.

HEACHK2 IF HEA3b=1, THEN GOTO HEACHK3; ELSE CONTINUE

HEA3c. 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

Findings: No problems found
Recommendations: None.

HEACHK3 IF HEA3a NE 1 AND HEA3c NE 1, THEN CONTINUE; ELSE GO TO HEA3e

HEA3d. Earlier you said that the [reference health center] is not the place you usually go when (you are/name is) sick or need advice. Why is that?

- _____ {allow 0-40}
- F3 DON'T KNOW
 - F4 REFUSED

Findings: No respondents received this question
Recommendations: None.

GO TO HEA4

HEA3e. How long has [the reference health center] been the place you go for (your/name's) health care needs?

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

Findings: 4 of 5 respondents said at least 4 years. One interviewer felt this question was redundant with HEA1

Recommendations: None. Consider whether this question or HEA1 could be cut since HEA1 is very similar.

HEA4. 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.

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

Findings: This was found to be a long question by 2 respondents. Otherwise, no problems found. One respondent felt we were still referring to the health center and not any doctor.

Recommendations: Consider possibly shortening the question. Consider skip here for responses of 0, DK, or RE... they should not get next 2 questions. Consider moving this question or adding additional text to refocus the respondent on visits to ANY doctor within or outside the health center.

HEA5. How many of those times did you come to [reference health center]?

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

Findings: No problems found

Recommendations: None.

HEA6a 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

Findings: No problems found

Recommendations: None.

HEACHK4 If HEA6a=1, THEN CONTINUE; ELSE GOTO HEACHK6

HEA6b. 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

Findings: Two respondents received this question and said YES. No problems found

Recommendations: None.

HEACHK5 If HEA6b=1, THEN CONTINUE; ELSE GOTO HEA6d

HEA6c. 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

Findings: No one received this question.

Recommendations: None.

GOTO HEACHK6

HEA6d. 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

Findings: No one received this question.

Recommendations: None.

HEACHK6 IF ENGLISH IS NOT NATIVE LANGUAGE, THEN CONTINUE; ELSE GO TO HEA8

HEA7. 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

Findings: Two respondents both said ENGLISH

Recommendations: None.

HEACHK7 IF HEA7=2 or 4, THEN CONTINUE; ELSE GO TO HEA8

HEA7a. 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

Findings: Responses varied from #1 TO #5

Recommendations: None.

HEA8. 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, and so on?
- c. get transportation to medical appointments or provided you with tokens or vouchers to help you pay for transportation to medical appointments?
- d. obtaining welfare, public benefits, or TANF
- e. with basic needs, such as finding a place to live, finding a job, finding childcare, helping you obtain food or clothing.
- 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

Findings: Responses varied. There were a few additional – Asthma meds (helped me get free meds for 6 months). Another respondent said she was helped to apply for Medicaid at the clinic.

Recommendations: None.

HEACHK8 FOR EACH ITEM IN HEA8 = 1:

HEA9. 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

Findings: All the respondents said it was very or somewhat important
Recommendations: None.

HEA10. IF SELF-RESPONDENT, ASK: How (do you/does name) usually get to the health center? IF PROXY-RESPONDENT, ASK: 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

Findings: Responses varied but were all of the first 4.
Recommendations: None.

HEA10a. About how long does it usually take you to get there?

- _____ MINUTES
- OR
- _____ HOURS
- F3 DON'T KNOW
- F4 REFUSED

Findings: No problems found.
Recommendations: None.

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:

Findings: This question is very hard and awkward to administer.
Recommendations: Strongly consider a showcard for response categories..

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 on 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 my personal information private

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

Recommendations: Consider changing “my” with “your”. “My” was used when this was a self-administered scale.

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. are 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

Findings (HEA11 – HEA17): This is a long series to administer. It will be easier as a showcard. Otherwise, once the respondent understands the series... it move along well.

Recommendations: None.

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. are 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

Findings: No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

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]

CODE ALL THAT APPLY

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

Findings: Question asks MAIN reason while it says to code all that apply. We received many responses to this very long list. It takes a while for respondents to read though and really slows down the interview.

Recommendations: Consider keeping this as MAIN reason and remove the code all that apply. Shorten list if possible as this is a lot of reading and slows interview. Another option is to collapse responses into categories to help shorten list (for example 16 and 17 can be combined).

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

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

Findings: No problems found.

Recommendations: None.

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

Findings: No one received this question.

Recommendations: None.

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

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

Findings: No one received this question.

Recommendations: None.

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

Findings: No one received this question.

Recommendations: None.

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].

[SHOWCARD SUB1]

Please look at this show card. We are interested in whether you have used any of these for non-medical reasons.

SUB1. In your life, which of the following substances have you ever used? Have you used...

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

FOR EACH:

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

Findings: Respondents felt we should use Marijuana as the category instead of Cannabis. Two respondents mentioned prescribed drugs they were using. It is clear that we need to be more specific about illicit use of drugs here.

Recommendations: “Non-medical use” is not strong enough. We need to be clear that we are asking about non-prescribed illicit use of these drugs. We might be able to get language from the NSDUH.

SUBCHK1 IF NONE MENTIONED IN SUB1, GO TO MODULE I; ELSE CONTINUE

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

SUB2. 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
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 6 Daily or Almost Daily
- F3 DON'T KNOW
- F4 REFUSED

**SUBCHK2 IF NONE MENTIONED IN SUB2, GO TO SUB2d;
ELSE CONTINUE**

Findings: Responses varied greatly. Awkward to administer on paper but will work well on computer. You get the impression that these respondents are providing a socially-acceptable response with these questions. This is the reason NSDUH administers these as self-administered.
Recommendations: None.

SUB2a. 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

Findings: No problems found with this question.
Recommendations: None.

SUB2b. 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

Findings: This question is appropriate for all of the substances except tobacco use. When administering this to a respondent that uses tobacco, they don't think in terms of these kind of problems.

Recommendations: Consider a skip for tobacco use.

SUB2c 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

Findings: No problems found with this question other than this being very awkward for tobacco users..

Recommendations: Consider a skip for tobacco use.

SUB2d. 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 No, never
- 1 Yes, in the past 3 months
- 2 Yes, but not in the past 3 months
- F3 DON'T KNOW
- F4 REFUSED

Findings: Response set is awkward

Recommendations: Consider removing No and Yes for easier administration. I.E.

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

SUB2e. 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 No, never
- 1 Yes, in the past 3 months
- 2 Yes, but not in the past 3 months
- F3 DON'T KNOW
- F4 REFUSED

Findings: Response set is awkward

Recommendations: Consider removing No and Yes for easier administration. I.E.

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

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

Would you say...

- 0 No, never
- 1 Yes, in the past 3 months
- 2 Yes, but not in the past 3 months
- F3 DON'T KNOW

F4 REFUSED

Findings: Response set is awkward

Recommendations: Consider removing No and Yes for easier administration. I.E.

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

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

SUB4. Earlier you indicated that you have used tobacco products (FILL FROM SUB2a: once or twice /monthly /weekly /daily or almost daily] in the past three months. On how many of the past 30 days did you smoke a cigarette?

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

Findings: Responses varied. No problems found.

Recommendations: None.

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**

Findings: Responses varied. No problems found.

Recommendations: None.

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

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

Findings: No problems found.

Recommendations: None.

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

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

**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

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: 1 of 3 respondents had trouble with this question. It was tough to determine an average number of drinks. He also had trouble determining if a can of beer = 1 drink.

Recommendations: Consider providing an example that one drink = 1 beer, 1 glass of wine, etc... NSDUH uses this example effectively.

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

Findings: No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

SUBCHK14 IF SUB11a = 0, GOTO SUBCHK15; ELSE CONTINUE

SUB11b. On how many days in the PAST 12 MONTHS did you use drugs that you INJECT WITH A NEEDLE?

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: 3 respondents said NO to this question.

Recommendations: None.

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

Findings: 3 respondents said NO to this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

GO TO MODULE I

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

MODULE I: DENTAL

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

The next questions are about your dental history.

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

Findings: 6 respondents said YES to this question.

Recommendations: None.

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

Findings: 2 of 6 respondents said YES to this question.

Recommendations: None.

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

Findings: Teeth pulled and toothache that lasted 3 weeks.

Recommendations: None.

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

Findings: Both respondents said #1 to this question.

Recommendations: None.

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

Findings: Both respondents said #1 to this question.

Recommendations: None.

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

Findings: This is awkward after the first series for the two respondents that could not get care. One respondent was delayed in getting care.

Recommendations: Consider a skip for those that answered DEN2-DEN5

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

Findings: A respondent said she was delayed in getting her teeth pulled because she had other medical problems going on.

Recommendations: None.

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

Findings: The respondent selected #12 – Due to other health problems.

Recommendations: None.

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

Findings: Respondent said #2 to this question.

Recommendations: None.

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

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: Responses varied but one respondent said that it is sometimes good and sometimes bad. He couldn't come up with a clear response.

Recommendations: None.

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

Findings: One respondent said YES. No problems found.

Recommendations: None.

DEN14 In the past 12 months, (have you/has name) received any kind of dental care from a doctor or other medical professional?

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

Findings: There was some confusion that this was a duplicative question.

Recommendations: Consider emphasizing "doctor or other medical professional" by underlining text.

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

Findings: This transition is duplicated in DEN16a and somewhat in Den16b

Recommendations: Consider removing transition.

DENCHK7 IF AGE LE11 GOTO DEN16a

DEN15. Have you lost all of your upper and lower natural, permanent, teeth?

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

Findings: One respondent said YES. No problems found.

Recommendations: None.

DENCHK8 DEN15=2 CONTINUE ELSE GOTO DEN16b

DEN16a. Now I have some questions about the condition of (your/name's) teeth and gums. 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

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

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

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: Responses varied. No problems found.

Recommendations: None.

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

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

Findings: Responses varied. No problems found.

Recommendations: None.

MODULE J: 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

Findings: 12 respondents said YES. No problems found. One respondent said “for my mouth?”

Recommendations: Consider a better transition statement such as: “The next questions are about prescription medications for general medical conditions”

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

Findings: All 12 respondents said NO

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: 1 respondent said YES to this question.

Recommendations: None.

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

Findings: One respondent selected #7

Recommendations: None.

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

Findings: One respondent selected #1. She said she just moved here and didn't know where to go.

Recommendations: None.

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

Findings: One respondent selected NO

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: 10 respondents said YES to this question.

Recommendations: None.

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

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

Findings: 3 respondents said they get it filled at the health center.

Recommendations: None.

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

_____ NUMBER/ MEDICINES

- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

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

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

Findings: No problems found.

Recommendations: None.

IF PRS5a = 1 OR 2 CONTINUE ELSE GOTO MODULE K

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

Findings: No problems found.

Recommendations: None.

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

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: 6 respondents selected #1

Recommendations: None.

MEN2a. Have you ever had depression?

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

Findings: 4 respondents said YES. No problems found.

Recommendations: None.

MEN2b. Have you ever had generalized anxiety?

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

Findings: 6 respondents did not know what this means.

Recommendations: Strongly consider a definition of "generalized anxiety".

MEN2c. Have you ever had panic disorder?

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

Findings: No problems found. We probed all respondents to tell us in their own words what this meant and they generally understand a "panic disorder"

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None.

MENCHK3 IF AGE =4 TO 11, THEN CONTINUE; ELSE GO TO MENCHK3

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

Findings: One respondent answered Not True to each. No problems found.

Recommendations: None.

MENCHK4 IF AGE =12 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. Can't concentrate or pay attention long?
- b. Lies or cheats?
- c. Doesn't get along with other kids?
- d. Has been unhappy, sad, or depressed?
- e. Does poorly at school work?
- f. Has trouble sleeping?

FOR EACH:

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

Findings: One respondent answered Not True to each. No problems found.

Recommendations: None.

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

Findings: All respondents said NO. No problems found.

Recommendations: None.

MENCHK5 IF MEN5 = 1, CONTINUE; ELSE GO TO MENCHK7

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

Findings: No respondents received this question.

Recommendations: None.

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents answered YES.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents said YES to this question.

Recommendations: None. Consider making ..." 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." Optional text.

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)_____

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

MODULE L: PREGNANCY/PRENATAL CARE

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

PRENATAL CARE

PRG1. Have you been pregnant in the past 3 years?

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

Findings: 2 respondents said YES.

Recommendations: Consider a transition statement before this question, "The next questions are about pregnancy and prenatal care."

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

Findings: Both respondents said YES.

Recommendations: None

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

Findings: Both respondents said SOME.

Recommendations: None

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

Findings: Respondents said VG and Excellent

Recommendations: None

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

Findings: No problems found

Recommendations: None

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

Findings: Both respondents said NO.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

FOR EACH:

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

Findings: Response categories seemed awkward to administer. One respondent said we should include prenatal vitamins.

Recommendations: Consider revising categories for easier administration.

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

Findings: No problems found.

Recommendations: None

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

Findings: No problems found.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: All respondents said NO. No problems found.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

MODULE M: OCCUPATIONAL HEALTH

WORK RELATED INJURIES

OCCCHK0 IF AGE GE 12, 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.

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
- F3 DON'T KNOW
- F4 REFUSED

Findings: Age of 12 or older seems a little young here. Was awkward for adolescent interviews. One respondent had not been working since 2005 and another had not worked in past 12 months. We asked all respondents what they thought about the introduction. They said it was long but easy to understand. Only 1 respondent had been injured. Two respondents were retired.
Recommendations: Consider raising the age to 14 or 16. Consider a category for "HAVE HOT WORKED IN PAST 12 MONTHS". Consider breaking up into easy to read statements for the interviewer to emphasize. Consider adding response category "NA – RETIRED"

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

Findings: Respondent said 1 while working.

Recommendations: None

INJURY LOOP

OCC2a. 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]

Findings: This was awkward as it assumes more than one injury. Respondent was injured pulling a refrigerator up on a dolly..

Recommendations: Include logic for 1 injury and ask "I would like to ask you about this injury"

OCC2b. Please look at this card and tell me all the diagnoses 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

Findings: Respondent selected #4

Recommendations: None

OCC2c. FOR EACH: Did you receive medical care for this injury or illness?

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

Findings: Respondent did not get medical attention.

Recommendations: None

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

Findings: Respondent selected other... He realized the injury only after he left the job then he couldn't afford a doctor to take care of the injury.

Recommendations: None

GOTO MODULE N

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

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

Findings: No respondents received this question.

Recommendations: None

OCC2h. Has the injury or illness resulted in a continuing disability?

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

Findings: No respondents received this question. Respondent should have received this question

Recommendations: Consider altering skip logic after OCC2d so that they receive this question.

OCC2i. Did you report this injury or illness to your employer?

1 YES

2 NO

F3 DON'T KNOW

F4 REFUSED

Findings: No respondents received this question. Respondent should have received this question

Recommendations: Consider altering skip logic after OCC2d so that they receive this question.

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

Findings: No respondents received this question. Respondent should have received this question

Recommendations: Consider altering skip logic after OCC2d so that they receive this question.

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

Findings: 2 respondents said NO

Recommendations: None.

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
- 99 Some other reason (specify) _____
- F3 DON'T KNOW
- F4 REFUSED

Findings: 2 respondents said #2

Recommendations: None.

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

Findings: 2 respondents said NO

Recommendations: None.

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

Findings: 5 of 8 respondents said YES

Recommendations: None.

HTG5. Have you ever been told by a doctor or other health professional that you were HIV positive?

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

Findings: All 8 respondents said NO

Recommendations: None.

HTG6. Have you ever been told by a doctor or other health professional that you have AIDS?

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

Findings: All 8 respondents said NO. One respondent though HTG5 and HTG6 were asking the same thing.

Recommendations: Consider underlining HIV positive and AIDS in these questions for emphasis

HTGCHK3 IF HTG5 OR HTG6=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

Findings: No respondents received these questions.

Recommendations: None.

HTG6b. Are you receiving antiretroviral therapy?

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

Findings: No respondents received these questions.

Recommendations: None.

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

Findings: No respondents received these questions.

Recommendations: None.

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

Findings: No respondents received these questions.

Recommendations: None.

MODULE O: LIVING ARRANGEMENTS

Next, I'd like to ask some questions about where (you/name) live.

LIV1 Where were (you/name) living, or sleeping, last night?

IF SLEPT IN DIFFERENT PLACE THAN WHERE "LIVE" - INSTRUCT RESPONDENT TO RESPOND ABOUT WHERE HE/SHE LIVES.

- 1 A HOUSE (INCLUDES TRAILERS OR MOBILE HOMES)
- 2 AN APARTMENT
- 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

**LIVCHK1 IF LIV1=12, 13, OR 14, THEN GO TO LIV1a; ELSE
IF LIV1=1, 2, 3, 4, 5, OR 6, THEN GO TO LIV1b; ELSE
IF LIV1=7, 8, 9, 10, 11, OR 15, THEN GO TO LIV2**

Findings: This was somewhat awkward to administer as some respondents would say "at home". 13 respondents all chose one of the first 5 categories.

Recommendations: Consider changing question to "What type of place where (you/name) living, or sleeping, last night?"

LIV1a. During the past 30 days, how often did (you/name) sleep there? Would you say...?

- 1 less than a week a month
- 2 at least a week, but less than 2-3 weeks a month
- 3 every night of the month or almost every night of the month
- F3 DON'T KNOW
- F4 REFUSED

Findings: No respondents received these questions.

Recommendations: None.

LIVCHK2 IF LIV1a=1 OR 2, THEN GO TO LIV2; ELSE GO TO LIV3

LIV1b. Who does that place belong to?

- 1 I OWN IT
- 2 MY PARENT(S) OR GUARDIAN(S) OWN IT
- 3. A PRIVATE LANDLORD OR APARTMENT MANAGEMENT
- 4. PUBLIC HOUSING AUTHORITY
- 5 PROVIDED THROUGH A SOCIAL SERVICE PROVIDER
- 6 SPOUSE, PARTNER, OR BOYFRIEND/GIRLFRIEND
- 7 SOMEONE ELSE'S PLACE
- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied. Several additional responses came up such as (sister and friend)

Recommendations: Consider adding "relative" and "friend" as responses.

LIVCHK3 IF LIV1b=1, 2, 3, 6, F3, OR F4, THEN GO TO LIV1c; ELSE GO TO LIV1e

LIV1c. Can (you/name) sleep there for the next month (30 days) without being asked to leave?

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

Findings: No problems found.

Recommendations: None.

LIVCHK4 IF LIV1c=1, THEN CONTINUE; ELSE GO TO LIV2

LIV1d. Does social services, Section 8 or some other government program pay part of the rent or mortgage?

- 1 YES (**GO TO LIV3**)
- 2 NO (**GO TO LIV3**)
- F3 DON'T KNOW (**GO TO LIV3**)
- F4 REFUSED (**GO TO LIV3**)

Findings: No problems found.

Recommendations: None.

WITHOUT REGULAR HOUSING

LIV2. When was the last time (you/name) stayed in a place of your own such as a house, apartment, room, or other housing for 30 or more days?

- _____ NUMBER
- a. DAYS AGO
 - b. WEEKS AGO
 - c. MONTHS AGO
 - d. YEARS AGO
- F3 DON'T KNOW
F4 REFUSED

Findings: Responses varied but a few got stuck on “30 days”. They said they might be without a place to stay here and there but not for 30 days.

Recommendations: None.

LIV2a. How many times in (your/name’s) life (have you/ has he/she) been without regular housing? That is not living in a house, apartment, room, or other housing for 30 days or more in the same place?

- 0 NONE
 - 1 JUST THIS TIME
- _____ NUMBER TIMES
- F3 DON'T KNOW
F4 REFUSED

Findings: One respondent was very confused by this question even after repeating it several times

Recommendations: Consider a revision to this question.

LIV2b. How old (were you/was name) when (you/he/she) first found (your/him/her)self without regular housing or a regular place to stay?

- _____ AGE
- F3 DON'T KNOW
F4 REFUSED

Findings: No problems found.

Recommendations: There needs to be a skip here so we don’t continue and ask questions about regular housing..

CURRENTLY WITH REGULAR HOUSING

LIV3 At this place where (you/name) currently live(s), how many rooms are used for sleeping?

- _____ ROOMS
F3 DON'T KNOW
F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

.LIV3a How many people, in total, sleep in these rooms?

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

Findings: Responses varied. No problems found.

Recommendations: None.

LIV4. (Have you/Has name) ever been without regular housing or homeless, that is, not living in your own house, apartment, or room on a regular basis?

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

Findings: Responses varied. No problems found.

Recommendations: None.

LIVCHK5 IF LIV4=1, THEN CONTINUE; ELSE GO TO LIV5

LIV4a. How many times in (your/name's) life have (you/he/she) been without regular housing?

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

Findings: Responses varied. No problems found.

Recommendations: None.

LIV4b. How old (were you/was name) when (you/he/she) first found (your/himself/herself) without regular housing or a regular place to stay?

- _____ AGE
F3 DON'T KNOW
F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

LIV4c. How long (were you/was name) without regular housing/homeless? If more than once, use the most recent one.

- _____ NUMBER
a. DAYS AGO
b. WEEKS AGO
c. MONTHS AGO
d. YEARS AGO
F3 DON'T KNOW
F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: Remove "AGO" as that does not match the question.

LIV4d. How long ago did (your/name's) LAST period of homelessness/without regular housing end?

- _____ NUMBER
a. DAYS AGO
b. WEEKS AGO
c. MONTHS AGO
d. YEARS AGO
F3 DON'T KNOW
F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

LIV5. The next question is about the food (you/name) eat(s). Which of the following statements best describes your 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

Findings: Responses varied. No problems found.

Recommendations: None.

LIVCHK6 ASK ONLY OF HCH RESPONDENTS; ELSE GOTO MODULE P

The next few questions are about health care (you/name) may or may not have received while (you were/he/she was) homeless.

LIV6. While (you were/name was) homeless, did (you/he/she) ever needed a place to recover from an illness, injury, or hospitalization?

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

Findings: 5 respondents all said NO

Recommendations: None.

LIVCHK7 IF LIV6=1, CONTINUE; ELSE GO TO MODULE P

LIV6a. Did you find a place to recover from an illness, injury, or hospitalization?

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

Findings: No respondents received this question.

Recommendations: None.

LIVCHK7 IF LIV6a=1, CONTINUE; ELSE GO TO MODULE P

LIV6b. Where did (you/name) 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

Findings: No respondents received this question.

Recommendations: None.

LIVCHK8 IF LIV6b=4, CONTINUE; ELSE GO TO GO TO MODULE P

LIV6c. How long did (you/name) stay?

- 1 1-6 DAYS
- 2 7-29 DAYS
- 3 30 DAYS OR LONGER
- F3 DON'T KNOW
- F4 REFUSED

Findings: No respondents received this question.

Recommendations: None.

LIV6d. Did that program help (you/name) get better?

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

Findings: No respondents received this question.

Recommendations: None.

LIV6e. Did that program help (you/name) with getting housing and/or services that (you/he/she) could use after (you were/he/she was) discharged?

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

Findings: No respondents received this question.

Recommendations: None.

MODULE P: HEALTH INSURANCE

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	32	New York: Child Health Plus (CHPlus)
6 Colorado: Child Health Plan Plus (CHP+)	33	North Carolina: North Carolina CHIP Program / Health Choice for Children
7 Connecticut: HUSKY Plan	34	North Dakota: Healthy Steps Program / North Dakota CHIP
8 Delaware: Delaware Healthy Children Program (DHCP)	35	Ohio: Healthy Start
9 Florida: Florida KidCare Program	36	Oklahoma: SoonerCare
10 Georgia: PeachCare for Kids	37	Oregon: Oregon SCHIP
11 Hawaii: Hawaii Quest / Hawaii Title XXI Program	38	Pennsylvania: Pennsylvania CHIP
12 Idaho: IdahoHealth / Idaho CHIP	39	Rhode Island: RItE Care
13 Illinois: Illinois All Kids / KidCare	40	South Carolina: Partners for Healthy Children
14 Indiana: Indiana CHIP / Hoosier Healthwise	41	South Dakota: South Dakota Children's Health Insurance Program
15 Iowa: Healthy and Well Kids in Iowa (hawk-i)	42	Tennessee: CoverKids
16 Kansas: HealthWave	43	Texas: TexCare Partnership / Texas CHIP
17 Kentucky: Kentucky CHIP (KCHIP)	44	Utah: Utah's Children's Health Insurance Program
18 Louisiana: LaCHIP	45	Vermont: Dr. Dynasaur
19 Maine: MaineCare	46	Virginia: Family Access to Medical Insurance Security Plan (FAMIS)
20 Maryland: Maryland Children's Health Program	47	Washington: Washington CHIP
21 Massachusetts: MassHealth	48	West Virginia: West Virginia's Children's Health Insurance Program (WV CHIP)
22 Michigan: MICHild	49	Wisconsin: BadgerCare
23 Minnesota: Minnesota's Children's Health Insurance Plan	50	Wyoming: Wyoming Kid Care
24 Mississippi: Mississippi CHIP / Mississippi Title XXI	51	District of Columbia: District of Columbia CHIP / DC Health Families
25 Missouri: Managed Care Plus (MC+) For Kids Program		
26 Montana: Montana's Children's Health Insurance Plan		

Findings: This section is particularly difficult for adolescents 13-17. No other problems found.

Recommendations: Consider a skip for adolescents.

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

Findings: 10 of 15 respondents said YES. No problems found.

Recommendations: None.

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

Findings: Most respondents selected one of the first 4.

Recommendations: None.

INSCHK2 IF INS2 =5, THEN CONTINUE, ELSE GO TO INSCHK3

INS2a. Why (do you/does name) come to [the reference health center] if you have access to the VA system?

_____ (Allow 40)

- F3 DON'T KNOW
- F4 REFUSED

Findings: No one received this question.

Recommendations: None.

INSCHK3 IF INS2=1, 2, 3 or 4, CONTINUE; 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

Findings: Responses varied. No problems with this question.

Recommendations: None.

INSCHK4 IF INS2=1, THEN CONTINUE; ELSE GO TO MODULE Q

INS3. Which of these best describes how this plan was obtained?

- 1 Employer
- 2 Union
- 3 Through workplace, but don't know if employer or union
- 4 Through workplace, self-employed or professional association
- 5 Purchased directly
- 6 State/local government or community program
- 7 Other specify _____
- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied.

Recommendations: Consider better wording for response categories as that caused some confusion with respondents.

INS3a. How many people in your family are covered by that plan?

_____ (RANGE 00-20)

- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied. No problems with this question. This was very hard for adolescents to answer.

Recommendations: None.

INS3b.

IF ONLY ONE PERSON COVERED BY THIS PLAN:

Is the annual deductible for medical care for this plan less than \$1,100 or \$1,100 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

IF TWO OR MORE PERSONS IN THE FAMILY ARE COVERED BY THIS PLAN: Is the family annual deductible for medical care for this plan less than \$2,200 or \$2,200 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

- 1 LESS THAN [\$1,100/\$2,200]
- 2 [\$1,100/\$2,200] OR MORE
- F3 DON'T KNOW
- F4 REFUSED

Findings: All 5 respondents receiving this question answered DK

Recommendations: Consider removing question or revising. This question does not work.

INS3c.(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

Findings: No problems with this question.

Recommendations: None.

INS3d. (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

Findings: No problems with this question.

Recommendations: None.

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

Findings: No problems with this question.

Recommendations: None.

INS5. Which of these are reasons (you/name) stopped being covered by or (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

Findings: Question wording is very poor. One respondent said they missed open enrollment when they took a new job.

Recommendations: Revise question so that it is more easily understood.

MODULE Q: INCOME AND ASSETS

INC1. 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 [your total income/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

Findings: Awkward to administer to adolescents. Respondents said that the introduction was clear and easy to understand.

Recommendations: We need an age skip here for 13-17yr olds as they do not know this information.

INC1a: What is the total number of family member who lived with you during the past 12 months? 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

Findings: 2 respondents did not include themselves in this total.

Recommendations: Consider adding, "Including yourself," to the beginning of the question.

INCCHK1 IF INC1= F3 OR F4, CONTINUE; ELSE GO TO INC3c

INC2. 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

Findings: Hard for interviewers to administer as they did not know the poverty level

Recommendations: None.

INC3. 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

Findings: Two respondents wanted to know the time frame we were referring to. It would also help to have a showcard?

Recommendations: Consider a time frame (past 12 months) and add a showcard for easier administration.

Fills for STATE TANF PLANS (in INC4g)

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. In what country (were you/was name) born?

1. United States	105. Czechoslovakia	415. Egypt
2. Puerto Rico	106. Denmark	417. Ethiopia
3. Outlying Area of the U.S. (American Samoa, Guam, U.S. Virgin Islands, Northern Marianas Other U.S. Territory)	108. Finland	421. Ghana
4. Canada	126. Holland	427. Kenya
5. Cambodia	127. Norway	436. Morocco
6. China	128. Netherlands	440. Nigeria
7. Colombia	155. Czech Republic	449. South Africa
8. Cuba	156. Slovakia / Slovak Republic	462. Other Africa
9. Dominican Republic	180. USSR	468. North Africa
10. Ecuador	183. Latvia	501. Australia
11. El Salvador	184. Lithuania	507. Fiji
12. England	185. Armenia	F3 DON'T KNOW
13. France	195. Ukraine	F4 REFUSED
14. Germany	200. Afghanistan	
15. Greece	202. Bangladesh	
16. Guatemala	205. Burma	
17. Guyana	211. Indonesia	
18. Haiti	213. Iraq	
19. Honduras	214. Israel	
20. Hong Kong	216. Jordan	
21. Hungary	222. Lebanon	
22. India	224. Malaysia	
23. Iran	229. Pakistan	
24. Ireland/Eire	233. Saudi Arabia	
25. Italy	234. Singapore	
26. Jamaica	237. Syria	
27. Japan	240. Turkey	
28. Laos	245. Asia	
29. Mexico	252. Middle East	
30. Nicaragua	253. Palestine	
31. Peru	300. Bermuda	
32. Philippines	304. North America	
33. Poland	310. Belize	
34. Portugal	311. Costa Rica	
35. Russia	317. Panama	
36. Scotland	318. Central America	
37. Korea/South Korea	333. Bahamas	
38. Taiwan	334. Barbados	
39. Thailand	338. Dominica	
40. Trinidad & Tobago	340. Grenada	
41. Vietnam	353. Caribbean	
42. Yugoslavia	375. Argentina	
102. Austria	376. Bolivia	
103. Belgium	377. Brazil	
	378. Chile	
	387. Uruguay	
	388. Venezuela	
	389. South America	

Findings: All of the respondents were born in the US except for one born in Mexico.
Recommendations: None.

DMOCHK1 IF DMO1 =1, THEN GO TO DMO5 ELSE CONTINUE

DMO2. In what year did (you/name) come to the United States?

- _____ YEAR
F3 DON'T KNOW
F4 REFUSED

Findings: Respondent answered 1998
Recommendations: None.

DMO3. Altogether, how many years (have you/has name) lived 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

Findings: Question seemed redundant with DMO2. R answered 10-15 years
Recommendations: None.

DMO4. What language is spoken in (your/name's) home most of the time?

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

Findings: Respondent said Spanish
Recommendations: None.

DMO4a. In general, what language do you prefer to speak or communicate in?

- 1 ENGLISH
2 SPANISH
3 ANOTHER LANGUAGE

- F3 DON'T KNOW
- F4 REFUSED

Findings: Respondent said Spanish

Recommendations: None.

DMO5. 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

Findings: Responses varied. Some computation problems

Recommendations: Consider underlining "completed" for emphasis.

DMOCHK3 IF DMO1=1, GO TO DMOCHK4; ELSE CONTINUE

DMO6 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

Findings: Responses varied. No problems found.
Recommendations: None.

DMOCHK4 IF AGE 3 TO 21, THEN CONTINUE; ELSE GO TO DMO8 DMO7. (Are you/Is name) either going to school or on vacation from school?

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

Findings: Response set doesn't fit question. However, you still get the same response.
Recommendations: You would need to start the question with (Yes or no...)

DMO8. How many times (have you/has name) moved in the past 12 months?

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

Findings: Responses varied. No problems found.
Recommendations: None.

DMOCHK5 IF DMO8 GE 1, THEN CONTINUE; ELSE GO TO DMOCHK6

DMO8a. How many of these moves were related to work?

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

Findings: This is not a good question for adolescents as they didn't move for work but the parents may have. This can also be problematic for proxy interviews. One respondent asked if this meant "Because of work" or to a new location to "find work".
Recommendations: Consider a skip for adolescents and proxy or possibly dropping question all together. Question wording would definitely need to be fixed.

DMO8b. How many different places have you lived in the past 12 months, that is since (12 MONTH REFERENCE DATE)?

- _____ PLACES
F3 DON'T KNOW
F4 REFUSED

Findings: Question is basically the same as DMO8. Also had one respondent answer “one other place than the one I live now” – Their answer ended up being “1”.

Recommendations: Consider dropping as this is redundant as well as problematic.

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
6 Living with a partner
F3 DON'T KNOW
F4 REFUSED

Findings: Responses varied.

Recommendations: Consider removing respond 6 or question DMO9b as they are the same.

**DMOCHK7 IF DMO9=1, THEN CONTINUE; ELSE
IF DMO9=2, 3, OR 4, THEN GO TO DMO9b; ELSE
GO TO DMOCHK9**

Recommendations: Consider adding response #5 to skip logic so they will get DMO9b as well.

MO9a. Is your spouse living with you?

- 1 YES (**GOTO DMOCHK9**)
2 NO
F3 DON'T KNOW
F4 REFUSED

Findings: No problems found.

Recommendations: Consider removing respond 6 or question DMO9b as they are the same.

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

Findings: No problems found other than this being redundant with DMO9

Recommendations: See DMO9

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

Findings: No respondents received these questions

Recommendations: None.

DMO10b. In total, how many years of active duty military service have you had?

_____ YEARS

_____ MONTHS

F3 DON'T KNOW

F4 REFUSED

Findings: No respondents received these questions

Recommendations: None.

DMOCHK11 IF DMO10a=1 OR 2, THEN GO TO DMOCHK12; ELSE CONTINUE

DMO10c. Are you eligible for veteran's benefits?

1 YES

2 NO (**GO TO DMOCHK5**)

F3 DON'T KNOW

F4 REFUSED

Findings: No respondents received these questions

Recommendations: None.

DMO10d. 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

Findings: No respondents received these questions

Recommendations: None.

EMPLOYMENT

DMOCHK12 IF AGE GE 16, THEN CONTINUE; ELSE GO TO DMOCHK17

DMO11. The next few questions are about employment status. 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

Findings: One respondent explained that she was working for a volunteer agency

Recommendations: Consider a category for volunteer work.

**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**

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

Findings: One respondent said #6

Recommendations: None.

**DMOCHK14 IF DMO11a=4, 5, 6, OR 7, THEN CONTINUE; ELSE GO TO
DMO11i**

DMO11b Do you have more than one paying job or business?

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

Findings: No respondents said YES to this question.

Recommendations: None.

DMO11c. How many hours [did you work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses]?

_____ HOURS LAST WEEK

F3 DON'T KNOW

F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

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

Findings: No problems found.

Recommendations: None.

DMO11e. For the job you work at the most hours, what is the total number of hours usually?

_____ HOURS

F3 DON'T KNOW

F4 REFUSED

Findings: Responses varied. Question was awkward to administer.

Recommendations: Consider using "primary" or "main" job rather than "For the job you work at the most hours"

DMO11f. Is this a permanent, temporary, or seasonal job or business?

1 PERMANENT

2 TEMPORARY

3 SEASONAL

F3 DON'T KNOW

F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

DMO11g. Do you have paid sick leave on this job or business?

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

Findings: One respondent said, "Not during current probationary period but I will soon" – Interviewer was not sure how to code this.

Recommendations: None.

DMO11h. About how long have you worked at this MAIN job or business?

- a _____DAYS
- b _____MONTHS
- c _____YEARS
- F3 DON'T KNOW
- F4 REFUSED

Findings: Responses varied. No problems found.

Recommendations: None.

DMO11i. 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

Findings: Responses varied. Why are we asking this... seems redundant?

Recommendations: Consider deleting.

DMOCHK15 IF DMO11i=1, THEN CONTINUE; ELSE GO TO DMOCHK16

DMO11j. 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

Findings: Responses varied. Why are we asking this... seems redundant?

Recommendations: Consider deleting.

DMO11k. 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

Findings: Responses varied. Why are we asking this... seems redundant.

Recommendations: Consider deleting.

DMOCHK16 IF DMO11K=1, THEN CONTINUE; ELSE GO TO DMOCHK17

DMO11o. 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

Findings: No problems found.

Recommendations: None.

DMO11p 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

Findings: No problems found.

Recommendations: None.

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

Findings: Two respondents – one worked in past 12 months and one in past 24 months.

Recommendations: None.

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

Findings: One respondent said #1

Recommendations: None.

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

Findings: No respondents received this question. Appears R was not comfortable answering q's

Recommendations: None.

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

Findings: No respondents received this question. Appears R was not comfortable answering q's
Recommendations: None.

DMO12d. Approximately how many months during the past 12 months have you been in the U.S.?

_____MONTHS
F3 DON'T KNOW
F4 REFUSED

Findings: No respondents received this question. Appears R was not comfortable answering q's
Recommendations: None.

DMO13. If you are injured at work or get sick as a result of your work, does your employer provide health insurance or pay for your health care?

1 YES
2 NO
F3 DON'T KNOW
F4 REFUSED

Findings: No respondents received this question. Appears R was not comfortable answering q's
Recommendations: None.

DMO14. If you are injured at work or get sick as a result of your work, do you get any payment while you are recuperating (i.e., workers' compensation)?

1 YES
2 NO
F3 DON'T KNOW
F4 REFUSED

Findings: No respondents received this question. Appears R was not comfortable answering q's
Recommendations: None.

DMO15. If you are injured or get sick off the job, does your employer provide health insurance or pay for your health care?

NOTE: WHETHER OR NOT THE WORKER TAKES IT OR USES IT

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

Findings: No respondents received this question. Appears R was not comfortable answering q's
Recommendations: None.

DMO16. 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

Findings: No respondents received this question. Appears R was not comfortable answering q's
Recommendations: None.

END. Thank you very much. These are all the questions I have for you today.

- 1 CONTINUE

Appendix A: Recruitment Cover Letter

DATE: October 20, 2008

TO: Dr. Evelyn Schmidt, Lincoln Community Health Center

FROM: Tim Flanigan, RTI International

RE: Recruitment of patients for survey interviews.

Thank you once again for helping us pre-test our survey instrument. I have attached flyers that can be posted at the health clinic and hand-outs that can be placed at the check-in desk and any other location you feel has high visibility. The patient can then contact our office to determine eligibility. If eligible, we will re-contact the patient to arrange an interview. Let me explain what we would like, in terms of your help.

- 1) We will have 2-3 different medical centers across North Carolina. In total, we are hoping to complete 27 interviews during round one and 9 in round two. We expect to recruit and conduct interviews with approximately 10-20 patients from Lincoln Community Health Center
- 2) Arrange for the signs that I have included to be posted where clients would most likely see them. I sent a total of 20 so that you can replace them as needed. I would think having a few signs up in highly visible areas would be a great help.
- 3) Place handouts in high-visibility areas (check-in desk, payment desk, waiting area, etc..)
- 4) If possible, staff could encourage patients informally to take note of this study. I completely understand if the staff are too busy or wish to remain passive. This just helps our recruitment whenever possible
- 5) Is there is a private or semi-private location at the clinic that we could use to conduct interviews? We are hoping to cluster interviews and do them all as soon as possible. Ideally, we would like to complete the interviews prior to November 10, 2008. Please let me know if there are no private locations as we will need to make arrangements at an alternate location. We may have patients come to our RTP office or meet them in another suitable public location if they choose.

That is all we are requesting. We do not want to be a burden to your clinic or staff so we will make every attempt possible to not disturb the normal flow of clinic patients.

Again, we really appreciate your help with this very important survey.

Appendix B: Recruitment Flyer

Patients Needed to Test a Survey Questionnaire - \$50 Paid!!

RTI International, a not-for-profit research organization, is seeking patients of this health center to help test a survey questionnaire being developed by the Bureau of Primary Health Care as part of the Primary Health Care Patient Surveys (PHCPS).

We are looking for:

- Adolescents 13-17 years of age
- Parents of children 2-12 years of age
- Male and female adults currently without regular housing (ages 18-80)
- Male and female adults (English-speaking) farm workers (ages 18-80)
- Male and female adults without medical insurance (ages 18-80)

Participants will receive **\$50 cash** for a **1 hour in-person interview**. Interviews can be conducted at the participant's desired location (e.g., at this health center, home, or other locations such as a library or community center). All information provided will be kept private and not shared with the health center.

For more information and to determine eligibility, please call Carrie
 Borst TOLL FREE at 1(800) 334-8571 Ext: 26988
 or send an email to cborst@rti.org

RTI Survey Interview (Earn \$50): Carrie Borst (800) 334-8571 ext: 26988 cborst@rti.org
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Appendix C: Patient Screening Form

Primary Health Care Patient Surveys

- S1. (Have you/ Has name) received services from a health care professional such as a doctor, nurse, drug counselor, mental health counselor, or dentist at the **Lincoln Community Health Center** in the last **12 months**?

YES 1
NO 2 **(R NOT ELIGIBLE – THANK R AND END)**
REFUSED 7 **(R NOT ELIGIBLE – THANK R AND END)**
DON'T KNOW 9 **(R NOT ELIGIBLE – THANK R AND END)**

- S2. At this time, (are you/is name) covered by health insurance or some other kind of health care plan?

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.

YES 1
IF YES: WHAT KIND? _____
NO 2
DON'T KNOW 9

- S3. Do any of the following apply to you?

Have you worked as a migrant or seasonal farm worker in the past 24 months?

YES 1
NO 2

In the past 12 months, has there been a period in which you have been without regular housing or homeless?

To clarify, that is not living in your own house, apartment, or room on a regular basis and not in a hospital or jail or prison. For example, living in a shelter, on the street/campsite/car/etc. or in temporary or transitional housing.

YES 1
NO 2

Are you currently living in a public housing unit? Do not count Section 8 housing as public housing.

YES 1
NO 2

S4. What is (your/name's) age?

____ YEARS

S5. IF S4 = UNDER 18: Are you currently living with a parent or guardian?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

ELIGIBILITY: IF RESPONDENT MEETS ANY OF THESE CRITERIA – CONTINUE WITH COLLECTION OF CONTACT INFORMATION, OTHERWISE THANK THEM FOR THEIR TIME AND EXPLAIN THAT THEY DO NOT MEET THE REQUIREMENTS OF THE STUDY

- S1 ONLY YES RESPONSE ELIGIBLE
- S2 YES OR NO RESPONSE IS ELIGIBLE
- S3 ANY RESPONSE ELIGIBLE
- S4 MUST BE 13 YEARS OF AGE OR OLDER -OR- A PARENT CALLING ON BEHALF OF A CHILD (2-12 YEARS OF AGE).
- S5 CHILDREN 13-17 YEARS OF AGE MUST BE LIVING WITH A PARENT OR GUARDIAN

NAME: _____

GENDER: () MALE () FEMALE

TELEPHONE #: _____

ALT: TELEPHONE # _____

BEST TIME TO CALL: _____

Appendix D: Informed Consent Forms

Informed Consent Form for Adult Pretest Participation Primary Health Care Patient Surveys

About the Surveys

The Primary Health Care Patient Surveys are research studies being conducted by RTI International. The surveys are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). They are about people who receive health care at places like this health care center. The surveys will try to find out what kinds of health problems people come to health centers with and how well the health centers are meeting the needs of the people who use them. Prior to conducting the surveys we want to find out whether the questions we plan to ask can be understood. The purpose of this pretest is to test how well the questions work. You are one of 45 people that RTI has selected to participate.

Participation

If you agree to participate, you will be asked some questions about your health and the services that you receive at this health care center. Some of the questions may be personal, such as questions about drug or alcohol use and your feelings. There also may be questions about HIV/AIDS. Most of the questions are about less sensitive things like health care received and whether you have certain health conditions like asthma or diabetes. As much as possible, try thinking out loud as you answer these questions. I will ask some follow-up questions to find out how you arrive at your answers. Please let me know if a question doesn't make sense or makes you feel uncomfortable. Some people will get a shorter interview, while others will take a bit longer. The interview may last about one hour.

Voluntary Participation

You may choose whether or not you would like to participate. If you choose not to participate it will not affect any services you may receive at the health center or from any other programs. If you do not want to answer some of the questions you are asked, that is okay. If you decide not to finish the questions, that is okay too. It is possible that some questions may make you uncomfortable or feel various emotions. If you need to take a break at any time, just let me know.

Benefits

There are not any direct benefits to you. However, you will be helping us learn more about how to conduct the Primary Health Care Patient Surveys. As noted, the surveys are about the health needs of people who use health centers like this one.

Compensation for Participation

If you participate, you will be provided with \$50 cash as a thank you for your time.

Risks of Study Participation

There are two risks involved in study participation. One risk is that the questions we ask might make you feel uncomfortable or upset. If you feel uncomfortable or upset you may ask the interviewer to take a break or skip any of the questions. The other risk is that someone might find out what you tell us during the interview. To avoid that, we will do the interview in private where no one can hear your answers. We will also create and use a number instead of your name to identify your interview. This will prevent anyone from finding out what your answers were.

Your Privacy

Anything you tell me is private. The privacy of your answers is very important, so let me say a little more about it. Everyone involved in this research has signed an agreement stating they will protect the privacy of the information you provide. The information that you tell me will not be shared with anyone at this health care center.

Questions

If you have any questions about these studies or the pretest, you may call Tim Flanigan at 1(800) 334-8571 Ext 27743. If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protections toll-free at (1-866-214-2043).

Do you have any questions that might help you decide whether or not you want to participate in the pretest?

By signing below, you are agreeing to participate. Please sign only if:

- ✓ You understand the information about the research described in this consent form,
- ✓ You have had all of your questions answered fully, and
- ✓ You want to participate.

You will be given a copy of this consent form to keep.

Respondent's Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____

**Informed Consent Form for Parent/Guardian
Pretest Participation in Proxy Interview for Accompanied Children
Primary Health Care Patient Surveys**

About the Surveys

The Primary Health Care Patient Surveys are research studies that are being conducted by RTI International. The surveys are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). They are about people who receive health care at places like this health care center. The surveys will try to find out what kinds of health problems people come to health centers with and how well the health centers are meeting the needs of the people who use them. Prior to conducting these surveys we want to find out whether the questions we plan to ask can be understood. The purpose of this pretest is to test how well the questions work. Your child, CHILD'S NAME, is one of about 45 people that RTI has selected to be included. Because CHILD'S NAME is less than 13 years old, we would like to ask you to answer questions about his/her health and the services that he/she receives at this health care center.

Participation

If you agree to participate, you will be asked some questions about your child's health and the services that he/she receives at this health care center. Some of the questions may be personal, such as questions about your child's drug or alcohol use and his/her feelings. There also may be questions about HIV/AIDS. Most of the questions, however, are about less sensitive things like health care received and whether or not your child has certain health conditions like asthma or diabetes. As much as possible, try thinking out loud as you answer these questions. I will ask some follow-up questions to find out how you arrive at your answers. Please let me know if a question doesn't make sense or makes you feel uncomfortable. Some people will get a shorter interview, while others will take a bit longer. The interview may last about one hour.

Voluntary Participation

You may choose whether or not you would like to participate. If you choose not to participate it will not affect any services your child or your family may receive at the health center or from any other programs. If you do not want to answer some of the questions you are asked, that is okay. If you decide not to finish the questions, that is okay too. It is possible that some questions may make you uncomfortable or feel various emotions. If you need to take a break at any time, just let me know.

Benefits

There are not any direct benefits to you. However, you will be helping us learn more about how to conduct the research for the Primary Health Care Patient Surveys. As noted, the surveys are about the health needs of people who use health centers like this one.

Compensation for Participation

If you participate, you will be provided with \$50 cash as a thank you for your time.

Risks of Study Participation

There are two risks involved in study participation. One risk is that the questions we ask might make you feel uncomfortable or upset. If you feel uncomfortable or upset, you may ask the interviewer to take a break or to skip any of the questions. The other risk is that someone might find out what you tell us during the interview. To avoid that, we will do the interview in private where no one can hear your answers. Also, we will create and use a number and instead of your name to identify your interview. This will prevent anyone from finding out what your answers were.

Your Privacy

Anything you tell me is private. The privacy of your answers is very important, so let me say a little more about it. Everyone involved in this research has signed an agreement stating they will protect the privacy of the information you provide. The information that you tell me will not be shared with anyone at this health care center.

Questions

If you have any questions about these studies or the pretest, you may call Tim Flanigan at 1(800) 334-8571 Ext 27743. If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protections toll-free at (1-866-214-2043).

Do you have any questions that might help you decide whether or not you want to participate in the pretest?

By signing below, you are agreeing to participate. Please sign only if:

- ✓ You understand the information about the research described in this consent form,
- ✓ You have had all of your questions answered fully, and
- ✓ You want to participate.

You will be given a copy of this consent form to keep.

Respondent's Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____

**Parent/Guardian Permission Form for
Accompanied Adolescent (Ages 13–17) Pretest Participation
Primary Health Care Patient Surveys**

About the Surveys

The Primary Health Care Patient Surveys are research studies being conducted by RTI International. The surveys are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). They are about people who receive health care at places like this health care center. The surveys will try to find out what kinds of health problems people come to health centers with and how well the health centers are meeting the needs of the people who use them. Prior to conducting these surveys we want to find out whether the questions we plan to ask can be understood. The purpose of this pretest is to test how well the questions work. Your child is one of about 45 people that RTI has selected to participate.

Participation

If your child agrees to participate, he/she will be asked some questions about his/her health and the services that you receive at this health care center. Some of the questions may be personal, such as questions about your child's drug or alcohol use and his/her feelings. There also may be questions about HIV/AIDS. Most of the questions are about less sensitive things like health care received and whether your child has certain health conditions like asthma or diabetes. As much as possible, we will ask your child to try thinking out loud as he/she answers these questions. I will ask some him/ her follow-up questions to find out how he/she arrived at his/her answers. I will ask him/her to let me know if a question doesn't make sense or makes him/her feel uncomfortable. Some people will get a shorter interview, while others will take a bit longer. The interview may last about one hour.

Voluntary Participation

Your child may choose whether or not he/she would like to participate. If you choose not to give us permission or if your child chooses not to participate, it will not affect any services your child or your family may receive at the health center or from any other programs. If your child does not want to answer some of the questions he/she is asked, that is okay. If your child decides not to finish the questions, that is okay too. It is possible that some questions may make your child uncomfortable or feel various emotions. If he/she needs to take a break at any time, he/she should just let me know.

Benefits

There are not any direct benefits to your child. However, your child will be helping us learn more about how to conduct the research for the Primary Health Care Patient Surveys. As noted, the surveys are about the health needs of people who use health centers like this one.

Compensation for Participation

In addition, if your child participates, he/she will be provided with \$50 cash to thank him/her for their time.

Risks of Study Participation

There are two risks involved in study participation. One risk is that the questions we ask might make your child feel uncomfortable or upset. If your child feels uncomfortable or upset, he/she may ask the interviewer to take a break or to skip any of the questions. The other risk is that someone might find out what your child told us during the interview. To avoid that, we will do the interview in private where no one can hear his/her answers. We will also create and use a number instead of your child's name to identify your child's interview. This will prevent anyone from finding out what your child's answers were.

Your Child's Privacy

Anything your child tells me is private. The privacy of his/her answers is very important, so let me say a little more about it. Everyone involved in this research has signed an agreement stating they will protect the privacy of the information provided. The information that your child tells me will not be shared with you or anyone at this health care center.

Questions

If you have any questions about these studies or the pretest, you may call Tim Flanigan at 1(800) 334-8571 Ext 27743. If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protections toll-free at (1-866-214-2043).

Do you have any questions that might help you decide whether or not you want your child to participate in the pretest?

By signing below, you are giving permission for your child to participate in the research described above. Please sign only if:

- ✓ You understand the information about the research described in this consent form,
- ✓ You have had all of your questions answered fully, and
- ✓ You give permission for your child to participate.

You will be given a copy of this consent form to keep.

Name of Child: _____

Parent/Guardian's Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____

**Assent Form for Accompanied
Adolescent (Ages 13 – 17) Pretest Participation
Primary Health Care Patient Surveys**

About the Surveys

The Primary Health Care Patient Surveys are research studies being conducted by RTI International. The surveys are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). They are about people who receive health care at places like this health care center. The surveys will try to find out what kinds of health problems people come to health centers with and how well the health centers are meeting the needs of the people who use them. Prior to conducting the surveys we want to want find out whether the questions we plan to ask can be understood. The purpose of this pretest is to test how well the questions work. You are one of about 45 people that RTI has selected to participate.

Participation

(NAME OF PARENT/GUARDIAN) said it is okay for me to invite you to talk with me about your health and the services that you receive at this health care center. If it is okay with you, I would like to ask you some questions. Some of the questions may be personal, such as questions about drug or alcohol use and your feelings. There also may be questions about HIV/AIDS. Most of the questions are about less sensitive things like health care received and whether or not you have certain health conditions like asthma or diabetes. As much as possible, try thinking out loud as you answer these questions. I will ask some follow-up questions to find out how you arrive at your answers. Please let me know if a question doesn't make sense or makes you feel uncomfortable. Some people will get a shorter interview, while others will take a bit longer. The interview may last about one hour.

Voluntary Participation

You may choose whether or not you would like to participate. If you choose not to participate it will not affect any services you may receive at the health center or from any other programs. If you do not want to answer some of the questions you are asked, that is okay. If you decide not to finish the questions, that is okay too. It is possible that some questions may make you uncomfortable or feel various emotions. If you need to take a break at any time, just let me know.

Benefits

There are not any direct benefits to you. However, you will be helping us learn more about how to conduct the Primary Health Care Patient Surveys. As noted, the surveys are about the health needs of people who use health centers like this health care center.

Compensation for Participation

If you participate, you will be provided with \$50 cash as a thank you for your time.

Risks of Study Participation

There are two risks involved in study participation. One risk is that the questions we ask might make you feel uncomfortable or upset. If you feel uncomfortable or upset you may ask the interviewer to take a break or skip any of the questions. The other risk is that someone might find out what you tell us during the interview. To avoid that, we will do the interview in private where no one can hear your answers. We will also create and use a number instead of your name to identify your interview. This will prevent anyone from finding out what your answers were.

Your Privacy

Anything you tell me is private. The privacy of your answers is very important, so let me say a little more about it. Everyone involved in this research has signed an agreement stating they will protect the privacy of the information you provide. The information that you tell me will not be shared with anyone at this health care center. Your parent/guardian will not see your answers, and we will not discuss any of your answers with them.

Questions

If you have any questions about these studies or the pretest, you may call Tim Flanigan at 1(800) 334-8571 Ext 27743. If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protections toll-free at (1-866-214-2043).

Do you have any questions that might help you decide whether or not you want to participate in the pretest?

By signing below, you are agreeing to participate. Please sign only if:

- ✓ You understand the information about the research described in this consent form,
- ✓ You have had all of your questions answered fully, and
- ✓ You want to participate.

You will be given a copy of this consent form to keep.

Respondent's Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____