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OMB#: 0925-0584  
Exp. xx/xx/xxxx

## HCHS/SOL- Visit 2- Health Care Questionnaire

ID NUMBER:

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VERSION: 1, 12/18/2013

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### ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /

0b. Staff ID:

0c. Participant Gender:  (F=female, M=male)

0d. Age:

0e. Does the participant have diabetes?  (0=No, 1=Yes)

**Instructions:** Enter the answer given by the participant for each response. Use the CDART Notelog window to code 'Don't know/refused' for those questions that do not list these as an option.

### A. This first block of questions [Q1-7a] is about health care sought and received in the preceding 12 months.

1. In the past 12 months, did you get health care? Select only one answer.

No 0  **GO TO QUESTION 8**

Yes 1

Refused 8  **GO TO QUESTION 8**

Don't Know/ Not Sure 9  **GO TO QUESTION 8**

2. What was the reason for seeking health care? (Select all that apply)

a. Annual check-up and/or preventive care

b. Pregnancy-related care

c. Acute care (sudden illness not requiring going to the emergency room)

d. Injury or accident

e. Emergency care

f. Chronic or regular care of a disease (e.g. diabetes, hypertension, cancer, asthma)

g. Other (Specify: \_\_\_\_\_)

h. Refused

i. Don't know/Not Sure

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3. In the past 12 months, where did you receive your health care?

	All the time	Most of the time	Some of the time	None of the time
a. In the United States mainland	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. In Puerto Rico	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. In Mexico	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. In Canada	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. In another country not mentioned above (Specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Refused	8 <input type="checkbox"/>			
g. Don't know/Not Sure	9 <input type="checkbox"/>			

4. Was there a time in the past 12 months when you needed health care, but could not get it? Select only one answer.

- No                      0  **GO TO QUESTION 6**
- Yes                      1
- Refused                8  **GO TO QUESTION 6**
- Don't Know/ Not Sure 9  **GO TO QUESTION 6**

5. During the last 12 months, were you unable to get any of the following due to financial reasons? Select all that apply. (Select all that apply.)

- a. Prescription medications
- b. To go to see a general health care professional
- c. To go to see a specialist
- d. Surgical procedure
- e. Clinical procedure
- f. Behavioral therapy, stress management/counseling/mental health services
- g. Dental care
- h. Eyeglasses
- i. I had difficulty getting or affording other service(s)
- i1. Specify \_\_\_\_\_
- j. Refused
- k. Don't know/Not Sure

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6. In the past 12 months, how many times did you go to an acute or urgent care center, or emergency room?

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Number of times

**If = 0, GO TO QUESTION 7**

6.a. How many of these visits took place in the U.S. mainland? Select only one answer.

All 1

Most 2

Some 3

None 4

7. In the past 12 months, not counting times you went to an emergency room or urgent care facility, how many times did you go to a doctor, nurse or other health professional to get care for yourself for any reason?

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Number of times

**If = 0, GO TO QUESTION 8**

7.a. How many of these visits took place in the U.S. mainland? Select only one answer.

All 1

Most 2

Some 3

None 4

**B. This second block of questions [Q8-10] is about routine medical care.**

8. Do you have one person you think of as your personal doctor or health care provider? Select only one answer.

No 0

Yes, only one 1

More than one 2

Refused 8

Don't know/Not Sure 9

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9. What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

- a. Doesn't get preventive or routine care anywhere 1
- b. Doesn't go to one place most often 2
- c. Hospital emergency room 3
- d. Clinic or health center 4  **GO TO QUESTION 11**
- e. Doctor's office or HMO 5  **GO TO QUESTION 11**
  
- f. Hospital outpatient department 6  **GO TO QUESTION 11**
- g. Some other place 7  **GO TO QUESTION 11**  
Specify: \_\_\_\_\_
- h. Refused 8  **GO TO QUESTION 11**
- i. Don't know/Not Sure 9  **GO TO QUESTION 11**

10. Why don't you have a usual source of medical care? (select all that apply)

- |  | <b>No</b><br>(Disagree)    | <b>Yes</b><br>(Agree)      |
|--|----------------------------|----------------------------|
| a. Doesn't need a doctor/Haven't had any problems      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. Doesn't like/trust/believe in doctors               | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Doesn't know where to go                            | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. Previous doctor is not available/moved              | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. Too expensive/no insurance/cost                     | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. Speak a different language                          | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| g. No care available/Care too far away, not convenient | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| h. Put it off/Didn't get around to it                  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| i. Other (Specify _____)                               | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| j. Refused   | 8 <input type="checkbox"/> |                            |
| k. Don't know/Not Sure                                 | 9 <input type="checkbox"/> |                            |

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**C. This third block of questions [Q11-27] is about utilization of screening and preventive services, and chronic care.**

*[Some of the questions will be asked to all participants, whereas others will be asked to participants of specific age, gender or who have specific chronic diseases.]*

11. About how long has it been since you had a routine check-up by a doctor or other health professional? A routine checkup is a general physical exam, not an exam for a specific injury, sudden illness, or condition. Select only one answer.

- Within past year (anytime less than 12 months ago) 1
- Within past 2 years (1 year but less than 2 years ago) 2
- Within past 3 years (2 years but less than 3 years ago) 3
- Within past 5 years (3 years but less than 5 years ago) 4
- 5 or more years ago 5
- Never 6
- Refused 8
- Don't know/Not Sure 9

12. About how long has it been since you had a flu vaccination (shot or nasal spray)? Select only one answer.

- Within past year (anytime less than 12 months ago) 1
- Within past 2 years (1 year but less than 2 years ago) 2
- Within past 3 years (2 years but less than 3 years ago) 3
- Within past 5 years (3 years but less than 5 years ago) 4
- 5 or more years ago 5
- Never 6
- Refused 8
- Don't know/Not Sure 9

13. Have you received the tetanus vaccine for adults (booster)? Select only one answer.

- Within past year (anytime less than 12 months ago) 1
- Within past 2 years (1 year but less than 2 years ago) 2
- Within past 3 years (2 years but less than 3 years ago) 3
- Within past 5 years (3 years but less than 5 years ago) 4
- 5 or more years ago 5
- Never 6  **Go To Question 14**
- Refused 8  **Go To Question 14**
- Don't know/Not Sure 9  **Go To Question 14**

13 a. If you have received the tetanus vaccine, was that tetanus vaccine combined with the pertussis or whooping cough vaccine? Select only one answer.

- Yes, received the tetanus vaccine combined with the pertussis or whooping cough vaccine. 1
- Received the tetanus vaccine, but it was not combined with the pertussis vaccine. 2
- Received the tetanus vaccine, but do not know what type. 3

14. About how long has it been since you had your vision checked (ability to see) by a doctor or an optometrist? Select only one answer.

- Within past year (anytime less than 12 months ago) 1
- Within past 2 years (1 year but less than 2 years ago) 2
- Within past 3 years (2 years but less than 3 years ago) 3
- Within past 5 years (3 years but less than 5 years ago) 4
- 5 or more years ago 5
- Never 6
- Refused 8
- Don't know/Not Sure 9

15. **[Men aged 45-79, and Women aged 55-79]** Has a doctor or other health professional EVER told you to take a low-dose aspirin every day or every other day to prevent or control heart disease? Select only one answer.

- No 0  **GO TO QUESTION 16**
- Yes 1
- Refused 8  **GO TO QUESTION 16**
- Don't know/Not Sure 9  **GO TO QUESTION 16**

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a. Are you NOW following this advice?

No  0

Specify \_\_\_\_\_

Yes  1

Refused  8

Don't know/Not Sure  9

16. **[Participants aged 50-75 years]** Have you had a test to detect colorectal cancer (cancer of the colon, intestines)? Select only one answer.

No  0 **GO TO QUESTION 17**

Yes  1

Refused  8 **GO TO QUESTION 17**

Don't know/Not Sure  9 **GO TO QUESTION 17**

a. If yes, what test? Specify \_\_\_\_\_,

a.1. Date of test: //  
(approximate date or year)

17. **[Men and women aged 24-32]** Have you EVER had an HPV vaccination? Select only one answer.

No  0 **GO TO QUESTION 18**

Yes  1

Doctor refused when asked  2 **GO TO QUESTION 18**

Refused  8 **GO TO QUESTION 18**

Don't know/Not Sure  9 **GO TO QUESTION 18**

17.a. How many HPV shots did you receive?  Number of shots

18. **[Women aged 40 years and older]** How long has it been since you had your last mammogram? Select only one answer.

Within past year (anytime less than 12 months ago)  1

Within past 2 years (1 year but less than 2 years ago)  2

Within past 3 years (2 years but less than 3 years ago)  3

Within past 5 years (3 years but less than 5 years ago)  4

5 or more years ago  5

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Never 6

Refused 8

Don't know/Not Sure 9

19. **[Women aged 24-65 years]** How long has it been since you had your last Pap test (test of cancer of the cervix)? Select only one answer.

Within past year (anytime less than 12 months ago) 1

Within past 2 years (1 year but less than 2 years ago) 2

Within past 3 years (2 years but less than 3 years ago) 3

Within past 5 years (3 years but less than 5 years ago) 4

5 or more years ago 5

Never 6

Refused 8

Don't know/Not Sure 9

20. **[Women aged 65 years and older]** Have you had a test to detect osteoporosis (low density of the bones)? Select only one answer.

No 0

Yes 1

Refused 8

Don't know/Not Sure 9

21. **[Participants with diabetes]** About how long has it been since you had your eyes checked, in which your pupils were dilated, to determine whether diabetes has affected your eyes? Select only one answer.

Within past year (anytime less than 12 months ago) 1

Within past 2 years (1 year but less than 2 years ago) 2

Within past 3 years (2 years but less than 3 years ago) 3

Within past 5 years (3 years but less than 5 years ago) 4

5 or more years ago 5

Never 6

Refused 8

Don't know/Not Sure 9



22. **[Participants with diabetes]** About how long has it been since you had a urine test done to determine whether diabetes has affected your kidneys? Select only one answer.

- Within past year (anytime less than 12 months ago) 1
- Within past 2 years (1 year but less than 2 years ago) 2
- Within past 3 years (2 years but less than 3 years ago) 3
- Within past 5 years (3 years but less than 5 years ago) 4
- 5 or more years ago 5
- Never 6
- Refused 8
- Don't know/Not Sure 9

23. **[Participants with diabetes]** In the past 12 months, have you checked your feet for any sores or irritations? Select only one answer.

- Never 3  **GO TO QUESTION 24**
- Yes 1
- Has no feet 2  **GO TO QUESTION 24**
- Refused 8  **GO TO QUESTION 24**
- Don't know/Not Sure 9  **GO TO QUESTION 24**

23.a. If yes, how many times? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

- 23a1.  times per day
- 23a2.  times per week
- 23a3.  times per month

24. **[Participants with diabetes]** In the last 12 months, did a doctor, nurse or other health professional check your feet for sores or irritations? Select only one answer.

- Never 3  **GO TO QUESTION 25**
- Yes 1
- Has no feet 2  **GO TO QUESTION 25**
- Refused 8  **GO TO QUESTION 25**
- Don't know/Not Sure 9  **GO TO QUESTION 25**

24.a. If yes, about how many times?

25. **[Participants with diabetes]** Do you check your blood glucose (sugar)? Select only one answer.

- Never 3  **GO TO QUESTION 26**
- Yes 1
- Refused 8  **GO TO QUESTION 26**
- Don't know/Not Sure 9  **GO TO QUESTION 26**

25.a. If yes, how many times? Include the times a friend or family member checked your blood glucose

- 25a1.  times per day
- 25a2.  times per week
- 25a3.  times per month

26. **[Participants with diabetes]** A test for hemoglobin A1C measures the average blood glucose (sugar in the blood) level in the previous 3 months. In the last 12 months, a physician, a nurse or other health professional checked your hemoglobin A1C? Select only one answer.

- No 0  **GO TO QUESTION 28**
- Yes 1
- Had never heard of the hemoglobin A1C test 3  **GO TO QUESTION 28**
- Refused 8  **GO TO QUESTION 28**
- Don't know/Not Sure 9  **GO TO QUESTION 28**

26.a. If yes, how many times?

27. **[Participants with diabetes]** Do you know your hemoglobin A1c level? Select only one answer.

- No 0
- Yes 1
- Refused 8
- Don't know/Not Sure 9

**D. This next block of questions [Q28-35] is about health insurance.**

28. Do you have health insurance or health care coverage? Select only one answer.

- No 0  **GO TO QUESTION 33**
- Yes 1
- Refused 8  **GO TO QUESTION 33**
- Don't know/Not Sure 9  **GO TO QUESTION 33**

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29. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- |  | No                         | Yes                        |
|--|----------------------------|----------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member)       | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member)        | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities                                  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. Medicaid, Medi-Cal, or any kind of government-assistance plan for those with low income or a disability | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. Veterans Administration (VA) (including those who have ever used or enrolled for VA health care)        | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. TRICARE, CHAMPUS or other military health care plan   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| g. Indian Health Service   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan (Specify _____)                              | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| i. Refused   | 8 <input type="checkbox"/> |                            |
| j. Don't know/Not Sure   | 9 <input type="checkbox"/> |                            |

30. The health reform law (commonly known as "Obamacare") establishes new federal and state marketplaces (also called exchanges) where the uninsured and workers in small businesses can go to purchase insurance. Have you acquired coverage through one of these new marketplaces (Covered California; nystateofhealth; HealthCare.gov; CuidadodeSalud.gov)? Select only one answer.

- |                     |                            |
|---------------------|----------------------------|
| No                  | 0 <input type="checkbox"/> |
| Yes                 | 1 <input type="checkbox"/> |
| Refused             | 8 <input type="checkbox"/> |
| Don't know/Not Sure | 9 <input type="checkbox"/> |

31. In the past 12 months, have you received coverage for medical expenses through Emergency Medicaid? Select only one answer.

- |                     |                            |
|---------------------|----------------------------|
| No                  | 0 <input type="checkbox"/> |
| Yes                 | 1 <input type="checkbox"/> |
| Refused             | 8 <input type="checkbox"/> |
| Don't know/Not Sure | 9 <input type="checkbox"/> |

32. A catastrophic health insurance plan covers 3 annual primary care visits, and only provides coverage for medical expenses after the individual pays thousands of dollars (for example, the first \$6,000 or more in medical expenses). Have you purchased a catastrophic health insurance plan? [Note to the interviewers: Catastrophic health plans cover persons younger than age 30 years.] Select only one answer.

- No 0
- Yes 1
- Refused 8
- Don't know/Not Sure 9

33. About how long has it been since you last had health insurance coverage? Select only one answer.

- 6 months or less 1
- More than 6 months, but not more than 1 year 2
- More than 1 year, but not more than 3 years 3
- More than 3 years 4
- Never had insurance 5
- Refused 8
- Don't know/Not Sure 9

34. What are the main reasons you do not currently have health insurance (check all that apply)?

- a. It is too expensive/ the cost is too high
- b. I am not eligible for coverage through my employer
- c. My employer or my spouse's/partner's (or other relative's) employer does not offer insurance coverage
- d. I was denied insurance coverage due to a previous medical condition
- e. I am not eligible for Medicaid or have recently lost my Medicaid coverage
- f. I lost the ability to purchase health insurance coverage through my spouse, partner or other relative
- g. I am not eligible for premium tax credits or other tax credits
- h. I am not eligible due to my citizenship status
- i. I don't need insurance
- j. I don't know how to get insurance
- k. Other (Specify \_\_\_\_\_)
- l. Refused
- m. Don't know/Not Sure

35. In the past 12 months, have you received coverage for medical expenses through Emergency Medicaid? Select only one answer.

- No 0
- Yes 1
- Refused 8
- Don't know/Not Sure 9

**E. The following block of questions [Q36-38] is about place of birth and citizenship status.**

The nature of these questions is sensitive, and some participants may not want to answer them. Participants should be assured that they may choose not to answer them, and their refusal will not have any impact on their participation in the study nor will affect any referrals that have already been schedule. For those participants who choose to answer these questions, assurance about confidentiality, and that their responses will be blocked and not disclosed to the public should be underlined.

**These questions will be asked to all participants.**

36. Where were you born? Select only one answer.

- In the U.S. 1   
Specify State: \_\_\_\_\_
- Outside of the U.S 2   
Specify country \_\_\_\_\_  
Specify city or town \_\_\_\_\_

37. Are you a U.S. citizen? Select only one answer.

- No, not a U.S. citizen 0
- Yes, was born in the United States 1  End Questionnaire
- Yes, was born in Puerto Rico, Guam, and the U.S. Virgin Islands or Northern Marianas 2  End Questionnaire
- Yes, was born abroad to a U.S. citizen parent or parents 3  End Questionnaire
- Yes, is a citizen by naturalization 4  End Questionnaire  
Specify year: \_\_\_\_\_
- Refused 8  End Questionnaire
- Don't know/Not Sure 9  End Questionnaire

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38. If the previous answer is "No", what of the following situations describes you best? Select only one answer.

Permanent resident card holder ("Green card" holder) 1

Have applied for a "Green card" 2

Holder of another type of visa 3

Specify: \_\_\_\_\_

None of the above 4

Refused 8

Don't know/Not Sure 9