

Form Approved
OMB No: 0920-XXXX
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Project NICE: Navigating Insurance Coverage Expansion

Attachment 7: Participant Enrollment Form

Public reporting burden of this collection of information varies with an estimated average of 35 Minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-new)

Randomization

Administration: To be completed by partner agency staff.

- 1) Did client read and sign the informed consent? Yes
 No
- 2) Was client recruited during an intervention or control venue or clinic visit? Intervention
 Control

Contextual Information

Administration: To be completed by study participant.

Instructions: Please read the following questions, and answer to the best of your ability. You may skip any question that you do not want to answer.

- 1) What is your current housing situation? Living in my own place
 Staying with a family member
 Staying with a friend
 Temporary shelter
 Homeless/ street/ empty building/
my car
 Foster/ group home
 Other
- 2) How difficult is it for you to meet monthly payments on bills? Not at all difficult
 Not very difficult
 Somewhat difficult
 Very difficult
- 3) Have you ever been incarcerated or in jail for longer than one night?
 Yes
 No

Pre-Exposure Prophylaxis (PrEP)

Instructions: Please tell us how much you agree or disagree with each of these statements. You may skip any question that you do not want to answer. PrEP is daily medicine that may reduce a person's chance of getting HIV.

1) PrEP should only be given to people who are unable to make their partners use condoms.

- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree

2) Some people who are on PrEP use it as an excuse to have sex without a condom.

- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree

3) PrEP should be given to anyone who wants to take it for HIV prevention.

- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree

4) PrEP will make people less responsible.

- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree

5) I would worry that taking PrEP might affect how people see me.

- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree

- Agree

6) I would worry that people who know I take PrEP might tell others.

- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree

Substance Use

Instructions: Please answer “Yes” or “No” to the following questions. You may skip any question that you do not want to answer.

In the past THREE (3) MONTHS have you used:

- 1) Tobacco Yes
Including cigarettes, chewing tobacco, cigars, etc. No
- 2) Inhalants Yes
Such as nitrous, glue, petrol, paint thinner, etc. No
- 3) Hallucinogens Yes
Such as LSD, acid, mushrooms, PCP, Special K, etc. No
- 4) Alcoholic beverages Yes
Including beer, wine, spirits, etc. No
- 5) Cannabis Yes
Including marijuana, pot, grass, hash, etc. No
- 6) Cocaine Yes
Such as coke, crack, etc. No
- 7) Amphetamine type stimulants Yes
Such as speed, diet pills, ecstasy, etc. No
- 8) Sedatives or Sleeping pills Yes
Such as valium, serepax, rohypnol, etc. No
- 9) Opioids Yes
Such as heroin, morphine, methadone, codeine, etc. No
- 10) Any drug by injection (NON-MEDICAL USE ONLY) Yes
 No
- 11) Other substances Yes
 No
- 12) Would you like a referral to substance use treatment? Yes
 No

Mental Health

Instructions: Please answer how much or how often during the past TWO (2) WEEKS, you been bothered by the following problems. You may skip any question that you do not want to answer.

	None/Not at all Nearly	Less than a day or two day	Several days	More than half the days	every day
1) Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Feeling nervous, anxious, frightened, worried, or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Feeling panic or being frightened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Avoiding situations that make you anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Skip pattern here: Depression questions and T-score info will appear if a participant reports “several days,” “more than half the days,” or “nearly every day” to question 2 above in the mental health section).

Depression

Instructions: Please answer how much or how often in the past SEVEN (7) DAYS, you had the following feelings. You may skip any question that you do not want to answer.

	Never Always	Rarely	Sometimes	Often
1) I felt worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) I felt that I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) I felt helpless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) I felt like a failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 6) I felt depressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) I felt unhappy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8) I felt hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(Skip pattern here: Anxiety questions and T-score info will appear if a participant reports “several days,” “more than half the days,” or “nearly every day” to question 3 above in the mental health section).

Anxiety

Instructions: Please answer how much or how often in the past SEVEN (7) DAYS, you had the following feelings. You may skip any question that you do not want to answer.

- | | | Never | Rarely | Sometimes | Often | |
|---|-----------------------|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1) I felt fearful | | Always
<input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) I felt anxious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3) I felt worried | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4) I found it hard to focus on anything other than my anxiety | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) I felt nervous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6) I felt uneasy | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) I felt tense | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

DEPRESSION SCORES (calculated by REDCap)

Depression Total/Partial Raw Score

Depression T-Score:

Depression T Score-Interpretation:

- None to slight (t score < 16)
- Mild/several days (t score 16-19)
- Moderate/more than half the days (t score 20-27) (offer a mental health referral)

Severe/nearly every day (t score ≥ 28) (offer a mental health referral)

ANXIETY SCORES (calculated by REDCap)

Anxiety Total/Partial Raw Score:

Anxiety T-Score:

Anxiety T-Score Interpretation:

- None to slight (t score < 16)
- Mild/several days (t score 16-19)
- Moderate/more than half the days (t score 20-27) (offer a mental health referral)
- Severe/nearly every day (t score ≥ 28) (offer a mental health referral)

6) Would you like a referral to mental health counseling?

- Yes
- No

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Health Care System

Instructions: Please tell us how much you agree or disagree with each of these statements. You may skip any question that you do not want to answer.

1) The health care system does its best to make patients' health better.

- Agree
- Somewhat Agree
- Neither agree nor Disagree
- Somewhat Disagree
- Disagree

2) The health care system covers up its mistakes.

- Agree
- Somewhat Agree
- Neither agree nor Disagree
- Somewhat Disagree
- Disagree

3) Patients receive high quality medical care from the health care system.

- Agree
- Somewhat Agree

- 4) The health care system makes too many mistakes.
- Disagree
- Neither agree nor
 - Somewhat Disagree
 - Disagree
- 5) The health care system puts making money above patients' needs.
- Disagree
- Agree
 - Somewhat Agree
 - Neither agree nor
 - Disagree
 - Somewhat Disagree
 - Disagree
- 6) The health care system gives excellent medical care.
- Disagree
- Agree
 - Somewhat Agree
 - Neither agree nor
 - Disagree
 - Somewhat Disagree
 - Disagree
- 7) Patients get the same medical treatment from the health care system, no matter the patient's race or ethnicity.
- Disagree
- Agree
 - Somewhat Agree
 - Neither agree nor
 - Somewhat Disagree
 - Disagree
- 8) The health care system lies to make money.
- Disagree
- Agree
 - Somewhat Agree
 - Neither agree nor
 - Disagree
 - Somewhat Disagree
 - Disagree
- 9) The health care system experiments on patients without them knowing.
- Disagree
- Agree
 - Somewhat Agree
 - Neither agree nor
 - Disagree
 - Somewhat Disagree
 - Disagree

Self-Efficacy

Instructions: Please choose from the scale of 1 to 5, with 1 being 'very sure I cannot' to 5 being 'very sure I can', for each of the following questions. You may skip any question that you do not want to answer.

- 1) How sure are you that you can take care of your health?
- 1 Very sure I cannot
 2
 3
 4
 5 Very sure I can
- 2) How sure are you that you can do better with taking care of your health?
- 1 Very sure I cannot
 2
 3
 4
 5 Very sure I can
- 3) How sure are you that you can take care of your health even if you were very tempted not to?
- 1 Very sure I cannot
 2
 3
 4
 5 Very sure I can

You are now finished with answering the questions in this section. Please return this device to the person who is helping you.

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Insurance Enrollment Information and Intervention

Administration: To be completed by partner agency staff.

Instructions: Please read the following questions aloud to the participant.

1) Are you currently enrolled in health insurance? When we say health insurance we mean private plans (through work, the marketplace, or parents/guardians), public plans (such as Medicaid, Integrated Care Program, Family Health Plan, Managed Long Term Services, Medicare Medicaid Alignment or Medicare), or other plans (VA).

- Yes (move to question 2)
- No (offer intervention or control activity and move to question 3 for intervention group or 4 for control group)
- I don't know (offer intervention or control activity and move to question 3 for intervention group or 4 for control group)

2) You shared that you are enrolled in insurance, when was the last time you saw a health care provider not in the emergency room, pharmacy clinic, or urgent care?

- 0-3 months ago
- 3-6 months ago
- Greater than 6 months ago

AT THIS TIME PARTNER AGENCY STAFF OFFERS HEALTH INSURANCE ASSISTANCE TO INTERVENTION GROUP PARTICIPANT OR BOOKLET TO CONTROL GROUP PARTICIPANT.

3) **(For intervention group only)** As a result of the study, the Client was:

- Enrolled in health insurance [SKIP TO Q.5]
- Changed to a different insurance plan [SKIP TO Q6]
- Assisted with learning how to use their insurance [SKIP TO Q8]
- Began enrollment but could not complete enrollment [SKIP TO Q12]
- Declined insurance services [SKIP TO Q14]

4) **(For control group only)** As a result of the study, the client was:

- Given health insurance enrollment information [SKIP to Q15]

5) If enrolled, what type of plan was the client enrolled in?

- Medicaid (Family Health)
- Medicaid (Integrated Care)

- Medicaid (Medicare-Medicaid Alignment)
 - Medicaid (Long-term services & supports)
 - Medicare
 - Market Place Plan – Bronze level
 - Market Place Plan – Silver level
 - Market Place Plan – Gold or Platinum level
 - VA, Veterans Administration
- [SKIP to Q.9]

6) If plans were switched, what type of plan was the client switched to today?

- Medicaid (Family Health)
 - Medicaid (Integrated Care)
 - Medicaid (Medicare-Medicaid Alignment)
 - Medicaid (Long-term services & supports)
 - Market Place Plan – Bronze level
 - Market Place Plan – Silver level
 - Market Place Plan – Gold or Platinum level
 - VA, Veterans Administration
- [SKIP to Q.9]

7) Ask participant: “Please tell me your reasons for changing your health insurance plan.

8) If client was helped with learning how to navigate their insurance, what information was provided?

9) What is the name of the client’s plan:

(This should be the plan you either (1) enrolled them in (2) they were switched to or (3) you helped them learn how to navigate.)

10) Date plan goes into effect:

11) What is the client’s insurance enrollment number

[SKIP to Q 15]

12) If enrollment or switching a plan was started but not completed, why was it not completed?

- Client did not have all necessary information
- Client wanted or needed to leave
- The event was scheduled to end
-
- Other _____
-

13) What information was given to the client if you were unable to complete the insurance services session?

- Client was given individual insurance roadmap
- Client was given the link to resources or additional information
- Client was given information to follow up at a later date (not with the interventionist)
-
- Other _____
-

[SKIP to Q 15]

14) Please tell me your reasons for declining our insurance services.

15) Did client sign a release of information?

- Yes
- No

Partner agency staff/navigator name: _____

Total time of intervention: _____

(calculated field: End time-start time [Q15])

Participant Time and Travel

Administration: To be completed by study participant.

Instructions: Please read the following questions, and answer to the best of your ability. You may skip any question that you do not want to answer.

- 1) About how far is it (one way) from your home to [this venue]?
_____Miles _____If unknown, ask for home zip code
- 2) About how much time (one way) did it take for you to travel from your home to here?
_____Hours _____Minutes
- 3) How did you get here today?
____Public bus
____Train (CTA L, The "L")
____Taxi
____Private car
____Other: please specify_____
- 4) How many people were traveling with you, if you traveled by a car or taxi?
_____People
- 5) Was visiting this place the (check one):
____Sole or major purpose of your travel from home
____One of many equally important reasons for this travel
____Just a minor part of the whole purpose of this travel
- 6) Would you be normally working for pay at this time?
____Yes ____No

Participant Satisfaction Survey

Administration: To be completed by study participant after the intervention exposure or receipt of health insurance information.

Instructions: Please answer how satisfied you were this this experience today. You may skip any question that you do not want to answer.

How satisfied were you with the following. :

	Very Dissatisfied	Dissatisfied Satisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very
1) The amount of time you had with the insurance navigator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) The stipend amount in relation to how much time you spent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) How much information was given to you prior to enrolling in the study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) The health insurance services you received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) Do you have any other feedback for study staff? _____

Please return the device back to the partner agency staff.

Partner agency staff will provide participant with token of appreciation.