WOMEN'S INTERAGENCY HIV STUDY

FOLLOW-UP VISIT

HEALTH CARE UTILIZATION

FORM 25

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|__|- |__|__| - |__|__|__|__| - |__|

A2. WIHS STUDY VISIT #: ___ ___

A3. FORM VERSION: 1 0 / 0 1 / 9 8 (M / D / Y)

A4. DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___ (M / D / Y)

A5. INTERVIEWER'S INITIALS: ___ ___ ___

A6. DATE OF LAST STUDY VISIT (FROM VISIT CONTROL SHEET): ___ ___ / ___ ___ / ___ ___ (M / D / Y)

A7. TIME MODULE BEGAN: |__|__| : |__|__|

AM...........1
PM............2

INTRODUCTION TO PARTICIPANT:

At this time, I am going to ask you some questions about your use of health care.

WIHS ID #

SECTION B: UTILIZATION OF SERVICES

For these questions, I am going to use the words "health care provider" to mean any doctor, nurse practitioner, or physician assistant you may go to for medical care.

B1. Since your study visit on __ __ / __ __ / __ __, have you seen a health care provider?
M D Y

YES 1
NO ....2 **(B5)**

a. How many times did you see a health care provider, not including WIHS visits, since your (MONTH) visit?

|___|___|
#TIMES

B2. Since your (MONTH) study visit, when you went for medical care, did you usually (more than half of the time) see the same health care provider or group of providers for your medical appointments?

YES 1
NO ....2 **(B3)**

a. (Since your (MONTH) study visit,) how many times have you been seen by this health provider or group of providers?

|___|___|
#TIMES

B3. **HAND PARTICIPANT RESPONSE CARD 11.**
Since your (MONTH) study visit, where have you usually gone (more than half the time) to receive medical care?

Doctor's office or clinic 1
Emergency room in a hospital...........................2
Drug treatment clinic...3
Prison clinic...4
Nursing home 5
Mobil unit/clinic...6
Other place 7

____
(SPECIFY)

WIHS ID #

B4. Now I'm going to ask you about all of the places you may have received care (since your (MONTH) study visit). Since (MONTH) where have you gone to receive medical care? Did you go to ...

	YES	NO	
a. The doctor's office or clinic	1	2	
b. The emergency room in a hospital	1	2	**(c)**
i.) How many times have you received care at the emergency room since your (MONTH) visit?	|___|___| #TIMES		
c. A drug treatment clinic	1	2	
d. A prison clinic	1	2	
e. Nursing home	1	2	
f. Mobil unit/clinic	1	2	
g. Another place	1	2	**(B5)**

i.) ______________________________
(SPECIFY)

IF B4bi > 3, ASSESS NEED FOR REFERRAL

B5. Now I'm going to ask you some questions about care or social services that you may have received at any time since your (MONTH) study visit. (Since your (MONTH) study visit,) has an agency assisted you with food, such as food stamps or WIC, meals on wheels, food pantries, or arranged to have groceries delivered to your home?

YES 1
NO 2

B6. Since your (MONTH) study visit, has a social service agency helped you find a place to live?

YES 1
NO 2

B7. (Since your (MONTH) study visit,) have you received care from a dentist or dental hygienist other than through this study?

YES 1
NO 2

B8. (Since your (MONTH) study visit,) have you been seen by a social worker or a case manager to help you obtain services?

YES 1
NO 2

WIHS ID #

B9. (Since your (MONTH) study visit,) have you received care or services from visiting nurses?

YES 1
NO 2

B10. (Since your (MONTH) study visit,) have you received care or services from paid home health aides or homemakers? This includes people in your family who are paid.

YES 1
NO 2

B11. (Since your (MONTH) study visit,) have you received care or services from a psychiatrist, counselor or other mental health professional?

YES 1
NO 2

WIHS ID #

SECTION C: HEALTH INSURANCE

C2. Do you currently have any health insurance at all? Please include both private and public insurance programs (e.g., Medicaid, Medicare), dental insurance, and programs that help pay for medications.

YES 1
NO ....2 **(C13)**

INSTRUCTIONS: ASK QUESTIONS C3 - C11. IF THE RESPONSE IS YES (CODE 1) ASK QUESTION "a" UNLESS THE BOX IS SHADED.

[READ C3; C5-C11] ***CALIFORNIA ONLY: [READ C4-C11]** Do you currently have...	YES	NO	a. Do you or your family members pay for any of the insurance premium? YES	NO
C3. ALL STATES EXCEPT CALIFORNIA: Medicaid?	1**(C5)**	2 **(C5)**		
C4. *CALIFORNIA ONLY: Medi-CAL?	1	2		
C5. Medicare?	1	2		
C6. AIDS Drug Assistance Program, ADAP?	1	2		
C7. CHAMPUS or other veteran's health insurance?	1	2 **(C8)**	1	2
C8. Student Health Coverage?	1	2 **(C9)**	1	2
C9. Private insurance (not including Medicaid or Medicare)?	1	2 **(C10)**	1	2
C10. Dental Insurance?	1	2		
C11. Other types of health insurance? ______________________________ ________________ **(SPECIFY)**	1	2 **(C12)**		

WIHS ID #

C12. Do any of these plans assist with prescriptions/medications?

YES 1
NO 2

C13. Since your (MONTH) study visit, did you pay any money that was not reimbursed to you for your medical care, this includes money spent for prescriptions that were written for you by your provider?

YES 1
NO ....2 **(C14)**

a. Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for physician visits?

Less than $25..1
$25 to $200...2
$201 to $500...3
Over $500...4

b. Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for prescriptions?

Less than $25..1
$25 to $200...2
$201 to $500...3
Over $500...4

c. Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for hospital care (including emergency room)?

Less than $25..1
$25 to $200...2
$201 to $500...3
Over $500...4

REFER TO SOCIAL SERVICES

C14. TIME MODULE ENDED |__|__| : |__|__| AM.............1
PM 2

PROMPT: IF ODD NUMBERED VISIT (i.e. #3, #5, #7) GO TO FORM 25A.
IF EVEN NUMBERED VISIT (i.e. #2, #4, #6) GO FORM 26.