WOMEN'S INTERAGENCY HIV STUDY FORM 25: HEALTH CARE UTILIZATION

SECTION A: GENERAL INFORMATION

A1.	PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE	- -
A2.	WIHS STUDY VISIT #:	
A3.	FORM VERSION:	10/01/05
A4.	DATE OF INTERVIEW:	
A5.	INTERVIEWER'S INITIALS:	
A6.	DATE OF LAST STUDY VISIT (FROM VISIT CONTROL SHEET)	
A7.	TIME MODULE BEGAN:	_ : AM1 PM2
INTRO	DDUCTION TO PARTICIPANT:	
At this	time, I am going to ask you some questions about yo	ur use of health care.
	SECTION B: UTILIZAT	ION OF SERVICES
	se questions, I am going to use the words "health care an assistant you may go to for medical care.	e provider" to mean any doctor, nurse practitioner, or
B1.	Since your study visit on $\underline{\hspace{1cm}} / \underline{\hspace{1cm}} / \underline{\hspace{1cm}} / \underline{\hspace{1cm}}$, hav	e you seen a health care provider?
	YES	
B2.	Since your (MONTH) study visit, when you went for time) see the same health care provider or group of p	or medical care, did you usually (more than half of the providers for your medical appointments?
	YES	

WIHS I	ID#					
		_				
B3.		NT RESPONSE CAR				
	Since your (MONTH) medical care?	study visit, where have	e you usually g	gone (more t	han half t	he time) to receive
	medicar care.	Doctor's office or cli	inic		1	
		Emergency room in				
		Drug treatment clinic				
		Prison clinic				
		Nursing home			.5	
		Mobil unit/clinic				
		Hospital (not emerge	ency room)		.8	
		Other place			.7	
		SPECIFY:				
						
		SECTION C: H	IEALTH INS	URANCE		
C2.		e any health insurance a aid, Medicare), dental i				
		YES			.1	
		NO				3)
INST		QUESTIONS C3 - C1 STION "a" UNLESS			IS YES (CODE 1) ASK
[REA	D C3; C5-C11]					you or your family
*CALIFORNIA ONLY: [READ C4-C11]						mbers pay for any of the trance premium?
Do you currently have			YES	NO	YES	NO
C3. ALL STATES EXCEPT CALIFORNIA:			1(C5)	2 (C5)		
N	Iedicaid?			· ,		
C4. *	CALIFORNIA ONLY:		1	2		
N	Iedi-CAL?					
05.	<i>I</i> 1' 0		1	^		

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 I	D#							
C12.	Do any	of these plans a	ssist with prescriptions/	medications?				
	, J	r	• •		1			
C13.				any money that was not a escriptions that were write				
			YES		.1			
						(C14)		
	a. Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to y from your health insurance) for physician visits?							
			· ·					
			Over \$500		.4			
	b. Since your (MONTH) study visit, how much did you spend out of pocket (not 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 reimb 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			
	d. Since your (MONTH) study visit, how much did you spend out of pocket (no from your health insurance) for complementary or alternative treatments, incl vitamins, other supplements, massage, or other visits to an alternative practition							
			\$25 to \$200 \$201 to \$500		.2 .3			
C14.	TIME I	MODULE END	ED	_ :	_	AM1 PM2		