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:	10/01/08					
A4.	DATE OF INTERVIEW:						
A5.	INTERVIEWER'S INITIALS:						
A6.	DATE OF LAST STUDY VISIT (FROM VISIT CONTROL SHEET)						
A7.	TIME MODULE BEGAN:	: AM1 PM2					
INTRODUCTION TO PARTICIPANT:							
At this time, I am going to ask you some questions about your use of health care.							
SECTION C: HEALTH INSURANCE							
C2.	Do you currently have any health insurance at all? F programs (e.g., Medicaid, Medicare), dental insurance						
	YES						
	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]	VEC	NO	me ins	you or your family embers pay for any of the urance premium?
Do you currently have	YES	NO	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

IDEAD C2. C5 C111			a Da		fo:1
[READ C3; C5-C11] *CALIFORNIA ONLY: [READ C4-C11]			me		our family y for any of the remium?
Do you currently have	YES	NO	YES	NO	
C9. Private insurance (not including Medicaid or Medicare)?	1	2 (C10)	1	2	
C10. Dental Insurance?	1	2			
C11. Other types of health insurance?					

WIHS ID#

Medicare)?			, ,	
C10. Dental Insurance?	1	2		
C11. Other types of health insurance?				
SPECIFY:	1	2	(C12)	
C12. Do any of these plans assist with prescriptions/			1	
NO		•••••	2	
C13. Since your (MONTH) study visit, did you pay a medical care, this includes money spent for pre YES	escriptions	that w	ere writter	n for you by your provider?
C14. TIME MODULE ENDED	<u> </u>	_ :		AM1 PM2