

WOMEN'S INTERAGENCY HIV STUDY
FOLLOW UP VISIT
QUESTION BY QUESTION SPECIFICATIONS
FORM 25: HEALTH CARE UTILIZATION

Guidelines for completing Form 25, "Health Care Utilization."

The Health Care Utilization form is used to obtain information about the participant's access to health care in relation to disease progression.

Stress to the participant that her responses are strictly confidential.

General Instructions:

1. Use the form version dated 10/01/98.
2. All dates should be recorded in the MM/DD/YY format unless otherwise noted. For dates that must be completed on the form, if the participant cannot remember the exact month (and day), probe for the season. Use "15" for the day if the specific day cannot be recorded. Probe for the season and assign the month as follows:

Summer	=	July	=	07
Fall	=	October	=	10
Winter	=	January	=	01
Spring	=	April	=	04

Interviewers should have available an appropriate calendar to aid the participant in determining dates. Years in response to questions inquiring about occurrences "since last visit" should be 1995 and thereafter.

3. Times should be recorded in HH:MM format. Remember to use leading zeros, e.g., 08:00.
4. For questions containing an open-ended specify box linked to the response "other," interviewers should print responses exactly in the words of the respondent.
5. Obtain the date of the participant's previous visit from the Visit Control Sheet (VCS). This month should be used in the questions wherever (MONTH) appears.

Follow the skip patterns as they appear on the form.

READ THE INTRODUCTION TO THE PARTICIPANT

SECTION B: UTILIZATION OF MEDICAL SERVICES

The extent to which women with HIV infection are able to access and utilize health care and social services may affect the rate of progression from HIV infection to AIDS. This section collects data that measure how often the participant has utilized medical services since her last study visit.

Read the sentence above question B1 to define the term *health care provider* for the participant. A health care provider is any doctor, nurse practitioner, or physician's assistant whom the participant sees for medical care.

- B1. The purpose of this question is to ascertain if the participant has seen any health care providers since her last study visit, for her own health. If she brought her children to the doctor, but did not receive any health care for herself, the question should be coded as “NO.” If the participant answers “NO,” skip to question **B5**.
- a. Record the number of times the participant has seen a health care provider for services since her last study visit. All types of visits which are NOT associated with the WIHS should be counted, such as regular check-ups or emergency room visits. Appointments such as WIHS PPD readings or WIHS Oral Protocol visits should NOT be included in the total. If the participant has difficulty answering the question, **PROBE** by asking “What is your best estimate or guess?” Record the number in the space provided using leading zeros (“0”) if the answer given has only one digit.
- B2. The purpose of this question is to ascertain if the participant has been utilizing stable and regular medical health care since her last study visit (i.e., to ascertain if she has a primary health care provider). The key word is *usually* which is defined as “*more than half the time.*” If the participant answers “NO” or “DON’T KNOW,” skip to question **B3**.
- a. Record the number of times the participant has seen her usual health provider or group of providers since her last study visit. If the participant has difficulty answering the question, **PROBE** by asking “what is your best estimate or best guess?” Record the number in the space provided using leading zeros (“0”) if the answer given has only one digit. This value should be less than or equal to the value reported at question B1a.
- B3. HAND PARTICIPANT RESPONSE CARD 11. The purpose of the question is to establish the type of facility where the participant has gone since her last study visit to see her primary health care provider. The key word is *usually* and it is defined as “*more than half of the time.*”
- If the participant says “a clinic,” or the name of the clinic (“At Dr. Smith’s”), **PROBE** for a more precise response by asking her questions such as, “What type of clinic is it? Is it a ... (repeat ALL of the response choices.)” If you, the interviewer, know where the participant receives her health care, take precaution not to bias the probe. For example, if it is known that the participant is currently incarcerated, do not ask her, “Is it a prison clinic?” Also, this question may be awkward if the participant receives her primary care at the WIHS site. She may say something such as, “I come here, you know what this is!” In this situation, encourage the participant to classify the type of facility by asking a non-directive question such as “Do you consider this place a ... (response choices)?”
- B4. The purpose of this question is to establish the type of facility or facilities where the participant has gone for *any* health care, as opposed to where she *usually* goes, which is collected at question B3. We want to know if the participant has received care at any health facility, other than the one she usually visits. Read each type of facility listed questions B4a–e. In this series, the participant must provide a YES/NO answer for each facility.
- These questions may seem repetitive to the participant. For example, the participant reports in question B3 that she received most of her care at a doctor’s office and then in question B4a she is asked again about visits to the doctor’s office. In this situation, explain that we need to find out about all of the places to which she has gone at least once.
- b. If the participant responds “NO,” skip to question **B4c**. If the participant responds “YES,” proceed to question **B4bi**. In B4bi, record the number of times the participant has received care at the emergency room since her last visit. Record the number in the space provided using leading zeros (“0”) if the answer given has only one digit.
- B5. The purpose of this question is to determine if the participant has received *formalized* assistance to obtain food since her last study visit. The key word here is *agency*. Social support such as friends or family helping with meals should not be coded as “YES” at this question.

- B6. The purpose of this question is to determine if the participant has received any *formalized* assistance with obtaining housing since her last study visit. Again, the key word is *agency*. Social support such as friends or family helping with housing should not be coded as “YES” at this question.
- B7. The purpose of this question is to ascertain if the participant has received dental care since her last study visit. This includes visits to the hygienist for teeth cleanings or other visits that may not require a dentist but deal with oral health and hygiene. The phrase “other than through this study” is part of the question to prevent the inclusion of WIHS Oral Protocol study visits in this question. However, if during a previous visit the participant was referred to a dentist completely unrelated to the WIHS Oral Protocol, then this question should be coded as “YES.”
- B8. This question is included to determine if the participant has seen a social worker since her last study visit to assist her with obtaining services. NOTE: a “social worker” in this example is not an individual who provides counseling or psychotherapy (which is asked about in question B11) but someone who acts as a case worker, advocating on behalf of the participant.
- B9. The purpose of this question is to determine if the participant has received any care or services from visiting nurses since her last study visit.
- B10. The purpose of this question is to determine if the participant has received any care or services from *paid* home health aides or homemakers since her last study visit. The key word here is *paid* as we are interested in formalized home health care services. NOTE: this includes family members who are *paid* to perform the duties of home health aide or homemaker for the participant (regardless of who pays for them).
- B11. This question obtains utilization information about mental health care since her last (MONTH) study visit. This may include mental health care provided by social workers, psychologists, psychiatrists, etc.

SECTION C: HEALTH INSURANCE

The amount (or lack) of health insurance the participant has may affect her utilization of medical care and hence affect the progression of HIV disease. This section collects health insurance data.

- C2. The purpose of this question is to determine whether those participants currently without health insurance have applied for health insurance since their last study visit. If participant responds “NO,” and skip to question C13. If response is “DON’T KNOW,” code as “<-8>” and skip to C13. Ensure that the participant considers all types of insurance listed before responding. PROBE: “Please include both private and public insurance programs (e.g., Medicaid, Medicare), dental insurance, and programs that help pay for medication.
- C3–C11: There are two parts to some of these questions. For the first section read the stem question “Do you currently have...” and then read the type of insurance in the box. NOTE: the time frame for these questions is “currently.” If the participant lost her insurance coverage and no longer has it, code each question as “NO.” If the participant answers “YES,” ask subquestion “a” ***unless the box is shaded***. The purpose of subquestion “a” is to determine if the participant or her family pays for any part of her health insurance. The subquestion does not pertain to the types of insurance which are paid by the government; hence the boxes are shaded.
- C3. *Do not ask this question in the state of California. If you are in California, skip to C4.* In all other states, ask the participant “Do you currently have Medicaid?” and skip to question C5 because question C4 is only asked of women living in California.
- C4. *Only ask this question in the state of California.* In California, ask the participant “Do you currently have Medi-CAL?”

- C7. Ask the participant “Do you currently have CHAMPUS or other veteran’s health insurance?” If the participant asks “What’s CHAMPUS?”, the interviewer should not offer a definition, but rather say “This question is asked of everyone; please answer it to the best of your understanding.” The question should then be repeated, emphasizing “*or other veteran’s health insurance.*” If the participant answers “NO,” skip to question C8. If the participant answers “YES,” ask question C7a.
- C8. Ask the participant “Do you currently have student health coverage?” If the participant answers “NO,” skip to question C9. If the participant answers “YES,” ask question C8a.
- C9. Ask the participant “Do you currently have private insurance?” If you need to further define the phrase, say “not including Medicaid or Medicare.” If the participant answers “NO,” skip to question C10. If the participant answers “YES,” and ask question C9a.
- C11. Ask the participant “Do you currently have other types of health insurance?” If the participant answers “NO,” proceed to question C12. If the participant answers “YES,” and record the name/type of health insurance on the line marked “SPECIFY.”
Do not ask subquestion “a.”
- C13. All women are asked this question regardless of whether or not they have insurance or the type of insurance they may have. The key word here is *medical care*. This question is asked to find out if the participant has paid for any medical care, including prescription medications, and was not reimbursed since her (MONTH) study visit. *Do not* include over-the-counter medications. An over-the-counter medication is any medication which can be bought *without a prescription*. If the participant answers “NO,” skip to question C14.
- This question is asked of the participant to determine how much of her own money she spent for physician’s visits since her last (MONTH) study visit which was not reimbursed from her health insurance. If the participant is unsure of the amount, **PROBE** for the response by asking “We’re interested in your best guess” or “Which category do you think is closest?”
 - This question is asked to determine the participant’s financial burden due to prescription expenses; to find out how much money the participant has paid for prescription medications since her (MONTH) study visit. Again, the key word here is *prescription*. *Do not* include over-the-counter medications. An over-the-counter medication is any medication which can be bought *without a prescription*. If the participant is unsure of the amount, **PROBE** for the response by asking “We’re interested in your best guess” or “Which category do you think is closest?”
 - This question is asked to determine if the participant, since her (MONTH) study visit, paid out of her own pocket for hospital or emergency room care, and was not reimbursed from her health insurance. Emphasize that this question is asking only about care received since her last study visit. If the participant is unsure of the amount, **PROBE** for the response by asking “We’re interested in your best guess” or “Which category do you think is closest?”
- C14. Record the actual time you ended the module. Circle the AM (Code 1) or PM (Code 2). Remember to use leading zeros. For example: 08:00.
- PROMPT: Additional sections of this form are administered only at annual visits – i.e., only at odd-numbered visits (#3, #5, #7, etc.). In order to save paper and photocopying costs, these sections are not part of this instrument, instead, they will be part of Form 25A.
- PROMPT: If odd-numbered visit, go to Form F25A. If even-numbered visit, go to Form F26.