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:	11/01/13				
A4.	DATE OF INTERVIEW:	$ M$ $^{\prime}$ $ D$ $^{\prime}$ $ Y$				
A5.	INTERVIEWER'S INITIALS:					
A6.	DATE FORM LAST ADMINISTERED:					
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 car an assistant you may go to for medical care.	e provider" to mean any doctor, nurse practitioner, or				
B1.	Since your study visit on $\underline{\qquad} / \underline{\qquad} / \underline{\qquad} / \underline{\qquad}$, have	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	or medical care, did you usually (more than half of the providers for your medical appointments?				
	YES NO					

WIHS I	D#	_
В3.		NT RESPONSE CARD 11. study visit, where have you usually gone (more than half the time) to receive
		Doctor's office or clinic1
		Emergency room in a hospital2
		Drug treatment clinic3
		Prison clinic4
		Nursing home5
		Mobil unit/clinic6
		Hospital (not emergency room)8
		Other place7
		SPECIFY:
B4.	Do you have one perso	on you think of as your personal doctor or health care provider?
		YES
B5.	Since your (MONTH) other mental health pro	study visit, have you received care or services from a psychiatrist, counselor offessional?
		YES
		SECTION C: HEALTH INSURANCE
C2.		any health insurance at all? Please include both private and public insurance and, Medicare), dental insurance, and programs that help pay for medications.
		YES1
		NO
INSTI	RUCTIONS: ASK OUR	STIONS C3 – C12 AS APPROPRIATE FOR PARTICIPANT'S HOME

INSTRUCTIONS: ASK QUESTIONS C3 – C12, AS APPROPRIATE FOR PARTICIPANT'S HOME STATE. IF THE PARTICIPANT'S HOME STATE IS NOT LISTED, PLEASE WRITE IN THE PARTICIPANT'S STATE OF RESIDENCE IN QUESTION C13. CIRCLE "3" FOR QUESTIONS NOT ASKED. ASK QUESTIONS C14 – C20 OF ALL PARTICIPANTS. IF THE RESPONSE IS YES (CODE 1) ASK QUESTION "a" UNLESS THE BOX IS SHADED.

Do you currently have				a. Do you or your family members pay for any of the insurance premium?
	YES	NO	NA	YES NO
C3. FLORIDA AND WASHINGTON DC ONLY: Medicaid?	1	2	3	
C4. CALIFORNIA ONLY: Medicaid or Medi-CAL?	1	2	3	
C5. NORTH CAROLINA ONLY: Medicaid or Carolina Access?	1	2	3	

		S ID#	WIHS

Do you currently have	VEC	NO	NIA	a. Do you or your family members pay for any of the insurance premium?
GC NEWLYORK ON W	YES	NO	NA	YES NO
C6. NEW YORK ONLY:	1	2	3	
Medicaid or Partnership for Long Term Care?				
C7. ILLINOIS ONLY: Medicaid or Medical Assistance Program (IL)?	1	2	3	
C8. MARYLAND ONLY:				
Medicaid or Health Choice?	1	2	3	
C9. VIRGINIA ONLY:				
Medicaid or Medallion I or Medallion II?	1	2	3	
C10.ALABAMA ONLY:				
Medicaid or Alabama Medicaid Agency (AMA)?	1	2	3	
C11.MISSISSIPPI ONLY:				
Medicaid or Heath through Medicaid Managed	1	2	3	
Access to Care and Services (HealthMACS)?				
C12.GEORGIA ONLY:	1	2	2	
Medicaid or Georgia Better Healthcare?	1	2	3	
C13. OTHER STATE: Medicaid?				
a. SPECIFY STATE:	1	2	3	
	1			
C14.Medicare?	1	2		
C15.Ryan White, including the AIDS Drug Assistance Program, ADAP?	1	2		
C16.Military Health Care (TRICARE/VA/CHAMP-	1	2 ((C17)	1 2
VA)?				
C17.Student Health Coverage?	1	2 ((C18)	1 2
C18. Private insurance (not including Medicaid or Medicare)?	1	2 ((C19)	1 2
C19. Dental Insurance?	1	2		
C20. Other types of health insurance?				
	1	2 ((C21)	
SPECIFY:				

C21.	Do any of these plans assist with prescriptions/medications?				
	YES1				
	NO2				
C22.	Are you currently enrolled in a pharmacy benefit or prescription assistance program?				
	YES1				
	NO2				

WIHS I	D#		
C23.			study visit, did you pay any money that was not reimbursed to you for your udes money spent for prescriptions that were written for you by your provider?
			YES
	a.		IONTH) study visit, how much did you spend out of pocket (not reimbursed to you alth insurance) for physician visits?
			Less than \$25
	b.		IONTH) study visit, how much did you spend out of pocket (not reimbursed to you alth insurance) for prescriptions?
			Less than \$25
	c.		IONTH) study visit, how much did you spend out of pocket (not reimbursed to you alth insurance) for hospital care (including emergency room)?
			Less than \$25
C24.		your (MONTH) se you could not	study visit, was there any time when you needed medical care but did not get it afford it?
			YES
C25.	Since cost?	your (MONTH)	study visit, have you delayed seeking medical care because of worry about the
			YES
C26.	TIME	MODULE ENI	DED _ : AM1 PM2