

WIHS ID #

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 clinic1
- Emergency room in a hospital.....2
- Drug treatment clinic.....3
- Prison clinic.....4
- Nursing home5
- Mobil unit/clinic.....6
- Hospital (not emergency room).....8

Other place7

SPECIFY: _____

B4. Do you have one person you think of as your personal doctor or health care provider?

- YES1
- NO2

B5. Since your (MONTH) study visit, have you received care or services from a psychiatrist, counselor or other mental health professional?

- YES1
- NO2

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.

- YES1
- NO2 (C22)

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 | | |

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| Do you currently have... | | | | a. Do you or your family members pay for any of the insurance premium? | |
|---|-----|----|-------|--|----|
| | YES | NO | NA | YES | NO |
| C6. NEW YORK ONLY: Medicaid or Partnership for Long Term Care? | 1 | 2 | 3 | | |
| 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 Health through Medicaid Managed Access to Care and Services (HealthMACS)? | 1 | 2 | 3 | | |
| C12. GEORGIA ONLY: Medicaid or Georgia Better Healthcare? | 1 | 2 | 3 | | |
| C13. OTHER STATE: Medicaid? a. SPECIFY STATE: _____ | 1 | 2 | 3 | | |
| C14. Medicare? | 1 | 2 | | | |
| C15. Ryan White, including the AIDS Drug Assistance Program, ADAP? | 1 | 2 | | | |
| C16. Military Health Care (TRICARE/VA/CHAMP-VA)? | 1 | 2 | (C17) | 1 | 2 |
| 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? SPECIFY: _____ | 1 | 2 | (C21) | | |

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

