

WOMEN'S INTERAGENCY HIV STUDY

BASELINE VISIT

HEALTH CARE UTILIZATION

FORM 5

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|\_|-|\_|\_|-|\_|\_|\_|\_|-|\_|

A2. WIHS STUDY VISIT #:

\_\_\_ \_\_\_

A3. FORM VERSION:

0 8 / 1 5 / 9 4  
M D Y

A4. DATE OF INTERVIEW:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
M D Y

A5. INTERVIEWER'S INITIALS:

\_\_\_ \_\_\_ \_\_\_

A6. TIME MODULE BEGAN:

|\_|\_| : |\_|\_| AM.....1  
PM.....2

**INTRODUCTION TO PARTICIPANT:**

At this time, I am going to ask you some questions about your use of health care.

**SECTION B:  
UTILIZATION OF SERVICES**

For these questions, I am going to use the words "health care provider" to mean any doctor, nurse practitioner, or physician's assistant you may go to for medical care.

B1. When you go for medical care, do you usually (more than half of the time) see the same health care provider or group of providers for most of your medical appointments?

- YES .....1
- NO .....2 (B5)
- DON'T KNOW..... <-8> (B5)

B2. We will refer to that person or team as your primary health care provider. How long has this person or group of people been your primary health care provider?

- Less than one year .....1
- Between one year and two years .....2
- More than two years.....3
- DON'T KNOW..... <-8>

B3. During the past 2 months have you been seen by your primary health care provider?

- YES .....1
- NO .....2 (B4)
- DON'T KNOW..... <-8> (B4)

a. How many times (have you been seen in the past 2 months)? |\_\_|\_\_| #TIMES

B4. **HAND PARTICIPANT RESPONSE CARD 11.**

Where do you usually (more than half of the time) go to see your primary health care provider?

- Doctor's office or clinic.....1 (B7)
- Emergency room in a hospital.....2 (B7)
- Drug treatment clinic.....3 (B7)
- Prison clinic.....4 (B7)
- Other place .....5 (B7)

\_\_\_\_\_  
(SPECIFY)

**SKIP TO B7**

WHIS ID #

B5. During the past 2 months have you been seen by a health care provider in a community clinic, hospital clinic, or a doctor's office? This does not include the emergency room for emergency care.

YES .....1  
NO .....2 (B6)  
DON'T KNOW..... <-8> (B6)

a. How many times (have you been seen in the past 2 months)?    
#TIMES

B6. During the past two months, did you usually go (more than half of the time) to the same place to receive medical care?

YES .....1  
NO .....2 (B7)  
DON'T KNOW..... <-8> (B7)

a. **HAND PARTICIPANT RESPONSE CARD 11.**  
Where do you usually go (more than half the time) to receive medical care?

Doctor's office or clinic.....1  
Emergency room in a hospital.....2  
Drug treatment clinic.....3  
Prison clinic.....4  
Other place .....5

\_\_\_\_\_  
(SPECIFY)

B7. During the past 2 months, have you received medical care in an emergency room?

YES .....1  
NO .....2 (B8)  
DON'T KNOW..... <-8> (B8)

a. How many times (have you received this care in the past 2 months)?    
#TIMES

**IF B7a > 3, ASSESS NEED FOR REFERRAL**

WHIS ID #

B8. Did you pay any money that was not reimbursed to you for any medical care that you received during the past 2 months?

- YES .....1
- NO .....2 (B9)
- DON'T KNOW..... <-8> (B9)

a. During the most recent month (past thirty days) in which you paid for medical care, how much did you spend in total on these medical visits?

- Less than \$25.....1
- \$25 to \$50.....2
- \$51 to \$100.....3
- Over \$100.....4
- DON'T KNOW..... <-8>

B9. During the past 2 months have you received hospice care? (By hospice care, I mean "end of life" care where the focus is on comfort and support.)

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B10. Now I'm going to ask you some questions about social services that you may have received at any time during the past 2 months. During the past 2 months has an agency assisted you with food, such as meals on wheels, food pantries, or an agency that arranges to have groceries delivered to your home?

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B11. During the past 2 months has a social service agency helped you find a place to live?

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B12. These next few questions are about care or services you received during the past six months. During the past 6 months have you received care from a dentist?

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B13. During the past 6 months have you been seen by a social worker or a case worker to help you obtain services?

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B14. During the past 6 months have you received care from a mental health professional or counselor?

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B15. During the past 6 months have you received care from a nutritionist?

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B16. During the past 6 months have you received care from a chiropractor?

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B17. During the past 6 months, have you received care or services from visiting nurses?

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

B18. During the past 6 months have you received care or services from paid home health aides or homemakers? This includes people in your family who are paid.

- YES .....1
- NO .....2
- DON'T KNOW..... <-8>

WHIS ID #

**SECTION C**  
**HEALTH INSURANCE**

C1. These next few questions are about health insurance. Do you currently have any health insurance coverage at all? This includes coverage you may have on a health insurance plan through a family member, or through [Medicaid/Medi-Cal] Medicare or other assistance programs.

YES .....1      **(C3)**  
NO .....2  
DON'T KNOW..... <-8>

C2. During the past 2 months, did you apply for any type of health insurance?

YES .....1      **(C12)**  
NO .....2      **(C12)**  
DON'T KNOW..... <-8>      **(C12)**

WHIS ID #

**INSTRUCTIONS: ASK QUESTIONS C3 - C11. IF THE RESPONSE IS YES (CODE 1) ASK QUESTION "a" UNLESS THE BOX IS SHADED.**

<p><b>[READ C3; C5-C11]</b></p> <p><b>*CALIFORNIA ONLY:</b> <b>[READ C4-C11]</b></p> <p>Do you currently have...</p>	<p><u>YES</u>    <u>NO</u></p>	<p>a Do you or your family members pay for any of the insurance premium?</p> <p><u>YES</u>    <u>NO</u>    <u>DONT KNOW</u></p>
<p>C3. ALL STATES EXCEPT CALIFORNIA: Medicaid?</p>	<p>1(C5)    2 (C5)</p>	
<p>C4. *CALIFORNIA ONLY: Medi-CAL?</p>	<p>1        2</p>	
<p>C5. Medicare?</p>	<p>1        2</p>	
<p>C6. AIDS Drug Assistance Program, ADAP?</p>	<p>1        2</p>	
<p>C7. CHAMPUS or other veteran's health insurance?</p>	<p>1        2 (C8)</p>	<p>1    2    &lt;-8&gt;</p>
<p>C8. Student Health Coverage?</p>	<p>1        2 (C9)</p>	<p>1    2    &lt;-8&gt;</p>
<p>C9. Private insurance (not including Medicaid or Medicare)</p>	<p>1        2 (C10)</p>	<p>1    2    &lt;-8&gt;</p>
<p>C10. Dental Insurance?</p>	<p>1        2</p>	
<p>C11. Other types of health insurance?</p> <p>_____</p> <p>_____</p> <p><b>(SPECIFY)</b></p>	<p>1        2 (C12)</p>	

WHIS ID #

C12. During the past 2 months, did you have to pay for prescription medications?

YES .....1  
 NO .....2 (C13)  
 DON'T KNOW..... <-8> (C13)

a. During the most recent month (past 30 days), how much did you spend in total on prescription medication?

Less than \$25.....1  
 \$25 to \$100.....2  
 \$101 to \$200.....3  
 Over \$200.....4  
 DON'T KNOW..... <-8>

C13. Do you have medical bills that you have not paid because you do not have enough money to pay them?

YES .....   
 NO ..... 2  
 DON'T KNOW..... <-8>

**REFER TO SOCIAL SERVICES**

C14. INTERVIEWER CHECK:

WILL PATIENT SATISFACTION SCALE (SECTION D) BE ADMINISTERED DURING THIS INTERVIEW?

YES .....1  
 NO .....2 (D22, PAGE 11)



**SECTION D**  
**PATIENT SATISFACTION WITH AND ATTITUDES TOWARDS HEALTH CARE**

As part of this study, we would like to know how people feel about the medical care they are receiving. Now, I am going to ask you about your own feelings about the medical care that you have received or are now receiving. I am interested in all of your feelings, both good and bad. Please remember that there are no right or wrong answers.

**HAND PARTICIPANT RESPONSE CARD 12.**

I am going to read to you some things that people say about the medical care they receive. Please tell me if you strongly agree, agree, if you are uncertain or if you disagree or strongly disagree.

	strongly agree	agree	uncertain	disagree	strongly disagree
D1. Health care providers are good about explaining the reason for medical tests .....	1	2	3	4	5
D2. I think my health care provider's office has everything needed to provide complete medical care.....	1	2	3	4	5
D3. The medical care I have been receiving is just about perfect .....	1	2	3	4	5
D4. Sometimes health care providers make me wonder if their diagnosis is correct .....	1	2	3	4	5
D5. I feel confident that I can get the medical care I need without being set back financially .....	1	2	3	4	5
D6. When I go for medical care, they are careful to check everything when treating and examining me.....	1	2	3	4	5
D7. I have easy access to the medical specialists I need.....	1	2	3	4	5
D8. Where I go for medical care, people have to wait too long for emergency treatment.....	1	2	3	4	5

WHIS ID #

	strongly agree	agree	uncertain	disagree	strongly disagree
D9. Health care providers act too business-like and impersonal toward me.....	1	2	3	4	5
D10. My health care providers treat me in a very friendly and courteous manner .....	1	2	3	4	5
D11. Those who provide my medical care sometimes hurry too much when they treat me .....	1	2	3	4	5
D12. Health care providers sometimes ignore what I tell them.....	1	2	3	4	5
D13. I have some doubts about the ability of the health care providers who treat me.....	1	2	3	4	5
D14. Health care providers usually spend plenty of time with me.....	1	2	3	4	5
D15. I find it hard to get an appointment for medical care right away .....	1	2	3	4	5
D16. I am dissatisfied with some things about the medical care I receive .....	1	2	3	4	5
D17. Health care providers make judgments about me and my lifestyle.....	1	2	3	4	5
D18. Health care providers do not like to take care of patients like me .....	1	2	3	4	5
D19. I can't always get the medications that my health care provider prescribes for me .....	1	2	3	4	5
D20. I am unable to get the services that health care providers say I need .....	1	2	3	4	5

WHIS ID #

Now I am going to ask some questions about times you may have been unable to get the care you needed.

D21. Has there ever been a time when you needed to go for medical care but you did not go because:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
a. you were too ill to get to the clinic/office/emergency room?	1	2	<-8>	<-7>
b. you did not have transportation or a way to get there?.....	1	2	<-8>	<-7>
c. your partner or another family member was sick and needed your help? .....	1	2	<-8>	<-7>

D22. INTERVIEWER CHECK:

WILL COMPLEMENTARY/ALTERNATIVE THERAPIES (SECTION E) BE ADMINISTERED DURING THIS INTERVIEW?

YES .....1  
 NO .....2 (E15, PAGE 14)

**SECTION E  
 COMPLEMENTARY/ALTERNATIVE THERAPIES**

INTRODUCTION: In this section I will be asking you about the use of complementary/alternative therapies. We are interested in everything you do to improve or maintain your health.

E1. During the past 2 months, did you receive complementary or alternative care from: [READ a - h]

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
a. An acupuncturist?.....	1	2	<-8>	<-7>
b. A spiritual healer? (santeras, espiritistas, curanderos) .....	1	2	<-8>	<-7>
c. An herbalist? .....	1	2	<-8>	<-7>
d. A homeopath? .....	1	2	<-8>	<-7>
e. A hypnotist? .....	1	2	<-8>	<-7>
f. A massage therapist?.....	1	2	<-8>	<-7>
g. A reflexologist?.....	1	2	<-8>	<-7>
h. Another healer? .....	1	2	<-8>	<-7>

**(SPECIFY)**

E2. During the past 2 months have you used any complementary/alternative medicines such as kemron, thymus extract, trental, peptide T or homeopathic remedies? Please include only those that you did not receive through a clinical trial.

WHIS ID #

YES .....1  
 NO .....2 (E4)  
 DON'T KNOW ..... <-8> (E4)

E3. Which medicines did you use? (PROBE: Any others?)

		MENTIONED	
		<u>YES</u>	<u>NO</u>
a.	KEMRON .....	1	2
b.	THYMUS EXTRACT .....	1	2
c.	PEPTIDE T .....	1	2
d.	HOMEOPATHIC REMEDIES .....	1	2
e.	TRENTAL.....	1	2
f.	OTHER .....	1	2

(SPECIFY)

E4. During the past 2 months have you used any Chinese/Oriental/Asian or other types of herbs (Native American, Indian, Ayurvedic)?

YES .....1  
 NO .....2

E5. During the past 2 months have you maintained a special diet to help your health such as a vegetarian or macrobiotic diet or fasting?

YES .....1  
 NO .....2

E6. During the past 2 months, have you received colonic treatments?

YES .....1  
 NO .....2

E7. During the past 2 months have you used biofeedback, hypnosis, imagery, visualization or listening to self-help tapes?

YES .....1  
 NO .....2

WHIS ID #

E8. During the past 2 months, have you participated in any support groups, group counseling, or 12 step programs?

YES .....1  
NO .....2

E9. During the past 2 months, have you been involved in any health related spiritual practices such as, meditation, yoga, or spiritual healing or prayer (santeras, espiritistas, curanderos)?

YES .....1  
NO .....2

E10. During the past 2 months, have you received any massage therapy, reflexology, laying on of hands, or healing touch?

YES.....1  
NO .....2

E11. During the past 2 months, have you received any other types of Chinese treatments such as acupuncture or acupressure?

YES .....1  
NO .....2

E12. During the past 2 months have you exercised regularly? By "regular exercise" I mean walking (for exercise), swimming, aerobics, lifting weights or doing something else at least three times a week.

YES .....1  
NO .....2

**PROMPT: IF THE PARTICIPANT ANSWERS "NO" TO ALL QUESTIONS FROM E1 TO E12, SKIP TO E15, PAGE 14**

E13. If you have used any complementary or alternative therapies during the past 2 months, did you talk with your health care provider about your use of these (complementary/alternative) therapies or practices?

DISCUSSED USE WITH PROVIDER. ....1  
NO DISCUSSION WITH PROVIDER .....2 (E15)

WHIS ID #

E14. Which therapies or practices did you talk about? (**PROBE:** Any others?)

		MENTIONED	
		<u>YES</u>	<u>NO</u>
a.	ACUPUNCTURE .....	1	2
b.	SPIRITUAL HEALING .....	1	2
c.	HERBS .....	1	2
d.	HOMEOPATHY .....	1	2
e.	HYPNOSIS .....	1	2
f.	MASSAGE THERAPY .....	1	2
g.	REFLEXOLOGY .....	1	2
h.	OTHER .....	1	2

\_\_\_\_\_  
(SPECIFY)

E15. TIME MODULE ENDED

|\_|\_| : |\_|\_|

AM.....1

PM.....2

**GO TO FORM 6**