

WOMEN'S INTERAGENCY HIV STUDY
 FOLLOW UP VISIT
HEALTH CARE UTILIZATION SUPPLEMENT
FORM 25A

ADMINISTER THIS FORM AT ODD NUMBERED VISITS (ie. #3, #5, #7, etc)

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

|_|-|_|_|-|_|_|_|_|-|_|

A2. WIHS STUDY VISIT #:

___ ___

A3. FORM VERSION:

0 8 / 0 1 / 9 5
 M D Y

A4. DATE OF INTERVIEW:

___ ___ / ___ ___ / ___ ___
 M D Y

A5. INTERVIEWER'S INITIALS:

___ ___ ___

A6. DATE OF LAST VISIT:

___ ___ / ___ ___ / ___ ___
 M D Y

A7. TIME MODULE BEGAN:

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

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. Since your (MONTH) study visit, has there 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?

YES1
 NO2 (E15, PAGE 7)

**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. Since your (MONTH) study visit, 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. Since your (MONTH) study visit, 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 #

YES1
 NO2 (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. (Since your (MONTH) study visit,) have you used any Chinese/Oriental/Asian or other types of herbs (Native American, Indian, Ayurvedic)?

YES1
 NO2

E5. (Since your (MONTH) study visit,) have you maintained a special diet to help your health such as a vegetarian or macrobiotic diet or fasting?

YES1
 NO2

E6. (Since your (MONTH) study visit,) have you received colonic treatments?

YES1
 NO2

E7. (Since your (MONTH) study visit,) have you used biofeedback, hypnosis, imagery, visualization or listening to self-help tapes?

YES1
 NO2

WHIS ID #

E8. (Since your (MONTH) study visit,) have you participated in any support groups, group counseling, or 12 step programs?

YES1
NO2

E9. (Since your (MONTH) study visit,) have you been involved in any health related spiritual practices such as, meditation, yoga, or spiritual healing or prayer (santeras, espiritistas, curanderos)?

YES1
NO2

E10. (Since your (MONTH) study visit,) have you received any massage therapy, reflexology, laying on of hands, or healing touch?

YES.....1
NO2

E11. (Since your (MONTH) study visit,) have you received any other types of Chinese treatments such as acupuncture or acupressure?

YES1
NO2

E12. (Since your (MONTH) study visit,) 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.

YES1
NO2

PROMPT: IF THE PARTICIPANT ANSWERS "NO" TO ALL QUESTIONS FROM E1 TO E12, SKIP TO E15, PAGE 7

E13. If you have used any complementary or alternative therapies since your (MONTH) study visit, 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 PROVIDER2 (E15)

WHIS ID #

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

	MENTIONED	
	YES	NO
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