

WOMEN'S INTERAGENCY HIV STUDY

QUESTION BY QUESTION SPECIFICATIONS

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. For questions containing an open-ended specify box linked to the response "other," interviewers should print responses exactly in the words of the respondent.
2. 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.

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 if 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 **Section C**.
- 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*."
- 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)?"

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," skip to question **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 ask “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.
- a. 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?”
 - b. 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?”
 - c. 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?”

- d. This question is asked to determine if the participant, since her (MONTH) study visit, paid out of her own pocket for complementary or alternative treatments. Complementary or alternative treatments include herbs, vitamins, other supplements, massage, or other visits to alternative practitioners. 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.