



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 clinic .....1
  - Emergency room in a hospital.....2
  - Drug treatment clinic.....3
  - Prison clinic.....4
  - Nursing home .....5
  - Mobil unit/clinic.....6
  - Hospital (not emergency room).....8
  
  - Other place .....7
- SPECIFY: \_\_\_\_\_

**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.

- YES .....1
- NO .....2 (C13)

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

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

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C12. Do any of these plans assist with prescriptions/medications?

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

C13. Since your (MONTH) study visit, did you pay any money that was not reimbursed to you for your medical care, this includes money spent for prescriptions that were written for you by your provider?

- YES .....1
- NO .....2 (C14)

a. Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for physician visits?

- Less than \$25.....1
- \$25 to \$200.....2
- \$201 to \$500.....3
- Over \$500.....4

b. Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for prescriptions?

- Less than \$25.....1
- \$25 to \$200.....2
- \$201 to \$500.....3
- Over \$500.....4

c. Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for hospital care (including emergency room)?

- Less than \$25.....1
- \$25 to \$200.....2
- \$201 to \$500.....3
- Over \$500.....4

d. Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for complementary or alternative treatments, including herbs, vitamins, other supplements, massage, or other visits to an alternative practitioner?

- Less than \$25.....1
- \$25 to \$200.....2
- \$201 to \$500.....3
- Over \$500.....4

C14. TIME MODULE ENDED

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AM.....1  
PM .....2