WOMEN’S INTERAGENCY HIV STUDY
FORM 25: HEALTH CARE UTILIZATION

SECTION A: GENERAL INFORMATION

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

A2. WIHS STUDY VISIT #: ___ ___

A3. FORM VERSION: 04/01/17

A4. DATE OF INTERVIEW: __ __/ __ __/ __ __

A5. INTERVIEWER’S INITIALS: __ __ __

A6. DATE FORM LAST ADMINISTERED: __ __/ __ __/ __ __

A7. TIME MODULE BEGAN: [__ __: __ __] AM.......1

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 assistant you may go to for medical care.

B1. Since your study visit on __ __/ __ __/ __ __, have you seen a health care provider?

   YES ......................................................................1
   NO ........................................................................2  (B5)

B2. Since your (MONTH) study visit, when you went for medical care, did you usually (more than half of the time) see the same health care provider or group of providers for your medical appointments?

   YES ......................................................................1
   NO ........................................................................2
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: ________________________________

B4. Since your (MONTH) study visit, have you received care or services from a psychiatrist, counselor or other mental health professional?

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

B5. **IS PARTICIPANT HIV-POSITIVE OR HIV-NEGATIVE?**

- HIV-POSITIVE .............................................1
- HIV-NEGATIVE .............................................2

**INTRODUCTION TO PARTICIPANT:** The next few questions are related to health care you may receive for your HIV infection. I will be asking you about your regular medical appointments for HIV clinical care. By **regular HIV care**, I mean a visit to a clinic or doctor's office to have a check-up on how you're doing with your HIV. This does not include sick visits, emergency services, or hospital admissions for HIV/AIDS; it does not include visits that are only for lab or blood work or X-rays, and it does not include your WIHS study visits. During a regular HIV medical care visit, you would have met with a doctor, physician's assistant, or a nurse practitioner.

We will be asking about your regular HIV care over the past six months. Six months would have started at around __ __ / __ __ / __ __.

**M  D  Y**

**PROMPT:** USE CALENDAR TO SHOW PARTICIPANT THE START DATE. BE SURE TO COUNT BACK SIX MONTHS FROM THE DATE OF THE INTERVIEW (E.G., SIX MONTHS BACK FROM AN INTERVIEW HELD ON 7/15/13 WOULD BE 1/15/13). IF PARTICIPANT HAS AN APPOINTMENT BOOK, USE THAT TO HELP RECALL VISITS.

B6. In the last six months, how many times did you go for **regular HIV care**?  |___|___|___| # TIMES

If you have not gone for regular HIV care, answer zero times.

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B7. In the last six months, did you miss any scheduled regular HIV care appointments? By this, I mean you did not go for a scheduled appointment and did not re-schedule.

YES ................................................ 1
NO .................................................. 2  (SECTION C)

a. How many times did this happen? |___|___|___| # TIMES

SECTION C: HEALTH INSURANCE

C1. Since your (MONTH) study visit, have you received assistance from ADAP (AIDS Drug Assistance Program)?

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

C2. Since your (MONTH) study visit, have you received assistance from any other Ryan White program?

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

C3. Since your (MONTH) study visit, have you had any health insurance, such as Blue Cross, Medicaid, or Medicare?

YES ........................................................1
NO ..........................................................2  (C4)

Have you had:

a. Insurance through a current or former employer........................................... 1  2
b. Insurance purchased directly from an insurance company .......................... 1  2 (e)
   i. Did you buy insurance on the health insurance exchange
      (healthcare.gov, health insurance market place)? .............................. 1  2
   ii. Did you receive a subsidy (reduced price for the insurance, or money to help you pay for the insurance)? ........................................... 1  2
c. Medicaid, Medi-Cal, or Medical Assistance ................................................ 1  2
d. Medicare (for people over 65 or permanently disabled).............................. 1  2
e. Health care benefits for The Armed Forces or Veteran’s Administration, TRICARE, CHAMPUS, or CHAMP-VA medical insurance for dependents of military personnel or survivors of disabled veterans ............ 1  2
f. Dental insurance ........................................................................................... 1  2
g. Other............................................................................................................. 1  2

SPECIFY: ______________________________________________________________
C4. Do you have insurance coverage that pays for any of your medications?

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

PROMPT: IF NO MEDICAL COVERAGE AND NO PRESCRIPTION COVERAGE (QUESTIONS C3 AND C4 = NO), THEN SKIP TO QUESTION C23.

C5. Do you **currently** have health insurance?

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

C6. Have there been any times since your (MONTH) study visit when you had no health insurance at all? **(PROBE/CLARIFY: ADAP is not health insurance.)**

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

a. How long did you go without insurance?

Less than one month .............................................1
One to three months .............................................2
More than three months ......................................3

C23. 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

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
C24. Since your (MONTH) study visit, was there any time when you needed medical care but did not get it because you could not afford it?

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

C25. Since your (MONTH) study visit, have you delayed seeking medical care because of worry about the cost?

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

C26. IS THIS AN ODD- OR EVEN-NUMBERED VISIT?

ODD-NUMBERED VISIT .................................1 (E26)
EVEN-NUMBERED VISIT ..............................2

C27. IS PARTICIPANT HIV-POSITIVE OR HIV-NEGATIVE?

HIV-POSITIVE ....................................... 1
HIV-NEGATIVE ............................. 2 (SECTION E)

SECTION D: HEALTH CARE EMPOWERMENT, BARRIERS TO CARE
*Source: Johnson et al. Health Care Empowerment Inventory; *Kalichman Barriers to Care

INTRODUCTION TO PARTICIPANT: For the next set of questions, I will ask you about caring for yourself, and particularly about your HIV care. For each question, please tell me whether you strongly agree, agree, disagree, or strongly disagree. HAND PARTICIPANT RESPONSE CARD 12A.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1. You prefer to get as much information as possible about treatment options.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D2. You try to get your health care providers to listen to your preferences for your treatment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D3. You are very active in your health care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D4. You take your commitment to your treatment seriously.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D5. You recognize that there will likely be setbacks and uncertainty in your health care treatment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D6. You are comfortable with the idea that there may be setbacks in your treatment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D7. You have learned to live with the uncertainty of your health condition.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D8. You accept that the future of your health condition is unknown even if you do everything you can.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
D9. In the last six months, have any of the following happened in terms of your regular HIV care?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Not having transportation to get to or from a regular HIV care visit.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>b. Not being able to pay for a regular HIV care visit.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>c. Not knowing where to go for HIV regular care.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>d. Not having someone to watch your children or other people in your care while you go to a regular HIV care visit.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Not feeling that you need to go for regular HIV care because your HIV is under control.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>f. Not having time or not being able to take off work during the hours that regular HIV care is available.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>g. Not wanting to go to the HIV clinic because people you know might see you there.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>h. Not wanting to go for regular HIV care because you felt too sick.</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

SECTION E: SOCIAL SUPPORT, SOCIAL ISOLATION, ANXIETY
*Source: Loneliness scale (Hughes; shortened version of the R-UCLA)
*Tangible and Emotional Support subscales of MOS SSS, with additional questions added
*GAD-7 assessment of anxiety

INTRODUCTION TO PARTICIPANT: The next questions ask about your feelings these days. Please tell me how often you feel the way described in each of the following statements.

E1. How often do you feel that you lack companionship? Is it hardly ever, some of the time, or often?

   HARDLY EVER .................. 1
   SOME OF THE TIME ............ 2
   OFTEN ........................... 3

E2. How often do you feel left out? Is it hardly ever, some of the time, or often?

   HARDLY EVER .................. 1
   SOME OF THE TIME ............ 2
   OFTEN ........................... 3

E3. How often do you feel isolated from others? Is it hardly ever, some of the time, or often?

   HARDLY EVER .................. 1
   SOME OF THE TIME ............ 2
   OFTEN ........................... 3

INTRODUCTION TO PARTICIPANT: People sometimes look to others for company, for help, or for other kinds of support. How often are each of the following kinds of support available to you when you need it?

SHOW PARTICIPANT RESPONSE CARD 12B.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>E4. Someone you can count on to listen to you when you need to talk.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E5. Someone to give you information to help you understand a situation.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E6. Someone to give you good advice about a crisis.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E7. Someone to confide in or talk to about yourself or your problems.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E8. Someone whose advice you really want.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E9. Someone to share your most private worries and fears with.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E10. Someone to turn to for suggestions about how to deal with a personal problem.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E11. Someone who understands your problems.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E12. Someone to help you if you were confined to bed.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E13. Someone to take you to the doctor or somewhere you had to go if you needed it.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E14. Someone to prepare your meals if you were unable to do it yourself.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E15. Someone to help with daily chores like grocery shopping if you were sick.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E16. Someone to care for children/grandchildren/others in your care, even for a short time if you were unable.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>E17. Someone to give you a place to live if you needed it even if for a short time.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>E18. Someone to give you money for things you really needed like food and clothing.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
INTRODUCTION TO PARTICIPANT: These next questions ask about your feelings over the last two weeks. Over the last two weeks, how often have you been bothered by the following problems? Please tell me whether you have not felt this way at all, you have felt it for several days, for over half of the days, or nearly every day over the last two weeks. **SHOW PARTICIPANT RESPONSE CARD 12C.**

<table>
<thead>
<tr>
<th>E19. Feeling nervous, anxious, or on edge.</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E20. Not being able to stop or control worrying.</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E21. Worrying too much about different things.</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E22. Trouble relaxing.</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E23. Being so restless that it's hard to sit still.</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E24. Becoming easily annoyed or irritable.</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E25. Feeling afraid as if something awful might happen.</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

E26. **TIME MODULE ENDED:** |  | AM .......... 1  |
|                           |  | PM .......... 2  |