

WOMEN'S HEALTH PRIMARY CARE UTILIZATION SURVEY

Interviewer script is in bold.

INSTRUCTIONS TO INTERVIEWERS ARE IN CAPS.

START TIME

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INTRODUCTORY SCRIPT

May I speak to <RESPONDENT NAME>? [IF RESPONDENT IS NOT AVAILABLE, THEN ASK ABOUT CONVENIENT TIME TO CONTACT, ETC...]

Hello, this is _____ calling on behalf of the <COE NAME>. We are conducting a study of women's health issues and health care sponsored by the Office on Women's Health within the Federal Department of Health and Human Services, and we'd really appreciate your participation. You were selected for this study because you had a visit to <COLLOQUIAL NAME OF COE SITE> during the last year.

I would like to interview you for about 20 minutes about your health, health care and your satisfaction with the services at <COLLOQUIAL NAME OF COE SITE>. The information you provide will be kept confidential. Your replies will be anonymous: that means that your name will not be kept with your responses or given to anyone. Your participation in this study is voluntary. There will be no penalties if you decide not to do this survey, and your participation will not affect your services at <COLLOQUIAL NAME OF COE SITE>. You can stop at any time, and if there are any questions you prefer not to answer, let me know and we'll move on to the next one. Your opinions and experiences are extremely important and will help us to improve the quality of health care for women. May I begin the survey?

Paperwork Reduction Act Statement

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OMB NO.: 0990-0244

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SECTION A. HEALTH CARE UTILIZATION

A1. First, what is your age?

_____ years

A2. In the last 12 months, how many visits did you make altogether to a doctor's office, clinic or other place to get health care for yourself?

_____ number of visits

[INCLUDE ALL VISITS TO ANY HEALTH CARE PROVIDER FOR ANY REASON, INCLUDING EMERGENCY DEPARTMENT VISITS, MENTAL HEALTH, THERAPY, ETC.]

88=DK
77=REF

A3. How many of these visits were to <COLLOQUIAL NAME OF CoE SITE>.

_____ number of visits 88=DK 77=REF

IF NO VISITS IN PAST 12 MONTHS, GO TO INSTRUCTION BEFORE ITEM A7.

A4. Now I'd like to ask about the most recent visit to<COLLOQUIAL NAME OF CoE SITE>. When was that visit – just tell me the month?

_____ month

(01=Jan, 02=Feb, etc)

A5. What was the main reason for that visit – Was it for prenatal or postpartum care, a routine exam or screening test, treatment for a new health problem or injury, follow-up care for an ongoing health problem or for some other reason?

Prenatal or postpartum care 1
Routine exam or screening tests..... 2
Treatment for a new health problem or injury 3
Follow-up care for an ongoing health problem..... 4
Other (specify)..... 6
Refused 7
Don't know 8

[IF MORE THAN ONE REASON FOR VISIT, ASK RESPONDENT TO GIVE MAIN REASON. IF REASON FOR VISIT IS OTHER, PROBE TO MAKE SURE THAT VISIT QUALIFIES --SEE INSTRUCTION AFTER A6. IF REASON FOR VISIT IS NOT CODE 1,2, 3 or 4, THEN SKIP TO A6a]

SPECIFY: _____

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A6. Did you see a doctor or nurse practitioner at that visit?

Yes 1
No 2

IF THE ONLY REASON FOR THE MOST RECENT VISIT WAS

- A VISIT TO AN EMERGENCY DEPARTMENT,
- A VISIT TO DROP OFF A SPECIMEN,
- A VISIT FOR A SINGLE PROCEDURE SUCH AS A CONTRACEPTIVE INJECTION, FLU SHOT, MAMMOGRAM, OR ALLERGY SHOT, or
- A VISIT FOR AN ALLIED HEALTH SERVICE SUCH AS PHYSICAL THERAPY,

Or

IF PATIENT DID NOT SEE A DOCTOR OR NURSE PRACTITIONER,

ASK A6a. OTHERWISE CONTINUE TO A7 AND THE DATE IDENTIFIED IN A4 WILL BE CONSIDERED THE MOST RECENT ELIGIBLE VISIT (SEE INTRODUCTION TO SECTION C)

A6a. When was the last time you went to _____ month
<COLLOQUIAL NAME OF CoE
SITE> and saw a doctor or nurse (01=Jan, 02=Feb, etc)
practitioner for one of these reasons....
Prenatal or postpartum care, routine
exam or screening tests, treatment for a
new health problem or injury, or follow-
up care for an ongoing health problem?
(Just tell me the month and year?)

A6b. Code reason for this visit.

Prenatal or postpartum care	1
Routine exam or screening tests.....	2
Treatment for a new health problem or injury	3
Follow-up care for an ongoing health problem.....	4
Other (specify).....	6
Refused	7
Don't know.....	8

SPECIFY: _____

THE RESPONDENT IS NOT ELIGIBLE IF SHE HAD NO VISIT IN THE PAST 12 MONTHS IN A6a.

IF RESPONDENT IS NOT ELIGIBLE, STOP THE INTERVIEW HERE AND THANK SUBJECT FOR HER TIME.

IF RESPONDENT IS ELIGIBLE BASED ON A6a AND A6b, THEN DATE IDENTIFIED IN A6a WILL BE CONSIDERED THE MOST RECENT ELIGIBLE VISIT (SEE INTRODUCTION TO SECTION C)

**A7. How long have you been going to
<COLLOQUIAL NAME OF CoE SITE>?**

First Visit1
 <1 year2
 1 year to 2 years3
 More than 2 years4
 Don't know8
 Refused9

**A8. Is <COLLOQUIAL NAME OF CoE SITE> the
place you usually go to when you are sick or want
advice about your health?**

Yes 1
 No 2
 Rf 7
 Dk 8

**A9. [IF COE IS NOT USUAL SOURCE OF CARE
OR IF RESPONDENT HAS MORE THAN ONE
USUAL SOURCE]**

Yes 1
 No 2
 Rf 7
 Dk 8

**Is there any other place you go when you are sick or
want advice about your health?**

**A10. Now some questions about your health
professionals at <COLLOQUIAL NAME OF CoE
SITE> Do you have a regular doctor or other health
professional that you see at <COLLOQUIAL NAME
OF CoE SITE>? [IF MORE THAN ONE: Please tell
me about your main professional. I'll ask about
other professionals in just a second.]**

YES 1
 NO (SKIP TO A14) 2
 RF (SKIP TO A14) 7
 DK (SKIP TO A14) 8

A11. Is this health professional (a/an) (READ LIST)?

Family physician or general practitioner01
 Internist or internal medicine doctor02
 Obstetrician or gynecologist03
 Physician's assistant04
 Nurse practitioner05
 Midwife06
 Some other kind of health care
 provider (SPECIFY)07
 RF77
 DK88

SPECIFY: _____

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A12. Is this health professional male or female?

Male 1
 Female 2
 Rf 7
 Dk 8

**A13. About how many years have you been seeing
this health professional?**

Less Than A Year 01
 Number Of Years.....

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 Rf 77
 Dk 88

A14. Are there any other health professionals that you usually see at <COLLOQUIAL NAME OF CoE SITE>?

Yes 1
 No (SKIP TO A16) 2
 Rf 7
 Dk 8

A15. Please tell me what kind of health professionals you see. [

[USE THE CODES BELOW TO IDENTIFY THE TYPE OF HEALTH PROFESSIONALS PATIENTS USUALLY SEES.]

1st Additional health professional

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 2nd additional health professional.....

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 3rd additional health professional.....

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[DO NOT INCLUDE CLINIC NURSES (RNs, LPNs, LVNs) HERE.]

SPECIFY:.....

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 SPECIFY:.....

--	--

 SPECIFY:.....

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Family physician or general practitioner01
 Internist or internal medicine doctor.....02
 Obstetrician or gynecologist03
 Physician's assistant04
 Nurse practitioner05
 Midwife06
 Some other kind of health care provider (SPECIFY)07
 RF77
 DK88

A16. In general, do you prefer to see a male or female health professional?

Male 1
 Female 2
 Either 3
 Rf 7
 Dk 8

A17. In the past 12 months, was there a time when you needed medical care but did not get it?

Yes, Needed care but did not get it.....1
 No, did not.....2
 Refused.....7
 Don't know8

A18. Which of the following statements best describes how you react when you feel sick or are in pain or concerned about your health? (READ EACH STATEMENT).

You would wait as long as possible to see if you got better 1
 You would wait at least a week to see if you got better 2
 You would wait a few days to see if you got better 3
 You would seek care or medical advice as soon as possible 4
 Refused 7
 Don't know 8

SECTION B. PREVENTIVE SERVICES AND COUNSELING

B1.	There are many types of health care services that women receive. I am going to read a list of specific services or tests, and I would like you to tell me if you have had each one in the last 12 months. In the past 12 months, have you had a	YES	NO	RF	DK
	a. complete physical exam.....	1	2	7	8
	b. Test for glaucoma or pressure in the eye.....	1	2	7	8
	c. Blood cholesterol test	1	2	7	8
	d. Check for high blood pressure	1	2	7	8
	e. Test for diabetes	1	2	7	8
	f. Physical breast exam by a health care professional.....	1	2	7	8
	g. Pap test.....				
	[IF NECESSARY: A Pap test is a screening test for cervical cancer.]	1	2	7	8
	h. Bone density test (for osteoporosis)	1	2	7	8
	i. Screening for HIV/AIDS.....	1	2	7	8
	j. Screening for other sexually transmitted diseases	1	2	7	8
	k. Flu shot.....	1	2	7	8
	l. WOMEN 50 YEARS OR OLDER: Colon cancer screening	1	2	7	8
	m. WOMEN 40 YEARS OR OLDER: Mammogram	1	2	7	8
	IF OVER 50, SKIP TO INSTRUCTIONS BEFORE B3				
	n. Pregnancy test.....	1	2	7	8
	o. Family planning services or contraception	1	2	7	8
	p. Abortion information or services.....	1	2	7	8

ASK B2 IF "NO" TO CORRESPONDING ITEMS IN B1. OTHERS SKIP TO INSTRUCTIONS BEFORE B3.

B2.

	YES	NO	RF	DK
a. [IF NO TO B1A ABOVE] Have you had a complete physical exam within the last 3 years?	1	2	7	8
b. [IF NO TO B1G ABOVE] Have you had a Pap test within the last 3 years?	1	2	7	8
c. [IF NO TO B1F ABOVE] Have you had a physical breast exam by a health care professional within the last 3 years?	1	2	7	8
d. [WOMEN 40 YEARS OR OLDER & NO TO B1M ABOVE] Have you had a mammogram within the last 3 years?	1	2	7	8

ASK B3 IF "NO" TO CORRESPONDING ITEMS IN B1. OTHERS SKIP TO INSTRUCTIONS BEFORE B4.

B3.

	YES	NO	RF	DK
a. [IF NO TO B1C ABOVE] Have you had a blood cholesterol test within the last 5 years?	1	2	7	8
b. [IF 50 years or older and NO TO B1L ABOVE] Have you had a colon cancer screening within the last 5 years?	1	2	7	8

IF YES to family planning services (B1O), OTHERWISE SKIP TO INSTRUCTIONS BEFORE B6.

B4. You said you had received family planning or contraceptive services recently. Did you get it at <COLLOQUIAL NAME OF CoE SITE> or one of the <COLLOQUIAL NAME OF CoE SITE>'s other locations?

Got this service at CoE site (GO TO ITEM B6).....1
Got this service at a different CoE location
(GO TO ITEM B6).....2
Got this service somewhere else.....3
Don't know7
Refused.....8

B5. [IF DID NOT GET SERVICE AT COE LOCATION] Did someone at <COLLOQUIAL NAME OF CoE SITE>give you a referral or help you arrange to get this service?

Yes.....1
No2
Don't know7
Refused.....8

IF YES to mammogram (B1M or B2D), OTHERWISE SKIP TO B8.

B6. You said you had received a mammogram recently. Did you get it at <COLLOQUIAL NAME OF CoE SITE> or one of the <COLLOQUIAL NAME OF CoE SITE>'s other locations?

Got this service at CoE site (GO TO ITEM B8).....1
Got this service at a different CoE location
(GO TO ITEM B8).....2
Got this service somewhere else.....3
Don't know7
Refused.....8

B7. [IF DID NOT GET SERVICE AT COE LOCATION] Did someone at <COLLOQUIAL NAME OF CoE SITE>give you a referral or help you arrange to get this service?

Yes.....1
No2
Don't know7
Refused.....8

B8. In the past 12 months, has a doctor or other health professional at <COLLOQUIAL NAME OF CoE SITE> discussed with you...

[ANSWER YES ONLY IF SUBJECT *TALKED WITH* DOCTOR OR HEALTH PROFESSIONAL ABOUT A TOPIC.]

	YES	NO	RF	DK	Does Not Apply
a. smoking.....	1	2	7	8	9
b. your diet and weight	1	2	7	8	9
c. the use of alcohol or drugs.....	1	2	7	8	9
d. exercise.....	1	2	7	8	9
e. WOMEN 40 YEARS OR OLDER: hormone replacement therapy.....	1	2	7	8	9
f. concerns about safety or violence at home.....	1	2	7	8	9
g. family or relationship concerns.....	1	2	7	8	9
h. Sexual function or concerns	1	2	7	8	9
i. Stress management	1	2	7	8	9
j. WOMEN UNDER 50: Preventing unintended pregnancies	1	2	7	8	9
k. the importance of adequate calcium intake	1	2	7	8	9
l. sexually transmitted diseases	1	2	7	8	9
m. urinary incontinence or leakage of urine	1	2	7	8	9

B9. In the last 12 months, was there any time when you thought you needed to see or consult with a health professional because you felt depressed or anxious?

Yes.....1
 NoSKIP TO B14.....2
 Don't know7
 Refused8

B10. In the last 12 months, did you see a health professional when you felt depressed or anxious?

Yes.....1
 No (SKIP TO B14).....4
 Refused (SKIP TO B14).....7
 Don't know(SKIP TO B14).....8

B11. What was the specialty of this professional?

General physician1
 Social worker or counselor2
 Psychologist.....3
 Psychiatrist4
 Other health professional (SPECIFY)
 Refused7
 Don't know8

SPECIFY: _____

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B12. Did you get this care at <COLLOQUIAL NAME OF CoE SITE> or one of the <COLLOQUIAL NAME OF CoE SITE>'s other locations?

Got this service at CoE site (GO TO ITEM B14)1
 Got this service at a different CoE location
 (GO TO ITEM B14)2
 Got this service somewhere else.....3
 Don't know7
 Refused8
 Yes.....1
 No2
 Don't know7
 Refused8

B13. [IF DID NOT GET SERVICE AT COE LOCATION] Did someone at <COLLOQUIAL NAME OF CoE SITE>give you a referral or help you arrange to get this service?

Yes.....1
 No2
 Don't know7
 Refused8

B14. In the past 12 months have you been hospitalized for any reason OTHER THAN childbirth?

Yes1
 No2
 Rf7
 Dk8

SECTION C. SATISFACTION

- C1. We are interested in your opinions about your care at <COLLOQUIAL NAME OF CoE SITE>, including all the doctors, nurses and other health professionals who are involved in your care as well as the staff. First, I'm going to ask about the visit you had to <COLLOQUIAL NAME OF CoE SITE> in <month of MOST RECENT ELIGIBLE visit from A4> for <reason for MOST RECENT ELIGIBLE from A5 or A6a> . I'm going to read a list of things about that visit. Please rate how satisfied you were with each of these things. Your choices are: not at all satisfied, somewhat satisfied, satisfied, very satisfied, and extremely satisfied .**

[IF NECESSARY, USE THIS PROBE: "How satisfied are you about this experience?"

	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied	DK	REF
a. The courtesy of the office staff	1	2	3	4	5	7	8
b. The staff's flexibility in scheduling your appointment around your needs	1	2	3	4	5	7	8
c. Privacy when talking to the receptionist	1	2	3	4	5	7	8
d. How well the staff kept you informed about the waiting time	1	2	3	4	5	7	8
e. Help with scheduling your next visit	1	2	3	4	5	7	8
f. The chance to talk to your health professional with your clothes on	1	2	3	4	5	7	8
g. The amount of time you had to talk with your health professional	1	2	3	4	5	7	8
h. Your health professional's ability to answer questions in a sensitive and caring way	1	2	3	4	5	7	8
i. Your health professional's ability to explain things clearly	1	2	3	4	5	7	8

	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied	DK	REF
j. Your health professional's ability to help you feel comfortable talking about your concerns	1	2	3	4	5	7	8
k. The chance to ask all of your questions	1	2	3	4	5	7	8
l. Your health professional's ability to take what you say seriously	1	2	3	4	5	7	8
m. Your health professional's knowledge of your medical history	1	2	3	4	5	7	8
n. The chance to get everything you need at a single visit	1	2	3	4	5	7	8
o. Your health professional's willingness to explain different options for your care	1	2	3	4	5	7	8
p. Your health professional's interest in how your life affects your health	1	2	3	4	5	7	8
q. The overall quality of care at your most recent visit	1	2	3	4	5	7	8

C2. Now, think about all the care you received at <COLLOQUIAL NAME OF CoE SITE> over the last 12 months. Please rate how satisfied you are with each of the items I'll read. Again, your choices are: not at all satisfied, somewhat satisfied, satisfied, very satisfied, and extremely satisfied.

[IF NECESSARY, USE THIS PROBE: "**How satisfied are you about this experience?**"

	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied	DK	REF	NA
a. The health professionals' focus on prevention	1	2	3	4	5	7	8	9
b. The health professionals' knowledge of women's health issues								9

	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied	DK	REF	NA
	1	2	3	4	5	7	8	
c. The information you get about healthy living (such as diet and exercise)	1	2	3	4	5	7	8	9
d. The health professionals' interest in your mental and emotional health	1	2	3	4	5	7	8	9
e. Help with finding information resources in women's health	1	2	3	4	5	7	8	9
f. How well your health care fits your stage of life	1	2	3	4	5	7	8	9
g. How well your health information is kept private	1	2	3	4	5	7	8	9
h. Information about how to get the results of your tests	1	2	3	4	5	7	8	9
i. How well the health professionals explain the results of your tests or procedures	1	2	3	4	5	7	8	9
j. The chance to see the same health professional at each visit	1	2	3	4	5	7	8	9
k. The chance to see a health professional of the gender you prefer	1	2	3	4	5	7	8	9
l. The chance to get both gynecological and general health care there	1	2	3	4	5	7	8	9
m. Your overall trust in the health professionals there	1	2	3	4	5	7	8	

	Not at all	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied	DK	REF	NA
n. The health professionals' ability to make you feel comfortable during a gynecological (pelvic) exam	1	2	3	4	5	7	8	9
o. The health professionals' comfort talking about sensitive issues like sexuality	1	2	3	4	5	7	8	9
p. The health professionals' comfort talking about natural or alternative therapies	1	2	3	4	5	7	8	9
q. Child care there if you need it.	1	2	3	4	5	7	8	9

C3. We want to know your rating of all your health care in the last 12 months from all doctors and other health professionals at <COLLOQUIAL NAME OF CoE SITE>. Use any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all of your health care?

0 Worst health care possible
1
2
3
4
5
6
7
8
9
10 Best health care possible

C4. Do you plan to return to<COLLOQUIAL NAME OF CoE SITE> for your health care? Would you say definitely yes, probably yes, probably not, or definitely not?

Definitely yes.....1
Probably yes2
Probably not.....3
Definitely not.....4
Don't know8
Refused.....7

C5. Would you refer a friend or family member to <COLLOQUIAL NAME OF CoE SITE>? Would you say definitely yes, probably yes, probably not, or definitely not?

Definitely yes.....1
Probably yes2
Probably not.....3
Definitely not.....4
Don't know8
Refused.....7

SECTION D. HEALTH STATUS

Now I would like to ask some questions about your health.

D1. In general, would you say your health is excellent, very good, good, fair, or poor?	Excellent 1 Very Good..... 2 Good 3 Fair 4 Poor..... 5 Rf 7 Dk 8
D2. Compared to one year ago, how would you rate your health in general <u>now</u>? [READ LIST]	Much better now 1 Somewhat better now..... 2 About the same now..... 3 Somewhat worse now 4 Much worse now..... 5
D3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [SELF-CARE REFERS TO BATHING, DRESSING, MOVING, TRANSFERRING, ETC.]	_____ number of days None..... 88 DK/Not sure 77 RF 99
D4. Do you smoke cigarettes now?	Yes, smoke (SKIP TO D6) 1 No, do not smoke now 2 RF 7 DK..... 8
D5. Have you ever smoked in the last 12 months?	Yes 1 No 2 RF 7 DK..... 8 NA 9
D6. In a typical week, how often do you exercise strenuously – that is , so you breathe heavily and your heart and pulse are accelerated for a period lasting at least 20 minutes? (READ IF NECESSARY) Would that be never, less than 1 day a week, 1to 2 days a week, 3 days a week or more than 3 days a week?	Never..... 1 Less than 1 day a week 2 1 to 2 days a week..... 3 3 days a week..... 4 More than 3 days a week..... 5 RF 7 DK..... 8
D7. Are you currently taking calcium supplements?	Yes..... 1 No 2 RF 7 DK 8

D8. Are you consuming milk or other foods to get extra calcium in your diet?

Yes..... 1
 No 2
 RF 7
 DK 8

ASK D9 OF WOMEN AGE 40 AND OLDER

D9. Are you currently taking hormone replacement therapy? (IF NECESSARY: Hormone replacement therapy is the use of estrogen during or after menopause.)

Yes..... 1
 No 2
 RF 7
 DK 8

D10. About how much do you weigh without shoes?

_____Lbs

RF 7
 DK 8

D11. About how tall are you without shoes?

_____FT _____Inches

RF 7
 DK 8

D12. In the past five years, has a doctor told you that you have any of the following conditions? (READ LIST.)				
	YES	NO	RF	DK
a. Hypertension, also known as high blood pressure	1	2	7	8
b. Heart attack or any other heart disease	1	2	7	8
c. High cholesterol.....	1	2	7	8
d. Diabetes	1	2	7	8
e. Depression or anxiety.....	1	2	7	8
f. Migraine headaches	1	2	7	8
g. Arthritis.....	1	2	7	8
h. Osteoporosis or brittle bones.....	1	2	7	8
i. Obesity.....	1	2	7	8
j. Urinary incontinence or leakage of urine.....	1	2	7	8

D12.	In the past five years, has a doctor told you that you have any of the following conditions? (READ LIST.)	YES	NO	RF	DK
k.	Cancer , other than skin cancer	1	2	7	8
l.	Eating disorders like anorexia or bulimia.....	1	2	7	8
m.	Thyroid problems.....	1	2	7	8
n.	Asthma.....	1	2	7	8

D13.	Have you been pregnant in the past year?	Yes.....	1
		No	2
		RF	7
		DK	8

D14. I am going to read you a list of ways you might have felt or behaved recently. How often have you felt this way during the past week? (READ EACH ITEM) never, rarely, some of the time or most of the time?

EACH ITEM) never, rarely, some of the time or most of the time?		Never	Rarely	Some of the time	Most of the time	Ref	DK
a.	I felt depressed	1	2	3	4	7	9
b.	My sleep was restless	1	2	3	4	7	9
c.	I enjoyed life	1	2	3	4	7	9
d.	I had crying spells	1	2	3	4	7	9
e.	I felt sad	1	2	3	4	7	9
f.	I felt that people disliked me	1	2	3	4	7	9

SECTION E. SOCIODEMOGRAPHICS

We are almost finished. I just have a few more questions.

- | | | |
|-----|--|---|
| E1. | Are you currently married or living with a partner, single, widowed, separated, or divorced? | MARRIED OR LIVING WITH A PARTNER..... 1
SINGLE 2
WIDOWED, SEPARATED, OR DIVORCED..... 3
RF 7
DK..... 8 |
| E2. | Are you currently working at a job for pay? either full-time or part-time? | YES 1
NO (GO TO E2B)..... 2
RF 7
DK..... 8 |
| A. | Are you working full-time or part-time? | FULLTIME (GO TO E3)..... 1
PARTTIME (GO TO E3) 2
RF 7
DK..... 8 |
| B. | Are you currently looking for paid work? | YES..... 1
NO..... 2
RF 7
DK..... 8 |
| E3. | How many children under age 18 live in your household? | _____ number of children under age 18
(if none, Skip to E4)
RF(SKIP TO E4)..... 77
DK.....(SKIP TO E4)..... 88 |
| A. | How many of these children are under age 6? | _____ number of children under age 6
RF 77
DK 88 |
| E4. | Including yourself, how many adults live in your household? | _____ number of adults
RF 77
DK 88 |
| E5. | Are you of Spanish/Hispanic/or Latino origin or descent? | YES..... 1
NO.....(SKIP TO E7)..... 2
RF(SKIP TO E7)..... 7
DK.....(SKIP TO E7)..... 8 |
| E6. | Do you consider yourself (READ LIST) | Mexican, Mexican American, Chicano..... 01
Puerto Rican..... 02
Cuban..... 03
Other (SPECIFY)..... 07
RF 77
DK..... 88 |

SPECIFY: _____

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E7. Do you consider yourself white, African-American or Black, American Indian or Alaska Native, Asian or Pacific Islander or something else? [CIRCLE ALL THAT APPLY]

WHITE..... 1
 AFRICAN AMERICAN/BLACK 2
 AMERICAN INDIAN OR ALASKA NATIVE..... 3
 ASIAN OR PACIFIC ISLANDER..... 4
 OTHER(SPECIFY)..... 5
 RF 7
 DK..... 8

SPECIFY: _____

☐ ☐

IF YES TO ASIAN OR PACIFIC ISLANDER, ASK E8. OTHERS SKIP TO E9.

E8. Are you of Chinese, Vietnamese, Korean or other Asian heritage? [CIRCLE ALL THAT APPLY]

Asian Indian..... 01
 Chinese..... 02
 Phillipino..... 03
 Japanese 04
 Korean..... 05
 Vietnamese..... 06
 Native Hawaiian..... 07
 Guamanian or Chamorro..... 08
 Samoan..... 09
 Other Pacific Islander(.....) 10
 DK..... 88
 Ref..... 77

SPECIFY: _____

☐ ☐

E9 What is the highest level of school you have completed or the highest degree you have received?

Less Than High School (Grades 1–11, Grade 12 But No Diploma) 1
 High School Graduate Or Equivalent (GED)..... 2
 Some College, But No Degree (Including 2-Year Occupational Or Vocational Programs)..... 3
 Two Year College Graduate (e.g., AA Degree) 4
 College Graduate (e.g., BA, AB, BS) 5
 Postgraduate (e.g. MA, MS, MD, DDS, JD, PHD).. 6
 RF 7
 DK..... 8

E10 We'd like to know about any health insurance you might have. As I read each of the following types of health insurance, please tell me whether or not you are NOW covered by it ? (READ LIST.) Are you now covered by ...

	YES	NO	RF	DK
a. Health insurance through a job or union	1	2	7	8
b. Health insurance you or a family member bought directly from an insurance company	1	2	7	8
c. Medicaid, MA, or Medical Assistance (IF NECESSARY: a government plan that covers specific groups, including pregnant women with certain income levels)	1	2	7	8
d. Medicare (IF NECESSARY: a government plan that pays health care bills for people aged 65 and over and some disabled people).....	1	2	7	8
e. Military, Champus, TriCare Standard or VA insurance	1	2	7	8
f. Health insurance through some other source?(SPECIFY)	1	2	7	8
SPECIFY: _____				

IF NO INSURANCE OF ANY KIND—ALL ANSWERS TO E10 ARE NO—SKIP TO E13.

E11 Is your health plan an HMO, a PPO, or some other kind of managed care?

IF NECESSARY:An HMO is an organization that provides a full range of health care services and generally requires you to choose doctors and hospitals on the plan's list.

IF NECESSARY:A PPO or Preferred Provider Organization, gives you a list of doctors who they prefer you to use. If you use these doctors, you must pay only a small amount, but if you visit a doctor who is NOT on the list, you must pay all or most of what the doctor charges.

HMO 1
PPO 2
Other managed care 3
Not managed care 4
DK..... 8
Refused 7
Not applicable 9

E12 During the past 12 months, was there any time when you had *no* health insurance of any kind?

YES..... 1
NO..... 2
RF 7
DK..... 8

- E13. Which of the following income categories best describes your total household income before taxes for calendar year 2000? Was it (READ LIST)?**
- | | |
|-----------------------------|----|
| \$10,000 or less | 01 |
| \$10,001 to \$20,000 | 02 |
| \$20,001 to \$30,000 | 03 |
| \$30,001 to \$40,000 | 04 |
| \$40,001 to \$50,000 | 05 |
| \$50,001 to \$75,000 | 06 |
| \$75,001 to \$100,000 | 07 |
| \$100,001 or above..... | 08 |
| RF | 77 |
| DK..... | 88 |
-
- E14. How would you describe your sexual orientation?**
[Read List]
- | | |
|--------------------|----|
| Heterosexual | 01 |
| Lesbian/gay | 02 |
| Bisexual | 03 |
| Other | 04 |
| RF | 7 |
| DK..... | 8 |
-
- END TIME :

Thank you very much for giving us your time today. We will use this information to help improve health care for all women. All the information you gave will be kept anonymous.