

COE QUANTITATIVE EVALUATION

CODEBOOK

This document contains the questionnaires and codebook used in the evaluation of the quality of care in the clinical centers of the National Centers of Excellence in Women's Health. In the associated data file, the variable name was the same as the question number in the questionnaire. For example, question A1 in the survey of clients at the CoE sites ("First, what is your age?") is variable "A1" in the data file.

Similarly, the numeric values associated with responses are also shown in the question. For example, for question Q.A10 in the Community Benchmark Survey ("Is this health professional male or female?"), respondents who answered "male" have a value of "1" in the data file; those who answered "female" have a value of "2"; those who refused to answer have a value of "7"; and those who said "don't know" have a value "8."

The Appendix contains the numeric values for the responses to open-ended questions and those questions which had a number of "other" responses.

Note to Users: This uniform coding booklet was developed for telephone interview coding. For mailed surveys the coding may still be used to provide uniform scoring and data comparison across studies, however please disregard the interviewer prompts and script.

Formatting: Interviewer script is in bold.

INSTRUCTIONS TO INTERVIEWERS ARE IN CAPS.

Paperwork Reduction Act Statement

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OMB NO.: 0990-0250

EXPIRATION DATE: 10/31/2004

START TIME

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SCRIPT FOR IDENTIFYING APPROPRIATE RESPONDENT

Hello, this is _____ calling on behalf of _____. We are conducting a study of women's health issues and health care and we'd really appreciate your participation.

Q: HOUSEHOLD

For this study, we are only interviewing females. How many females age 18 or older are in your household?"

1. yes - one - respondent: GO TO CONSENT SCRIPT
2. yes - one - someone other than respondent: ASK TO SPEAK W/ HER
3. yes - more than one female age 18 or older: CONTINUE
4. no - no females in that age group: THANK AND END
5. no - no females in household: THANK AND END

Q: BIRTHDAY

Now, to determine who to interview ... of the females who currently live in your household who are age 18 or older -- (including yourself) -- we would like to interview the female who will have the NEXT birthday. (Would that be you or someone else?)"

1. Informant: GO TO CONSENT SCRIPT
2. Someone else -- ASK TO SPEAK TO HER
3. Don't know all birthdays, only some
4. Don't know any birthdays other than own

Q: ONESKNOW

Of the ones that you do know, who (females age 18 or older) will have the NEXT BIRTHDAY?"

1. Informant: GO TO CONSENT SCRIPT
2. Someone else: ASK TO SPEAK TO THAT PERSON

SECTION A. HEALTH CARE UTILIZATION

A1. First, what is your age?

_____ years

IF RESPONDENT IS UNDER AGE 18, SHE IS NOT ELIGIBLE. THANK AND END

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.]

87=87 OR MORE
88=DK
99=REF

IF RESPONDENT HAD NO HEALTH CARE VISITS IN PAST YEAR, SHE IS NOT ELIGIBLE. THANK AND END

A3. Did you see a doctor or nurse practitioner at any of these visits?

Yes (GO TO A4)..... 1
No 2

IF RESPONDENT DID NOT SEE A DOCTOR OR NURSE PRACTITIONER, SHE IS NOT ELIGIBLE. THANK AND END

A4. Were any of these visits for the following 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?

Yes (GO TO A5)..... 1
No 2
Refused 7
Don't know 8

IF SHE HAD NO VISIT IN THE PAST 12 MONTHS FOR ONE OF THESE REASONS LISTED IN ITEM A4, THE RESPONDENT IS NOT ELIGIBLE. THANK AND END.

A5. Is there one place you usually go to when you are sick or want advice about your health?

Yes 1
 No.....(GO TO A8)..... 2
 Rf.....(GO TO A8) 7
 Dk(GO TO A8)..... 8

A6. Where do you usually go-- to a doctor's office, a clinic, a hospital emergency room, or some other place?

Doctor's office1
 Private clinic or health center2
 Public clinic or health center3
 Hospital emergency room.....4
 Hospital outpatient department.....5
 Family planning clinic6
 HMO.....7
 Nurse practitioner8
 Midwife.....9
 Alternative health books/store10
 VA military hospital/clinic11
 Other (specify)12
 Don't know88
 Refused99

See Appendix, Note 1. for additional coding information.

SPECIFY: _____

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A7. How long have you been going to this place?

First Visit1
 <1 year2
 1 year to 2 years.....3
 More than 2 years4
 Don't know8
 Refused9

A8. Do you have a regular doctor or health professional you usually go to when you are sick or want medical advice?

YES..... 1
 NO(SKIP TO A12)..... 2
 RF (SKIP TO A12) 7
 DK (SKIP TO A12) 8
 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

A9. Is this health professional (a/an) (READ LIST)?

See Appendix, Note 2. for additional coding information.

SPECIFY: _____

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A10. Is this health professional male or female?

Male 1
 Female 2
 Rf 7
 Dk 8

A11. About how many years have you been seeing this health professional?

Less Than A Year 01

Number Of Years.....

Rf 77

Dk 88

A12. In the past year, did you have any health care visits to <COLLOQUIAL NAME OF CoE SITE>?

Yes 1

No 2

Rf 7

Dk 8

A13. In general, do you prefer to see a male or female health professional?

Male 1

Female 2

Either 3

Rf 7

Dk 8

A14. 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 know 8

A15. 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
B1a. complete physical exam	1	2	7	8
B1b. Test for glaucoma or pressure in the eye.....	1	2	7	8
B1c. Blood cholesterol test	1	2	7	8
B1d. Check for high blood pressure.....	1	2	7	8
B1e. Test for diabetes	1	2	7	8
B1f. Physical breast exam by a health care professional.....	1	2	7	8
B1g. Pap test..... [IF NECESSARY: A Pap test is a screening test for cervical cancer.]	1	2	7	8
B1h. Bone density test (for osteoporosis)	1	2	7	8
B1i. Screening for HIV/AIDS.....	1	2	7	8
B1j. Screening for other sexually transmitted diseases	1	2	7	8
B1k. Flu shot.....	1	2	7	8
B1l. WOMEN 50 YEARS OR OLDER: Colon cancer screening	1	2	7	8
B1m. WOMEN 40 YEARS OR OLDER: Mammogram	1	2	7	8
IF OVER 50, SKIP TO INSTRUCTIONS BEFORE B3				
B1n. Pregnancy test.....	1	2	7	8
B1o. Family planning services or contraception	1	2	7	8
B1p. 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
B2a. [IF NO TO B1a ABOVE] Have you had a complete physical exam within the last 3 years?	1	2	7	8
B2b. [IF NO TO B1g ABOVE] Have you had a Pap test within the last 3 years?	1	2	7	8
B2c. [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
B2d. [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
B3a. [IF NO TO B1c ABOVE] Have you had a blood cholesterol test within the last 5 years?	1	2	7	8
B3b. [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

B4. In the past 12 months, has any doctor or other health professional discussed with you...

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

	YES	NO	RF	DK	Does Not Apply
B4a. smoking.....	1	2	7	8	9
B4b. your diet and weight	1	2	7	8	9
B4c. the use of alcohol or drugs.....	1	2	7	8	9
B4d. exercise.....	1	2	7	8	9
B4e. WOMEN 40 YEARS OR OLDER: hormone replacement therapy.....	1	2	7	8	9
B4f. concerns about safety or violence at home.....	1	2	7	8	9
B4g. family or relationship concerns.....	1	2	7	8	9
B4h. Sexual function or concerns	1	2	7	8	9
B4i. Stress management	1	2	7	8	9
B4j. WOMEN UNDER 50: Preventing unintended pregnancies	1	2	7	8	9
B4k. the importance of adequate calcium intake	1	2	7	8	9
B4l. sexually transmitted diseases	1	2	7	8	9
B4m. urinary incontinence or leakage of urine.....	1	2	7	8	9

B5. 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 C12
 Don't know7
 Refused8

B6. In the last 12 months, did you see a health professional when you felt depressed or anxious?

Yes.....1
 No (SKIP TO C1).....4
 Refused (SKIP TO C1).....7
 Don't know(SKIP TO C1).....8

B7. What was the specialty of this professional?

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

See Appendix, Note 4. for additional coding information.

SPECIFY: _____

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B8. In the past 12 months have you been hospitalized for any reason OTHER THAN childbirth?

Yes.....1
 No2
 Rf7
 Dk8

SECTION C. SATISFACTION

- C1. We are interested in your opinions about your care at <COLLOQUIAL NAME OF 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 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
C1a. The courtesy of the office staff	1	2	3	4	5	7	8
C1b. The staff's flexibility in scheduling your appointment around your needs	1	2	3	4	5	7	8
C1c. Privacy when talking to the receptionist	1	2	3	4	5	7	8
C1d. How well the staff kept you informed about the waiting time	1	2	3	4	5	7	8
C1e. Help with scheduling your next visit	1	2	3	4	5	7	8
C1f. The chance to talk to your health professional with your clothes on	1	2	3	4	5	7	8
C1g. The amount of time you had to talk with your health professional	1	2	3	4	5	7	8
C1h. Your health professional's ability to answer questions in a sensitive and caring way	1	2	3	4	5	7	8

	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied	DK	REF
C1i. Your health professional's ability to explain things clearly	1	2	3	4	5	7	8
C1j. Your health professional's ability to help you feel comfortable talking about your concerns	1	2	3	4	5	7	8
C1k. The chance to ask all of your questions	1	2	3	4	5	7	8
C1l. Your health professional's ability to take what you say seriously	1	2	3	4	5	7	8
C1m. Your health professional's knowledge of your medical history	1	2	3	4	5	7	8
C1n. The chance to get everything you need at a single visit	1	2	3	4	5	7	8
C1o. Your health professional's willingness to explain different options for your care	1	2	3	4	5	7	8
C1p. Your health professional's interest in how your life affects your health	1	2	3	4	5	7	8
C1q. 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 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
C2a. The health professionals' focus on prevention	1	2	3	4	5	7	8	9
C2b. The health professionals' knowledge of women's health issues	1	2	3	4	5	7	8	9
C2c. The information you get about healthy living (such as diet and exercise)	1	2	3	4	5	7	8	9
C2d. The health professionals' interest in your mental and emotional health	1	2	3	4	5	7	8	9
C2e. Help with finding information resources in women's health	1	2	3	4	5	7	8	9
C2f. How well your health care fits your stage of life	1	2	3	4	5	7	8	9
C2g. How well your health information is kept private	1	2	3	4	5	7	8	9
C2h. Information about how to get the results of your tests	1	2	3	4	5	7	8	9
C2i. How well the health professionals explain the results of your tests or procedures	1	2	3	4	5	7	8	9
C2j. The chance to see the same health professional at each visit	1	2	3	4	5	7	8	9
C2k. The chance to see a health professional of the gender you prefer	1	2	3	4	5	7	8	9
C2l. The chance to get both gynecological and general health care there	1	2	3	4	5	7	8	9

	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Extremely satisfied	DK	REF	NA
C2m. Your overall trust in the health professionals there	1	2	3	4	5	7	8	

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 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
98 Don't Know
99 Refused

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

Definitely yes.....	1
Probably yes	2
Probably not.....	3
Definitely not.....	4
Don't know	8
Refused	7

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

Definitely yes.....	1
Probably yes	2
Probably not.....	3
Definitely not.....	4
Don't know	8
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 now? [READ LIST]

Much better now 1
 Somewhat better now..... 2
 About the same now..... 3
 Somewhat worse now 4
 Much worse now..... 5
 Rf 7
 Dk 8

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?

_____ number of days

0 – 30 days

[SELF-CARE REFERS TO BATHING, DRESSING, MOVING, TRANSFERRING, ETC.]

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, 1 to 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

ASK D7 OF WOMEN AGE 40 AND OLDER

D7. Are you currently taking hormone replacement therapy? (IF NECESSARY: Hormone replacement therapy is the use of estrogen during or after

Yes..... 1
 No 2
 RF 7

menopause.) DK 8

D8. About how much do you weigh without shoes? _____Lbs

RF 998

DK 997

D9. About how tall are you without shoes?

D9 _____FT **D9a** _____Inches

Rf9 Rf.....13

Dk.....10 Dk.....12

D10. In the past five years, has a doctor told you that you have any of the following conditions? (READ LIST.)

	YES	NO	RF	DK
D10a. Hypertension, also known as high blood pressure.....	1	2	7	8
D10b. Heart attack or any other heart disease.....	1	2	7	8
D10c. High cholesterol.....	1	2	7	8
D10d. Diabetes.....	1	2	7	8
D10e. Depression or anxiety.....	1	2	7	8
D10f. Migraine headaches.....	1	2	7	8
D10g. Arthritis	1	2	7	8
D10h. Osteoporosis or brittle bones	1	2	7	8
D10i. Obesity	1	2	7	8
D10j. Urinary incontinence or leakage of urine	1	2	7	8
D10k. Cancer , other than skin cancer.....	1	2	7	8
D10l. Eating disorders like anorexia or bulimia	1	2	7	8
D10m. Thyroid problems	1	2	7	8
D10n. Asthma.....	1	2	7	8

D11. Have you been pregnant in the past year?

Yes..... 1

No 2

RF 7

DK 8

D12. 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?

	Never	Rarely	Some of the time	Most of the time	Ref	DK
D12a. I felt depressed	1	2	3	4	7	9
D12b. My sleep was restless	1	2	3	4	7	9
D12c. I enjoyed life	1	2	3	4	7	9
D12d. I had crying spells	1	2	3	4	7	9
D12e. I felt sad	1	2	3	4	7	9
D12f. 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 |
| E2a. Are you working full-time or part-time? | FULLTIME (GO TO E3)..... 1
PARTTIME (GO TO E3) 2
RF 7
DK..... 8 |
| E2b. 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: _____

See Appendix, Note 5. for additional coding information.

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

E7 - First response

E7a – Second response

E7b – Third response

SPECIFY: _____ ☐ ☐

See Appendix, Note 6. for additional coding information.

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

E8 – First response

E8a – Second response

SPECIFY: _____ ☐ ☐

See Appendix, Note 7. for additional coding information.

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 ...

now covered by ...	YES	NO	RF	DK		
E10a. Health insurance through a job or union	1	2	7	8		
E10b. Health insurance you or a family member bought directly from an insurance company.....	1	2	7	8		
E10c. 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		
E10d. 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		
E10e. Military, Champus, TriCare Standard or VA insurance	1	2	7	8		
E10f. Health insurance through some other source?(SPECIFY)	1	2	7	8		
SPECIFY:				<table><tr><td></td><td></td></tr></table>		

See Appendix, Note 8. for additional coding information.

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

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.

LANGUAGE Language of Interview

1. English
2. Spanish

PARTIAL Was Interview Completed or Only Partially Completed

1. Partial Completion
2. Completed Interview

CENTERS OF EXCELLENCE IN WOMEN'S HEALTH
Codes for Open-Ended Questions

NOTE 1.

Q.A6 (Community Questionnaire)

WHERE R USUALLY GOES FOR HEALTH CARE

- 001 Doctor's office
- 002 Private clinic or health center
- 003 Public clinic or health center
- 004 Hospital emergency room
- 005 Hospital outpatient department
- 006 Family planning clinic
- 007 HMO
- 008 Nurse practitioner
- 009 Midwife
- 010 Alternative health bookstore
- 011 VA military hospital/clinic
- 600 Med station
- 888 Don't know
- 999 Refused

NOTE 2.

Q.A11 (CoE sites)

Q.A9 (Community questionnaire)

TYPE OF HEALTH PROFESSIONAL

001 Family physician or general practitioner

002 Internist or internal medicine doctor

003 Obstetrician or gynecologist

004 Physician's assistant

005 Nurse practitioner

006 Midwife

100 Cardiologist

102 Assistant Director of MCP

103 Hypertension specialist

104 Plastic surgeon

105 Specialist (not specified)

130 Gastroenterologist

160 Specialist in reproductive health

161 Surgeon

162 Medical student

180 Infertility specialist

210 Neurologist

240 Geriatric physician

270 Endocrinologist

271 Rheumatologist

272 Can only see nurse

301 Oncologist

303 Psychiatrist

330 Pulmonologist

331 Immunologist

360 Specialist to treat bladder

361 Infectious disease

362 Dermatologist

380 Respiratory doctor

470 Orthopedist

601 Gerontologist

630 Neurosurgeon

661 Allergist

888 Don't know

999 Refused; not ascertained

NOTE 3.

Q.A15A, Q.A15B, Q.A15C (CoE sites)

OTHER HEALTH PROFESSIONALS SEEN AT CoE

001 Family physician or general practitioner
002 Internist or internal medicine doctor
003 Obstetrician or gynecologist
004 Physician's assistant
005 Nurse practitioner
006 Midwife
100 Ear doctor; hearing
101 Urologist
102 Orthopedist
103 Breast specialist
104 Breast surgeon
105 Gastroenterologist
106 Neurologist
107 Throat specialist
108 Cardiologist
109 Specialist - heart and kidney
110 Proctologist
112 Oncologist
113 Pulmonary; pulmonologist
114 Radiologist
115 Surgeon
116 Urinary incontinence
117 Radiologic technician
119 Hematologist
120 Arthritis; doctor who treats arthritis
130 Dermatologist
131 Ophthalmologist
132 Dentist
133 Endocrinologist
134 Optometrist
135 Ear, nose, and throat
136 Nutritionist/dietician
137 Laboratories
138 Psychologist
139 Kidney, blood and bone doctor
140 Pain clinic
141 Rheumatologist
142 Nephrologist
143 Thyroid specialist
160 Renal doctor
161 Neurosurgeon

NOTE 3. (cont.)

Q.A15A, Q.A15B, Q.A15C (CoE sites)

162 Psychiatrist
180 Podiatrist
181 Allergy doctor; allergist
185 Eye doctor
186 Therapist
187 Osteoporosis physician
211 Breathing doctor; respiratory doctor
216 Optician
217 Health educator
218 Specialist (not specified)
219 Orthodontist
220 Specialist - headaches
221 Physical therapist
270 Reproductive specialist; fertility specialist
300 Nurse
302 Medical student
303 Geriatric specialist
330 Vascular surgeon
331 Phlebotomist
360 Social worker
380 Plastic surgeon
381 Rehabilitative specialist
382 Maxillofacial
440 Pediatrician
441 Liver specialist
442 Pharmacologist
443 Diabetes specialist
444 Fertility specialist
470 Sleep specialist
500 Carpal tunnel specialist
501 Exercise specialist
888 Don't know; no second/third professional
995 Other
999 Unknown

Alphabetical listing of codes for Q.A15A, Q.A15B, Q.A15C (CoE sites)

181 Allergy doctor; allergist
120 Arthritis; doctor who treats arthritis
103 Breast specialist
104 Breast surgeon
211 Breathing doctor; respiratory doctor
108 Cardiologist

NOTE 3. (cont.)

Q.A15A, Q.A15B, Q.A15C (CoE sites)

500 Carpal tunnel specialist
132 Dentist
130 Dermatologist
443 Diabetes specialist
100 Ear doctor; hearing
135 Ear, nose, and throat
133 Endocrinologist
501 Exercise specialist
185 Eye doctor
001 Family physician or general practitioner
444 Fertility specialist
105 Gastroenterologist
303 Geriatric specialist
217 Health educator
119 Hematologist
002 Internist or internal medicine doctor
139 Kidney, blood and bone doctor
137 Laboratories
441 Liver specialist
382 Maxillofacial
302 Medical student
006 Midwife
142 Nephrologist
106 Neurologist
161 Neurosurgeon
300 Nurse
005 Nurse practitioner
136 Nutritionist/dietician
003 Obstetrician or gynecologist
112 Oncologist
131 Ophthalmologist
216 Optician
134 Optometrist
219 Orthodontist
102 Orthopedist
187 Osteoporosis physician
140 Pain clinic
440 Pediatrician
442 Pharmacologist
331 Phlebotomist
221 Physical therapist
004 Physician's assistant
301 Physician's assistant

NOTE 3. (cont.)

Q.A15A, Q.A15B, Q.A15C (CoE sites)

380 Plastic surgeon
180 Podiatrist
110 Proctologist
162 Psychiatrist
138 Psychologist
113 Pulmonary; pulmonologist
114 Radiologist
117 Radiologic technicians
381 Rehabilitative specialist
160 Renal doctor
141 Rheumatologist
270 Reproductive specialist; fertility specialist
470 Sleep specialist
360 Social worker
218 Specialist (not specified)
220 Specialist - headaches
109 Specialist - heart and kidney
115 Surgeon
186 Therapist
107 Throat specialist
143 Thyroid specialist
101 Urologist
116 Urinary incontinence
330 Vascular surgeon

888 Don't know; no second/third professional
995 Other
999 Unknown

NOTE 4.

Q.B11 (CoE sites)

Q.B7 (Community Questionnaire)

SPECIALITY OF PROFESSIONAL SEEN FOR DEPRESSION OR ANXIETY

- 001 General physician
- 002 Social worker or counselor
- 003 Psychologist
- 004 Psychiatrist
- 100 Psychoanalyst
- 102 Internist
- 103 Ambulatory care specialist
- 104 Therapist
- 105 Screening test
- 130 Gynecologist
- 161 Midwife
- 180 Nurse practitioner
- 210 Neurologist
- 270 Grievance counselor
- 271 Cancer doctor
- 272 Endocrinologist
- 300 Hospice worker
- 301 Geriatric specialist
- 330 Naturopathic physician
- 380 Rheumatologist
- 410 Stress counselor
- 440 Pharmacologist
- 602 Oncologist
- 630 Liver specialist
- 631 Psychotherapist

- 997 Refused
- 998 Don't know

NOTE 5.

Q.E6 (Both surveys)

TYPE OF SPANISH, HISPANIC OR LATINO ORIGIN

001 Mexican, Mexican American, Chicano

002 Puerto Rican

003 Cuban

130 Dominican

131 Colombian

161 Guatemalan

162 Ecuadorian

180 Honduran

181 Cape Verdian

182 Latin American

183 Portuguese

210 South American

211 Peruvian

241 El Salvadorian

243 Guam

244 Spanish

270 Brazilian

271 Venezuelan

380 Panamanian

410 Chilean

440 Filipino

442 Costa Rican

998 don't know

999 not determined

NOTE 6.

Q.E7, Q.E7A, Q.E7B (Both surveys)

RACE

001 White

002 African American/Black

003 American Indian or Alaska native

004 Asian or Pacific Islander

130 mixed race

131 Indian

132 Trigueña

133 Morena

134 Hispanic

888 Don't know; no second or third response

995 Other

999 Refused

NOTE 7.

Q.E8, Q.E8A (Both surveys)
TYPE OF ASIAN HERITAGE

001 Asian Indian
002 Chinese
003 Filipino
004 Japanese
005 Korean
006 Vietnamese
007 Native Hawaiian
008 Guamanian or Chamorro
009 Samoan
100 Bangladesh
101 Malaysian
180 Indian
330 Taiwanese
360 Thailand
361 Other Asian heritage
380 Jamaican
441 Tongan

888 Don't know; no second response
999 Refused

NOTE 8.

Q.E10F (Both surveys)

OTHER SOURCE FOR HEALTH INSURANCE

100 Blue Cross
102 Health Partners
103 Keystone 65
111 Insurance group through school
141 Salud Menonita
142 MCS - university insurance
143 COBRA (through previous job)
144 Trabajo
160 United Health Care
162 Public aid
180 HealthNet/Boston Medical HealthNet
181 CareNet
182 Free Care program
183 Massachusetts health program
184 Boston health group
185 Boston medical insurance
210 AARP
212 Spouse's work (secondary insurance)
246 TROA
247 Genetically Handicapped Person's Program
270 Medex
271 Brigham program coverage - VIMA
300 QualChoice
304 TriCare gold
313 Cigna Healthcare
361 MCare
410 Gateway
413 Program through Magee clinic
416 University of Pittsburgh Medical Center
470 Federal program for Native Americans
471 Washington State DSHS
472 Basic Health - State of Washington
500 Advantage/Wishard Advantage
600 Prescription plan
660 Charity care from hospital
661 US HealthCare

888 Don't know
999 Refused