



# HCHS/SOL Health Care Use

ID NUMBER:	<input type="text"/>								
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FORM CODE: HCE  
VERSION: B 08/12/10

Contact Occasion  SEQ #

## ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don't know/refused' is not listed as an option.

1. In the past 12 months, where did you receive most of your health care?

- In the United States 1
- In my country of origin (if not U.S.) 2
- In another country 3
- Did not receive any care 4
- the past 12 months
- Refused 5

2. Was there a time in the past 12 months when you needed health care, but could not get it?

- No 0  → **GO TO QUESTION 5**
- Yes 1
- Refused 2  → **GO TO QUESTION 5**
- Don't know 9  → **GO TO QUESTION 5**

3. What reason(s) did you not get health care in the past 12 months when you needed it?

- |  | No                         | Yes                        |
|--|----------------------------|----------------------------|
| a. You couldn't get through on the telephone                       | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. You couldn't get an appointment soon enough                     | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Once you get there, you had to wait too long to see the doctor  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. The clinic/doctor's office wasn't open when you could get there | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. You didn't have transportation                                  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. You had no access to an interpreter                             | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| g. You couldn't take time off from work                            | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| h. You were concerned about any legal consequences                 | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| i. You were taking care of someone and could not leave them alone  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| j. You couldn't afford it.   | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

**IF YES TO 3j →**

4. During the past 12 months, did you need any of the following but, didn't get it because you couldn't afford it?

- |                                     | No                         | Yes                        |
|-------------------------------------|----------------------------|----------------------------|
| a. Prescription medications         | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. To go to see a doctor            | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Mental health care or counseling | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. Dental care                      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. Eyeglasses                       | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

5. During the past 12 months, how many times did you see a physician or health care provider for your health care?

Number of times

**IF RESPONSE TO QUESTION 5 IS ZERO → GO TO QUESTION 9**

6. During the last 12 months, how often did office staff at a doctor's office or clinic...

- |   | Never                      | Sometimes                  | Usually                    | Always                     |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. treat you with courtesy and respect?         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. be as helpful as you thought they should be? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

7. During the last 12 months, how often did doctors or other health providers...

- |  | Never                      | Sometimes                  | Usually                    | Always                     |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. listen carefully to you?                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. explain things in a way you could understand? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. show respect for what you had to say?         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. spend enough time with you?                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

8. During the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because of language differences?

- |           |                            |
|-----------|----------------------------|
| Never     | 1 <input type="checkbox"/> |
| Sometimes | 2 <input type="checkbox"/> |
| Usually   | 3 <input type="checkbox"/> |
| Always    | 4 <input type="checkbox"/> |

9. In the past 12 months have you used a *curandero*, *santero*, *espiritista* or other alternative care to treat any physical or emotional health concerns?

- |            |                            |
|------------|----------------------------|
| No         | 0 <input type="checkbox"/> |
| Yes        | 1 <input type="checkbox"/> |
| Refused    | 2 <input type="checkbox"/> |
| Don't know | 9 <input type="checkbox"/> |

