

Job #H1118

FINAL

CMWF NOLA CLINICS

A. INTRODUCTION AND SCREENER

D1 INTERVIEWER, RECORD RESPONDENT GENDER

- 1 Male
- 2 Female

READ: Hello, my name is _____, and I work for International Communications Research. Together with the Commonwealth Fund we are conducting a survey of patients at the clinics operating here in New Orleans. This should help the clinic operators to better understand the needs of New Orleans residents who use the services of these clinics. Your opinion is very important to us:

Q1 This survey should take about 10 minutes before your doctor's appointment and another 10 minutes after it. As a token of our appreciation we will give you \$10 once this survey is complete. All your answers will be completely confidential. We will not be asking for your name or any other information that could identify you. We are not selling anything. Your participation is voluntary and if you feel uncomfortable answering any question, you may refuse to do so at any time.

- 1 Agrees to participate SKIP TO Q8
- 2 Does not agree to participate
- 3 Has timing issue SKIP TO Q3

[ASK IF RESPONDENT MENTIONS TIMING ISSUE]

ASK Q3 IF Q1=3 OR Q2=1

Q3 This survey should only take ten minutes or so before the appointment and ten minutes after. If this is a problem we can call you to complete the second part of the interview or you can complete the second part of the survey by calling us at an 800 number we'll give you.

[INTERVIEWER: we will mail the \$10 to you]

- 1 Agrees to be interviewed SKIP TO Q8
- 2 Timing still a problem THANK AND TERMINATE SKIP TO C2
- 3 Refuses to be interviewed THANK AND TERMINATE SKIP TO C2

IF REFUSED AND TERMINATED

C2 INTERVIEWER, PLEASE RECORD TO THE BEST OF YOUR ABILITY THE RESPONDENT'S AGE RANGE:

- 1 Under 18
- 2 18-29
- 3 30-64
- 4 65 or older

C3 NOW RECORD TO THE BEST OF YOUR ABILITY THE RESPONDENT'S RACE:

- 1 White
- 2 Non-white
- 3 Asian
- D (DO NOT READ) Not sure

ASK Q8 IF AGREES TO INTERVIEW (Q1=1 OR Q3=1)

Q8 To participate in this survey you need to be 18 or older. Are you 18 or older?

- 1 Yes
- 2 No
- R (DO NOT READ) Refused

Q9 [IF UNDER 18 OR REFUSES (Q8=2, R) READ: We can only interview people who are 18 or older. Thank you for your time (PN: code as age ineligible).
[GO TO C2-C5 AND TERMINATE]

(ASK Q10 and Q10a IF 18 OR OLDER (Q8=1))

Q10 We are interested in people's experiences at this clinic. Are you here as a patient, accompanying a child younger than 18, or are you accompanying somebody else as a patient [MARK ALL THAT APPLY]?

- 1 Here as a patient
- 2 Accompanying a child under 18
- 3 Accompanying several children under 18
- 4 Accompanying somebody else
- R (DO NOT READ) Refused [GO TO C2-C5 AND TERMINATE]

Q10y [IF RESPONDENT ACCOMPANYING SEVERAL CHILDREN UNDER 18, READ: For this survey, we will be asking about the child you are accompanying today, who had the most recent birthday.]

Q10z [IF RESPONDENT IS HERE AS A PATIENT AND ACCOMPANIED A CHILD/SOMEONE ELSE, READ: For this survey we will be asking about your personal experience as a patient here.]

INTERVIEWER: MARK SURVEY TYPE.

- 1 Patient
- 2 Accompanying a child

[ASK D10a if Q10 = 2,3]

Q10a So that we can ask you the right questions, could you please tell me the age of this child?

- # _____(enter age in years)
- ## _____(enter age in months)
- R (DO NOT READ) Refused

[ASK Q10b IF ACCOMPANYING SOMEBODY ELSE (Q10=4, R)]

Q10b We are only interviewing people who are here as patients or accompanying children. Thank you very much for your time. (PN: code as ineligible)

ASK D13 if Q10=1:

D13 So that we can ask you the right questions, may I please ask your age?

- _____ YEARS (18-111)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK D13a IF D13 = DD OR RR)

D13a It would be helpful if you could just tell me whether you are (READ LIST)

- 1 18 to 25 years old,
- 2 26 to 39 years old,
- 3 40 to 49 year old, or
- 4 50 to 64 years old
- 5 65 years old or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q11 IF IN CLINIC AS A PATIENT OR ACCOMPANYING CHILD (Q10=1-3)]

Q11 Is this (YOUR/YOUR CHILD'S) first time visiting this clinic as a patient? (DO NOT READ OPTIONS)

- 1 Yes, first time
- 2 No, not the first time in clinic
- D (DO NOT READ) Don't know/not sure
- R (DO NOT READ) Refused

ASK Q12-Q14 IF NOT THE FIRST TIME VISITING THE CLINIC (Q11=2)

Q12 During the past year, that is since last February, about how many times other than today have you come to this clinic (IF Q10= 2,3: with your child) as a patient? (DO NOT READ)

- 1 Second time here this past year
- 2 2 or 3 times before today in the past year
- 3 4 to 9 times this past year
- 4 10 to 20 times this past year
- 5 More than 20 times this past year
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

Q13 Is this clinic the place (you/your child) would go to for (INSERT: a-c; DO NOT ROTATE)

- 1 Yes
 - 2 No
 - D (DO NOT READ) Don't know/not sure
 - R (DO NOT READ) Refused
-
- a. New health problems
 - b. Preventive health care, such as general checkups, examinations, and immunizations
 - c. Ongoing health problems

[ADAPTED FROM H1016 Q61A]

(ASK Q14a IF Q13a=2)

Q14a What is the place (you/your child) usually (go/goes) to for new health problems?
Is it a (READ ENTIRE LIST)?

- 1 A hospital emergency room
- 2 A clinic at a hospital
- 3 A different neighborhood clinic or health center
- 4 A private doctor's office
- 5 Or do you not have another usual place of care
- 6 (DO NOT READ) Some other place (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ADAPTED FROM H1016 Q61A]

(ASK Q14b IF Q13b=2)

Q14b What is the place (you/your child) usually (go/goes) to for preventive health care,
such as general checkups, examinations, and immunizations? Is it a (READ
ENTIRE LIST)?

- 1 A hospital emergency room
- 2 A clinic at a hospital
- 3 A different neighborhood clinic or health center
- 4 A private doctor's office
- 5 Or do you not have another usual place of care
- 6 (DO NOT READ) Some other place (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ADAPTED FROM H1016 Q61A]

(ASK Q14c IF Q13c=2)

Q14c What is the place (you/your child) usually (go/goes) for ongoing health problems?
Is it a (READ ENTIRE LIST)?

- 1 A hospital emergency room
- 2 A clinic at a hospital
- 3 A different neighborhood clinic or health center
- 4 A private doctor's office
- 5 Or do you not have another usual place of care
- 6 (DO NOT READ) Some other place (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK ALL

Q15 (Are you here/Is your child here) for an appointment with a (INSERT OPTION 1)
or with a (INSERT OPTION 2)

- 1 General doctor who treats a variety of illnesses?
- 2 Or a specialist
- D (DO NOT READ) Don't know/not sure
- R (DO NOT READ) Refused

[IF NECESSARY: A general doctor is a doctor in general practice, family medicine or internal medicine]

[IF NECESSARY: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.]

[ASK Q16 IF NOT FIRST TIME AT CLINIC (Q11=2, D, R)]

Q16 How long (have you/has your child) been coming to this clinic?
(DO NOT READ)

- 1 Less than a week
- 2 Between a week and less than a month
- 3 A month to less than two months
- 4 Two months to 11 months
- 5 Between one and two years
- 6 More than two years
- 0 (DO NOT READ) First time visiting the clinic
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q16a IF NOT FIRST TIME AT CLINIC (Q11=2, D, R)]

Q16a In general, is there one particular doctor or medical professional (you see/your child sees) for your medical care when you visit this clinic?

[IF NECESSARY: medical professional can be a nurse practitioner, for example]

- 1 Yes
- 2 No
- D (DO NOT READ) Not sure
- R (DO NOT READ) Refused

ASK ALL

(SCRAMBLE ITEMS A-E)

Q17 There are different reasons people may have for choosing this clinic. On a scale of 1 to 5 where 1 means not important at all and "5" means very important how important to you is:

- 1 1 Not Important
- 2 2
- 3 3
- 4 4
- 5 5 Very Important
- 7 (DO NOT READ) – Not applicable, first time at clinic
- D (DO NOT READ) Don't know/not sure
- R (DO NOT READ) Refused

- a. The cost of treatment in this clinic
- b. The quality of healthcare in this clinic
- c. The location of the clinic
- d. How well you know the medical staff in this clinic
- e. The way you are treated in this clinic

Q18 Today, how easy or difficult was it for you to get to this clinic? Was it very easy, easy, difficult or very difficult?

- 1 Very easy
- 2 Easy
- 3 Difficult
- 4 Very difficult
- D (DO NOT READ) Don't know/not sure
- R (DO NOT READ) Refused

Q19 How easy or difficult is it for you to get medical advice from this clinic during regular practice hours by TELEPHONE? Would you say it is (READ LIST)?-

- 1 Very easy
- 2 Easy
- 3 Difficult
- 4 Very difficult
- 6 (DO NOT READ) Never tried to contact by telephone
- 7 (DO NOT READ) Not applicable, first time at clinic
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

Q20 How easy or difficult is it for you to get (care/care for your child) or the medical advice you need in this clinic during the evenings, on weekends, or on holidays? Is it: (READ LIST)?

- 1 Very easy
- 2 Easy
- 3 Difficult
- 4 Very difficult



- 7 (DO NOT READ) Never tried/Never needed off-hour care/ First time in clinic
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

Q21 Last time (you were/your child was) sick or needed medical attention, how quickly could you get an appointment to see a doctor at this clinic?
(READ LIST)-

- 1 On the same day
- 2 The next day
- 3 In 2 to 3 days
- 4 4 to 7 days
- 5 After more than a week
- 6 Or were you never able to get an appointment
- 7 (DO NOT READ) Never tried to get an appointment at this clinic/First time in clinic
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

SECTION B: POST-KATRINA CONCERNS

ASK ALL

Q23 Now we have some questions about you (and your child). Were you living in the New Orleans area at the time Hurricane Katrina hit or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q24 IF Q23 = 1,D,R)

(IF Q10=2,3: ASK ONLY IF Q10a>3 years)

Q24 Thinking about where (you/your child) got your health care before Hurricane Katrina, would you say the place you usually went was Charity Hospital or one of its clinics, or not?

- 1 Main source of care was Charity Hospital or a Charity clinic
- 2 Main source of care was somewhere else
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK ALL

Q25 How confident are you that if (you become/your child becomes) seriously ill, you will (INSERT)? Are you...? (READ LIST) (IHP07 & HI)

- 1 Very confident
 - 2 Somewhat confident
 - 3 Not very confident
 - 4 Not at all confident
 - D (DO NOT READ) Not sure
 - R (DO NOT READ) Decline to answer
-
- a. Get quality and safe medical care (for your child)
 - b. Be able to afford the care you need (for your child)

[TREND: nsch survey: K10Q30-K10Q34]:

Q26 Now, for the next questions, I am going to ask you how much you agree or disagree with each of these statements about your neighborhood or community: Do you definitely agree, somewhat agree, somewhat disagree, definitely disagree with the statement (INSERT)?

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. "People in my neighborhood help each other out."
- b. "We watch out for each other's children in our neighborhood."
- c. "There are people I can count on in my neighborhood."

CURRENT HEALTHCARE AND INSURANCE STATUS

[ASK Q35 IF ADULT (Q10 = 1)]

ASK ITEM E IF no to others (Q35a=2,D,R AND Q35b=2,D,R AND Q35c=2,D,R AND Q35d=2,D,R)

Q35 Now I would like to ask you about any health insurance you CURRENTLY have that helps pay for the cost of health care. I'm going to read a list of a few types of health insurance, and I'd like you to tell me which of these you have if any. First, are you now PERSONALLY covered by (INSERT)? (Trend 2001 Q20, 2003 Q10, 2005 Q17; CwQ12)

[INTERVIEWER: If PEOPLE AUTOMATICALLY SAY –“ I don't have insurance” then you can skip reading through all the categories and just ask Q37]

[IF RESPONDENT NOT SURE WHICH INSURANCE IS INCLUDED: Please think about insurance plans that cover the costs of doctor and hospital bills IN GENERAL, and NOT those that cover ONLY dental or eye care or the costs of caring for specific diseases.]

[INTERVIEWER: IF RESPONDENT IMMEDIATELY SAYS “I don't have insurance” FILL “2” FOR Q35a-e AND CONTINUE WITH Q36/Q37]

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Private health insurance offered through an employer or union?
[INTERVIEWER: IF ANSWERS "NO": This could be insurance through a current job, a former job, your job or someone else's job.]
- b. A private health insurance plan that you bought yourself
- c. Medicaid or some other type of state medical assistance for low-income people (sometimes called CommunityCare).
- d. Medicare, the government program that pays health care bills for people over age 65 and for some disabled people
- e. health insurance through ANY other source, including military or veteran's coverage

BY OBSERVATION: INSURANCE. (Q35).

- 1 Has insurance (yes) to at least 1
- 2 Does NOT have insurance (not yes to any)

[ASK Q36 IF Q10 = 2, 3]

Q36 Does your child have any kind of health care coverage, including health insurance, prepaid plans such as HMOS, or government plans such as Medicaid?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[Ask Q36a IF Q36=1, D, R]

Q36a Is your child insured by Medicaid or the State's Children Health Insurance Program, S-CHIP? In Louisiana, the program is sometimes called LaCHIP:

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK Q37 IF NOT COVERED BY ANY INSURANCE (Q35a=2,D,R AND Q35b=2,D,R AND Q35c=2,D,R AND Q35d=2,D,R AND Q35e=2,D,R AND Q36=2,D,R)

Q37 Does this mean (you/the child) personally (have/has) NO health insurance now that would cover (your/any) doctor or hospital bills? (Trend 2001 Q25, 2003 Q13, 2005 Q20; CwQ15)

[INTERVIEWER: IF PARENT INTERVIEWED AND Q37=2 (HAS INSURANCE) GO BACK TO Q36 AND CHANGE TO 1]

- 1 Yes (DOES NOT have health insurance)
- 2 No (Does have some kind of health insurance)
- D (DO NOT READ) Don't know

R (DO NOT READ) Refused

ASK Q38 IF NOW INSURED (Q35a=1 OR Q35b=1 OR Q35c=1 OR Q35d=1 OR Q35e=1 OR Q37=2 OR Q36=1)

Q38 During the last 12 months, since March, 2008, did (you/this child) have health insurance ALL the time, or was there a time during the year when (you/the child) DID NOT have any health coverage? (Trend 2001 Q29, 2003 Q14, 2005 Q2; CwQ161)

- 1 Had Health insurance all the time/Always covered
- 2 Had a time without insurance
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK Q39 IF NOW UNINSURED (Q37=1 AND Q36=2,D,R)

Q39. During the last 12 months, have you (has this child) had health insurance at any time?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

F. ACCESS BARRIERS AND OUTSTANDING MEDICAL BILLS

(TREND 2001 Q9 MODIFIED, 2003 Q8 MODIFIED, 2005 Q15; BIQ10)
(ROTATE)

Q42 In the last 12 months, was there any time when you (INSERT) because of the COST?

- 1 Yes
 - 2 No
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
-
- a. Did NOT fill a prescription for medicine (IF Q10=2:for the child)
 - b. SKIPPED a medical test, treatment or follow-up recommended by a doctor (IF Q10=2:for the child)
 - c. (your child) had a medical problem but DID NOT go to a doctor or clinic
 - d. (your child) did not see a specialist when you or your doctor thought you needed one [IF NECESSARY: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care. Do not include visits for mental health care or counseling]

(TREND 2001 Q11, 2003 Q24, 2005 Q38; BIQ29)

Q44 During the last 12 months, were there times when you had problems paying or were unable to pay for medical bills? [INTERVIEWER NOTE: This can include bills for another family member.]

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(TREND 2001 Q13, 2003 Q26, 2005 Q41; BIQ32)

Q45 Over the last 12 months, have you had to change your way of life significantly in order to pay medical bills? [INTERVIEWER NOTE: This can include bills for another family member.]

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(TREND 2005 Q42A; BIQ33)

Q46 Do you currently have any medical bills you are paying off over time? This could include medical bills you are paying off with your credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year. [INTERVIEWER NOTE: This can include bills either for yourself or another family member.]

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(TREND 2005 Q67B; BIQ53)

(ROTATE ITEMS A-D)

Q47 Have any of the following happened in the past two years because of medical bills? Have you (INSERT) because of medical bills?

- 1 Yes
 - 2 No
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
-
- a. been unable to pay for basic necessities like food, heat or rent
 - b. REMOVED
 - c. taken out a mortgage against your home or took out a loan
 - d. taken on credit card debt

Now here are some questions we need to ask for statistical purposes:

D11 Are you currently (READ LIST)?

- 1 Married or Living with partner
- 2 Single, never married
- 3 Separated or Divorced
- 4 Widowed
- R (DO NOT READ) Refused

(TREND 2001 D4, 2003 D4, 2005 D4)

D2 What best describes your employment situation today? Are you now employed full-time, part-time, are you retired, are you unemployed but looking for work, or are you not employed for pay? [INTERVIEWER NOTE: Employed full-time defined as 35 hours or more per week. If less than 35 hours, then part-time.]

- 1 Employed full-time
- 2 Employed part-time
- 3 Retired
- 4 Unemployed, looking for work
- 5 Not employed for pay
- 6 (DO NOT READ) Disabled
- 7 (DO NOT READ) Student
- 8 (DO NOT READ) Other (homemaker, etc.)
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK IF D11=1

[TREND 2001 D13, 2003 D13, 2005 D5]

D3 Is your (husband/wife/partner) now employed full-time, part-time, retired, unemployed but looking for work or not employed for pay?

- 1 Employed full-time
- 2 Employed part-time
- 3 Retired
- 4 Unemployed, looking for work
- 5 Not employed for pay
- 6 (DO NOT READ) Disabled
- 7 (DO NOT READ) Student
- 8 (DO NOT READ) Other (homemaker, etc.)
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

D9 Aside from yourself (and your spouse/and your partner), are there any other adults living in your household, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK D9a IF D9 = 1)

D9a How many?

_____ (RECORD NUMBER 1-9)
RR (DO NOT READ) Refused

D10 How many children, under age 19, are living in your household?

_____ (RECORD NUMBER 0-15)
RR (DO NOT READ) Refused

ASK D10a IF D10=1 OR MORE)

(INSERT "this child" if D10 = 1, ELSE INSERT "any of these children")

D10a Are you the parent or guardian of (this child/any of these children), or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q27 and Q26d ONLY IF HAVE CHILDREN (D10a=1):

Q27 How often to you feel your child is safe in your community or neighborhood?
Would you say (READ LIST)?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely or Never
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

Q26d How much do you agree or disagree with the following statement:
"If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child."

- 1 Definitely agree

- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK Q48 IF Q1=1

Q48 IF COMPLETING THE INTERVIEW AFTER APPOINTMENT READ: Thank you for answering these questions. So that we can complete this survey after your appointment here please hold on to this card with your survey number. Your survey number is (INSERT C0).]

WE NEED SURVEY # TO APPEAR ON THE SCREEN

DO NOT TAKE RESPONDENT NAME

ASK Q48a IF Q1=3 AND Q3=1

Q48a IF COMPLETING THE INTERVIEW BY CALLING THE 800 NUMBER
READ: Thank you for answering these questions. You have asked to complete the second part of this interview by calling our 800 number. Here is a card with our phone number. You will need to take the survey within the next 48 hours. When you call please mention your survey number [INSERT: C0] that appears on this card [INTERVIEWER: WRITE survey number on the card].

INTERVIEWER RESUME INTERVIEW ONCE RESPONDENT HAS FINISHED
HER/HIS APPOINTMENT AND MEDICAL STAFF HAS RELEASED HER/HIM

PART II

Q49 [INTERVIEWER: THIS IS AFTER THE RESPONDENT'S APPOINTMENT]
READ: We will now continue with the survey. Could you please tell me your
survey number. This number appears on the card you received when you finished
the first part of the survey:

_____ (ENTER SURVEY NUMBER) SKIP TO Q50

- D (DO NOT READ) Doesn't know the number
R (DO NOT READ) Refused

(ASK Q49a IF Q49=R)

Q49a Would it be easier for you to complete the survey by phone? What would be a
good number to call you? At what time? [RECORD NUMBER AND TIME]
[IF RELUCTANT: You can call us at our 800 number? You would need to do
this within 48 hours]

- 1 Yes SKIP TO Q49b
2 No THANK AND TERMINATE SKIP TO C2

[INTERVIEWER: IF RESPONDENT CANNOT OR WILL NOT CONTINUE
THE INTERVIEW, OFFER TO CALL THEM. IF RELUCTANT OFFER THE
800 NUMBER; IF NECESSARY REMIND ABOUT THE INCENTIVE]

BY OBSERVATION: APPOINTMENT FOR RESPONDENT OR
RESPONDENT'S CHILD

- 1 Respondent
2 Child

BY OBSERVATION: FIRST TIME VISITOR

- 1 First time visitor
2 Have visited clinic before

[INTERVIEWER: if necessary read the information to the respondent. Make sure the respondent is aware of her/his survey number]

IF REFUSES TO CONTINUE CODE ACCORDINGLY AND GO TO C2-C5

[ASK IF HERE AS PATIENT (Q10=1)]

G: QUALITY OF CARE AT THE CLINIC

I will now ask you some questions about your experience (as a patient/as the parent of a patient) in this clinic:

[SOURCE: IHP 2008 AND MEPS]

(SCRAMBLE ITEMS A-D)

Q52 How often did doctors or other health providers in this clinic (INSERT ITEM) always, often, sometimes, rarely or never?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely or Never
- D (DO NOT READ) Don't know/not sure
- R (DO NOT READ) Refused

- a. listen carefully to you
- b. explain things in a way you can understand
- c. spend enough time with you [IF Q10=2: or your child]
- d. involve you in decisions about the best treatment for [you/your child]

Q55 [READ IF NOT FIRST VISIT TO THE CLINIC (Q11=2)]

Do you think your doctor or other health providers in this clinic understand important information about your medical history?

[READ IF FIRST VISIT TO THE CLINIC (Q11 = 1, D, R)]

Did you feel that the doctor or other health providers in this clinic understood important information about (your/your child's medical history)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 Not at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

Q54 Did you have questions about (your/your child's) care or treatment that you wanted to discuss, but did not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

Q56 How much confidence and trust did you have in the doctor treating (you/your child)—a great deal, a fair amount, not too much, or none at all?

- 1 Great deal
- 2 A fair amount
- 3 Not too much
- 4 None at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(MEPS)

Q57 How often did doctors or other health providers in this clinic show respect for what you had to say (READ LIST)?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely or Never
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[SOURCE: QUALITY OF CARE 2001, Q40 (BASE MODIFIED); CWQ33]
(ROTATE ITEMS A-C)

Q58 [READ IF NOT FIRST VISIT TO THE CLINIC (Q11=2)]

Thinking about all of the experiences you have had with this clinic, have you ever felt that the doctor or medical staff (you/your child) saw treated you unfairly or with disrespect because of (INSERT)?

[READ IF FIRST TIME TO THE CLINIC)Q11 = 1,D, R)

Thinking about your visit at this clinic, did you feel that the doctor or medical staff you saw treated you unfairly or with disrespect because of (INSERT)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know/not sure
- R (DO NOT READ) Refused

- a. your ability to pay for the care or the type of health insurance you have
- b. how well you speak English
- c. your race or ethnic background

[SOURCE: CAHPS CLINICIAN AND GROUP SURVEY CORE COMPOSITES Q24, MODIFIED]

Q59 Do you think the staff at this clinic are as helpful as you think they should be?
(READ LIST)

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 Not at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[SOURCE: FROM KAISER STUDY]

Q50 Overall, how well would you say (your/your child's) health needs are met in this clinic? Very well, somewhat well, not too well or not at all well?

- 1 Very well
- 2 Somewhat well
- 3 Not too well
- 4 Not at all well
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[SOURCE: ACES Q41; CWQ22]

Q61 Would you recommend this clinic to your family and friends?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 Not at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

H: COORDINATION OF CARE

(SCRAMBLE ITEMS A-C)

Q90 Now we will ask some questions about how well (your/your child's) visits here are organized. When getting care for a medical problem, at this clinic, was there EVER a time when (INSERT)? (PN: If respondent indicates never seen doctor/had tests force code 3 for all)

- 1 Yes
 - 2 No
 - 3 (DO NOT READ) Never seen a doctor/had tests
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
-
- a. Test results or medical records were not available at the time of (your/your child's) scheduled appointment
 - b. Doctors ordered a medical test that you felt was unnecessary because the test had already been done
 - c. (You/Your child) had a blood test, lab test or diagnostic test and you experienced delays in being notified about results

ASK Q91 IF NOT FIRST VISIT TO THE CLINIC (Q11=2)

Q91 How often have you felt that your time was wasted because (your/you and your child's) medical care in this clinic was poorly organized?

PROMPT IF NECESSARY: For example, having to go to multiple places for care, providers not available at time of scheduled appointment, test results not yet available, etc.] (READ LIST)

- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely or Never
 - 7 (DO NOT READ) Not applicable
 - D (DO NOT READ) Not sure
 - R (DO NOT READ) Refused
-
- Q91a About how long did you have to wait today between the time you arrived at the clinic and the time you were seen by the doctor?

_____ minutes

_____ hours

- D (DO NOT READ) Don't know/Not sure
- R (DO NOT READ) Refused

Q92 Did the doctor or someone else at this clinic help you coordinate or arrange the care (you receive/your child receives) from other doctors and places, or not?

- 1 Yes
- 2 No
- 6 (DO NOT READ) Not applicable
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[SOURCE: IHP 2005, Q1200; CWQ19]

Q93 How many different prescription medications (do you/does your child) currently take on a regular or on-going basis? (INTERVIEWER NOTE: For aspirin, vitamins, supplements, etc, SAY: This applies if you need a prescription to buy that medication.)

- ___ RECORD NUMBER (1-97)
- 00 NONE
- 98 DON'T KNOW/NOT SURE
- 99 REFUSED

BY OBSERVATION:

- 1 TAKES PRESCRIPTION MEDICATION (1+)
- 2 DOES NOT TAKE PRESCRIPTION MEDICATION (0)
- 3 DON'T KNOW/REFUSED

[SOURCE: IHP 2005, Q1215 MODIFIED; CWQ20]

ASK ALL IF Q93>0 OR Q93=98

(ROTATE ITEMS A AND B)

Q94 Has a doctor in this clinic ever [INSERT ITEM]?

- 1 Yes
 - 2 No
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
-
- a. reviewed with you the medications (you take/your child takes), including those prescribed by other doctors
 - b. explained the side effects of the medications (you are taking/your child takes).
 - c. given you a written list of medications (you are taking/your child takes).

[SOURCE: FROM H1173, Q.C3A]

[ASK ALL]

Q96 In the past 12 months, how many times, if any, (have you/has your child) received care in a hospital emergency room?
(READ LIST IF NECESSARY. ENTER ONE ONLY)

- 0 None
- 1 1 time
- 2 2 times
- 3 3 times
- 4 More than 3 times
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[IHP05]

ASK Q97 OF THOSE WHO USED ER [IF Q96=1,2,3,4]

Q97 The last time (you/your child) went to the emergency room, was it for a condition that you thought could have been treated by the doctors at the place where (you/the child) usually get medical care?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK ALL]

[FROM H1173, Q.C3b]

Q98 In the past 12 months, (were you/was the child) ever a patient in a hospital overnight (If D1=2 ADD: other than to have a baby)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF FIRST TIME VISITOR - MARK Q100 AS FIRST TIME VISITOR AND DO NOT ASK.

ASK Q100 IF NOT FIRST TIMER AND WENT TO THE EMERGENCY ROOM OR WAS ADMITTED TO THE HOSPITAL [(IF Q96=1,2,3,4) OR (Q98=1)]

Q100 You mentioned that (you/the child) {if (Q96=1,2,3,4): (have/has) gone to the ER (if Q98=1): (were/was) admitted to a hospital [if (Q96=1,2,3,4) AND (Q98=1)]}:gone to the ER and (you were/your child was) admitted to a hospital] in the past 12 months.

After (you/your child) went there, did the doctors in this clinic seem informed and up-to-date about the care that (you/the child) had received in the [if (0<Q96<5): ER | (if Q98=1): hospital] if (Q96=1,2,3,4): AND (Q.98=1): ER and the hospital]?

- 1 Yes
- 2 No
- 3 (DO NOT READ) Did not visit this clinic after the ER/hospitalization
- 4 (DO NOT READ) First time visitor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q100a IF FIRST TIMER AND WENT TO THE EMERGENCY ROOM OR WAS ADMITTED TO THE HOSPITAL [(IF Q96=1,2,3,4) OR (Q98=1)]

Q100a After (you/your child) went to the ER or hospitalized overnight, did the doctor you usually go to for care seem informed and up-to-date about the care you had received there?

- 1 Yes
- 2 No
- 3 (DO NOT READ) Did not visit my doctor after ER/hospitalization
- 4 (DO NOT READ) Do not have a doctor I usually go to
- 5 (DO NOT READ) Not first time visitor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[SOURCE: MEPS]

ASKED IF REPEAT VISITOR TO CLINIC

Q101 In the past 12 months, did you or a doctor think (you/the child) needed to see a specialist?

[IF NEEDED: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care."]

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK OF Q101=1]

Q101z Did (you/your child) see that specialist?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK Q101a - Q101c IF SEEN A SPECIALIST (Q101z=1)

Q101a Did (you/the child) see this specialist [READ]:

- 1 In this clinic
- 2 In another community clinic (medical home)
- 3 At a doctor's office
- 4 At a hospital
- 5 Somewhere else (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DON OT READ) Refused

[SOURCE: ADAPTED FROM PCAS, Q31]

Q101b Thinking about this other doctor or specialist, did the doctors in this clinic help (you/your child) decide who to see?

- 1 Yes
- 2 No
- 3 (DO NOT READ) Didn't need any help
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

Q101c After (you/the child) saw this other doctor or specialist, did the doctors in this clinic: help you understand or make decisions about the information or care you received from the other doctor?

- 1 Yes
- 2 No
- 3 (DO NOT READ) Didn't need any help
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

I: PREVENTIVE CARE

(TREND: Adolescent Health Survey Section 10 Q14 modified/Commonwealth Fund Adolescent Health Survey 1997 A12 modified)

Q109 When did (you/your child) last have a routine check-up or physical exam?

- 1 Within the past 6 months
- 2 7 to 12 months ago
- 3 1-2 years ago
- 4 More than 2 years ago
- 8 Don't know
- 9 Refused

[TREND 2003, 2005;CWQ51]

(ASK ITEMS a AND b IF Q10=1)

(ASK ITEM c IF FEMALE AGE 40 AND OVER [D1 = 2 AND D13 = >39 OR D13a = 3, 4 OR 5])

(ASK ITEM d IF AGE 50+ [D13 = >49 OR D13a = 4 OR 5])

(ASK ITEM e IF AGE 65+ [D13 = >64 OR D13a = 5])

(ASK ITEM f OF EVERYONE)

(ASK ITEM g IF MALE AGE 40+ [D1 = 1 AND D13 = >39 OR D13a = 3, 4 OR 5])

Q110 Next I will ask you about some tests given by doctors or other health professionals that screen for medical conditions. Did you have (INSERT 1st Part) within the past (INSERT 2nd Part) or not? How about (INSERT 1st Part)—did you have (INSERT 1st Part) within the past (INSERT 2nd Part) or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. your cholesterol checked/five years
- b. your blood pressure checked/year
- c. a mammogram/two years
- d. a screening for colon cancer/five years
- e. a flu shot/year
- f. a dental exam/year
- g. A blood test or rectal exam for prostate cancer/two years

[SOURCE: ACES, Q12 MODIFIED; CWQ52]

[ASK Q110z IF PATIENT IS A CHILD (Q10=2, 3)]

Q110z During the past 12 months, did your child see a dentist for any routine preventive dental care, including checkups or screenings?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

Q111 In the last 2 years, has anyone ever reminded you to schedule preventive care that (you were/your child was) due to receive, for example: a flu shot, cancer screening, or eye exam?

- 1 Yes, in this clinic
- 2 Yes, somewhere else
- 3 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[TREND: QUALITY OF CARE 2001, Q54; CWQ53]

[ASK Q112 IF Q10=1]

Q112 Do you currently smoke cigarettes?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[SOURCE: CWQ54]

(ASK ITEM Q113A ONLY IF Q112 = 1)

(SCRAMBLE ITEMS A-C)

Q113 Has a doctor or any other medical professional in the past year talked to you about (INSERT) [READ OPTIONS]?

- 1 Yes, in this clinic
 - 2 Yes, somewhere else
 - 3 No
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
-
- a. the health risks of smoking and ways to quit
 - b. exercise and having a healthy diet and weight/your child having a healthy diet and weight

- c. any emotional concerns that may be affecting (your/your child's) health (for example, depression or stress)

[SOURCE: QUALITY OF CARE 2001, Q28 (BASE MODIFIED); CWQ30]

(ASK Q114 IF NOT FIRST TIME AT CLINIC (IF Q11=2))

Q114 (Have you/has your child) ever NOT followed the advice or treatment plan from a doctor in this clinic, including getting a recommended test or seeing a referred doctor?

[INTERVIEWER, IF NECESSARY: Remember that your answers are strictly confidential and are not shared with the medical staff here or anyone else]

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[SOURCE: QUALITY OF CARE 2001, Q29 (BASE MODIFIED); CWQ31]

ASK Q114A IF DID NOT FOLLOW DOCTOR'S ADVICE OR TREATMENT PLAN (Q114=1)

(SCRAMBLE ITEMS A-F)

Q114a Did (you/you or your child) not follow the doctor's advice or treatment plan because (INSERT)?

- 1 Yes
 - 2 No
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
-
- a. you didn't understand what you were supposed to do
 - b. you disagreed with what the doctor wanted (you/your child) to do
 - c. it cost too much
 - d. it was too difficult to do
 - e. the doctor's advice went against your personal beliefs
 - f. of the potential side effects of the drug or treatment

J: HEALTH STATUS AND CHRONIC DISEASE MANAGEMENT

The next few questions are about your/your child's health and some specific conditions you/they may have.

Q120 In general, would you say (your/your child's) health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q120a of ALL ADULTS] [Biennial 2005, Quality of Care 2006]

Q120a Does a disability or handicap keep you from working full time or limit housework or other daily activities?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q120b if PATIENT IS CHILD (Q10 = 2, 3)]

Q120b Is your child limited or prevented in any way in his/her ability to do the things most children of the same age can do?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[IHP05; IHQ760]

(SCRAMBLE ITEMS A-G)

[ASK Q121 IF PATIENT IS ADULT Q10 = 1]

Q121 Have you EVER been told by a doctor that you have [INSERT ITEM]?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[INTERVIEWER NOTE: READ STEM TWICE, THEN AS NECESSARY]

- a. Hypertension or high blood pressure
- b. Diabetes or high blood sugar
- c. Asthma or other breathing problems
- d. Heart Disease
- e. Cancer
- f. Severe overweight or obesity
- g. Depression, anxiety, problems with stress or nerves

ASK Q122 IF PATIENT IS CHILD (Q10 = 2, 3)
(SCRAMBLE ITEMS A-F)

Q122 Has a doctor or other medical professional ever told you that your child has
[INSERT ITEM]?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Asthma
- b. Eczema or any kind of skin allergy
- c. [IF CHILD IS 3 OR OLDER]: Any developmental delay or learning disability
- d. [IF CHILD IS 2 OR OLDER] Behavioral or conduct problems
- e. [IF CHILD IS 6 OR OLDER] Attention Deficit Hyperactive Disorder or ADHD
- f. [IF CHILD IS 6 OR OLDER] Depression or anxiety problems

[ASK Q123 IF EVER TOLD CHILD HAS ASTHMA: Q122a=1]

Q123 Does your child still have asthma?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q123c-f IF Q123 = 1]

Q123c During the last 2 months, how many times has your child had an asthma attack,
or trouble breathing when your child needed rest or extra medical care (such as
more medicines or trips to the doctor)?

_____ # of times

- 0 none
- D DON'T KNOW
- R REFUSED

Q123d During the last 2 months, because of problems with his/her asthma, how many
times has your child been seen in the emergency room?

_____ # of times

- 0 none
- D DON'T KNOW
- R REFUSED

Q123e During the last 2 months, because of problems with asthma, how many times has your child been in the doctor's office or clinic for a sick visit (not including today's visit)?

____ # of times

- 0 none
- D DON'T KNOW
- R REFUSED

Q123f Does your child use medicine for his or her asthma:

- 1 Everyday
- 2 A few times per week
- 3 Only with symptoms
- 4 Never uses asthma medicines
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

[IHP05; IHQ775]

ASK Q124-126 IF RESPONDENT IS ADULT AND HAS DIABETES (Q121b=1)

Q124 Have you ever taken an "a one c," a blood test to check sugar control in the past year?

- 1 Yes, in this clinic
- 2 Yes, somewhere else
- 3 No
- D (DO NOT READ) Don't know/Not sure
- R (DO NOT READ) Refused

[IHP05 IHQ775]

Q125 Did you have your feet examined by a health professional for sores or irritations in the past year? (READ LIST)

- 1 Yes, in this clinic
- 2 Yes, somewhere else
- 2 No
- D (DO NOT READ) Don't know/Not sure
- R (DO NOT READ)Refused

[IHP05]

Q126 Did you have an eye examination for your diabetes in the past year at this clinic? (READ LIST)

- 1 Yes, in this clinic
- 2 Yes, somewhere else
- 2 No
- D (DO NOT READ) Don't know/Not sure
- R (DO NOT READ)Refused

[127a IHP07]

[127b MODIFIED PACIC]

(ASK Q127 IF RESPONDENT HAS ANY CONDITION [(Q121a=1) OR (Q121b=1)
OR (Q121c=1) OR (Q121d=1) OR (Q121e=1) OR (q121f=1) OR (q121g=1) or OR (Any
of Q122a-f=1)

(SCRAMBLE ITEMS A AND B)

Q127 Has any health care professional (you see/your child sees) in this clinic for
(this/these) health condition/s [INSERT]?
[IF FIRST TIME IN CLINIC CODE AS "7"]

- 1 Yes
 - 2 No
 - 7 (DO NOT READ) Not applicable/first time in clinic
 - D (DO NOT READ) Don't know/Not sure
 - R (DO NOT READ) Refused
-
- a. Given you a written plan or instructions to help you manage (your own/your
child's) care at home
 - b. Contacted you after a visit to see how things were going with (this/these)
condition/s

[SOURCE: HOW'S YOUR HEALTH]

(ASK Q128 IF RESPONDENT HAS ANY CONDITION [(Q121a=1) OR (Q121b=1)
OR (Q121c=1) OR (Q121d=1) OR (Q121e=1) OR (q121f=1) OR (q121g=1) or OR
(Q122a=1) OR (Q122b = 1) OR (Q122c=1)

Q128 In general, how much have any of the doctors or nurses helped (you/your child)
live with this condition/these conditions? (READ LIST)

- 1 A lot
- 2 Some
- 3 A little
- 4 Not much
- D (DO NOT READ) Not sure
- R (DO NOT READ) Decline to answer

[SOURCE: HOW'S YOUR HEALTH]

(ASK Q129 IF RESPONDENT HAS ANY CONDITION [(Q121a=1) OR (Q121b=1)
OR (Q121c=1) OR (Q121d=1) OR (Q121e=1) OR (q121f=1) OR (q121g=1) or OR
(Q122a=1) OR (Q122b = 1) OR (Q122c=1)

Q129 How confident are you that you can control and manage most of (your/your
child's) health problems? (READ LIST)

- 1 Very confident
- 2 Somewhat confident
- 3 Not very confident
- 4 Not at all confident
- D (DO NOT READ) Not sure
- R (DO NOT READ) Decline to answer

MENTAL HEALTH SECTION

(CMWF 1998 WOMEN'S HEALTH SURVEY)

IF RESPONDENT INDICATED DEPRESSION (Q121G=1 OR G122F=1) AND
PATIENT IS 6 OR OLDER

MH2 In the last 12 months, was there any time when (you/your child) needed to see or
consult with a health professional because (you/the child) felt anxious, stressed, or
depressed, or not?

- 1 Yes, needed to consult
- 2 No, did not SKIPS TO 131
- D (DO NOT READ) Don't know/Not sure
- R (DO NOT READ) Refused

(CMWF 1998 Women's Health Survey)

[ASK MH3-MH6 IF MH2=1]

MH3 Did (you/the child) see a health professional when (you/the child) felt depressed
or anxious, or not?

- 1 Yes, have seen professional for these reasons
- 2 No, have not SKIPS TO MH6
- D (DO NOT READ) Don't know/Not sure SKIPS TO MH6
- R (DO NOT READ) Refused SKIPS TO MH6

(CMWF 1998 WOMEN'S HEALTH SURVEY)

MH4 Did you have any problems getting to see the health professional (you/your child)
needed to see?

- 1 Yes, had problems
- 2 No, did not
- D (DO NOT READ) Don't know/Not sure

R (DO NOT READ) Refused

(CMWF 1998 WOMEN'S HEALTH SURVEY)

MH5 What was the specialty of this professional? (READ LIST IF NECESSARY – RECORD ALL THAT APPLY)

- 1 General physician
- 2 Mental health counselor/social worker
- 3 Psychologist
- 4 Psychiatrist
- 5 Other
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

MH6 (Are you/Is the child) currently taking medication for your/their depression or anxiety, or not?

- 1 Yes, currently taking medication
- 2 No, not taking
- D (DO NOT READ) Don't know/Not sure
- R (DO NOT READ) Refused

[ASK MH7 IF MH2=1 AND MH3=2]

MH7 What was the main reason that (you/the child) did not see a health professional when needed?
(DO NOT READ LIST RECORD ALL THAT APPLY)

- 1 Too expensive
- 2 Too embarrassed
- 3 Could handle by self
- 4 Mental health not covered by insurance
- 5 Could not get a referral
- 6 Didn't know where to go
- 7 Other (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK MH8 IF MH3=1]

MH8 Did the person (you see/your child sees) for these problems help (you/the child) a lot, some, a little, or not at all?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all

- D (DO NOT READ) Don't know/Not sure
- R (DO NOT READ) Refused

[ASK MH9 IF MH3=1]

MH9 Did you see this person at this clinic or somewhere else?

- 1 At this clinic
- 2 Somewhere else
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q130 IF (Q121G=1 OR Q122F=1) AND MH9=1](RESPONDENT HAS DEPRESSION and treated in the clinic)

Q130 What is the overall rating of the outpatient mental health care you received in this clinic (READ LIST)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 (DO NOT READ) Does not apply/Was not treated here for this
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

HEALTH LITERACY AND INTERPRETER SERVICES

Now thinking about the information and prescriptions you receive from a doctor's office.

[ASK ALL]

[Trend: Quality of Care 2001/2006]

(SCRAMBLE ITEMS A-B)

Q131 How easy or difficult is it for you to (INSERT)—very easy, easy, difficult, or very difficult?

- 1 Very easy
- 2 Easy
- 3 Difficult
- 4 Very difficult
- 7 (DO NOT READ) Don't get a prescription/any info from doctor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. read and understand the instructions on a prescription bottle about how to take a medicine
- b. read and understand written information that you receive from doctors or other medical personnel about your health

{Source: Census 2000, modified}

[ASK Q132 IF INTERVIEW IS IN ENGLISH]

Q132 Do you speak a language other than English at home?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q133 IF INTERVIEW IS CONDUCTED IN SPANISH OR RESPONDENT SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME (Q132=1)]

Q133 During your visit/s to this clinic did you need an interpreter to help you speak with a doctor?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused