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OMB#: xxxx-xxxx
Exp. xx/xx/xxxx

HCHS/SOL- Visit 2- Health Care Questionnaire

ID NUMBER:

FORM CODE:HCE
VERSION: 1 9/12/13

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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

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.

A. Health Care sought and received in the preceding 12 months.

1. In the **past 12 months**, did you get health care?

- No 0 **[GO TO QUESTION 11]**
- Yes 1
- Refused 2 **[GO TO QUESTION 11]**
- Don't Know 9 **[GO TO QUESTION 11]**

2. What was the reason for seeking health care? (select all that apply)

- a. Annual check-up and/or preventive care 1
- b. Pregnancy-related care 2
- c. Acute care (sudden illness not requiring going to the emergency room) 3
- d. Injury or accident 4
- e. Emergency care 5
- f. Chronic or regular care of a disease (e.g. diabetes, hypertension, cancer, asthma) 6
- g. Other 7

Specify: _____

3. In the **past 12 months**, where did you receive your health care? (select all that apply)

	All the time	Most of the time	Some of the time	None of the time
a. In the United States mainland	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. In Puerto Rico	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. In Mexico	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. In Canada	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. In another country not mentioned above	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Specify: _____

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

- No 0 **[GO TO QUESTION 8]**
- Yes 1
- Refused 2 **[GO TO QUESTION 8]**
- Don't Know 9 **[GO TO QUESTION 8]**

5. 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"/>

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6. During the **past 12 months**, did you need any of the following but, did not get it, because you could not afford it?

- | | No | Yes |
|---|----------------------------|----------------------------|
| a. Prescription medications | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. To go to see a doctor specialist | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Surgical procedure | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. Clinical procedure | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. Behavioral therapy, stress management/counseling | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. Dental care | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| g. Eyeglasses | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| h. Other | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

Specify: _____

7. During the **past 12 months**, how many times did you go to an acute or urgent care center, or emergency room?

Number of times **If = 0, GO TO QUESTION 8**

a. How many of these visits took place in the U.S. mainland?

- All 1
- Most 2
- Some 3
- None 4

8. In the **past 12 months**, not counting times you went to an emergency room or urgent care facility, how many times did you go to a doctor, nurse or other health professional to get care for yourself for any reason?

Number of times **If = 0, GO TO QUESTION 9**

a. How many of these visits took place in the U.S. mainland?

- All 1
- Most 2
- Some 3
- None 4

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B. ROUTINE CARE

9. Do you have one person you think of as your personal doctor or health care provider?

- Yes, only one 1
- More than one 2
- No (If "No", ask the question below). 3
- Refused 4
- Don't know/not sure 9

10. What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up? (select only one)

- Doesn't get preventive care anywhere 1
- Clinic or health center 2 **GO TO QUESTION 12**
- Doctor's office or HMO 3 **GO TO QUESTION 12**
- Hospital emergency room 4 **GO TO QUESTION 12**
- Hospital outpatient department 5 **GO TO QUESTION 12**
- Some other place 6 **GO TO QUESTION 12**
- Doesn't go to one place most often 7
- Refused 8 **GO TO QUESTION 12**
- Don't know 9 **GO TO QUESTION 12**

11. Why don't you have a usual source of medical care? (Select all that apply.)

- | | No | Yes |
|--|----------------------------|----------------------------|
| a. Doesn't need a doctor/Haven't had any problems | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. Doesn't like/trust/believe in doctors | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Doesn't know where to go | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. Previous doctor is not available/moved | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. Too expensive/no insurance/cost | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. Speak a different language | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| g. No care available/Care too far away, not convenient | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| h. Put it off/Didn't get around to it | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| i. Other | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| j. Refused | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| k. Don't know | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

C. USE OF SCREENING AND PREVENTIVE SERVICES, AND CHRONIC CARE

12. [All participants]] About how long has it been since you had a routine check-up by a doctor or other health professional? (Select one)

- Within past year 1
- Within past 2 years 2
- Within past 3 years 3
- Within past 5 years 4
- More than 5 years 5
- Never 6
- Refused 7
- Don't know 9

13. [All participants] About how long has it been since you had a flu vaccination (shot or nasal spray)?

- Within past year 1
- Within past 2 years 2
- Within past 3 years 3
- Within past 5 years 4
- More than 5 years 5
- Never 6
- Refused 7
- Don't know 9

14. [All participants] About how long has it been since you had a tetanus-diphtheria-pertussis booster?

- Within past year 1
- Within past 2 years 2
- Within past 3 years 3
- Within past 5 years 4
- More than 5 years 5
- Never 6
- Refused 7
- Don't know 9

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15. There are currently **two** types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark) or Boostrix (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

- No-did not include pertussis 0
- Yes-included pertussis 1
- Doctor did not say 2
- Refused 3
- Don't know 9

16. [All participants] About how long has it been since you had your vision checked (ability to see)?

- Within past year 1
- Within past 2 years 2
- Within past 3 years 3
- Within past 5 years 4
- More than 5 years 5
- Never 6
- Refused 7
- Don't know 9

	No	Yes	Refused	Don't Know/ Not Sure
17. Has a doctor or other health professional (outside of the study) ever advised you to eat fewer high fat or high cholesterol foods?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
18. Has a doctor or other health professional (outside of the study) ever advised you to exercise more?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
19. [If the participant smokes (current and former)] Has a doctor or other health professional (outside of the study) ever advised you to quit smoking?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
20. [Men aged 45-79, Women aged 55-79] Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

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21. Are you NOW following this advice?

No 0

Yes 1

No, because **I do not tolerate aspirin** 2

Refused 3

Don't know 9

D. Participants with Diabetes

22. About how long has it been since you had your eyes checked (for diabetes complications)?

Within past year 1

Within past 2 years 2

Within past 3 years 3

Within past 5 years 4

More than 5 years 5

Never 6

Refused 7

Don't know 9

23. About how long has it been since you had a test done to check your kidneys (for diabetes complications)?

Within past year 1

Within past 2 years 2

Within past 3 years 3

Within past 5 years 4

More than 5 years 5

Never 6

Refused 7

Don't know 9

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24. Do you check the bottom of your feet (for possible infections, lesions)?

- Every day 1
- Most days 2
- Some days 3
- Never 4
- Refused 5

25. Does your doctor check your feet at every visit (for possible infections, lesions, to check the circulation)?

- No 0
- Yes 1
- Refused 2
- Don't know/Not sure 9

26. Do you have a machine to measure your blood glucose (sugar) level?

- No 0
- Yes 1

27. On how many days in the last week did you test your blood glucose level?

days

28. [Participants with diabetes] Do you know your hemoglobin A1c level?

- No 0
- Yes 1
- Refused 2
- Don't know/Not sure 9

E. Participants aged 50-75 years

29. [Have you had a test to detect colorectal cancer (cancer of the colon, intestines)?

- No 0 **GO TO QUESTION 30**
- Yes 1
- Refused 2 **GO TO QUESTION 30**
- Don't know/Not sure 9 **GO TO QUESTION 30**

a. If yes, what test? Specify _____,

a.1. Date of test: //
(approximate date or year)

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F. Men and women aged 24-32

30. Have you EVER had an HPV vaccination?

- No 0 **GO TO QUESTION 32**
- Yes 1
- Doctor Refused when asked 2 **GO TO QUESTION 32**
- Refused 3 **GO TO QUESTION 32**
- Don't know/Not sure 9 **GO TO QUESTION 32**

a. How many HPV shots did you receive? Number of shots

G. Women aged 50 years and older

31. How long has it been since you had your last mammogram?

- Within the past year (anytime less than 12 months ago) 1
- Within the past 2 years (1 year but less than 2 years ago) 2
- Within the past 3 years (2 years but less than 3 years ago) 3
- Within the past 5 years (3 years but less than 5 years ago) 4
- 5 or more years ago 5
- NEVER 6
- Refused 7
- Don't know / Not sure 9

H. Women aged 24-65 years

32. How long has it been since you had your last Pap test (test of cancer of the cervix)?

- Within the past year (anytime less than 12 months ago) 1
- Within the past 2 years (1 year but less than 2 years ago) 2
- Within the past 3 years (2 years but less than 3 years ago) 3
- Within the past 5 years (3 years but less than 5 years ago) 4
- 5 or more years ago 5
- NEVER 6
- Refused 7
- Don't know / Not sure 9

I. Women aged 65 years and older

33. Have you had an osteoporosis (density of your bones, strength of your bones) test done?

- No 0
- Yes 1
- Refused 2
- Don't know/Not sure 9

J. Health Insurance

34. Do you have health insurance or health care coverage?

- No 0 **GO TO QUESTION 39**
- Yes 1
- Refused 2

35. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

	No	Yes
a. Insurance through a current or former employer or union (of this person or another family member)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by this person or another family member)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability**	0 <input type="checkbox"/>	1 <input type="checkbox"/>
e. VA (including those who have ever used or enrolled for VA health care)	0 <input type="checkbox"/>	1 <input type="checkbox"/>
f. TRICARE or other military health care	0 <input type="checkbox"/>	1 <input type="checkbox"/>
g. Indian Health Service	0 <input type="checkbox"/>	1 <input type="checkbox"/>
h. Any other type of health insurance or health coverage plan	0 <input type="checkbox"/>	1 <input type="checkbox"/>
h.1 If other, please specify: _____		

36. The health reform law establishes new federal and state marketplaces (also called exchanges) where the uninsured and workers in small businesses can go to purchase insurance. Have you received coverage through one of these new marketplaces (mention them; tailor names according to city)?

- No 0
- Yes 1
- Refused 2
- Don't know/Not sure 9

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37. In the **past 12 months**, have you received coverage for medical expenses through Emergency Medicaid?

No 0

Yes 1

Refused 2

Don't know/Not sure 9

38. A catastrophic health insurance plan only provides coverage for medical expenses after an individual pays the first \$6,000 or more in medical expenses. Have you purchased a catastrophic health insurance plan?

No 0

Yes 1

Refused 2

Don't know/Not sure 9

39. About how long has it been since you last had health insurance coverage?

6 months or less 1

More than 6 months, but not more than 1 year 2

More than 1 year, but not more than 3 years 3

More than 3 years 4

Never had insurance 5

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40. What are the main reasons you do not currently have health insurance (check all that apply)?

- | | No | Yes |
|--|----------------------------|----------------------------|
| a. It is too expensive/ the cost is too high | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. I am not eligible for coverage through my employer | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. My employer or my spouse's/partner's employer does not offer insurance coverage | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. I was denied insurance coverage due to a previous medical condition | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. I am not eligible for Medicaid or have recently lost my Medicaid coverage | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. I lost the ability to purchase health insurance coverage through my spouse or partner | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| g. I am not eligible for premium tax credits | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| h. I am not eligible due to my documentation status | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| i. I don't need insurance | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| j. I don't know how to get insurance | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| k. Other | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| k.1. Specify: _____ | | |