

Health Care Access and Utilization

ID NUMBER:		CONTACT YEAR: 0 1	FORM CODE: HCA VERSION A 09/20/2000
LAST NAME:		INITIALS:	
"The next set of quest	ions are about your h	ealth care."	
 Is there a particul you are sick or ne 	ar place that you <u>usua</u> ed advice about your	ally go to when health?Yes Go to Item 4 No	Y N
2a. What kind of plac	e is it that you usually		
	Go to Item 3	 Walk-in clinic HMO clinic Hospital clinic Neighborhood health center Hospital emergency room Public health department clinic Company or industry clinic Doctor's office 	A B C D E F G
		Other	
Street Address: _			

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3.	Thinking about the place you usually go for help with your medical problems, in general, how much do you trust them to take good care of you? Do you trust the						
	very much, somewhat, not very much, or not at all?		Α				
		Somewhat	В				
		Not very much	С				
		Not at all	D				
4.	Have you seen a dentist in the past 12 months?	Yes	Y				
		No	N				
		Don't know	D				
5.	When was the last time you went to a doctor or other health professional for a routine physical exam or general check-up; that is when you were <u>not</u> sick						
	or pregnant? [RC #1]\	Within the past year	Α				
		At least 1 year but less than 2 years ago	В				
		At least 2 years but less than 4 years ago	С				
	!	5 or more years ago	D				
	r	Never	E				
6.	Overall, how hard has it been for you to get health services you have needed? Would you say it has been very hard, fairly hard, not too hard, or not						
	hard at all?	Very hard	Α				
		Fairly hard	В				
		Not too hard	С				
		Not hard at all	D				

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7.	Are you currently covered by a private health insurance program that pays most or all of your medical care expenses, for example Blue Cross/Blue Shield or		Y
	another insurance company?	res	
		No	N
		Don't know	D
8.	Are you currently covered by Medicaid or public aid? .	Yes	Y
		No	N
		Don't know	D
9.	Are you currently covered by Medicare, a government plan that pays health care bills		
	for people aged 65 and over and for some disabled people?	Yes	Υ
		No	N
		Don't know	D
10.	Are you currently covered by VA or Champus?	Yes	Υ
		No	N
		Don't know	D
11.	Overall, how satisfied are you with your regular (or most recent) doctor or health professional? Would		
	you say you are <u>very satisfied</u> , <u>somewhat satisfied</u> , <u>somewhat dissatisfied</u> , or <u>very dissatisfied</u> ? Ve	ry satisfied	А
	So	mewhat satisfied	В
	So	mewhat dissatisfied	С
	Ve	ry dissatisfied	D
	No	ot sure	F

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ADMINISTRATIVE INFORMATION

12.	Date of data collection:			/		/					
		m	m	1	d	d		У	У	У	У
									I	1	
13.	Code number of person completing this	s for	m:			 					

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