



# Annual Follow-Up Other Form

ID NUMBER:

CONTACT YEAR:

FORM CODE: AFO  
VERSION B 7 -28-2004

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed each year during the annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

First, I would like to ask you about medication use during the past two weeks.

1. Did you take any medications during the past two weeks.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Chest pain or angina .....	Y	N	K	R
b. Other heart condition, such as congestive heart failure .....	Y	N	K	R

If 1 b is Yes:

c. What medication did you take for your heart condition?

List: \_\_\_\_\_  
\_\_\_\_\_

2. Now I have some questions about some symptoms that you may or may not experience. Could you please tell me if you have any of these symptoms within the past two weeks.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Do you have difficulty breathing when you are not walking or active?.....	Y	N	K	R
b. Do you frequently cough at night (in the absence of a cold or "flu")? .....	Y	N	K	R
c. Do you sleep on 2 or more pillows to <b>improve your breathing?</b> .....	Y	N	K	R

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
d. Do you wake up at night because of trouble breathing? .....	Y	N	K	R
e. Do you have swelling in your feet or ankles (except during pregnancy)? .....	Y	N	K	R
If yes to any item a–e, ASK:				
f. Have you seen a doctor or health care professional for any of these symptoms in the past year, that is since your last JHS telephone interviews? .....	Y	N	K	R

Now, I would like to ask you about some experiences you may have had in the past year.

3. In the past year have you had any of the following tests or procedures?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Echocardiogram .....	Y	N	K	R
b. ECG .....	Y	N	K	R
c. Exercise stress test .....	Y	N	K	R
d. CT/ MRI head .....	Y	N	K	R

4. In the past year, have you seen:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. a dentist .....	Y	N	K	R
b. a doctor or health professional for routine physical exam or general check-up, that is when you are not sick .....	Y	N	K	R
c. a chiropractor .....	Y	N	K	R
d. a person who uses acupuncture .....	Y	N	K	R
e. a faith healer .....	Y	N	K	R
f. a person who heals with roots or herbs .....	Y	N	K	R
g. a person who practices astrology or reads zodiac signs .....	Y	N	K	R
h. a person who reads tea leaves, roots or palms ....	Y	N	K	R

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

5. How much stress have you experienced over the past year? Have you experienced none, very little, mild stress, moderate stress, a lot of stress, or extreme stress?.....

- None A
- Very little B
- Mild stress C
- Moderate stress D
- A lot of stress E
- Extreme stress F
- Don't Know K
- Refused R

6. How often have you felt sad or depressed over the past year: almost never, seldom, sometimes, often, very often, or constantly?.....

- Almost never A
- Seldom B
- Sometimes C
- Often D
- Very often E
- Constantly F
- Don't Know K
- Refused R

7. How often have you felt nervous or tense over the past year? .....

- Almost never A
- Seldom B
- Sometimes C
- Often D

- Very often E
- Constantly F
- Don't Know K
- Refused R

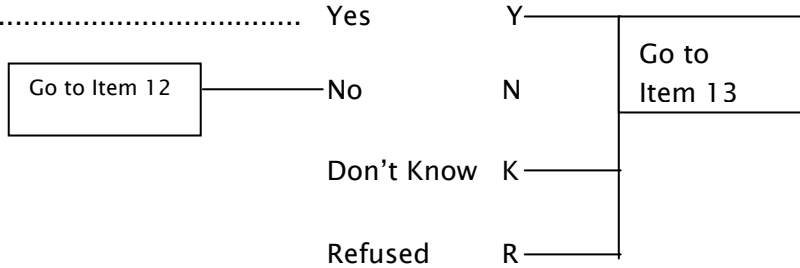
8. How often have you felt you were treated unfairly or discriminated against over the past year? ..... Almost never A
- Seldom B
  - Sometimes C
  - Often D
  - Very often E
  - Constantly F
  - Don't Know K
  - Refused R

9. How well have you handled or coped with stressors you experienced over the past year? Would you say very poorly, poorly, fair, pretty well, well, or very well? ..... Very poorly A
- Poorly B
  - Fair C
  - Pretty well D
  - Well E
  - Very well F
  - Don't Know K
  - Refused R

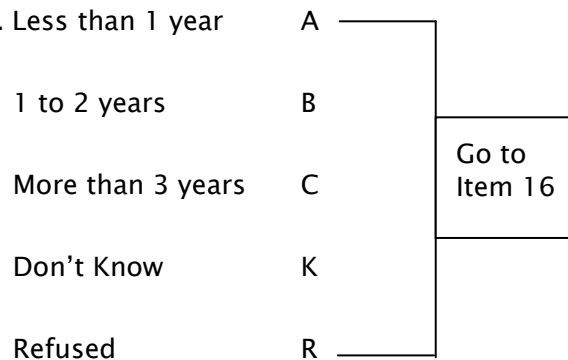
10. How satisfied are you with the help or support that you've received from others over the past year? Are you very dissatisfied, somewhat dissatisfied, a little dissatisfied, a little satisfied, somewhat satisfied, or very satisfied?

- Very dissatisfied A
- Somewhat dissatisfied B
- A little dissatisfied C
- A little satisfied D
- Somewhat satisfied E
- Very satisfied F
- Don't Know K
- Refused R

11. Are you currently covered by one or more health insurance programs that pays most or all of your health care expenses? ..... Yes



12. How long has it been since you had health insurance coverage? ..... Less than 1 year



13. Are you currently covered by any of the following program (check all that apply)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Private health insurance such as Blue Cross/Blue Shield? .....	Y	N	K	R
b. Medicaid or public aid? .....	Y	N	K	R
c. Medicare, a government plan that pay health care bills for people aged 65 and over? .....	Y	N	K	R
d. Veterans Administration, CHAMPUS, or TRICARE? .....	Y	N	K	R
e. Other .....				

14. **(Answer all items)** Have you experienced any of the following changes in health insurance benefits in the past year, or since your last JHS annual follow up telephone call?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. An increase in the price of the premiums .....	Y	N	K	R
b. A cut in benefits .....	Y	N	K	R
c. An increase in your share of the medical costs .....	Y	N	K	R

15. Has there been a time in the past year when you did not have health insurance coverage? .....

Yes	Y
No	N
Don't Know	K
Refused	R

16. Do you have health insurance that helps you pay for your medications? .....

Yes	Y
No	N

Go to Item 20
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17. If you have coverage for your medication, is your coverage limited for any of the following reasons?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>			
a. I have no limits on my coverage.....	Y	N	K	R			
b. I have a dollar limit per month .....	Y	N	K	R			
c. IF YES to 17b, ask How much is the dollar limit? .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
d. I have a limit on the number of medications per month. ....	Y	N	K	R			
e. IF YES to 17d, ask: How many medications can you obtain? .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
f. I am limited on how often I can fill my prescriptions .....	Y	N	K	R			
g. IF YES to item 17f, ask: What is the time limit for filling your prescriptions? .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> months						
h. Any other limits? .....	Y	N	K	R			
i. List.....							

18. On average, how much do you pay each month for your medication? .....

Less than \$20	A
\$20 - \$40	B
\$41 - \$75	C
\$76 - 100	D
\$101 - \$250	E
More than \$250	F
Don't know	K
Refused	R

19. Do you pay a co-payment when you fill your medication?

Yes	Y
No	N
Don't Know	K
Refused	R

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

20. How many times in the past year did you go to a doctor's or nurse practitioner's office to get care for yourself?.....
- |            |   |  |
|------------|---|--|
| None       | A | <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to Item 22</div> |
| 1          | B |  |
| 2          | C |  |
| 3          | D |  |
| 4          | E |  |
| 5 to 9     | F |  |
| 10 or more | G |  |
| Don't Know | K |  |
| Refused    | R |  |
21. How often did you doctor or other health care providers listen carefully to you? .....
- |            |   |
|------------|---|
| Never      | N |
| Sometimes  | S |
| Usually    | U |
| Always     | A |
| Don't know | K |
| Refused    | R |
22. How often did you doctor or other health providers explain things in a way you could understand? .....
- |            |   |
|------------|---|
| Never      | N |
| Sometimes  | S |
| Usually    | U |
| Always     | A |
| Don't Know | K |
| Refused    | R |
23. How often did your doctor or other health providers show respect for what you had to say? .....
- |            |   |
|------------|---|
| Never      | N |
| Sometimes  | S |
| Usually    | U |
| Always     | A |
| Don't Know | K |
| Refused    | R |



24. How often did your doctor or other health providers spend enough time with you? .....
- |            |   |
|------------|---|
| Never      | N |
| Sometimes  | S |
| Usually    | U |
| Always     | A |
| Don't Know | K |
| Refused    | R |

25. Overall, how satisfied have you been with the quality of health care you have received in the past year?.....
- |                       |   |
|-----------------------|---|
| Very Satisfied        | A |
| Somewhat satisfied    | B |
| Somewhat dissatisfied | C |
| Very dissatisfied     | D |
| Not sure              | E |
| Don't Know            | K |
| Refused               | R |

Now I will ask you questions regarding any problems that you have had when you have tried to get health care.

26. In the past year, how much of a problem has it been to get the care, tests, or treatment you or your doctor or nurse practitioner believed necessary?.....
- |                 |   |
|-----------------|---|
| A big problem   | A |
| A small problem | B |
| Not a problem   | C |
| Don't Know      | K |
| Refused         | R |

27. Has there been a time in the past year when you went without needed care because of costs? ..... Yes Y  
 No N Go to Item 29  
 Don't Know K  
 Refused R

28. What type of care did you do without because of cost? (check all that apply)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
a. Did not fill a prescription .....	Y	N	K	R
b. Did not see a specialist when needed .....	Y	N	K	R
c. Skipped a medical test, treatment of follow-up.....	Y	N	K	R
d. Had medical problems, but did not see a doctor or nurse practitioner .....	Y	N	K	R
e. Other .....				

29. How confident are you that you can get high quality health care when you need it? ..... Very confident A  
 Somewhat confident B  
 Not too confident C  
 Not at all confident D  
 Don't Know K  
 Refused R

**Administrative Information**

30. Date of data collection:..... 

		/			/				
m	m		d	d		y	y	y	y

31. Method of data collection:..... Computer C  
 Paper Form P

32. Code number of person completing this form:..... 

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