"The next set of questions are about your health care."

1. Is there a particular place that you usually go to when you are sick or need advice about your health? 
   
   Yes Y  No N

   Go to Item 4

2a. What kind of place is it that you usually go?

   - Walk-in clinic A
   - HMO clinic B
   - Hospital clinic C
   - Neighborhood health center D
   - Hospital emergency room E
   - Public health department clinic F
   - Company or industry clinic G
   - Doctor’s office H
   - Other I

   If "Other", specify [DO NOT ENTER]:

   Name: ____________________________________________________________

   Street Address: ____________________________________________________

2b. Facility Code: ............................................................................

   Go to Item 3
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 them very much, somewhat, not very much, or not at all? ........ Very much A
   Somewhat B
   Not very much C
   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 not sick or pregnant? [RC #1] ................................. Within the past year A
   At least 1 year but less than 2 years ago B
   At least 2 years but less than 4 years ago C
   5 or more years ago D
   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 A
   Fairly hard B
   Not too hard C
   Not hard at all D
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 another insurance company? .............................................. Yes Y
   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 Y
   No N
   Don't know D

10. Are you currently covered by VA or Champus? ............... Yes Y
    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 very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? ........ Very satisfied A
    Somewhat satisfied B
    Somewhat dissatisfied C
    Very dissatisfied D
    Not sure E
ADMINISTRATIVE INFORMATION

12. Date of data collection: .....................  

m m d d y y y y

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