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5. During the past 12 months, how many times did you see a physician or health care provider for your health care?

Number of times

**IF RESPONSE TO QUESTION 5 IS ZERO → GO TO QUESTION 9**

6. During the last 12 months, how often did office staff at a doctor's office or clinic...

- |   | Always                     | Usually                    | Sometimes                  | Never                      |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. treat you with courtesy and respect?         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. be as helpful as you thought they should be? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

7. During the last 12 months, how often did doctors or other health providers...

- |  | Always                     | Usually                    | Sometimes                  | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. listen carefully to you?                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. explain things in a way you could understand? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. show respect for what you had to say?         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. spend enough time with you?                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

8. During the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because of language differences?

- |           |   |                          |
|-----------|---|--------------------------|
| Never     | 1 | <input type="checkbox"/> |
| Sometimes | 2 | <input type="checkbox"/> |
| Usually   | 3 | <input type="checkbox"/> |
| Always    | 4 | <input type="checkbox"/> |

9. In the past 12 months have you used a *curandero*, *santero*, *espiritista* or other alternative care to treat any physical or emotional health concerns?

- |            |   |                          |
|------------|---|--------------------------|
| No         | 0 | <input type="checkbox"/> |
| Yes        | 1 | <input type="checkbox"/> |
| Refused    | 2 | <input type="checkbox"/> |
| Don't know | 9 | <input type="checkbox"/> |

10. What type of health insurance coverage do you currently have? *(Mark all that apply)*
- a. None  → **GO TO QUESTION 11**
  - b. Coverage provided through a current or former employer or credit union (excluding military coverage)
  - c. Coverage through an individual plan
  - d. Coverage through Medicaid
  - e. Coverage through Medicare
  - f. Coverage provided through the military (e.g. CHAMPUS or Tri-Care)
  - g. Coverage through the Indian Health Services
  - h. Other
  - i. Refused
  - j. Don't know

**IF PARTICIPANTS REPORTS HAVING HEALTH INSURANCE COVERAGE → END QUESTIONNAIRE**

11. 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 ago  2
  - More than 1 year, but not more than 3 years ago  3
  - More than 3 years  4
  - Never had insurance  5 → **END QUESTIONNAIRE**

12. Which of these are reasons you stopped being covered by health insurance? *(Mark all that apply)*
- a. Person in family with health insurance lost job or changed employers
  - b. Got divorced or separated/death of spouse or parent
  - c. Became ineligible because of age/left school
  - d. Employer does not offer coverage or not eligible for coverage
  - e. Cost is too high; Insurance company refused coverage
  - f. Medicaid/medical plan stopped after pregnancy
  - g. Lost Medicaid/medical plan because of new job or increase in income
  - h. Lost Medicaid (other reason not listed above)
  - i. Other   
*If other, please specify: \_\_\_\_\_*
  - j. Refused
  - k. Don't Know