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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