

Assessment:

Health Care Utilization, Health Care Providers, and General Health Questions

1. How many times in the past three months have you been visited by a nurse or other health care provider at your home? [CIRCLE ONE]

Never	0
Once or twice	1
A few times	2
Monthly	3
Weekly	4
Daily	5

2. How many times in the past three months have you received general assistance with your household chores, shopping, or personal care (e.g. bathing or dressing)? [CIRCLE ONE. Code only assistance from a formal/paid source, not from friends or family members.]

Never	0
Once or twice	1
A few times	2
Monthly	3
Weekly	4
Daily	5

2a. How many times in the past three months have you received general assistance with your household chores, shopping, or personal care (e.g. bathing or dressing) from family or friends?

Never	0
Once or twice	1
A few times	2
Monthly	3
Weekly	4
Daily	5

3. How many times in the past three months have you called your clinic, physician, nurse or other health care provider for a medical consultation over the telephone? [CIRCLE ONE]

Never	0
Once or twice	1
A few times	2
Monthly	3
Weekly	4
Daily	5

How much were you distressed by this symptom or feeling?

	Not at all	Very Mildly	Mildly	Moderately	Very Much	Extremely
4. Physical or bodily pain	1	2	3	4	5	6
5. Coughing, wheezing	1	2	3	4	5	6
6. Nausea, vomiting, abdominal pain	1	2	3	4	5	6
7. Rash, itching, or other skin problems	1	2	3	4	5	6
8. Fatigue, weakness	1	2	3	4	5	6
9. Feeling dizzy or lightheaded	1	2	3	4	5	6
10. Fever, night sweats, shaking, chills	1	2	3	4	5	6
11. Loss of appetite	1	2	3	4	5	6
12. Trouble sleeping	1	2	3	4	5	6
13. Eye trouble, problems with vision	1	2	3	4	5	6
14. Headache	1	2	3	4	5	6
15. Dry or painful mouth, trouble swallowing	1	2	3	4	5	6
16. Chest pain or tightness	1	2	3	4	5	6
17. Difficulty breathing or catching breath	1	2	3	4	5	6
18. Runny nose, sinus trouble	1	2	3	4	5	6
19. Muscle aches, joint, bone pain	1	2	3	4	5	6
20. Pain, numbness, or tingling in hands or feet	1	2	3	4	5	6
21. Overall discomfort	1	2	3	4	5	6
22. Easy bruising	1	2	3	4	5	6
23. Sore throat	1	2	3	4	5	6
24. Hair loss	1	2	3	4	5	6
25. Pneumonia	1	2	3	4	5	6
26. Weight loss (>10 lbs.)	1	2	3	4	5	6

27. How many operations have you ever had that required overnight hospitalization?
 [NOTE: do not include child births unless there were complications involved e.g., c-section]

___ operations

28. How many times have you ever been hospitalized overnight for medical reasons other than an operation?

___ __ times

29. How many times have you ever been to the emergency room or treated by a physician because of an accident or injury?

___ __ times

Health Care Utilization and Provider Questions

1. Now I would like to ask you if you have ever seen a psychiatrist, psychologist, marriage & family therapist, or social worker about the way you were feeling or behaving?

No	1
Yes	2

2. What were the reasons? Say "yes" or "no" to each reason.

Reason for Treatment:	No	Yes	N/A	D/K
a. Problems telling your child(ren) about illness	1	2	8	9
b. Problems coping with your child(ren)'s reaction to illness	1	2	8	9
c. Anxiety	1	2	8	9
d. Depression	1	2	8	9
e. Suicide Threat/Attempt	1	2	8	9
f. Drugs/Alcohol Abuse	1	2	8	9
g. Children's behaviors	1	2	8	9
h. Relationship problems	1	2	8	9
i. Other (SPECIFY _____)	1	2	8	9

3. How many times were you a patient in a psychiatric hospital or psychiatric ward?

___ __ times

4. How many times have you been a participant in a day treatment program?

___ __ times

5. How many times has a health care professional prescribed any medication to help you sleep or cope with emotional or mental health problems you were having?

___ __ times

6. How many times have you ever sought counseling?

___ __ times

These questions relate to your health and health care utilization over the past three months.

1. When you want care for a health problem, where do you usually go?

Private medical doctor in an office (or nurse practitioner or physician's assistant)	1
Medical doctor in a hospital	2
A free-standing health clinic	3
Emergency room	4
Hospital Clinic	5
Other (SPECIFY: _____)	6
No where [DON'T READ]	7

2. Do you have a specific clinic where you usually go to seek medical care?

No	1
Yes	2

3*. How long have you been in the care of this doctor or health care provider?

Less than 3 months	1
Between 3 and 6 months	2
Between 6 and 12 months	3
Between 12 and 24 months	4
More than 24 months	5
NA (Does not have HCP)	8

4*. Is your doctor or health care provider aware that you are HIV-positive?

No	1
Yes	2
N/A (Does not have HCP)	3

5*. What is the main reason you have not told one of your doctors or health care providers about your diagnosis?

You want your diagnosis to remain anonymous	1
You were afraid you wouldn't get health care if (she/he) knew	2
You don't really trust or have confidence in your doctor	3
You have been too scared	4
You have been too embarrassed	5
You have a special doctor for HIV care, so other doctors do not need to know	6
Other (SPECIFY: _____)	7
NA (Does not have HCP)	8

6*. How many doctor's appointments have you missed in the past three months?

___ appointments

7*. Why did you miss (this\these) appointment(s)? Please say "yes" or "no" to each.

	<u>NO</u>	<u>YES</u>
a. Forgot about appointment	1	2
b. Afraid to go	1	2
c. Too busy to go	1	2
d. Didn't think it was necessary	1	2
e. Too sick to go in	1	2
f. Didn't think a doctor could help	1	2
g. Couldn't afford to go	1	2
h. Figured doctor would not care	1	2
i. Can always get another appointment	1	2
j. Will stay sick anyway	1	2
k. Your privacy will be violated	1	2
l. Too hard to get there	1	2
m. Being with your friends is more important	1	2
n. Had more fun things to do	1	2
o. Had to make money	1	2
p. Embarrassed to go to an HIV clinic	1	2
q. Didn't want others to know	1	2
r. Did not have transportation	1	2
s. Other (SPECIFY: _____)	1	2

8*. How would you describe your doctor's or health care provider's attitude toward you?

Very negative	1
Somewhat negative	2
Neutral	3
Somewhat positive	4
Very positive	5
NA (Does not have HCP)	6

9*. How would you rate your level of satisfaction with your doctor or health care provider?

Very low	1
Somewhat low	2
Average	3
Somewhat high	4
Very high	5
NA (Does not have HCP)	6

10*. How would you rate your doctor's or health care provider's knowledge of HIV and AIDS?

Poor	1
Below average	2
Average	3
Above average	4
Excellent	5
NA – Doctor does not know your health status	8
NA - Does not have a doctor or HCP	9

11*. When you see your doctor or health care provider, does he or she devote enough time to your treatment?

You want your diagnosis to remain anonymous	1
You were afraid you wouldn't get health care if (she/he) knew	2
You don't really trust or have confidence in your doctor	3
You have been too scared	4
You have been too embarrassed	5
You have a special doctor for HIV care, so other doctors do not need to know	6
Other (SPECIFY: _____)	7
NA (Does not have HCP)	8

12*. Do you feel your doctor or health care provider should be more strongly committed to the treatment of HIV and AIDS?

No	1
Yes	2
NA (Does not have HCP)	8

13*. How comfortable are you asking questions of your doctor or health care provider?

Not at all comfortable	1
A little comfortable	2
Somewhat comfortable	3
Comfortable	4
Very comfortable	5
NA (Does not have HCP)	8

14*. When was your last appointment with your doctor or health care provider?

Within the past week	1
1-3 months ago	2
4-6 months ago	3
7-12 months ago	4
1-2 years ago	5
Over 2 years ago	6
NA (Does not have HCP)	8

15. Have you ever been refused medical treatment?

No	1
Yes	2
NA	3

16. Why were you refused treatment?

_____ Financial Reasons

_____ HIV status

17. How often do you inform doctors or other medical staff about your HIV status?

Never	1
Rarely	2
Sometimes	3
Most of the time	4
Always	5
NA	8

18. What types of changes have you made in your lifestyle since learning you were HIV+ ?

	<u>NO</u>	<u>YES</u>	<u>N/A</u>
a. Increased exercise (from ____ to ____)	1	2	
b. Changed your diet (How? _____)	1	2	
c. Quit smoking	1	2	8
Reduced smoking (from ____ to ____)			
d. Quit nonprescription drugs (i.e., drugs of abuse)	1	2	8
Reduced nonprescription drugs from ____ to ____			
e. Quit drinking alcohol	1	2	8
Reduced drinking alcohol from ____ to ____			
f. Begin to practice yoga	1	2	
g. Began psychological counseling	1	2	
h. Used (more) vitamins	1	2	
i. Joined support group	1	2	
j. Joined stress management group	1	2	
k. Became involved in HIV prevention (e.g., going to lectures on HIV, etc.)	1	2	
l. Educated others about HIV (formally or informally)	1	2	
m. Your living situation became more stable	1	2	
n. Began to attend church or synagogue or temple services	1	2	
Increased church attendance			

19. How many social activities have you participated in this past week (e.g. attended movies with friends, met others for coffee or an activity, attended event)

Health Care Provider Questions

1. When you feel that you need to see a doctor or health care provider, do you usually get the health care you need?

No	1
Yes, sometimes	2
Yes, always	3

2. What were the reasons that you did not get health care when you thought you should? Say "yes" or "no" to each reason. [READ AND CODE EACH]

	<u>NO</u>	<u>YES</u>
a. It cost too much	1	2
b. Too difficult to get an appointment	1	2
c. Inconvenient office hours	1	2
d. I needed to get high	1	2
e. I was afraid to go	1	2
f. I didn't think it would help	1	2
g. I was too sick to go in	1	2
h. I did not feel respected	1	2
i. I did not care enough	1	2
j. I was not sick enough to bother going in	1	2
k. Other (Specify: _____)	1	2

3. Are you currently participating in any special clinical trial of a specific medication or other type of treatment? A clinical trial is a research study where you get a new treatment or drug.

No	1
Yes	2

The next few questions relate to pregnancy and STDs (sexually transmitted diseases).

1. Have you ever in your lifetime had an STD (sexually transmitted disease) [or gynecological problem]?

No	1
Yes	2

2. Please tell me which, if any, of the following STDs (sexually transmitted diseases) [or gynecological problems] you have been treated for in your lifetime? (If so, during the past three months?):

Sexually Transmitted Disease

Lifetime

Pst 3 m

1 – No

1 - No

2 – Yes

2 - Yes

8 – NA

8 - NA

a. Syphilis (“siph”)	1	2	8	1	2	8
b. Gonorrhea (“clap”, or “the drip”)	1	2	8	1	2	8
c. Nongonococcal urethritis (NGU)	1	2	8	1	2	8
d. Chlamydia	1	2	8	1	2	8
e. Trichomoniasis (“tric”)	1	2	8	1	2	8
f. [CODE “8” IF MALE] Pelvic Inflammatory disease (PID)	1	2	8	1	2	8
g. [CODE “8” IF MALE] Yeast infection (monilia)	1	2	8	1	2	8
h. Chancroid	1	2	8	1	2	8
i. HIV (the AIDS virus)	1	2	8	1	2	8
j. Genital or anal warts	1	2	8	1	2	8
k. Herpes	1	2	8	1	2	8
l. Hepatitis B	1	2	8	1	2	8
m. Scabies (“mites”)	1	2	8	1	2	8
n. Lice (“crabs”)	1	2	8	1	2	8
o. [CODE “8” IF MALE] Abnormal pap smear	1	2	8	1	2	8

3. How many times have you (been pregnant/gotten a partner pregnant)?

___ times

4. How old were you when you first got pregnant?

5. Of these pregnancies, how many resulted in:

	Number
Abortions	___
Miscarriages	___
Births	___

In what years were your children born? _____

6. How many times have you (been pregnant/gotten a partner pregnant) since you learned you were HIV+?

___ times

7. How many children have you had since you found out you were HIV+?

___ children

	1	2	3	4	5	6
Year born:						
HIV positive?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

8. During the past three months, did you find out you were pregnant?

No	1
Yes	2

9. Are you pregnant now?

No	1
Yes	2
Do not know	9

10. In the past 3 months, have you had an abortion?

No	1
Yes	2
Do not know	9

11. In the past 3 months, have you had a miscarriage?

No	1
Yes	2
Do not know	9