

Section E. Medical Visits

TIME THIS SECTION BEGINS RECORDED HERE

TSST06E

E1. INTERVIEWER: CHECK QUESTION A4

(Circle One)

A4 IS CODED 1 1

A4 IS CODED 2 2 → SKIP TO F1

E2. You told me that you went to a clinic, private doctor's office, or HMO for medical care. Think about the care center you visited most recently. Was it [PRELOADED ENROLLMENT SITE]?

B06E02

(Circle One)

YES 1 → SKIP TO E4

NO 2

E2a. CAPI CHECK A1, MODULE 2. IF MOD 2 A1 IS CODED 1, ASK E3. ALL OTHERS, SKIP TO E4.

PROVIDER 1

E3. Was it [USUAL HIV PROVIDER]?

B06E03

(Circle One)

YES 1

NO 2

E4. (IF E2 OR E3 =1) Is that place:
(ELSE) What kind of care center is the place you visited most recently?

(Circle One)

B06E04

An HMO 1

A private doctor's office 2

A community or neighborhood clinic 3

A hospital clinic or outpatient department 4

Another medical clinic or health center 5

E4a. CAPI CHECK: IF E2 OR E3 = 1 AND E4 CODED 1 OR 2 OR 3 OR 5, SKIP TO E7. IF E2 OR E3 = 1 AND E4 CODED 4, SKIP TO E6. ALL OTHERS CONTINUE.

E5. What is the name and address of the (HMO/doctor/clinic/hospital/health center) you visited?

Name: _____

Address: _____

City: _____ State: **B06E05S** Zip: **B06E05Z**

Phone: _____

PROVIDER ID = B06E05I

E5a. CAPI CHECK: E4. IF E4 CODED 1 OR 2 OR 3 OR 5, SKIP TO E7. ALL OTHERS CONTINUE.

E6. What clinic or clinics did you visit at (E5/ENROLLMENT SITE/USUAL PROVIDER)?

CLINIC A: _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

E7. (IF E4=2) Did you see any other doctors at (E5/ENROLLMENT SITE/USUAL PROVIDER)'s office?

B06E07

(ELSE) What is the name of the doctor or doctors you saw at (E5/ENROLLMENT SITE/USUAL PROVIDER)? Anyone else?

(Circle One)

SAW MD's BUT DON'T KNOW NAMES 1 → SKIP TO E7a

ENTER MD NAMES 2

NAME A: _____

NAME B: _____

NAME C: _____

NAME D: _____

NAME E: _____

→ SKIP TO E8

DIDN'T SEE AN MD 3 → SKIP TO E8

E7a. How many different doctors did you see there?

B06E07A _____ # OF DOCTORS

E8. How many visits did you make to (FILL) in the last six months?

VISITS: _____

FILL: IF E4 = 4 AND ENROLLMENT SITE IS MAJOR: E8 REPEATED FOR EACH NAME IN E6.
VARIABLES ARE:

- B06E08A**
- B06E08B**
- B06E08C**
- B06E08D**
- B06E08E**

IF E4 = 4 AND ENROLLMENT SITE IS MINOR: E8 REPEATED FOR EACH NAME IN E7.
VARIABLES ARE:

- B06E08F**
- B06E08G**
- B06E08H**
- B06E08I**
- B06E08J**

ELSE FILL IS NAME IN E5. VARIABLES ARE:

- B06E08K - NOT ENRL OR USUAL**
- B06E08L - VISITS ENRL SITE**
- B06E08M - VISITS USUAL PROV.**

PROVIDER 2

E9. In the last six months, did you visit any other clinics, private doctor's offices, or HMOs (that you have not already told me about)?

B06E09

(Circle One)

- YES 1
- NO 2 → SKIP TO E55
- REFUSED -1 → SKIP TO E55
- DON'T KNOW -2 → SKIP TO E55

E9a. CAPI CHECK: E2. IF E2 =1, SKIP TO E10a. ALL OTHERS CONTINUE.

E10. Was it (ENROLLMENT SITE)?

B06E10

(Circle One)

- YES 1 → SKIP TO E12
- NO 2

E10a. CAPI CHECK: E3 AND A1 MOD 2. IF E3 =1, SKIP TO E12. IF A1 MOD 2 = 2, SKIP TO E12. ALL OTHERS CONTINUE.

E11. Was it (USUAL HIV PROVIDER)?

B06E11

(Circle One)

- YES 1
- NO 2

E12. (IF E10 OR E11 =1) Is that place:
(ELSE) What kind of care center did you visit?

B06E12

(Circle One)

- An HMO 1
- A private doctor's office 2
- A community or neighborhood clinic 3
- A hospital clinic or outpatient department 4
- Another medical clinic or health center 5

E12a.CAPI CHECK: IF E10 OR E11 = 1, AND E12 CODED 1 OR 2 OR 3 OR 5,
SKIP TO E15. IF E10 OR E11 = 1, AND E4 CODED 4, SKIP TO E14. ALL
OTHERS CONTINUE.

E13.What is the name and address of the (HMO/doctor/clinic/hospital/health center)
you visited?

..... Name: _
.....Address: _
.....City: _ State: _____ Zip: ___
..... **B06E13S**
..... **B06E13Z**
.....Phone: _

PROVIDER ID = B06E13I

E13a.CAPI CHECK: E12. IF E12 CODED 1 OR 2 OR 3 OR 5, SKIP TO E15. ALL
OTHERS CONTINUE.

E14.What clinic or clinics did you visit at [E13/ENROLLMENT SITE/USUAL
PROVIDER]?

CLINIC A:
CLINIC B:
CLINIC C:
CLINIC D:

CLINIC E:

E15.(IF E12 = 2) Did you see any other doctors at (E13/ENROLLMENT SITE/USUAL PROVIDER)'s office?

B06E15

(ELSE) What is the name of the doctor or doctors you saw at (E13/ENROLLMENT SITE/USUAL PROVIDER)? Anyone else?

.....(Circle One)

SAW MD's BUT DON'T KNOW NAMES 1 → SKIP TO E15a

ENTER MD NAMES 2

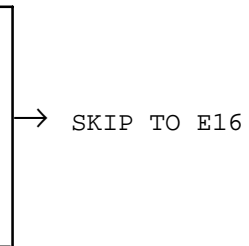
NAME A: _____

NAME B: _____

NAME C: _____

NAME D: _____

NAME E: _____



DIDN'T SEE AN MD 3 → SKIP TO E16

E15a. How many different doctors did you see there?

B06E15A _____ # OF DOCTORS

E16. How many visits did you make to (FILL) in the last six months?

VISITS: _____

FILL: IF E12 = 4 AND ENROLLMENT SITE IS MAJOR: E16 REPEATED FOR EACH NAME IN E14. VARIABLES ARE:

- B06E16A**
- B06E16B**
- B06E16C**
- B06E16D**
- B06E16E**

IF E12 = 4 AND ENROLLMENT SITE IS MINOR: E16 REPEATED FOR EACH NAME IN E15. VARIABLES ARE:

- B06E16F**
- B06E16G**
- B06E16H**
- B06E16I**
- B06E16J**

ELSE FILL IS NAME IN E13. VARIABLES ARE:

- B06E16K**
- B06E16L**
- B06E16M**

PROVIDER 3

E17. In the last six months, did you visit any other clinics, private doctor's offices, or HMOs (that you have not already told me about)?

B06E17

(Circle One)

- YES 1
- NO 2 → SKIP TO E55
- REFUSED -1 → SKIP TO E55
- DON'T KNOW -2 → SKIP TO E55

E18. What kind of care center did you visit?

B06E18

(Circle One)

- An HMO 1
- A private doctor's office 2
- A community or neighborhood clinic 3
- A hospital clinic or outpatient department 4
- Another medical clinic or health center 5

E19. What is the name and address of the (HMO/doctor/clinic/hospital/health center) you visited?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

B06E19S

B06E19Z

Phone: _____

PROVIDER ID = B06E19I

E19a. CAPI CHECK: E18. IF E18 CODED 1 OR 2 OR 3 OR 5, SKIP TO E21. ALL OTHERS CONTINUE.

E20. What clinic or clinics did you visit at (E19)?

CLINIC A: _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

E21. (IF E18=2) Did you see any other doctors at (E19)?
 (ELSE) What is the name of the doctor or doctors you saw at (E19)? Anyone else?

B06E21

(Circle One)

SAW MD's BUT DON'T KNOW NAMES 1 → SKIP TO E21a

ENTER MD NAMES 2

NAME A: _____

NAME B: _____

NAME C: _____

NAME D: _____

NAME E: _____

DIDN'T SEE AN MD 3 → SKIP TO E22

→ SKIP TO E22

E21a. How many different doctors did you see there?

B06E21A _____ # OF DOCTORS

E22. How many visits did you make to (FILL) in the last six months?

B06E22A - K VISITS: _____

FILL: IF E18=4 AND ENROLLMENT SITE IS MAJOR: E22 REPEATED FOR EACH NAME IN E20.
 VARIABLES ARE:

B06E22A B06E22B B06E22C B06E22D B06E22E

IF E18 = 4 AND ENROLLMENT SITE IS MINOR: E22 REPEATED FOR EACH NAME IN E21.
 VARIABLES ARE:

B06E22F B06E22G B06E22H B06E22I B06E22J

ELSE FILL IS NAME IN E19.

B06E22K

E23-E52 ARE REPETITIONS OF E17-E22 FOR PROVIDERS 4-8.

VARIABLES FOR PROVIDERS 4 - 8.

PROV 4	5	6	7	8	DEFN
B06E23	B06E29	B06E35	B06E41	B06E47	VISITED
B06E24	B06E30	B06E36	B06E42	B06E48	TYPE
B06E25S	B06E31S	B06E37S	B06E43S	B06E49S	PROV. STATE
B06E25Z	B06E31Z	B06E37Z	B06E43Z	B06E49Z	ZIP
B06E25I	B06E31I	B06E37I	B06E43I	B06E49I	ID
B06E27	B06E33	B06E39	B06E45	B06E51	SAW MD
B06E27A	B06E33A	B06E39A	B06E45A	B06E51A	# MDs
B06E28A-E	B06E34A-E	B06E40A-E	B06E46A-E	B06E52A	# VISITS to clinics listed in when
		E			TYPE = 4
B06E28F-J	B06E34F-J		B06E46F-J	B06E52F-J	(hosp clinic) never used
		B06E40F-J			

E53. TOTAL CLINIC VISITS

B06E53

VERSION 6 - 10:

E55. During how many of the visits you had in the last six months did you discuss emotional or personal problems? (IF NONE, ENTER 0)

VERSION 11 - 13:

E55. During how many of the visits you had in the last six months did you discuss emotional or personal problems? (IF NONE, ENTER 0)

PROBE: Please consider all visits in the last 6 months to all the doctors and clinics you just named.

B06E55

_____ # OF VISITS → SKIP TO F1

OR

DON'T KNOW -2

NOTE: As of version 11 a verification screen appears if it is greater than the sum of visits in E8+E16+E22, etc.

E55a. Was it on:

(Circle One)

B06E55A

- A few of the visits 1
- About half of the visits 2
- Most of the visits 3
- All of the visits 4