

**HCSUS 2nd Follow-up**  
**2. Usual Source of Care and Oral Health**  
**Section A: Usual Source of Care**

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: ,,.,,A.M./P.M.

IF HAD USUAL SOURCE OF HEALTH CARE AT FU1, GO TO A2

A1. I'd like to start by asking where you get medical care for HIV.

Is there one place in particular, like a doctor's office, clinic or emergency room where you usually go for most of your HIV treatment, like CD4 tests or HIV-related medications?

YES..... 1 (G02A01)  
NO .....2

IF A1 = 1, GO TO A5  
IF A1 = 2,DK,REF, GO TO A16

A2. When we last interviewed you on FU1DATE, you told us that you get most of your HIV treatment (like CD4 tests or receiving HIV-related medications) from USUAL SOURCE OF HIV CARE.

Do you still go there for most of your HIV-related care?

YES..... 1 (G02A02)  
NO .....2

IF A2 = 1, GO TO A8

A3. Do you now have another place you go to for most of your HIV treatment, like CD4 tests or receiving HIV-related medications?

YES..... 1 (G02A03)  
NO .....2

IF A3 = 1, GO TO A5

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A4. (HAND CARD #1)

Please look at this card and tell me which categories explain why you stopped going to USUAL SOURCE OF HIV CARE.

- I WAS UNHAPPY WITH MY PROVIDER'S  
HIV EXPERTISE OR EXPERIENCE OR KNOWLEDGE ..... 1 (G02A041)
- I STOPPED IN ORDER TO BE IN A CLINICAL TRIAL  
OR TO GET OTHER EXPERIMENTAL TREATMENTS ..... 2 (G02A042)
- IT WAS TOO DIFFICULT TO GET TO THE PLACE  
WHERE MY PREVIOUS PROVIDER WORKS. .... 3 (G02A043)
- I MOVED TO A NEW LOCATION ..... 4 (G02A044)
- I COULD NO LONGER AFFORD  
MY PREVIOUS SOURCE OF CARE ..... 5 (G02A045)
- MY CURRENT HEALTH PLAN WON'T  
COVER MY PREVIOUS PROVIDER..... 6 (G02A046)
- MY PREVIOUS PROVIDER SUGGESTED  
THAT ANOTHER PROVIDER TAKE OVER MY CARE ..... 7 (G02A047)
- I NO LONGER HAVE AN INSURANCE PLAN  
THAT COVERS MY PREVIOUS PROVIDER..... 8 (G02A048)
- SOME OTHER REASON ..... 9 (G02A049)

IF A4 = ASKED, GO TO A16

A5. Is this place:

- An HMO, ..... 1 (G02A05)
- A private doctor's office, ..... 2
- A community or neighborhood clinic, ..... 3
- A hospital emergency room, ..... 4
- A hospital clinic or outpatient department, ..... 5
- Another medical clinic or health center? ..... 6

IF A2 = 1, GO TO A8  
IF A5 = 4, GO TO A16

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A6. What is the name, address and phone number of this place? (G02A06)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FLAG: \_\_\_\_\_

NUMBER: \_\_\_\_\_ (G02A06I)

A7. (HAND CARD # 1)

Please look at this card and choose the answer that best describes why you changed your usual source of HIV care.

I WAS UNHAPPY WITH MY PROVIDER'S  
HIV EXPERTISE OR EXPERIENCE OR KNOWLEDGE ..... 1 (G02A071)

I STOPPED IN ORDER TO BE IN A CLINICAL TRIAL  
OR TO GET OTHER EXPERIMENTAL TREATMENTS ..... 2 (G02A072)

IT WAS TOO DIFFICULT TO GET TO THE  
PLACE WHERE MY PREVIOUS PROVIDER WORKS ..... 3 (G02A073)

I MOVED TO A NEW LOCATION ..... 4 (G02A074)

I COULD NO LONGER AFFORD  
MY PREVIOUS SOURCE OF CARE ..... 5 (G02A075)

MY CURRENT HEALTH PLAN  
WON'T COVER MY PREVIOUS PROVIDER ..... 6 (G02A076)

MY PREVIOUS PROVIDER SUGGESTED  
THAT ANOTHER PROVIDER TAKE OVER MY CARE ..... 7 (G02A077)

I NO LONGER HAVE AN INSURANCE PLAN  
THAT COVERS MY PREVIOUS PROVIDER ..... 8 (G02A078)

SOME OTHER REASON ..... 9 (G02A079)

IF A7 = ASKED, GO TO A8

A8. At the place you go for most of your HIV care, is there a particular doctor who knows you best, and takes responsibility for your overall HIV care?

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Please do not include physicians assistants, nurses, or nurse practitioners.

YES..... 1 (G02A08)

NO, NO DOCTOR  
IN CHARGE OF MY CARE ..... 2

SEE MULTIPLE DOCTORS,  
BUT ONE HAS RESPONSIBILITY ..... 3

SEE MULTIPLE DOCTORS,  
NO ONE DOCTOR IN CHARGE OF MY CARE ..... 4

IF A8 = REF, GO TO A12  
IF A8 = 2, GO TO A12  
IF A8 = 1 OR A8 = 3, GO TO A11

A9. What is the name of the doctor you saw most recently?

FIRST: \_\_\_\_\_

LAST: \_\_\_\_\_

A10. Where did you see this doctor?

ACCESS PROVIDER DIRECTORY FOR LOCATION ..... 1 (G02A10)  
AT USUAL SOURCE OF HIV CARE ..... 2

IF A10 <> 1 AND A10 = ASKED, GO TO A12

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FLAG: \_\_\_\_\_

NUMBER: \_\_\_\_\_ (G02A10I)

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A11. What is the name of the doctor (who is in charge of your HIV care)?

FIRST: \_\_\_\_\_

LAST: \_\_\_\_\_

A12. Is there a particular nurse practitioner or physician assistant you see for care related to your HIV infection? A nurse practitioner or physician assistant is someone other than a doctor who examines you and prescribes medication for you.

YES..... 1

(G02A12)

NO ..... 2

IF A12<> 1 AND A12= ASKED, GO TO A15

A13. What is the name of the nurse practitioner or physician's assistant?

FIRST: \_\_\_\_\_

LAST: \_\_\_\_\_

A14. Where do you see this person?

(At what doctor's office, hospital, or clinic do you see this person?)

ACCESS PROVIDER DIRECTORY ..... 1

(G02A14)

AT USUAL SOURCE OF HIV CARE ..... 2

IF A14<> 1 AND A14= ASKED, GO TO A15

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ :STATE \_\_\_\_\_ :ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FLAG: \_\_\_\_\_

NUMBER: \_\_\_\_\_ (G02A14I)

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A15. There is usually one health professional who knows a patient the best and takes responsibility for their overall HIV medical care. Considering any doctor, nurse practitioner, or physician assistant, who does this for you?

- IF DOCTOR NAMED IN A11..... 1 (G02A15)
- IF NURSE NAMED IN A13..... 2
- IF DOCTOR NAMED IN A9..... 3
- SOMEONE ELSE ..... 4
- NO ONE KNOWS ME BEST ..... 5

A16. Do you have a case manager? By case manager we mean a social worker, nurse, AIDS service organization staff member, staff in other service organizations, or anyone else who is assigned to help you get and coordinate care.

- YES..... 1 (G02A16)
- NO ..... 2

IF A16 <> 1 AND A16 = ASKED, GO TO A18

A17. Is this person a:

- social worker,..... 1 (G02A17)
- nurse,..... 2
- AIDS service organization staff member,..... 3
- staff in another service organization, ..... 4
- or someone else? ..... 5

A18. Sometimes people have difficulties in getting medical care when they need it.

During the last 6 months, did you ever need medical care but could not get it?

- YES..... 1 (G02A18)
- NO ..... 2

IF A18 = 2,DK,REF, GO TO B1

A19. (HAND CARD #2)

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The last time you needed but did not get medical care, what was the main reason?

COULDN'T AFFORD CARE .....	1	(G02A19)
DIDN'T KNOW WHERE TO FIND CARE.....	2	
HAD DIFFICULTY GETTING AN APPOINTMENT .....	3	
DIDN'T THINK IT WOULD HELP.....	4	
COULD NOT GET TRANSPORTATION .....	5	
DIDN'T KNOW WHERE TO FIND A DOCTOR WHO SPEAKS THE SAME LANGUAGE AS I DO .....	6	
I HAD TO TAKE CARE OF OTHERS IN MY HOUSEHOLD.....	7	
I WAS REFUSED CARE .....	8	
OTHER .....	9	