

HCSUS 2nd Follow-up
6. Utilization
Section E: Medical Visits

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

IF A4 <> 1 AND A4 = ASKED, GO TO E61

IF R HAS USUAL SOURCE OF HIV CARE, GO TO E1 , ELSE GO TO E2

E1. You told me that you went to a clinic, private doctor's office, or HMO for medical care since we last interviewed you on FU1DATE. Think about the care center you visited most recently. Was it FILL CURRENT USUAL SOURCE OF HIV CARE?

YES..... 1 (G06E01)
NO 2

E2. IF E2=1 SAY:

Is that place:

OTHERWISE SAY:

(You told me you went to a clinic, private doctor's office, or HMO for medical care since we last interviewed you on FU1DATE.)

What kind of care center did you visit? Was it:

An HMO..... 1 (G06E02)
A private doctor's office 2
A community or neighborhood clinic 3
A hospital clinic or out-patient department 4
Another medical clinic or health center 5

IF E1 = 1, GO TO E5

IF E2 = 4 AND E1 = 1, GO TO E4

E3. What is the name and address of the FILL HMO/doctor/clinic/hospital/health center you visited?
(G06E03)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06E03I)

IF E2 = ASKED AND E2 <> 4, GO TO E5

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E4. What clinic or clinics did you visit at FACILITY NAME FROM E3?

CLINIC A: _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

E5. IF E2 <> 2 SAY:

What is the name of the doctor or doctors you saw at FACILITY NAME FROM E3?
Anyone else?

OTHERWISE SAY:

Did you see any other doctors at DOCTOR'S NAME FROM E3's office?

- SAW MD'S BUT DON'T KNOW NAMES 1 (G06E05)
- ENTER NAMES 2
- SAW NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT 3
- SAW NURSE 4
- SAW OTHER 5
- ONLY SAW MD NAMED IN QUESTION 6

DOCTOR A: _____

DOCTOR B: _____

DOCTOR C: _____

DOCTOR D: _____

DOCTOR E: _____

IF E5 <> 1, GO TO E8

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E6. How many different doctors did you see there?

””

Valid Values: 1-99

(G06E06)

ASK E7 FOR EACH CLINIC AND DOCTOR NAMED IN E4 AND E5

E7. How many visits did you make to FILL CLINIC/DOCTOR since FU1DATE?

(G06E0701-G06E0713) –Visits are saved in 13 cells depending upon provider type (G06E02) and for each individual clinic (E4) and Provider (G06E05). The visits need to be summed to obtain total visits To provider listed in (G06E03).

”””

Valid Values: 1-24
Soft Check: 25-500

E8. Did you visit any other clinics, private doctor's offices, or HMO's since FU1DATE (that you have not already told me about)?

YES..... 1 (G06E08)
NO 2

IF E8 <> 1 AND E8 = ASKED, GO TO E58

IF E1 = 1 OR R HAS USUAL SOURCE OF HIV CARE, GO TO E10

E9. Was it CURRENT USUAL SOURCE OF HIV CARE?

YES..... 1 (G06E09)
NO 2

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E10. IF E9 = 1 SAY:
Is that place:

OTHERWISE SAY:
What kind of care center did you visit:

- An HMO 1 **(G06E10)**
- A private doctor's office 2
- A community or neighborhood clinic 3
- A hospital clinic or out-patient department 4
- Another medical clinic or health center 5

IF E10 <> 4 AND E9 = 1, GO TO E13
IF E10 = 4 OR E9 = 1, GO TO E12

E11. What is the name and address of the FILL HMO/doctor/clinic/hospital/health center you visited?
(G06E11)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ **G06E11I)**

IF E10 = ASKED AND E10 <> 4, GO TO E13

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E12. What clinic or clinics did you visit at FACILITY NAME FROM E11?

CLINIC A:

CLINIC B:

CLINIC C:

CLINIC D:

CLINIC E:

E13. IF E10 <>2 SAY:

What is the name of the doctor or doctors you saw at FACILITY NAME FROM E11?

Anyone else?

ELSE SAY:

Did you see any other doctors at DOCTOR'S NAME FROM E11's office?

- | | | |
|--|---|----------|
| SAW MD'S BUT DON'T KNOW NAMES | 1 | (G06E13) |
| ENTER NAMES | 2 | |
| SAW NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT..... | 3 | |
| SAW NURSE..... | 4 | |
| SAW OTHER..... | 5 | |
| ONLY SAW MD NAMED IN QUESTION | 6 | |

DOCTOR A: _____

DOCTOR B: _____

DOCTOR C: _____

DOCTOR D: _____

DOCTOR E: _____

IF E13<> 1, GO TO E15

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E14. How many different doctors did you see there?

”

Valid Values: 1-99

(G06E14)

ASK E15 FOR EACH CLINIC AND DOCTOR NAMED IN E12 AND E13

E15. How many visits did you make to FILL CLINIC/DOCTOR since FU1DATE?

(G06E1501-G06E1513) –Visits are saved in 13 cells depending upon provider type (G06E10) and for each individual clinic (E12) and Provider (G06E13). The visits need to be summed to obtain total visits To provider listed in (G06E11).

”

E16. Did you visit any other clinics, private doctor's offices, or HMO's since FU1DATE (that you have not already told me about)?

YES..... 1
NO 2

(G06E16)

IF E16 <> 1, GO TO E58

E17. What kind of care center did you visit?

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

(G06E17)

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E18. What is the name and address of the FILL HMO/doctor/clinic/hospital/health center you visited?

(G06E18)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE _____ FLAG: _____

ID: _____ (G06E18I)

IF E17 = ASKED AND E17 <> 4, GO TO E20

E19. What clinic or clinics did you visit at FACILITY NAMED IN E18 ?

Any others?

CLINIC A: _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

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E20. IF E17 <> 2 SAY:

What is the name of the doctor or doctors you saw at FACILITY NAME FROM E18 ? Anyone
else?

ELSE SAY:

Did you see any other doctors at DOCTOR'S NAME FROM E18's office?

SAW MD'S BUT DON'T KNOW NAMES 1 (G06E20)
ENTER NAMES 2
SAW NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT..... 3
SAW NURSE..... 4
SAW OTHER..... 5
ONLY SAW MD NAMED IN QUESTION 6

DOCTOR A: _____

DOCTOR B: _____

DOCTOR C: _____

DOCTOR D: _____

DOCTOR E: _____

IF E20 <> 1, GO TO E22

E21. How many different doctors did you see there?

””

(G06E21)

Valid Values: 1-99

ASK E22 FOR EACH CLINIC AND DOCTOR NAMED IN E19 AND E20.

E22. How many visits did you make to FILL CLINIC/DOCTOR since FU1DATE?

(G06E2201-G06E2211) –Visits are saved in 11 cells depending upon provider type (G06E17) and for each individual clinic (E19) and Provider (G06E20). The visits need to be summed to obtain total visits To provider listed in (G06E18).

”””

Valid Values: 1-24
Soft Check: 25-500

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E23. Did you visit any other clinics, private doctor's offices, or HMO's since we last interviewed you on FU1DATE (that you have not already told me about)?

YES..... 1 (G06E23)
NO 2

IF E23 <> 1, GO TO E58

E24. What kind of care center did you visit?

An HMO 1 (G06E24)
A private doctor's office 2
A community or neighborhood clinic 3
A hospital clinic or out-patient department 4
Another medical clinic or health center 5

E25. What is the name and address of the FILL HMO/doctor/clinic/hospital/health center you visited?

NAME: _____ (G06E25)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G05E25I)

IF E24 = ASKED AND E24 <> 4, GO TO E27

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E26. What clinic or clinics did you visit at FACILITY NAMED IN E25?

Any others?

CLINIC A: _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

E27. IF E24 <> 2 SAY:

What is the name of the doctor or doctors you saw at FACILITY NAME FORM E25?

Anyone else?

ELSE SAY:

Did you see any other doctors at DOCTOR'S NAME FROM E25's office?

SAW MD'S BUT DON'T KNOW NAMES	1	(G06E27)
ENTER NAMES	2	
SAW NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT.....	3	
SAW NURSE.....	4	
SAW OTHER.....	5	
ONLY SAW MD NAMED IN QUESTION	6	

DOCTOR A: _____

DOCTOR B: _____

DOCTOR C: _____

DOCTOR D: _____

DOCTOR E: _____

IF E27 <> 1, GO TO E29

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E28. How many different doctors did you see there?

””

Valid Values: 1-99

(G06E28)

ASK E29 FOR EACH CLINIC AND DOCTOR NAMED IN E26 AND E27.

E29. How many visits did you make to FILL CLINIC/DOCTOR since FU1DATE?

(G06E2901-G06E2911) –Visits are saved in 11 cells depending upon provider type (G06E27) and for each individual clinic (E26) and Provider (G06E275). The visits need to be summed to obtain total visits To provider listed in (G06E25).

”””

Valid Values: 1-24

Soft Check: 25-500

E30. Did you visit any other clinics, private doctor's offices, or HMO's since FU1DATE (that you have not already told me about)?

YES..... 1
NO 2

(G06E30)

IF E30 <> 1, GO TO E58

E31. What kind of care center did you visit?

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

(G06E31)

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E32. What is the name and address of the FILL HMO/doctor/clinic/hospital/health center you visited?

(G06E32)

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ :ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G05E32I)

IF E31 = ASKED AND E31 <> 4, GO TO E34

E33. What clinic or clinics did you visit at FACILITY NAME FROM E32?

Any others?

CLINIC A : _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

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E34. IF E31<>2 SAY:

What is the name of the doctor or doctors you saw at FACILITY NAME FROM E32?
Anyone else?

ELSE SAY:

Did you see any other doctors at DOCTOR'S NAME FROM E32's office?

SAW MD'S BUT DON'T KNOW NAMES	1	(G06E34)
ENTER NAMES	2	
SAW NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT.....	3	
SAW NURSE.....	4	
SAW OTHER.....	5	
ONLY SAW MD NAMED IN QUESTION	6	

DOCTOR A: _____

DOCTOR B: _____

DOCTOR C: _____

DOCTOR D: _____

DOCTOR E: _____

IF E34 <> 1, GO TO E36

E35. How many different doctors did you see there?

”

Valid Values: 1-99

(G06E35)

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ASK E36 FOR EACH CLINIC AND DOCTOR NAMED IN E33 AND E34

E36. How many visits did you make to CLINIC/DOCTOR since FU1DATE?

(G06E3601-G06E3611) –Visits are saved in 11 cells depending upon provider type (G06E24) and for each individual clinic (E26) and Provider (G06E27). The visits need to be summed to obtain total visits To provider listed in (G06E25).

”””

Valid Values: 1-24
Soft Check: 25-500

E37. Did you visit any other clinics, private doctor's offices, or HMO's since FU1DATE (that you have not already told me about)?

YES..... 1 (G06E37)
NO 2

IF E37 <> 1, GO TO E58

E38. What kind of care center did you visit?

An HMO 1 (G06E38)
A private doctor's office 2
A community or neighborhood clinic 3
A hospital clinic or out-patient department 4
Another medical clinic or health center 5

E39. What is the name and address of the FILL HMO/doctor/clinic/hospital/health center you visited?

NAME: _____ (G06E39)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06E39I)

IF E38 = ASKED AND E38 <> 4, GO TO E41

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E40. What clinic or clinics did you visit at FACILITY NAMED IN E39?

Any others?

CLINIC A: _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

E41. IF E38 <>2

What is the name of the doctor or doctors you saw at FACILITY NAMED IN E39?

Anyone else?

ELSE SAY:

Did you see any other doctors at DOCTOR'S NAME FROM E39's office?

- | | | |
|--|---|----------|
| SAW MD'S BUT DON'T KNOW NAMES | 1 | (G06E41) |
| ENTER NAMES | 2 | |
| SAW NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT..... | 3 | |
| SAW NURSE..... | 4 | |
| SAW OTHER..... | 5 | |
| ONLY SAW MD NAMED IN QUESTION | 6 | |

DOCTOR A: _____

DOCTOR B: _____

DOCTOR C: _____

DOCTOR D: _____

DOCTOR E: _____

IF E41 <> 1, GO TO E43

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E42. How many different doctors did you see there?

””

Valid Values: 1-99

(G06E42)

ASK E43 FOR EACH CLINIC AND DOCTOR NAMED IN E40 AND E41

E43. How many visits did you make to CLINIC/DOCTOR since FU1DATE?

(G06E4301-G06E43711) –Visits are saved in 11 cells depending upon provider type (G06E38) and for each individual clinic (E40) and Provider (G06E41). The visits need to be summed to obtain total visits To provider listed in (G06E39).

”””

Valid Values: 1-24

Soft Check: 25-500

E44. Did you visit any other clinics, private doctor's office or HMO'S since FU1DATE (that you have not already told me about)?

YES..... 1
NO 2

(G06E44)

IF E44 <> 1, GO TO E58

E45. What kind of care center did you visit?

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

(G06E45)

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E46. What is the name and address of the FILL HMO/doctor/clinic/hospital/health center you visited?

(G06E46)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06E46I)

IF E45 = ASKED AND E45 <> 4, GO TO E48

E47. What clinic or clinics did you visit at FACILITY NAMED IN E46?

Any others?

CLINIC A: _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

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E48. IF E45 <>2

What is the name of the doctor or doctors you saw at FACILITY NAME FROM E46?

Anyone else?

ELSE SAY:

Did you see any other doctors at DOCTOR'S NAME FROM E46's office?

SAW MD'S BUT DON'T KNOW NAMES	1	(G06E48)
ENTER NAMES	2	
SAW NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT.....	3	
SAW NURSE.....	4	
SAW OTHER.....	5	
ONLY SAW MD NAMED IN QUESTION	6	

IF E48 <> 2, GO TO E49

DOCTOR A: _____

DOCTOR B: _____

DOCTOR C: _____

DOCTOR D: _____

DOCTOR E: _____

IF E48 <> 1, GO TO E50

E49. How many different doctors did you see there?

””

Valid Values: 1-99

(G06E49)

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ASK E50 FOR EACH CLINIC AND DOCTOR NAMED IN E47 AND E48

E50. How many visits did you make to CLINIC/DOCTOR in the last six months?

(G06E5001-G06E5011) –Visits are saved in 11 cells depending upon provider type (G06E45) and for each individual clinic (E47) and Provider (G06E48). The visits need to be summed to obtain total visits To provider listed in (G06E46).

”””

Valid Values: 1-24
Soft Check: 25-500

E51. Did you visit any other clinics, private doctor's offices, or HMO's since FU1DATE (that you have not already told me about)?

YES..... 1 (G06E51)
NO 2

IF E51 <> 1, GO TO E58

E52. What kind of care center did you visit?

An HMO 1 (G06E52)
A private doctor's office 2
A community or neighborhood clinic 3
A hospital clinic or out-patient department 4
Another medical clinic or health center 5

E53. What is the name and address of the FILL HMO/doctor/clinic/hospital/health center you visited?

NAME: _____ (G06E53)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06E53I)

IF E52 = ASKED AND E52 <> 4, GO TO E55

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E54. What clinic or clinics did you visit at FACILITY NAME FROM E53?

Any others?

CLINIC A: _____

CLINIC B: _____

CLINIC C: _____

CLINIC D: _____

CLINIC E: _____

E55. IF E52 <>2

What is the name of the doctor or doctors you saw at FACILITY NAME FROM E53?

Anyone else?

ELSE SAY:

Did you see any other doctors at DOCTOR'S NAME FROM E53's office?

SAW MD'S BUT DON'T KNOW NAMES	1	(G06E33)
ENTER NAMES	2	
SAW NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT.....	3	
SAW NURSE	4	
SAW OTHER.....	5	
ONLY SAW MD NAMED IN QUESTION	6	

DOCTOR A: _____

DOCTOR B: _____

DOCTOR C: _____

DOCTOR D: _____

DOCTOR E: _____

IF E55 <> 1, GO TO E57

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E56. How many different doctors did you see there?

””

(G06E56)

Valid Values: 1-99

ASK E57 FOR EACH CLINIC AND DOCTOR NAMED IN E54 AND E55

E57. How many visits did you make to FILL DOCTOR/CLINIC in the last six months?

(G06E5701-G06E5711) –Visits are saved in 11 cells depending upon provider type (G06E52) and for each individual clinic (E54) and Provider (G06E55). The visits need to be summed to obtain total visits To provider listed in (G06E53).

”””

Valid Values: 1-24

Soft Check: 25-500

E58. Calculation: ADD UP TOTAL NUMBER OF VISITS FROM E7+E15+E22+E29+E36+E43

(G06E58)

E59. During how many of the visits you had since FU1DATE did you discuss emotional or personal problems?

PROBE: Please consider all visits since FU1DATE to all the doctors and clinics you just named.

IF NONE, ENTER 0

”””

(G06E59)

Valid Values: 0-999

IF E59 <> DK, GO TO E61

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E60. Was it on:

A few visits,.....	1	(G06E60)
About half the visits,	2	
Most of the visits, or.....	3	
All of the visits?.....	4	

IF MALE, GO TO SECTION F

E61. Since FU1DATE, have you had a pap smear?

YES.....	1	(G06E61)
NO	2	

IF E61 = 1, GO TO SECTION F

E62. Since FU1DATE, have you had a colposcopy?

YES.....	1	(G06E62)
NO	2	