



Patient ID Number	<input type="text"/>						
	Site	Sub-site	Sequential ID				

SEARCH Health Care Usage Form

Instructions: This form is interview administered at in-person annual visits by a trained study coordinator to a participant ≥ 18 years old.

*This form refers to healthcare usage primarily during the past 6 months so that we can report usage practices per half year and expect accurate recall. Some items refer to different periods of time – **time frames are highlighted**.*

This is a fully scripted form, meaning that the coordinator reads scripts and each item on the form with no rewording or probing (unless indicated). The intention is to record what the participant knows and does not know. The approach is to read the script, read the question, and wait for a volunteered response.

- If no response is forthcoming, then say "For example..." and read the possible responses, leaving it to the participant to say "I don't know" or "I don't want to answer" (throughout response DKR means don't know/refused to answer).*
- You may need to seek clarification of what the participant says by reading possible responses. For example, if the response to 1(a) is "I go someplace where I can be seen right away" you may ask "Do you mean a walk-in facility that provides urgent care or an emergency room or other quick-care facility in a hospital?"*
- In a few cases the list of possible responses is long and a laminated card is handed to the participant as the question is asked.*

Introductory Script: "Some of the questions I will be asking you are similar to questions you may have already completed, either on-line or on paper. Even though they are similar, we hope to get valuable information from both sets of questions."

We'd like to know about your experience getting healthcare, including what is available to you, where you actually go to get healthcare, and whether you have had any problems getting healthcare. Healthcare includes:

- routine or regular appointments to get tests, procedures, vaccinations (like a tetanus shot), exams (like an annual wellness check-up or dental check-up), and prescription renewals;*
- procedures that are planned and scheduled ahead of time, such as childbirth, tonsillectomy, or getting a cavity filled;*
- times when you were so sick that you needed to get care right away, or when you had an emergency and you needed to get care without making an appointment.*

In your responses, please do not include research study procedures or visits. You may seek healthcare for health problems related to physical conditions, accidents, or injuries that affect any part of the body as well as mental or emotional health conditions, such as feeling depressed or anxious about something.

PART A: USUAL SOURCE OF HEALTHCARE

READ script: First I'll ask some questions about getting healthcare related to your diabetes.

1. Is there a particular doctor's office, clinic, health center, or other place where you usually go to get care for your diabetes? [gcfdiab](#)
- 1 Yes
- 2 No
- 3 Don't know/refused

If YES, ⇒ Administer (a)-(b) below.

If NO ⇒ 1. Ask (c), give the participant the laminated card of responses, and check all that apply.

2. Ask (d) and check only one.

3. Continue to item 2.

- (a) Where (check one)? [gcfdiab_where](#)

1 private doctor's office or hospital-based primary or specialty (diabetes or endocrinology) care clinic

2 walk-in or urgent care facility (doc-in-the-box) outside of a hospital

3 emergency room (ER) or urgent care facility in a hospital

4 other: [gcfdiab_where_sp](#) _____

5 Don't know/refused

- (b) **In the past 6 months**, how often did you use this facility? [gcfdiab_howoftn](#)

0 0 1 1 2 2 3 3 4 4 or more 5 Don't know/refused

- (c) What are the reasons that you don't have a place where you usually go to get care for your diabetes? *[Show participant laminated card and check all that apply]*

- (d) Of these, what is the main reason? *[Show participant laminated card and check only one]*

gcfdiab_main

(c) all that apply	(d) main	Reasons
gcfdiab_no_need	_____	seldom or never get sick due to my diabetes (no need)
gcfdiab_moved	_____	recently moved into the area
gcfdiab_dk_where	_____	don't know where to go for care
gcfdiab_source_left	_____	my usual source of medical care in this area is no longer available
gcfdiab_language	_____	can't find a provider who speaks my language
gcfdiab_diff_places	_____	prefer to go to different places, not just one place
gcfdiab_new_ins	_____	just changed insurance plans
gcfdiab_dont_use	_____	don't use doctors or medical healthcare providers
gcfdiab_cant_afford	_____	can't afford medical care costs
gcfdiab_no_ins	_____	have no health insurance
gcfdiab_work_school	_____	can't get off work or school
gcfdiab_transport	_____	can't get to a location, no means of transportation
gcfdiab_caregiver	_____	can't leave family members or others I have to care for
gcfdiab_other	_____	other reason: gcfdiab_other_sp gcfdiab_main_sp
gcfdiab_dk_refuse	_____	don't know or refused to answer

READ script: Now let's talk about getting healthcare that is not related to your diabetes, including tests, procedures, vaccinations (like a tetanus shot), and exams that are not for your diabetes - but do not include dental care or regular mental health visits (for example, weekly meetings with a psychologist).

2. Is there a particular doctor's office, clinic, health center, or other place where you usually go to get healthcare for other than your diabetes? ₁ Yes
- [gcfoth](#) ₂ No
- ₃ Don't know/refused

If YES, ⇒ Administer (a)-(b) below

If NO ⇒ 1. Ask (c), give the participant the laminated card of responses, and check all that apply.

2. Ask (d) and check only one.

3. Continue to item 3.

(a) Is it different from where you usually go for your diabetes care? [gcfoth_diff_diab](#)

- ₁ Yes
- ₂ No, I go to the same place for my diabetes and other health care ⇒ ***go to item 3***
- ₃ Don't know/refused

(b) Where? [gcfoth_where](#)

- 1 private doctor's office or hospital-based primary or specialty (diabetes or endocrinology) care clinic
- 2 walk-in or urgent care facility (doc-in-the-box) outside of a hospital
- 3 emergency room (ER) or urgent care facility in a hospital
- 4 other: [gcfoth_wheresp](#) _____
- 5 Don't know/refused

(c) What are the reasons that you don't have a place where you usually go to get care other than for your diabetes? *[Show participant laminated card and check all that apply]*

(d) Of these, what is the main reason? *[Show participant laminated card and check only one]*

(c) all that apply	(d) main	Reasons	gcfoth_main
gcfoth_no_need	_____	seldom or never get sick (no need)	
gcfoth_moved	_____	recently moved into the area	
gcfoth_dk_where	_____	don't know where to go for care	
gcfoth_source	_____	my usual source of medical care in this area is no longer available	
gcfoth_language	_____	can't find a provider who speaks my language	
gcfoth_diff_places	_____	prefer to go to different places, not just one place	
gcfoth_new_ins	_____	just changed insurance plans	
gcfoth_dont_use	_____	don't use doctors or medical healthcare providers	
gcfoth_cant_afford	_____	can't afford medical care costs	
gcfoth_no_ins	_____	have no health insurance	
gcfoth_work_school	_____	can't get off work or school	
gcfoth_transport	_____	can't get to a location, no means of transportation	
gcfoth_caregiver	_____	can't leave family members or others I have to care for	
gcfoth_other	_____	other reason: gcfoth_other_sp gcfoth_main_sp	
gcfoth_dk_refuse	_____	don't know or refused to answer	

PART B: HEALTHCARE USAGE

READ script: I want to ask you about how much you used the types of places people go to get healthcare – including healthcare needed whether related to diabetes or not but not including dental care.

3.		0	1	2	3	≥ 4	DKR
(a)	In the past 6 months , how many times did you go to a private practice doctor's office or hospital-based primary or specialty (diabetes or endocrinology) care clinic? practice_clinic	<input type="text"/>					
	<i>Please include all the different kinds of doctors you may have seen, like an endocrinologist specializing in diabetes care, a dermatologist specializing in skin care, a podiatrist for foot care, an orthopedist for muscles and bones, a gynecologist for healthcare specific to girls and women, a psychiatrist for depression or anxiety, and so on.</i>						
(b)	In the past 6 months , how many times did you go to a walk-in or urgent care facility outside of a hospital? urgent_care	<input type="text"/>					
(c)	In the past 6 months , how many times did you go to an emergency room (ER) or urgent care facility in a hospital? er_hospital	<input type="text"/>					
4.	In the past 12 months , how many times did you stay in a hospital overnight (at least 1 night in hospital per stay)? Do not include research study visits. hosp_ovrnight	<input type="text"/>					
	If 1 or more, how many hospital stays were...						
(a)	For a problem related to your diabetes, such as diabetic ketoacidosis or hypoglycemia ovn_diab_prob	<input type="text"/>					
(b)	For an accident or injury not related to your diabetes ovn_accident_injury	<input type="text"/>					
(c)	Related to pregnancy or childbirth ovn_preg_childbirth	<input type="text"/>					
(d)	For an expected or scheduled procedure or test ovn_proc_test	<input type="text"/>					
(e)	Due to a mental health problem ovn_mental	<input type="text"/>					
(f)	Other (specify): ovn_other ovn_other_sp	<input type="text"/>					
5.	In the past 6 months , did you have any problem or condition that you would have liked to have seen a healthcare provider about but you did not? h_prob_not_seen						
		<input type="text"/>					1 Yes
		<input type="text"/>					2 No
		<input type="text"/>					3 Don't know/refused

**If YES ⇒ 1. Ask (a), give the participant the laminated card of responses, and check all that apply.
 2. Ask (b) and check only one.
 3. Continue to item 6.**

If NO, ⇒ Continue to item 6.

(a) Why not? [Show participant laminated card and check all that apply]

(b) Of these, what is the main reason? [Show participant laminated card and check only one]

(a) all that apply	(b) main Reasons
<u>hpns_not_serious</u> _____	<u>hpns_main</u> _____ did not think that the problem or condition was serious enough
<u>hpns_cost_too_much</u> _____	_____ thought that the health care services would cost too much
<u>hpns_not_cvrld_ins</u> _____	_____ services for the problem or condition were not covered by my health insurance
<u>hpns_no_ins</u> _____	_____ had no insurance at the time
<u>hpns_no_money</u> _____	_____ did not have money to cover the cost
<u>hpns_no_time</u> _____	_____ did not have time to get healthcare
<u>hpns_office_hrs</u> _____	_____ could not get an appointment or office hours were inconvenient
<u>hpns_transport</u> _____	_____ did not have a way to get to the location (for example, had access to a car, but it wasn't working or not able to drive myself and no one else was available to take me)
<u>hpns_too_far</u> _____	_____ distance to the healthcare location was too great
<u>hpns_caregiver</u> _____	_____ did not have anyone to stay with children or others i care for
<u>hpns_couldnt_help</u> _____	_____ felt the healthcare provider could not help
<u>hpns_prov_didnt_care</u> _____	_____ did not feel the healthcare provider cared about my health
<u>hpns_afraid</u> _____	_____ afraid of finding out what was wrong
<u>hpns_home_care</u> _____	_____ thought the problem could be taken care of at home
<u>hpns_other</u> _____	_____ other reason: <u>hpns_other_sp</u> _____ <u>hpns_main_sp</u> _____
<u>hpns_dk_refuse</u> _____	_____ don't know/refused to answer

6. **In the past 6 months**, did a healthcare provider suggest any medical care, tests, or treatments? prov_sggst_trtmt

- 1 no, did not see a doctor in the past 6 months ⇒ **Go to item 7.**
- 2 no, saw a doctor but he/she made no recommendations ⇒ **Go to item 7.**
- 3 yes ⇒ **Administer (a).**
- 4 Don't know/refused

(a) Were you able to get what the healthcare provider suggested? trtmt_able

- 1 Yes, for all that was suggested ⇒ **Go to item 7.**
- 2 Yes, for some that was suggested ⇒ **Administer (i)-(ii).**
- 3 No, not for anything that was suggested ⇒ **Administer (i)-(ii).**

If options 2 or 3 selected above ⇒

1. Ask (i), give the participant the laminated card of responses, and check all that apply.

2. Ask (ii) and check only one.

3. Continue to item 7.

i. Why not? [Show participant laminated card and check all that apply]

ii. Of these, what is the main reason? [Show participant laminated card and check only one] [trtmt_main](#)

(i) all that apply	(ii) main	Reasons
trtmt_couldnt_afford	_____	couldn't afford it
trtmt_ins_approval	_____	insurance company wouldn't approve, cover, or pay for it
trtmt_ins_notaccepted	_____	insurance plan not accepted
trtmt_transport	_____	problems getting to healthcare office of facility
trtmt_language	_____	different language
trtmt_work_school	_____	couldn't get time off work or school
trtmt_dk_where	_____	didn't know where to go
trtmt_refused_srvc	_____	was refused services
trtmt_caregiver	_____	couldn't get child care or care for disabled or sick adult
trtmt_no_time	_____	didn't have time or took too long
trtmt_other	_____	other: trtmt_other_sp trtmt_main_sp
trtmt_dk_refuse	_____	don't know/refused to answer

PART C: COVERAGE FOR HEALTHCARE USAGE

7. In the past 12 months, were you covered by a health insurance plan or did you have a state or federally funded source of coverage for your healthcare? [ins_coverage](#)
- 1 Yes
- 2 No
- 3 Don't know/refused

If YES, ⇒ Administer (a)-(d) below.

If NO, ⇒ Continue to item 8.

(a) Who provided your health insurance? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Medicaid ins_medicaid | <input type="checkbox"/> Military, e.g., Tricare, CHAMPUS, VA ins_military |
| <input type="checkbox"/> Medicare ins_medicare | <input type="checkbox"/> Indian Health Service or other tribal health plan ins_indian_tribal |
| <input type="checkbox"/> CHIP, or other state or federally funded source such as a plan acquired through healthcare.gov or through a state exchange ins_chip | <input type="checkbox"/> Other, type unknown ins_other_unkn |
| <input type="checkbox"/> Private – through work or purchased individually ins_private | <input type="checkbox"/> Don't know/refused ins_dk_refuse |

- (b) Have you had health insurance continuously for the past 12 months? [ins_cont_12months](#)
- 1 Yes
- 2 No
- 3 Don't know/refused

IF NO ⇒ Administer (i).

i. For how many months were you not covered? [ins_months_notcvrd](#)

- 1 1 -3 months 2 4 -6 months 3 7 or more months 4 Don't know/refused

(c) Does health insurance pay all or part for...

- | | | | |
|--|--------------------------------|-------------------------------|---|
| • diabetes medications ins_pay_meds | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Don't know/refused |
| • syringes, pens, needles ins_pay_syringe | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Don't know/refused |
| • meters, monitor strips, and related supplies ins_pay_othsupplies | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Don't know/refused |

(d) What is your co-payment for...

	\$0 (none)	\$1-\$19	\$20-\$49	≥\$50	DKR
• Diabetes medications ins_copay_meds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
• Syringes, pens, needles ins_copay_syringe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
• Meters, monitor strips, and related supplies ins_copay_othsupplies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
• Office or clinic visit ins_copay_visit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PART D: DENTAL CARE

READ script: The next items refer to getting dental care.

8. Is there a particular dentist's office or other place where you usually go to get dental care? *gcfdent*
- 1 Yes
- 2 No
- 3 Don't know/refused

If YES, ⇒ Continue to item 9.

If NO ⇒ 1. Ask (a), give the participant the laminated card of responses, and check all that apply.

2. Ask (b) and check only one.

3. Continue to item 9.

(a) What are the reasons that you don't have a place where you usually go to get dental care? *[Show participant laminated card and check all that apply]*

(b) Of these, what is the main reason? *[Show participant laminated card and check only one]* *gcfdent_main*

(a) all that apply	(b) main	Reasons
<i>gcfdent_no_need</i>	_____	seldom or never need it
<i>gcfdent_dont_use</i>	_____	don't use dentists
<i>gcfdent_moved</i>	_____	recently moved into the area
<i>gcfdent_dk_where</i>	_____	don't know where to go for dental care
<i>gcfdent_source_left</i>	_____	my usual source of dental care in this area is no longer available
<i>gcfdent_language</i>	_____	can't find a provider who speaks my language
<i>gcfdent_diff_places</i>	_____	prefer to go to different places
<i>gcfdent_new_ins</i>	_____	just changed insurance plans
<i>gcfdent_cant_afford</i>	_____	can't afford dental care costs
<i>gcfdent_no_ins</i>	_____	have no health insurance
<i>gcfdent_work_school</i>	_____	can't get off work or school
<i>gcfdent_transport</i>	_____	can't get to a location, no means of transportation
<i>gcfdent_caregiver</i>	_____	can't leave family members or others i have to care for
<i>gcfdent_other</i>	_____	other reason: <i>gcfdent_other_sp</i> <i>gcfdent_main_sp</i>
<i>gcfdent_dk_refuse</i>	_____	don't know or refused to answer

9. **In the past 6 months**, how many times did you go to an office or clinic to get dental care? *gcfdent_howoftn*
- 0 0 1 1 2 2 3 3 4 4 or more 5 Don't know/refused

10. **In the past 6 months**, did you have any problem or condition that you would have liked to have seen a dental care provider about but you did not? *dent_prob_not_seen*
- 1 Yes
- 2 No
- 3 Don't know/refused

If YES ⇒ 1. Ask (a), give the participant the laminated card of responses, and check all that apply.
2. Ask (b) and check only one.
3. Continue to item 11.

If NO, ⇒ Continue to item 11.

- (a) Why not? [Show participant laminated card and check all that apply]
 (b) Of these, what is the main reason? [Show participant laminated card and check only one] dpns_main

(a) all that apply	(b) main	Reasons
<u>dpns_not_serious</u>	_____	did not think that the problem or condition was serious enough
<u>dpns_cost_too_much</u>	_____	thought that the dental care services would cost too much
<u>dpns_not_cvrd_ins</u>	_____	services for the problem or condition were not covered by my insurance
<u>dpns_no_ins</u>	_____	had no insurance at the time
<u>dpns_no_money</u>	_____	did not have money to cover the cost
<u>dpns_no_time</u>	_____	did not have time to get dental care
<u>dpns_office_hrs</u>	_____	could not get an appointment or office hours were inconvenient
<u>dpns_transport</u>	_____	did not have a way to get to the location (for example, had access to a car but it was not working or not able to drive myself and no one else available to take me)
<u>dpns_too_far</u>	_____	distance to the dental care location was too great
<u>dpns_caregiver</u>	_____	did not have anyone to stay with children or others i care for
<u>dpns_couldnt_help</u>	_____	felt the dental care provider could not help
<u>dpns_prov_didnt_care</u>	_____	did not feel the dental care provider cared about my dental health
<u>dpns_afraid</u>	_____	afraid of finding out what was wrong
<u>dpns_home_care</u>	_____	thought the problem could be taken care of at home
<u>dpns_other</u>	_____	other reason: <u>dpns_other_sp</u> <u>dpns_main_sp</u>
<u>dpns_dk_refuse</u>	_____	don't know or refused to answer

11. **In the last 6 months**, was your dental care covered by an insurance plan? dent_ins_cvrd
- 1 Yes
- 2 No
- 3 Don't know/refused

If YES, ⇒ Administer (a).

If NO, ⇒ Continue to item 12.

- (a) Was dental care covered as part of your health insurance plan or was it a separate plan? dent_ins_plan
- 1 part of my health insurance plan
- 2 a separate dental insurance plan
- 3 Don't know/refused

PART E: COST OF HEALTHCARE USAGE

12. On average what are your out-of-pocket expenses for healthcare **per month**? 'Healthcare' includes care for your diabetes, for other medical problems, and for dental health. By 'out-of-pocket expenses' we mean costs for healthcare services not covered by insurance – but don't include what you spend to purchase the insurance. [out_of_pckt](#)

- | | |
|--|---|
| <input type="checkbox"/> 0 \$0 (none) | <input type="checkbox"/> 4 \$100 – \$199 |
| <input type="checkbox"/> 1 \$1 – \$19 | <input type="checkbox"/> 5 \$200 – \$499 |
| <input type="checkbox"/> 2 \$20 – \$49 | <input type="checkbox"/> 6 \$500 or more |
| <input type="checkbox"/> 3 \$50 – \$99 | <input type="checkbox"/> 7 don't know/refused |

13. **In the past 6 months**, how often have you had to miss or take time off from the following activities in order to get healthcare? Remember that healthcare includes:

- routine or regular appointments to get tests, procedures, vaccinations (like a tetanus shot), exams (like an annual wellness check-up or dental check-up), and prescription renewals;
- procedures that are planned and scheduled ahead of time, such as childbirth, tonsillectomy, or getting a cavity filled;
- times when you were so sick that you needed to get care right away, or when you had an emergency and you needed to get care without making an appointment.

(a) from school [hlthcare_miss_school](#)

- 0 not applicable, don't go to school
- 1 never or hardly ever, a rare event
- 2 occasionally, a few times per year
- 3 often, every other month or so
- 4 frequently, at least once a month
- 5 don't know/refused

(b) from your employer (includes self-employed)

[hlthcare_miss_work](#)

- 0 not applicable
- 1 never or hardly ever, a rare event
- 2 occasionally, a few times per year
- 3 often, every other month or so
- 4 frequently, at least once a month
- 5 don't know/refused

(c) from your household obligations or tasks hlthcare_miss_household	<input type="checkbox"/> 0	not applicable
	<input type="checkbox"/> 1	never or hardly ever, a rare event
	<input type="checkbox"/> 2	occasionally, a few times per year
	<input type="checkbox"/> 3	often, every other month or so
	<input type="checkbox"/> 4	frequently, at least once a month
	<input type="checkbox"/> 5	don't know/refused

14. **In the past 6 months**, how often have you had to miss or take time off from the following activities because you were sick or felt too ill to...? Do not include time off for FMLA (Family and Medical Leave Act).

(a) attend school [sick_miss_school](#)

<input type="checkbox"/> 0	not applicable, don't go to school
<input type="checkbox"/> 1	never or hardly ever, a rare event
<input type="checkbox"/> 2	occasionally, a few times per year
<input type="checkbox"/> 3	often, every other month or so
<input type="checkbox"/> 4	frequently, at least once a month
<input type="checkbox"/> 5	don't know/refused

(b) attend work [sick_miss_work](#)

<input type="checkbox"/> 0	not applicable
<input type="checkbox"/> 1	never or hardly ever, a rare event
<input type="checkbox"/> 2	occasionally, a few times per year
<input type="checkbox"/> 3	often, every other month or so
<input type="checkbox"/> 4	frequently, at least once a month
<input type="checkbox"/> 5	don't know/refused

(c) attend to your household obligations or tasks
[sick_miss_household](#)

<input type="checkbox"/> 0	not applicable
<input type="checkbox"/> 1	never or hardly ever, a rare event
<input type="checkbox"/> 2	occasionally, a few times per year
<input type="checkbox"/> 3	often, every other month or so
<input type="checkbox"/> 4	frequently, at least once a month
<input type="checkbox"/> 5	don't know/refused

FOR STUDY USE ONLY

Check If Form Not Used

d_HCUF

Date Completed

Month		Day		Year			

Completed by

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Date Reviewed

Month		Day		Year			

Reviewer Code

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Date Entered

Month		Day		Year			

Data Entry Code

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