TODAY2 Form HEALTH2, Healthcare Usage

☐☐–☐☐☐☐☐ **Release Participant ID**   ☐☐☐☐ RELEASEID

☐☐☐☐ **Release Visit Number**   ☐☐☐☐ PVISIT

1. Days since randomization	☐☐☐☐	DAYS

Instructions: This form is interview administered at annual visits by a trained study coordinator. This form refers to healthcare usage primarily during the <u>past 6 months</u>.

Introductory Script: *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.

2. Is there a particular doctor's office, clinic, health center, or other place where you <u>usually</u> go to get care for your diabetes?

☐₁ Yes

☐₀ No

☐₂ Don't know/refused   HU2DCARE

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) Where (check one)?

☐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 tribal or Indian Health Service operated facility (walk-in or ER)

☐₅ other

☐₆ Don't know/refused

HU2DROUTTYP

(b) In the past 6 months, how often did you use this facility?

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☐ 0 0   ☐ 1 1   ☐ 2 2   ☐ 3 3   ☐ 4 4 or more   ☐ 5 Don't know/refused   HU2DFACIL

(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]*

(c) all that apply	(d) main	Reasons HU2DMAIN	
☐ 1	☐ 1	seldom or never get sick due to my diabetes (no need)	HU2DSICK
☐ 1	☐ 2	recently moved into the area	HU2DMOVE
☐ 1	☐ 3	don't know where to go for care	HU2DKNOW
☐ 1	☐ 4	my usual source of medical care in this area is no longer available	HU2DSOURCE
☐ 1	☐ 5	can't find a provider who speaks my language	HU2DLANG
☐ 1	☐ 6	prefer to go to different places, not just one place	HU2DDIFF
☐ 1	☐ 7	just changed insurance plans	HU2DINS
☐ 1	☐ 8	don't use doctors or medical healthcare providers	HU2DSELF
☐ 1	☐ 9	can't afford medical care costs	HU2DCOST
☐ 1	☐ 10	have no health insurance	HU2DNOINS
☐ 1	☐ 11	can't get off work or school	HU2DOFF
☐ 1	☐ 12	can't get to a location, no means of transportation	HU2DLOC
☐ 1	☐ 13	can't leave family members or others I have to care for	HU2DFAM
☐ 1	☐ 14	other reason	HU2DOTH
☐ 1	☐ 15	don't know or refused to answer	HU2DDKR

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 <u>do not include dental care or regular mental health visits (for example, weekly meetings with a psychologist).</u>

3. Is there a particular doctor's office, clinic, health center, or other place where you <u>usually</u> go to get healthcare for other than your diabetes?

☐ 1 Yes

☐ 0 No   HU2RCARE

☐ 2 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 4.

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

☐₁ Yes

☐₀ No, I go to the same place for my diabetes and other health care ⟹ *go to item 4*

☐₂ Don't know/refused

HU2RDIFF

(b) 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 tribal or Indian Health Service operated facility (walk-in or ER)

☐₅ other

☐₆ Don't know/refused

HU2ROUTTYP

(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 HU2RMAIN	Reasons	
☐₁	☐₁	seldom or never get sick (no need)	HU2RSICK
☐₁	☐₂	recently moved into the area	HU2RMOVE
☐₁	☐₃	don't know where to go for care	HU2RKNOW
☐₁	☐₄	my usual source of medical care in this area is no longer available	HU2RSOURCE
☐₁	☐₅	can't find a provider who speaks my language	HU2RLANG
☐₁	☐₆	prefer to go to different places, not just one place	HU2RDIFFPL
☐₁	☐₇	just changed insurance plans	HU2RINS
☐₁	☐₈	don't use doctors or medical healthcare providers	HU2RSELF
☐₁	☐₉	can't afford medical care costs	HU2RCOST
☐₁	☐₁₀	have no health insurance	HU2RNOINS
☐₁	☐₁₁	can't get off work or school	HU2ROFF
☐₁	☐₁₂	can't get to a location, no means of transportation	HU2RLOC

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☐ 1	☐ 13	can't leave family members or others I have to care for	HU2RFAM
☐ 1	☐ 14	other reason	HU2ROTH
☐ 1	☐ 15	don't know or refused to answer	HU2RDKR

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 <u>but not including dental care.</u>

	0	1	2	3	≥ 4	DKR	
4. (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?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2PRSPCLIN

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.

	0	1	2	3	≥ 4	DKR	
(b) In the past 6 months, how many times did you go to a walk-in or urgent care facility outside of a hospital?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2URGENT
(c) In the past 6 months, how many times did you go to an emergency room (ER) or urgent care facility in a hospital?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2ER
(d) In the past 6 months, how many times did you go to a tribal or Indian Health Service operated facility (walk-in or ER)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2TRIBIHS
5. 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.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2HOSP

If 1 or more, how many hospital stays were…

	0	1	2	3	≥ 4	DKR	
(a) For a problem related to your diabetes, such as diabetic ketoacidosis or hypoglycemia	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2DKA
(b) For an accident or injury not related to your diabetes	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2ACCINJ
(c) Related to pregnancy or childbirth	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2PREG
(d) For an expected or scheduled procedure or test	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2PROC
(e) Due to a mental health problem	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2MENTAL
(f) Other	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	HU2HOSPOTH

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6. 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?

□₁ Yes

□₀ No

□₂ Don't know/refused

HU2PNOT

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 7.
If NO, ⇒ Continue to item 7.

(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	HU2PMAIN **Reasons**	
□₁	□₁	did not think that the problem or condition was serious enough	HU2PSER
□₁	□₂	thought that the health care services would cost too much	HU2PHPCOST
□₁	□₃	services for the problem or condition were not covered by my health insurance	HU2PCOVER
□₁	□₄	had no insurance at the time	HU2PNOINS
□₁	□₅	did not have money to cover the cost	HU2PMONEY
□₁	□₆	did not have time to get healthcare	HU2PNOTIME
□₁	□₇	could not get an appointment or office hours were inconvenient	HU2PNOAPPT
□₁	□₈	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)*	HU2PLOC
□₁	□₉	distance to the healthcare location was too great	HU2PDIST
□₁	□₁₀	did not have anyone to stay with children or others I care for	HU2PFAM
□₁	□₁₁	felt the healthcare provider could not help	HU2PHELP
□₁	□₁₂	did not feel the healthcare provider cared about my health	HU2PCARED
□₁	□₁₃	afraid of finding out what was wrong	HU2PAFRAID
□₁	□₁₄	thought the problem could be taken care of at home	HU2PHOME
□₁	□₁₅	other reason	HU2POTH
□₁	□₁₆	don't know/refused to answer	HU2PDKR

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

□₁ no, did not see a doctor in the past 6 months

HU2TEST

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☐₂   no, saw a doctor but he/she made no recommendations

☐₃   yes ⇒ *Administer (a).*

☐₄   Don't know/refused

(c) Were you able to get what the healthcare provider suggested?   `HU2GETTEST`

    ☐₁   Yes, for all that was suggested

    ☐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 8.

     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]*

(i) all that apply	(ii) main `HU2TMAIN`	Reasons	
☐₁	☐₁	couldn't afford it	HU2TCOST
☐₁	☐₂	insurance company wouldn't approve, cover, or pay for it	HU2TINSNOPAY
☐₁	☐₃	insurance plan not accepted	HU2TINSNOTAC
☐₁	☐₄	problems getting to healthcare office or facility	HU2TPROB
☐₁	☐₅	different language	HU2TLANG
☐₁	☐₆	couldn't get time off work or school	HU2TOFF
☐₁	☐₇	didn't know where to go	HU2TDKNOW
☐₁	☐₈	was refused services	HU2TREFUSE
☐₁	☐₉	couldn't get child care or care for disabled or sick adult	HU2TFAM
☐₁	☐₁₀	didn't have time or took too long	HU2TTIME
☐₁	☐₁₁	other reason	HU2TOTH
☐₁	☐₁₂	don't know/refused to answer	HU2TDKR

PART C: COVERAGE FOR HEALTHCARE USAGE

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8. In the past 12 months, were you covered by a healthcare plan?

☐₁ Yes

☐₀ No   HU2HLTHPLAN

☐₂ Don't know/refused

If YES, ⇒ Administer (a)-(d) below.
If NO, ⇒ Continue to item 9.

(a) Who provided your healthcare plan? (Check all that apply)

☐₁ Medicaid HU2MEDICAID   ☐₁ Military, e.g., Tricare, CHAMPUS, VA   HU2MILITAR

☐₁ Medicare HU2MEDICARE   ☐₁ Indian Health Service or other tribal health plan   HU2IHS

☐₁ CHIP, or other state or federally funded source such as a plan acquired through healthcare.gov or through a state exchange   HU2CHIP

☐₁ Other, type unknown   HU2OTHINS

☐₁ Private – through work or purchased individually HU2PRIVATE

☐₁ Don't know/refused   HU2INSDKR

(b) Have you had health insurance continuously for the past 12 months?

☐₁ Yes

☐₀ No

☐₂ Don't know/refused   HU2CONTINS

IF NO ⇒ Administer (i).

i. For how many months were you not covered?

☐₁ 1 -3 months ☐₂ 4 -6 months ☐₃ 7 or more months ☐₄ Don't know/refused   HU2NOTCOV

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

- diabetes medications   ☐₁ Yes ☐₀ No ☐₂ Don't know/refused   HU2DIABMED

- syringes, pens, needles   ☐₁ Yes ☐₀ No ☐₂ Don't know/refused   HU2SYRINGE

- meters, monitor strips, and related supplies   ☐₁ Yes ☐₀ No ☐₂ Don't know/refused   HU2MONITOR

(d) What is your co-payment for…

	$0 (none)	$1-$19	$20-$49	>$50	DKR	
Diabetes medications	☐₁	☐₂	☐₃	☐₄	☐₅	HU2DIABMEDCO
Syringes, pens, needles	☐₁	☐₂	☐₃	☐₄	☐₅	HU2SYRINGECO
Meters, monitor strips, and related supplies	☐₁	☐₂	☐₃	☐₄	☐₅	HU2MONITORCO

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| • Office or clinic visit | ▢₁ | ▢₂ | ▢₃ | ▢₄ | ▢₅ | HU2VISCO |

PART D: DENTAL CARE

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

9. Is there a particular dentist's office or other place where you <u>usually</u> go to get dental care?

▢₁ Yes

▢₀ No

▢₂ Don't know/refused

HU2DTCARE

If YES, ⇒ *Continue to item 10.*

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 10.

   (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]*

(a) all that apply	(b) main	Reasons	
▢₁	▢₁	seldom or never need it	HU2DTSELDOM
▢₁	▢₂	don't use dentists	HU2DTUSE
▢₁	▢₃	recently moved into the area	HU2DTMOVE
▢₁	▢₄	don't know where to go for dental care	HU2DTKNOW
▢₁	▢₅	my usual source of dental care in this area is no longer available	HU2DTSOURCE
▢₁	▢₆	can't find a provider who speaks my language	HU2DTLANG
▢₁	▢₇	prefer to go to different places	HU2DTDIFF
▢₁	▢₈	just changed insurance plans	HU2DTINS
▢₁	▢₉	can't afford dental care costs	HU2DTCOST
▢₁	▢₁₀	have no health insurance	HU2DTNOINS
▢₁	▢₁₁	can't get off work or school	HU2DTOFF
▢₁	▢₁₂	can't get to a location, no means of transportation	HU2DTLOC
▢₁	▢₁₃	can't leave family members or others I have to care for	HU2DTFAM
▢₁	▢₁₄	other reason	HU2DTOTH
▢₁	▢₁₅	don't know or refused to answer	HU2DTDKR

HU2DTMAIN

10. In the past 6 months, how many times did you go to an office or clinic to get dental care?

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☐ ₀ 0 ☐ ₁ 1 ☐ ₂ 2 ☐ ₃ 3 ☐ ₄ 4 or more   ☐ ₅ Don't know/refused | HU2DTCLIN |

| 11. 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? | ☐ ₁ Yes ☐ ₀ No ☐ ₂ Don't know/refused | HU2DTPNOT |

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 12.

If NO, ⇒ Continue to item 12.

  (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 HU2DTPMAIN	**Reasons**	
☐ 1	☐ 1	did not think that the problem or condition was serious enough	HU2DTPSER
☐ 1	☐ 2	thought that the dental care services would cost too much	HU2DTPDCCOST
☐ 1	☐ 3	services for the problem or condition were not covered by my insurance	HU2DTPCOVER
☐ 1	☐ 4	had no insurance at the time	HU2DTPNOINS
☐ 1	☐ 5	did not have money to cover the cost	HU2DTPMONEY
☐ 1	☐ 6	did not have time to get dental care	HU2DTPNOTIME
☐ 1	☐ 7	could not get an appointment or office hours were inconvenient	HU2DTPNOAPPT
☐ 1	☐ 8	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)*	HU2DTPLOC
☐ 1	☐ 9	distance to the dental care location was too great	HU2DTPDIST
☐ 1	☐ 10	did not have anyone to stay with children or others I care for	HU2DTPFAM
☐ 1	☐ 11	felt the dental care provider could not help	HU2DTPHELP
☐ 1	☐ 12	did not feel the dental care provider cared about my dental health	HU2DTPCARED
☐ 1	☐ 13	afraid of finding out what was wrong	HU2DTPAFRAID
☐ 1	☐ 14	thought the problem could be taken care of at home	HU2DTPHOME
☐ 1	☐ 15	other reason	HU2DTPOTH
☐ 1	☐ 16	don't know or refused to answer	HU2DTPDKR

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12. In the last 6 months, was your dental care covered by an insurance plan?

□₁ Yes

□₀ No

□₂ Don't know/refused

HU2DTINSCOV

If YES, ⇒ *Administer (a).*

If NO, ⇒ *Continue to item 13.*

(a) Was dental care covered as part of your health insurance plan or was it a separate plan?

□₁ part of my health insurance plan

□₂ a separate dental insurance plan

□₃ Don't know/refused

HU2DTINSSEP

PART E: COST OF HEALTHCARE USAGE

13. 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.

□₀ $0 (none)   □₄ $100 – $199

□₁ $1 – $19   □₅ $200 – $499

□₃ $20 – $49   □₆ $500 or more

□₄ $50 – $99   □₇ don't know/refused

HU2EXPENSE

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14. In the past 6 months, how often have you had to miss or take time off from the following activities <u>in order to get healthcare</u>? 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

□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

HU2HOFFSCH

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

☐ 0 not applicable

☐ 1 never or hardly ever, a rare event

☐ 2 occasionally, a few times per year   HU2HOFFWORK

☐ 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

☐ 0 not applicable

☐ 1 never or hardly ever, a rare event

☐ 2 occasionally, a few times per year   HU2HOFFOB

☐ 3 often, every other month or so

☐ 4 frequently, at least once a month

☐ 5 don't know/refused

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

(a) attend school

☐ 0 not applicable, don't go to school

☐ 1 never or hardly ever, a rare event

☐ 2 occasionally, a few times per year   HU2SOFFSCH

☐ 3 often, every other month or so

☐ 4 frequently, at least once a month

☐ 5 don't know/refused

(b) attend work

☐ 0 not applicable

☐ 1 never or hardly ever, a rare event   HU2SOFFWORK

☐ 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

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(c) attend to your household obligations or tasks

□ 0 not applicable

□ 1 never or hardly ever, a rare event

□ 2 occasionally, a few times per year   HU2SOFFOB

□ 3 often, every other month or so

□ 4 frequently, at least once a month

□ 5 don't know/refused