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# WOMEN'S HEALTH CARE EXPERIENCES SURVEY

*Prepared By*

The Women's and Children's Health Policy Center  
The Johns Hopkins University Bloomberg School of Public Health

July 2000

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**SECTION A: NEED-BASED UTILIZATION**

START TIME.....::

**I would like to begin by asking you some questions about your health, in general, and the kinds of health care you receive.**

- A1. Would you say your health, in general, is excellent, very good, good, fair, or poor?
  - EXCELLENT .....1
  - VERY GOOD .....2
  - GOOD .....3
  - FAIR .....4
  - POOR .....5
  - RF .....7
  - DK .....8
  
- A2. Compared with other women your age, would you say that you are healthier than most, as healthy as most, or not as healthy as most?
  - HEALTHIER THAN MOST .....1
  - AS HEALTHY AS MOST .....2
  - NOT AS HEALTHY AS MOST .....3
  - RF .....7
  - DK .....8
  
- A3. All in all, do you think that you visit health care providers too often, not often enough, or about the right number of times each year?
  - TOO OFTEN .....1
  - NOT ENOUGH .....2
  - RIGHT NUMBER OF TIMES .....3
  - RF .....7
  - DK .....8

A4. Now I am going to ask you about the specific health problems and health care needs that you may have had during the past 12 months—from (CURRENT MONTH, LAST YEAR) to (CURRENT MONTH, THIS YEAR). At any time in the past 12 months (READ LIST):

	YES	NO	RF	DK
a. did you have a minor illness like the flu or an infection? .....	1	2	7	8
b. did you need a regular checkup or routine physical exam? .....	1	2	7	8
c. were you pregnant? .....	1	2	7	8
d. did you need any screening or diagnostic tests, such as a Pap test, mammogram, or blood test? .....	1	2	7	8
e. did you need family planning or preconceptional services? .....	1	2	7	8
f. were you a victim of violence or sexual assault? .....	1	2	7	8
g. did you have an injury that you have not already mentioned? .....	1	2	7	8
h. did you need care for a chronic health problem, that is, one that goes on for a long time? .....	1	2	7	8
i. did you need surgery for a condition not already mentioned? .....	1	2	7	8
j. were you feeling depressed, anxious, or highly stressed? .....	1	2	7	8

**IF A4a NOT = 1, SKIP TO A6**

A5. You said you had a minor illness like the flu or an infection in the past 12 months. Did you receive any health care for this?

- YES ..... (SKIP TO B)..... 1
- NO..... 2
- RF ..... 7
- DK..... 8

A. What was the main reason you did *not* get care for this illness? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY ..... 05
- PROVIDER TOO FAR AWAY..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION ..... 08
- AFRAID OR EMBARRASSED ..... 09
- COULD NOT FIND A PROVIDER I LIKED ..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK..... 98

SPECIFY: \_\_\_\_\_

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**SKIP TO A6**

B. At what kinds of places did you get care for the minor illness? CODE UP TO 3 PLACES.

- A DOCTOR'S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER) ..... 04
- HOSPITAL CLINIC ..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC..... 07
- WOMEN'S HEALTH CENTER/CLINIC..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER ..... 12
- DENTIST'S OFFICE ..... 13
- TREATED/PREScribed OVER TELEPHONE..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK..... 98

SPECIFY: \_\_\_\_\_

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C. What kinds of health professionals did you see for the minor illness? CODE UP TO 3 PROFESSIONALS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR). 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

D. How many outpatient visits in all did you make in the past 12 months for minor illnesses?

NUMBER OF VISITS .....

**IF A4b NOT = 1, SKIP TO A7**

A6. You said you needed a regular checkup or routine physical exam in the past 12 months. Did you receive any health care for this?

- YES..... (SKIP TO B)..... 1
- NO..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* get a regular checkup or routine physical exam? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY..... 05
- PROVIDER TOO FAR AWAY..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION..... 08
- AFRAID OR EMBARRASSED ..... 09
- COULD NOT FIND A PROVIDER I LIKED..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

**SKIP TO A7**

B. At what kinds of places did you get a regular checkup or routine physical exam? CODE UP TO 3 PLACES.

- A DOCTOR'S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER)..... 04
- HOSPITAL CLINIC..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC..... 07
- WOMEN'S HEALTH CENTER/CLINIC..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER ..... 12
- DENTIST'S OFFICE ..... 13
- TREATED/PRESCRIBED OVER TELEPHONE ..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

C. What kinds of health professionals did you see for the regular checkup or routine physical exam? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST ..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR) . 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST ..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

D. How many outpatient visits in all did you make in the past 12 months for a regular checkup or routine physical exam?

NUMBER OF VISITS .....

**IF A4c NOT = 1, SKIP TO A8**

A7. You said you were pregnant in the past 12 months. Did you receive any health care for this?

- YES..... (SKIP TO B)..... 1
- NO ..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* get care for your pregnancy? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY..... 05
- PROVIDER TOO FAR AWAY..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION..... 08
- AFRAID OR EMBARRASSED ..... 09
- COULD NOT FIND A PROVIDER I LIKED ..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

**SKIP TO A8**

B. At what kinds of places did you get care for your pregnancy? CODE UP TO 3 PLACES.

- A DOCTOR'S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER)..... 04
- HOSPITAL CLINIC..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC ..... 07
- WOMEN'S HEALTH CENTER/CLINIC ..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER..... 12
- DENTIST'S OFFICE ..... 13
- TREATED/PREScribed OVER TELEPHONE ..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

C. What kinds of health professionals did you see for your pregnancy? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR). 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

D. How many outpatient visits in all did you make in the past 12 months for your pregnancy?

NUMBER OF VISITS .....

**IF A4d NOT = 1, SKIP TO A9**

A8. You said you needed screening or diagnostic tests, such as a Pap test, mammogram or blood test, in the past 12 months. Did you receive any health care for this?

- YES ..... (SKIP TO B)..... 1
- NO ..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* get screening or diagnostic tests, such as a Pap test, mammogram or blood test? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY..... 05
- PROVIDER TOO FAR AWAY..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION..... 08
- AFRAID OR EMBARRASSED..... 09
- COULD NOT FIND A PROVIDER I LIKED..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

**SKIP TO A9**

B. At what kinds of places did you get care for screening or diagnostic tests, such as a Pap test, mammogram or blood test? CODE UP TO 3 PLACES.

- A DOCTOR'S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER)..... 04
- HOSPITAL CLINIC..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC ..... 07
- WOMEN'S HEALTH CENTER/CLINIC ..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER ..... 12
- DENTIST'S OFFICE ..... 13
- TREATED/PRESCRIBED OVER TELEPHONE ..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

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C. What kinds of health professionals did you see for screening or diagnostic tests, such as a Pap test, mammogram or blood test? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST ..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR) . 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST ..... 19
- OTHER..... (SPECIFY) ..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

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D. How many outpatient visits in all did you make in the past 12 months for screening or diagnostic tests, such as a Pap test, mammogram or blood test?

NUMBER OF VISITS ..... 

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**IF A4e NOT = 1, SKIP TO A10**

A9. You said you needed family planning or preconceptional services in the past 12 months. Did you receive any health care for this?

- YES..... (SKIP TO B)..... 1
- NO ..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* get family planning or preconceptional services? CODE BEST BUT CONFIRM WITH R IF WORDS NOT EXACT.

NO HEALTH INSURANCE .....	01
WOULD COST TOO MUCH .....	02
HEALTH INSURANCE DOES NOT COVER .....	03
DIDN'T KNOW WHERE TO GET CARE .....	04
TOO BUSY.....	05
PROVIDER TOO FAR AWAY.....	06
NO CHILDCARE OR DEPENDENT CARE .....	07
NO TRANSPORTATION.....	08
AFRAID OR EMBARRASSED .....	09
COULD NOT FIND A PROVIDER I LIKED.....	10
COULD NOT FIND A SPECIALIST .....	11
REFERRAL FORM OR PAPERWORK GOT LOST .....	12
NOT SERIOUS/TOOK CARE OF IT MYSELF .....	13
OTHER REASON ..... (SPECIFY).....	14
RF .....	97
DK .....	98

SPECIFY: \_\_\_\_\_

**SKIP TO A10**

B. At what kinds of places did you get family planning or preconceptional services? CODE UP TO 3 PLACES.

A DOCTOR'S OFFICE.....	01
AN HMO OR MANAGED CARE PLAN.....	02
HOSPITAL OUTPATIENT DEPARTMENT.....	03
HOSPITAL EMERGENCY ROOM (ER).....	04
HOSPITAL CLINIC.....	05
HOSPITAL INPATIENT (OVERNIGHT STAY) .....	06
FAMILY PLANNING CLINIC .....	07
WOMEN'S HEALTH CENTER/CLINIC .....	08
PUBLIC HEALTH DEPARTMENT CLINIC .....	09
OTHER COMMUNITY/NEIGHBORHOOD CLINIC .....	10
HEALTH PROGRAM AT PLACE OF WORK.....	11
URGENT CARE CENTER .....	12
DENTIST'S OFFICE .....	13
TREATED/PREScribed OVER TELEPHONE .....	14
OTHER (SPECIFY).....	15
RF .....	97
DK .....	98

SPECIFY: \_\_\_\_\_

C. What kinds of health professionals did you see for family planning or preconceptional services? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST ..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR). 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER ..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR ..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST ..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

D. How many outpatient visits in all did you make in the past 12 months for family planning or preconceptional services?

NUMBER OF VISITS .....

**IF A4f NOT = 1, SKIP TO A11**

A10. You said you were a victim of violence or sexual assault in the past 12 months. Did you receive any health care for this?

- YES ..... (SKIP TO B)..... 1
- NO ..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* receive health care for this? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY..... 05
- PROVIDER TOO FAR AWAY..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION..... 08
- AFRAID OR EMBARRASSED ..... 09
- COULD NOT FIND A PROVIDER I LIKED ..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

**SKIP TO A11**

B. At what kinds of places did you get care for this? CODE UP TO 3 PLACES.

- A DOCTOR'S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER)..... 04
- HOSPITAL CLINIC..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC..... 07
- WOMEN'S HEALTH CENTER/CLINIC..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER ..... 12
- DENTIST'S OFFICE ..... 13
- TREATED/PRESCRIBED OVER TELEPHONE ..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

C. What kinds of health professionals did you see to care for this? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR). 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

D. How many outpatient visits in all did you make in the past 12 months for injuries caused by violence or sexual assault?

NUMBER OF VISITS .....

**IF A4g NOT = 1, SKIP TO A12**

A11. You said you had an injury in the past 12 months. Did you receive any health care for this?

- YES..... (SKIP TO B)..... 1
- NO..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* get care for this injury? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY..... 05
- PROVIDER TOO FAR AWAY ..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION..... 08
- AFRAID OR EMBARRASSED ..... 09
- COULD NOT FIND A PROVIDER I LIKED ..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

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**SKIP TO A12**

B. At what kinds of places did you get care for this injury? CODE UP TO 3 PLACES.

- A DOCTOR'S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER)..... 04
- HOSPITAL CLINIC..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC ..... 07
- WOMEN'S HEALTH CENTER/CLINIC ..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER ..... 12
- DENTIST'S OFFICE ..... 13
- TREATED/PREScribed OVER TELEPHONE ..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

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C. What kinds of health professionals did you see for this injury? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN ..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR). 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

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D. How many outpatient visits in all did you make in the past 12 months for this injury?

NUMBER OF VISITS ..... 

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**IF A4h NOT = 1, SKIP TO A13**

A12. You said you had a chronic health problem in the past 12 months. Did you receive any health care for this?

- YES..... (SKIP TO B)..... 1
- NO..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* get care for this problem? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY..... 05
- PROVIDER TOO FAR AWAY..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION..... 08
- AFRAID OR EMBARRASSED ..... 09
- COULD NOT FIND A PROVIDER I LIKED..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

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**SKIP TO A13**

B. At what kinds of places did you get care for this problem? CODE UP TO 3 PLACES.

- A DOCTOR’S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER)..... 04
- HOSPITAL CLINIC..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC..... 07
- WOMEN’S HEALTH CENTER/CLINIC..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER ..... 12
- DENTIST’S OFFICE ..... 13
- TREATED/PRESCRIBED OVER TELEPHONE ..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

C. What kinds of health professionals did you see for this problem? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN’S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST ..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR) .10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST ..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

D. How many outpatient visits in all did you make in the past 12 months for this chronic health problem?

NUMBER OF VISITS .....

**IF A4i NOT = 1, SKIP TO A14**

A13. You said you needed surgery in the past 12 months. Did you receive any health care for this?

- YES..... (SKIP TO B)..... 1
- NO ..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* get this surgery? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY..... 05
- PROVIDER TOO FAR AWAY..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION..... 08
- AFRAID OR EMBARRASSED ..... 09
- COULD NOT FIND A PROVIDER I LIKED ..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

**SKIP TO A14**

B. At what kinds of places did you get this surgery? CODE UP TO 3 PLACES.

- A DOCTOR'S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER)..... 04
- HOSPITAL CLINIC..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC ..... 07
- WOMEN'S HEALTH CENTER/CLINIC ..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER..... 12
- DENTIST'S OFFICE ..... 13
- TREATED/PREScribed OVER TELEPHONE ..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

C. What kinds of health professionals did you see for this surgery? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR). 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

D. How many outpatient visits in all did you make in the past 12 months for this surgery?

NUMBER OF VISITS .....

**IF A4j NOT = 1, SKIP TO A15**

A14. You said you were depressed or feeling stressed in the past 12 months. Did you receive any health care for this?

- YES..... (SKIP TO B)..... 1
- NO..... 2
- RF ..... 7
- DK ..... 8

A. What was the main reason you did *not* get care for this depression or stress? CODE ONE ANSWER.

- NO HEALTH INSURANCE ..... 01
- WOULD COST TOO MUCH ..... 02
- HEALTH INSURANCE DOES NOT COVER ..... 03
- DIDN'T KNOW WHERE TO GET CARE ..... 04
- TOO BUSY..... 05
- PROVIDER TOO FAR AWAY..... 06
- NO CHILDCARE OR DEPENDENT CARE ..... 07
- NO TRANSPORTATION..... 08
- AFRAID OR EMBARRASSED..... 09
- COULD NOT FIND A PROVIDER I LIKED..... 10
- COULD NOT FIND A SPECIALIST ..... 11
- REFERRAL FORM OR PAPERWORK GOT LOST ..... 12
- NOT SERIOUS/TOOK CARE OF IT MYSELF ..... 13
- OTHER REASON ..... (SPECIFY)..... 14
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

**SKIP TO A15**

B. At what kinds of places did you get care for this depression or stress? CODE UP TO 3 PLACES.

- A DOCTOR'S OFFICE..... 01
- AN HMO OR MANAGED CARE PLAN..... 02
- HOSPITAL OUTPATIENT DEPARTMENT..... 03
- HOSPITAL EMERGENCY ROOM (ER)..... 04
- HOSPITAL CLINIC..... 05
- HOSPITAL INPATIENT (OVERNIGHT STAY) ..... 06
- FAMILY PLANNING CLINIC..... 07
- WOMEN'S HEALTH CENTER/CLINIC..... 08
- PUBLIC HEALTH DEPARTMENT CLINIC ..... 09
- OTHER COMMUNITY/NEIGHBORHOOD CLINIC ..... 10
- HEALTH PROGRAM AT PLACE OF WORK..... 11
- URGENT CARE CENTER ..... 12
- DENTIST'S OFFICE ..... 13
- TREATED/PRESCRIBED OVER TELEPHONE ..... 14
- OTHER (SPECIFY)..... 15
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

C. What kinds of health professionals did you see for this depression or stress? CODE UP TO 3 PROVIDERS.

- FAMILY PRACTITIONER/FAMILY PHYSICIAN..... 01
- INTERNIST (INTERNAL MEDICINE DOCTOR)..... 02
- OBSTETRICIAN OR GYNECOLOGIST ..... 03
- PSYCHIATRIST ..... 04
- OTHER TYPE OF PHYSICIAN..... 05
- NURSE PRACTITIONER..... 06
- NURSE MIDWIFE / MIDWIFE ..... 07
- PHYSICIAN'S ASSISTANT..... 08
- DENTIST OR DENTAL HYGIENIST..... 09
- OPHTHALMOLOGIST/OPTOMETRIST (EYE DOCTOR) . 10
- PSYCHOLOGIST..... 11
- SOCIAL WORKER..... 12
- MENTAL HEALTH COUNSELOR ..... 13
- PODIATRIST..... 14
- CHIROPRACTOR..... 15
- ACUPUNCTURIST ..... 16
- HERBALIST ..... 17
- HOMEOPATH..... 18
- MEDICAL / LAB TECHNOLOGIST ..... 19
- OTHER..... (SPECIFY)..... 20
- RF ..... 97
- DK ..... 98

SPECIFY: \_\_\_\_\_

D. How many outpatient visits in all did you make in the past 12 months for this depression or stress?

NUMBER OF VISITS .....

A15. How many times altogether did you visit a doctor or other health professional for outpatient health care in the past 12 months?

NUMBER OF VISITS .....

A16. Some women have a regular health care provider. A regular health care provider is a person you usually go to first when you need health information, a test, or treatment for a health problem. Is there one person that you depend on as your regular health care provider?

- YES..... 1
- NO ..... (SKIP TO A24)..... 2
- RF ..... (SKIP TO A24)..... 7
- DK ..... (SKIP TO A24)..... 8

A17. What type of provider is the health professional you see most often for regular care (READ LIST AND RECORD ONE ANSWER)?	Family physician or general practitioner.....01
	Internist or internal medicine doctor.....02
	Obstetrician or gynecologist.....03
	Physician’s assistant.....04
	Nurse practitioner.....05
	Nurse Midwife.....06
	Chiropractor.....07
	Acupuncturist.....08
	Herbalist.....09
	Homeopath.....10
	Some other kind of health care provider (SPECIFY) .11
	RF.....97
	DK.....98

A18. Is this regular provider male or female?	MALE.....1
	FEMALE.....2
	RF.....7
	DK.....8

A19. About how many years have you been seeing this health care provider?	LESS THAN A YEAR.....01
	ONE YEAR.....02
	TWO YEARS.....03
	FOUR YEARS.....04
	FIVE OR MORE YEARS.....05
	RF.....97
	DK.....98

A20. In general, do you prefer to see a male or female health care provider?	MALE.....1
	FEMALE.....2
	EITHER.....3
	RF.....7
	DK.....8

**IF A17 = 3, SKIP TO A25**

A21. In addition to your regular health care provider, do you also see an obstetrician or gynecologist (OB-GYN)?	YES.....1
	NO..... (SKIP TO A25).....2
	RF..... (SKIP TO A25).....7
	DK..... (SKIP TO A25).....8

A22. Is this obstetrician-gynecologist (OB-GYN) male or female?	MALE.....1
	FEMALE.....2
	EITHER.....3
	RF.....7
	DK.....8

A23. In general, do you prefer to see a male or female obstetrician-gynecologist?	MALE.....1
	FEMALE.....2
	EITHER.....3
	RF.....7
	DK.....8

**SKIP TO A25**

A24. There are many reasons why some women do not have a regular health care provider. Can you tell me the main reason you do not have a regular health care professional? CODE BEST ANSWER BUT CONFIRM WITH R IF WORDS NOT EXACT.

SEE MORE THAN ONE PROVIDER AND DON'T  
 CONSIDER ANY AS YOUR "REGULAR" PROVIDER ..01  
 JUST CHANGED PROVIDERS OR HEALTH  
 INSURANCE PLANS .....02  
 OLD PROVIDER IS NO LONGER AVAILABLE .....03  
 JUST MOVED INTO A NEW COMMUNITY .....04  
 DON'T KNOW WHERE TO GO FOR REGULAR HEALTH  
 CARE.....05  
 CAN'T FIND A PROVIDER THAT YOU ARE  
 COMFORTABLE WITH .....06  
 RARELY GET SICK OR GO FOR HEALTH CARE .....07  
 OTHER REASONS ..... (SPECIFY).....08  
 NO INSURANCE.....09  
 RF .....97  
 DK .....98

					I.
					What was the main reason you had (TEST)? CODE BEST ANSWER BUT CONFIRM WITH R IF WORDS NOT EXACT.
	YES (ASK I)	NO (NEXT)	RF (NEXT)	DK (NEXT)	
<p>A25. There are many types of health care services that women receive. I am going to read a list of specific services or tests, and I would like you to tell me if you have had each one in the past 12 months?</p>					
<p>a. Colon cancer screening, such as a check for blood in your stool, sigmoidoscopy, or colonoscopy ....</p>	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY) .....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT .....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT .....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY .....05 HAD SYMPTOMS.....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV).....07 OTHER .....08 RF .....97 DK.....98
<p>b. Test for glaucoma or pressure in the eye .....</p>	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY) .....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT .....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT .....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY .....05 HAD SYMPTOMS.....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV).....07 OTHER .....08 RF .....97 DK.....98
<p>c. Blood cholesterol test .....</p>	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY) .....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT .....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT .....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY .....05 HAD SYMPTOMS.....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV).....07 OTHER .....08 RF .....97 DK.....98

					I.
<p>A25. There are many types of health care services that women receive. I am going to read a list of specific services or tests, and I would like you to tell me if you have had each one in the past 12 months?</p>					<p>What was the main reason you had (TEST)? CODE BEST ANSWER BUT CONFIRM WITH R IF WORDS NOT EXACT.</p>
	YES (ASK I)	NO (NEXT)	RF (NEXT)	DK (NEXT)	
d. Check for high blood pressure.....	1	2	7	8	<p>I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01                      FOLLOW-UP OF CHRONIC CONDITION .....02                      HEALTH CARE PROVIDER SUGGESTED IT.....03                      A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04                      IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05                      HAD SYMPTOMS .....06                      LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07                      OTHER.....08                      RF.....97                      DK.....98</p>
e. Test for diabetes .....	1	2	7	8	<p>I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01                      FOLLOW-UP OF CHRONIC CONDITION .....02                      HEALTH CARE PROVIDER SUGGESTED IT.....03                      A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04                      IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05                      HAD SYMPTOMS .....06                      LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07                      OTHER.....08                      RF.....97                      DK.....98</p>
f. Breast exam by a doctor or nurse.....	1	2	7	8	<p>I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01                      FOLLOW-UP OF CHRONIC CONDITION .....02                      HEALTH CARE PROVIDER SUGGESTED IT.....03                      A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04                      IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05                      HAD SYMPTOMS .....06                      LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07                      OTHER.....08                      RF.....97                      DK.....98</p>
					I.

A25. There are many types of health care services that women receive. I am going to read a list of specific services or tests, and I would like you to tell me if you have had each one in the past 12 months?

What was the main reason you had (TEST)? CODE BEST ANSWER BUT CONFIRM WITH R IF WORDS NOT EXACT.

	YES (ASK I)	NO (NEXT)	RF (NEXT)	DK (NEXT)	
g. Mammogram.....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98
h. Pap test.....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98
i. Bone density test (for osteoporosis) .....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98

					I.
A25. There are many types of health care services that women receive. I am going to read a list of specific services or tests, and I would like you to tell me if you have had each one in the past 12 months?					What was the main reason you had (TEST)? CODE BEST ANSWER BUT CONFIRM WITH R IF WORDS NOT EXACT.
	YES (ASK I)	NO (NEXT)	RF (NEXT)	DK (NEXT)	
j. Genetic screening test.....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98
k. Screening for HIV/AIDS.....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98
l. Screening for other sexually transmitted diseases.....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98

					I.
A25. There are many types of health care services that women receive. I am going to read a list of specific services or tests, and I would like you to tell me if you have had each one in the past 12 months?					What was the main reason you had (TEST)? CODE BEST ANSWER BUT CONFIRM WITH R IF WORDS NOT EXACT.
	YES (ASK I)	NO (NEXT)	RF (NEXT)	DK (NEXT)	
m. Dental exam.....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98
n. Shot for flu or pneumonia .....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98
o. Pregnancy test.....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98

					I.
A25. There are many types of health care services that women receive. I am going to read a list of specific services or tests, and I would like you to tell me if you have had each one in the past 12 months?					What was the main reason you had (TEST)? CODE BEST ANSWER BUT CONFIRM WITH R IF WORDS NOT EXACT.
	YES (ASK I)	NO (NEXT)	RF (NEXT)	DK (NEXT)	
p. Family planning services or contraception .....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98
q. Tests for infertility.....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98
r. Abortion information or services ....	1	2	7	8	I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....01 FOLLOW-UP OF CHRONIC CONDITION .....02 HEALTH CARE PROVIDER SUGGESTED IT.....03 A FRIEND OR FAMILY MEMBER SUGGESTED IT.....04 IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....05 HAD SYMPTOMS .....06 LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....07 OTHER.....08 RF.....97 DK.....98

A25. There are many types of health care services that women receive. I am going to read a list of specific services or tests, and I would like you to tell me if you have had each one in the past 12 months?

YES (ASK I)      NO (NEXT)      RF (NEXT)      DK (NEXT)

I.
What was the main reason you had (TEST)? CODE BEST ANSWER BUT CONFIRM WITH R IF WORDS NOT EXACT.

s. Alcohol or drug abuse counseling or treatment ..... 1      2      7      8

I GET THIS TEST REGULARLY (E.G. ANNUALLY, BIANNUALLY).....	01
FOLLOW-UP OF CHRONIC CONDITION .....	02
HEALTH CARE PROVIDER SUGGESTED IT .....	03
A FRIEND OR FAMILY MEMBER SUGGESTED IT.....	04
IT TESTS FOR A HEALTH PROBLEM THAT RUNS IN THE FAMILY.....	05
HAD SYMPTOMS .....	06
LEARNED ABOUT THIS TEST IN THE MEDIA (NEWSPAPERS, MAGAZINE, TV) .....	07
OTHER .....	08
RF.....	97
DK.....	98

A26. In the past 12 months, did any of your health care providers talk with you or give you information about (READ ITEM)?

	YES	NO	RF	DK
a. Smoking, second-hand smoke, or quitting smoking .....	1	2	7	8
b. Nutrition or diet .....	1	2	7	8
c. Alcohol or drug use.....	1	2	7	8
d. Physical fitness or exercise .....	1	2	7	8
e. Menopause or hormone replacement therapy .	1	2	7	8
f. Violence in the home or workplace.....	1	2	7	8
g. Work or financial problems .....	1	2	7	8
h. Family or relationship problems.....	1	2	7	8
i. Sexual function or problems .....	1	2	7	8
j. Stress management .....	1	2	7	8
k. Preventing unintended pregnancies .....	1	2	7	8
l. Using alternative therapies, such as herbs or acupuncture .....	1	2	7	8
m. Preventing osteoporosis.....	1	2	7	8

A27. I am going to read a list of other therapies that some people use. For each one, please tell me whether or not you have used it in the past 12 months. Have you used (READ ITEM)?

	YES	NO	RF	DK
a. Herbal medicines, such as St. Johnswort or ginkgo .....	1	2	7	8
b. Dietary supplements, such as calcium .....	1	2	7	8
c. Chiropractic care.....	1	2	7	8
d. Acupuncture.....	1	2	7	8
e. Massage therapy .....	1	2	7	8
f. Relaxation or meditation therapy.....	1	2	7	8

**SECTION B: HEALTH CARE ACCESS**

**I would now like to ask you some questions about the kinds of health insurance you might have.**

B1. As I read a list of types of health insurance, please tell me whether or not you are now covered by it. (READ LIST)

	COVERED	NOT COVERED	RF	DK
a. Private health insurance through your own job or union .....	1	2	7	8
b. Private health insurance through a family member’s job or union .....	1	2	7	8
c. Private health insurance you or a family member bought directly from an insurance company.....	1	2	7	8
d. Medicaid, MA, or Medical Assistance, a government plan that covers specific groups, including pregnant women with low income .....	1	2	7	8
e. Medicare, a government plan that covers people ages 65 and over and some disabled people.....	1	2	7	8
(IF E=1, ASK F)				
f. Medigap or other supplemental Medicare	1	2	7	8
g. Military, TriCare Standard, or VA insurance .....	1	2	7	8
h. The Indian Health Service .....	1	2	7	8
h. Dental Insurance .....	1	2	7	8

**IF NO INSURANCE OF ANY KIND – ALL ANSWERS TO B1 NOT=1 – SKIP TO B3**

B2. During the past 12 months, was there any time, including now, when you had no health insurance of any kind?

YES.....	1
NO..... (SKIP TO B4).....	2
RF..... (SKIP TO B4).....	7
DK..... (SKIP TO B4).....	8

a. How many months of the last year were you without insurance? NUMBER OF MONTHS.....

**SKIP TO B4.**

B3. There are many reasons why some people do not have health insurance. Please tell me whether any of these reasons apply to you. (READ LIST)

	YES	NO	RF	DK
a. You or a family member lost your insurance because of changing jobs or leaving a job. ....	1	2	7	8
b. You lost eligibility for Medicaid or Medical Assistance. ....	1	2	7	8
c. You didn’t think you needed health insurance.....	1	2	7	8
d. You couldn’t afford to buy health insurance. ....	1	2	7	8
e. An employer stopped offering health insurance.....	1	2	7	8
f. You became divorced, separated, or widowed. ....	1	2	7	8
g. You couldn’t get coverage because of pregnancy. ...	1	2	7	8
h. You couldn’t get coverage because of pre-existing condition	1	2	7	8

**SKIP TO B14**

- B4. Many people today are enrolled in managed care plans of one kind or another. **HMOs**, or health maintenance organizations, are plans that provide a full range of health care services and usually require you to choose doctors and hospitals on the plan’s list. **PPOs**, or preferred provider organizations, give you a list of doctors they prefer you to use; if you use these doctors, you pay less than if you visit a doctor not on the list. Are you now enrolled in an HMO or PPO?
- HMO..... 1  
PPO..... 2  
NEITHER ..... 3  
RF ..... 7  
DK ..... 8
- B5. Some health plans require women to select one primary care provider, or PCP, to coordinate all of their care. Sometimes, women are asked to select two PCPs—a family or general practice physician and an obstetrician-gynecologist. What does your plan require you to do?
- SELECT ONE PCP..... 1  
SELECT TWO PCPS, ONE OF WHOM  
IS AN OB-GYN..... (SKIP TO B7).... 2  
NOT REQUIRED TO SELECT ANY PCP .. (SKIP TO B7).... 3  
RF ..... (SKIP TO B7).... 7  
DK ..... (SKIP TO B7).... 8
- B6. Can this PCP be an obstetrician-gynecologist?
- YES..... 1  
NO..... 2  
RF ..... 7  
DK ..... 8
- B7. Regarding your use of an obstetrician-gynecologist (OB-GYN), which of the following best describes your health plan’s rules (READ LIST):
- YOU CAN SEE AN OB-GYN WITHOUT A REFERRAL FOR AS MANY VISITS AS YOU NEED ..... 1  
YOU CAN SEE AN OB-GYN WITHOUT A REFERRAL FOR A LIMITED NUMBER OF VISITS PER YEAR ..... 2  
YOU MUST GET A REFERRAL FROM YOUR PRIMARY CARE PROVIDER EVERY TIME YOU SEE AN OB-GYN.. 3  
RF ..... 7  
DK ..... 8
- B8. Does your current health plan require you to get a referral from you primary care provider, or PCP, in order to receive specialty care, such as care from heart doctors, skin doctors, psychiatrists, and others?
- YES..... 1  
NO..... 2  
RF ..... 7  
DK ..... 8
- B9. Does your current health plan send you reminders when it is time for you to get preventive health care services such as Pap tests or mammograms?
- YES..... 1  
NO..... 2  
RF ..... 7  
DK ..... 8

B10. How long have you been enrolled in your current health plan? Less than one year, one to two years, or more than two years?

LESS THAN ONE YEAR..... 1  
 ONE TO TWO YEARS..... 2  
 MORE THAN TWO YEARS..... 3  
 RF ..... 7  
 DK ..... 8

B11. At the place where you get your regular health care, do they have any of the following? (READ LIST)

	YES	NO	RF	DK
a. A women’s health resource center (a place where you can get information on women’s health and referrals to professional health services and community programs).....	1	2	7	8
b. Women’s support groups, such as groups to discuss menopause.....	1	2	7	8
c. Health education programs specifically for women.....	1	2	7	8
d. Research projects on women’s health that you can participate in.....	1	2	7	8

B12. I am going to read a list of specific services. Please tell me whether your current health insurance plan covers any part of the cost of these services, even if you do not use the service yourself. (READ LIST)

	COVERS	DOES NOT COVER	RF	DK
a. Regular checkups.....	1	2	7	8
b. Pap test.....	1	2	7	8
c. Mammograms.....	1	2	7	8
d. Prescription medications.....	1	2	7	8
e. Contraceptives, like birth control pills, the “shot,” Norplant.....	1	2	7	8
f. Abortion.....	1	2	7	8
g. Infertility treatments.....	1	2	7	8
h. Mental health counseling.....	1	2	7	8
i. Drug or alcohol abuse treatment.....	1	2	7	8
j. Home health services, like nurse visits at home.....	1	2	7	8
k. Long-term care or nursing home care.....	1	2	7	8
l. Chiropractic care.....	1	2	7	8

B13.	During the past 12 months, was there ever a time when your health insurance did not pay for a test or treatment that you thought you needed?	YES..... 1	NO..... (SKIP TO B14)..... 2	RF..... (SKIP TO B14)..... 7	DK..... (SKIP TO B14)..... 8		
B14.	Overall, how difficult is it for you to get health care when you need it—would you say it is extremely difficult, somewhat difficult, not too difficult, or not at all difficult?	EXTREMELY DIFFICULT..... 1	SOMEWHAT DIFFICULT..... 2	NOT TOO DIFFICULT..... 3	NOT AT ALL DIFFICULT..... 4	RF..... 7	DK..... 8
B15.	Women have different preferences for how they get health care. For each of the following options in women’s health care, please tell me whether you would like it a lot, like it a little, or you don’t really care one way or another about it. (READ LIST)						
		LIKE A LOT	LIKE A LITTLE	DON’T CARE (DK)	RF		
	a. A women’s health resource center that offers health information and a referral network.....	1	2	3	7		
	b. A women’s health center where you can get most of your basic health care, including gynecological care, in one place.....	1	2	3	7		
	c. The choice of getting regular health care from a professional who is not a physician, like a nurse practitioner or nurse midwife.....	1	2	3	7		
	d. Women’s health support groups on specific topics.....	1	2	3	7		
	e. A directory of opportunities to participate in women’s health research projects.....	1	2	3	7		

**SECTION C: COMMUNICATION**

**Now I have some questions about health care communication.**

- C1. Over the past 12 months, how difficult was it for you to contact a health care provider over the telephone about a health problem? Was it very difficult, somewhat difficult, not too difficult, or not difficult at all?
- VERY DIFFICULT .....1  
 SOMEWHAT DIFFICULT .....2  
 NOT TOO DIFFICULT .....3  
 NOT DIFFICULT AT ALL .....4  
 RF .....7  
 DK .....8
- C2. In general, how difficult have you found it to talk to health care providers about your personal health concerns? Have you found it very difficult, somewhat difficult, not too difficult, or not difficult at all?
- VERY DIFFICULT .....1  
 SOMEWHAT DIFFICULT .....2  
 NOT TOO DIFFICULT .....3  
 NOT DIFFICULT AT ALL .....4  
 RF .....7  
 DK .....8

**IF A16 NOT = 1, SKIP TO C4.**

C3. You told me you have one health care provider whom you think of as your regular provider. Please tell me whether this provider generally does an excellent job, a good job, a fair job or a poor job. (READ LIST)

	EXCELLENT	GOOD	FAIR	POOR	RF	DK
a. listening to what you have to say.....	1	2	3	4	7	8
b. talking to you in a respectful and caring manner.....	1	2	3	4	7	8
c. answering your questions clearly .....	1	2	3	4	7	8
d. giving you the opportunity to ask all of your questions .....	1	2	3	4	7	8
e. bringing up difficult or sensitive topics that you might not feel comfortable bringing up yourself .....	1	2	3	4	7	8
f. helping you to feel comfortable talking about your personal or sensitive health concerns .....	1	2	3	4	7	8
g. giving you complete health information ...	1	2	3	4	7	8
h. discussing alternative therapies, like herbal medicines or acupuncture, with you .....	1	2	3	4	7	8
i. giving you complete information about any tests or services .....	1	2	3	4	7	8
j. giving you the results of your tests .....	1	2	3	4	7	8
k. giving you complete information about all your options for treatments .....	1	2	3	4	7	8
l. giving you the opportunity to make important decisions about your health care .....	1	2	3	4	7	8
m. giving you written or printed information when you need it.....	1	2	3	4	7	8

n.	spending enough time with you during your visits.....	1	2	3	4	7	8		
o.	treating you like a partner in your health care.....	1	2	3	4	7	8		
C4.	Have you ever changed doctors in the past 5 years because you were dissatisfied with the care you were receiving?	YES.....	NO.....	RF.....	DK.....	1	2	7	8

**SECTION D: HEALTH INFORMATION SOURCES**

**We are interested in how women get information about their health and health care issues.**

D1.	Let’s begin with the news and other media. I will read a list of media sources of health information, and for each one, please tell me whether you have used it for health information at any time during the last 12 months (READ LIST):	USED	NOT USED	RF	DK
		<hr/>			
a.	Newspapers.....	1	2	7	8
b.	News magazines (like Newsweek, Time).....	1	2	7	8
c.	Women’s magazines (like Essence, Glamour, Latina, Redbook, Vogue).....	1	2	7	8
d.	Health magazines (like Heart & Soul, Prevention) .....	1	2	7	8
e.	Television news programs.....	1	2	7	8
f.	Radio talk shows.....	1	2	7	8
D2.	In the past 12 months, have you read any health books, like <u>Our Bodies, Ourselves</u> or other books on women’s health?	YES.....1			
		NO.....2			
		RF.....7			
		DK.....8			
D3.	In the past 12 months, have you used any computer-based health information, like sites on the Internet or CD-ROM computer programs about health topics?	YES.....1			
		NO.....2			
		RF.....7			
		DK.....8			
D4.	Do you receive or subscribe to any women’s health newsletters, such as those from local hospitals, universities, or women’s organizations?	YES.....1			
		NO.....2			
		RF.....7			
		DK.....8			
D5.	I am now going to read a list of types of women’s self-help, awareness or advocacy groups. Please tell me whether you participate in any of these groups by contributing money, attending meetings, or volunteering in any way. Do you participate in (READ LIST):	YES	NO	RF	DK
		<hr/>			
a.	support groups for women with specific health problems .....	1	2	7	8
b.	student groups focusing on women’s health advocacy.....	1	2	7	8
c.	women’s groups focusing on increasing awareness of issues such as breast cancer or reproductive rights.....	1	2	7	8
d.	groups campaigning to influence women’s health policy at the state or national level .....	1	2	7	8
D6.	Do you belong to any on-line legislative action or information groups concerned with women’s health issues?	YES.....1			
		NO.....2			
		RF.....7			
		DK.....8			

D7. During the past 12 months, have you visited any women’s health resource centers in your community, such as those located in hospitals, universities, churches, or community organizations?

YES .....1  
 NO .....2  
 RF .....7  
 DK .....8

D8. During the past 12 months, have you attended any women’s health fairs to get information or to learn about health services in your community?

YES .....1  
 NO .....2  
 RF .....7  
 DK .....8

D9. During the past 12 months, have you requested a prescription for a specific medication you saw advertised on radio, TV, or in a magazine?

YES .....1  
 NO .....2  
 RF .....7  
 DK .....8

D10. When you make decisions about your health, what sources of health information do you find most useful? I am going to read a list, and for each source of health information, please tell me whether it is very useful, somewhat useful, or not useful to you. (READ LIST)

	VERY USEFUL	SOMEWHAT USEFUL	NOT USEFUL	RF	DK
a. Media sources like newspapers and magazines. ....	1	2	3	7	8
b. Books and health manuals .....	1	2	3	7	8
c. Health newsletters .....	1	2	3	7	8
d. Television or radio programs .....	1	2	3	7	8
e. Materials provided by your health plan	1	2	3	7	8
f. Women’s health advocacy or information groups.....	1	2	3	7	8
g. Internet/Websites.....	1	2	3	7	8
h. CD-ROM computer software programs.....	1	2	3	7	8
i. Drug company advertisements.....	1	2	3	7	8
j. Hot-lines or telephone advice services, such as “Ask-a-Nurse”.....	1	2	3	7	8
k. Your doctors	1	2	3	7	8
l. Your pharmacist.....	1	2	3	7	8
m. Other health care providers you use .....	1	2	3	7	8
n. Your family or friends.....	1	2	3	7	8
o. Church or community groups .....	1	2	3	7	8
p. Courses or seminars .....	1	2	3	7	8

**SECTION E: HEALTH RISKS AND STATUS**

**These next questions are about your health.**

E1.	In a typical week, how often do you exercise strenuously enough that you breathe heavily and your heart rate is accelerated for at least 20 minutes? Would you say (READ OPTION)?	Never .....1 Once a week.....2 Twice a week.....3 Three times a week.....4 More than three times a week.....5 RF .....7 DK .....8
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E2.	Do you currently smoke cigarettes?	YES.....1 NO..... (SKIP TO E3).....2 RF ..... (SKIP TO E3).....7 DK ..... (SKIP TO E3).....8
-----	------------------------------------	---

A.	How many cigarettes do you smoke per day?	NUMBER CIGARETTES PER DAY ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
----	---	---

E3.	In a typical week, how many alcoholic drinks—such as a beer, a glass of wine, or a mixed drink—do you usually have? Would you say (READ OPTION)?	None .....1 1–2 drinks/week.....2 3–6 drinks/week.....3 7 drinks/week .....4 More than 7 drinks/week.....5 RF .....7 DK .....8
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E4.	Do you currently use (READ LIST)?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 12.5%;">YES</th> <th style="width: 12.5%;">NO</th> <th style="width: 12.5%;">RF</th> <th style="width: 12.5%;">DK</th> </tr> </thead> <tbody> <tr> <td>a. vitamin supplements.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b. calcium supplements.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c. herbal supplements.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d. hormone replacement therapy or estrogen therapy.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	RF	DK	a. vitamin supplements.....	1	2	7	8	b. calcium supplements.....	1	2	7	8	c. herbal supplements.....	1	2	7	8	d. hormone replacement therapy or estrogen therapy.....	1	2	7	8
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E5.	In the past 5 years, has a doctor ever told you that you have any of the following conditions? (READ LIST)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 12.5%;">YES</th> <th style="width: 12.5%;">NO</th> <th style="width: 12.5%;">RF</th> <th style="width: 12.5%;">DK</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension or high blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b. Heart disease.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c. High cholesterol.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d. Diabetes.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e. Depression or anxiety.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f. Migraine headaches.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g. Arthritis.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>h. Osteoporosis or brittle bones.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i. Obesity or problems with being overweight.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j. Urinary incontinence or leakage of urine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>k. Cancer.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>l. Eating disorders like anorexia or bulimia.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> <tr> <td>m. Thyroid problems.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	RF	DK	a. Hypertension or high blood pressure.....	1	2	7	8	b. Heart disease.....	1	2	7	8	c. High cholesterol.....	1	2	7	8	d. Diabetes.....	1	2	7	8	e. Depression or anxiety.....	1	2	7	8	f. Migraine headaches.....	1	2	7	8	g. Arthritis.....	1	2	7	8	h. Osteoporosis or brittle bones.....	1	2	7	8	i. Obesity or problems with being overweight.....	1	2	7	8	j. Urinary incontinence or leakage of urine.....	1	2	7	8	k. Cancer.....	1	2	7	8	l. Eating disorders like anorexia or bulimia.....	1	2	7	8	m. Thyroid problems.....	1	2	7	8
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E6. In the past 5 years, have you ever been the victim of a (READ LIST):		YES	NO	RF	DK
a.	Sexual assault .....	1	2	7	8
b.	Rape .....	1	2	7	8
c.	Other type of physical assault .....	1	2	7	8

  

E7. A disability or chronic health problem, like one that goes on for a long time, may interfere with people’s daily lives. In the past year, has such a problem (READ ITEMS):		YES	NO	RF	DK
a.	kept you from participating fully in your regular major activities, like work, school, or taking care of your family .....	1	2	7	8
b.	required you to get the help of another person for your personal care needs, such as eating, bathing, dressing, or getting around the house .....	1	2	7	8
c.	required you to get the help of another person for handling routine needs, such as cooking, shopping, or running errands .....	1	2	7	8

**SECTION F: SOCIODEMOGRAPHICS**

**Just a few more questions.**

F1.	Are you currently married or living with a partner, single, widowed, separated, or divorced?	MARRIED OR LIVING WITH A PARTNER .....1 SINGLE .....2 WIDOWED, SEPARATED, OR DIVORCED .....3 RF .....7 DK .....8
F2.	Are you currently working at a job for pay, either full-time or part-time?	YES, FULL-TIME ..... (SKIP TO F3) .....1 YES, PART-TIME ..... (SKIP TO F3) .....2 NO .....3 RF .....7 DK .....8
A.	Are you currently looking for paid work?	YES .....1 NO .....2 RF .....7 DK .....8
F3.	Are there any children under the age of 18 living with you in your household?	YES .....1 NO ..... (SKIP TO F4) .....2 RF ..... (SKIP TO F4) .....7 DK ..... (SKIP TO F4) .....8
A.	How many children?	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>
F4.	Are you currently caring for a sick or disabled elderly family member, either in your own home or elsewhere?	YES .....1 NO .....2 RF .....7 DK .....8
F5.	Were you born in the United States or another country?	U.S. ....1 ANOTHER COUNTRY .....2 RF .....7 DK .....8
F6.	Do you consider yourself white, black or African American, Asian or Pacific Islander, or something else?	WHITE .....1 BLACK/AFRICAN AMERICAN .....2 ASIAN OR PACIFIC ISLANDER .....3 MIXED RACE .....4 OTHER ..... (SPECIFY) .....5 RF .....7 DK .....8
	SPECIFY: _____	<input type="text"/> <input type="text"/>
F7.	Are you of Hispanic origin or descent?	YES .....1 NO ..... (SKIP TO F9) .....2 RF ..... (SKIP TO F9) .....7 DK ..... (SKIP TO F9) .....8
F8.	Do you consider yourself (READ LIST)?	Mexican .....01 Puerto Rican .....02 Cuban .....03 Dominican .....04 Costa Rican .....05 Brazilian .....06 Some other nationality ..... (SPECIFY) .....07 RF .....97 DK .....98

F9. What is the highest level of school you have completed or the highest degree you have received?

LESS THAN HIGH SCHOOL (GRADES 1-11, GRADE 12 BUT NO DIPLOMA) .....	1
HIGH SCHOOL GRADUATE OR EQUIVALENT (GED) .....	2
SOME COLLEGE, BUT NO DEGREE (INCLUDING 2-YEAR OCCUPATIONAL OR VOCATIONAL PROGRAMS) .....	3
TWO YEAR COLLEGE GRADUATE (E.G. AA DEGREE) ..	4
COLLEGE GRADUATE (e.g. BA, AB, BS) .....	5
POSTGRADUATE (e.g. MA, MS, MD, DDS, JD, PhD) .....	6
RF .....	7
DK .....	8

F11. Do you receive any of the following? (READ LIST)

	YES	NO	RF	DK
a. Food stamps .....	1	2	7	8
b. TANF (Temporary Assistance to Needy Families) .....	1	2	7	8
c. SSI (Supplemental Security Income).....	1	2	7	8
d. Social Security .....	1	2	7	8
e. Unemployment insurance.....	1	2	7	8

F10. Which of the following income categories best describes your total 1998 household income before taxes? Was it (READ LIST)?

\$7,500 or less.....	01
\$7,501 to \$15,000 .....	02
\$15,001 to \$25,000 .....	03
\$25,001 to \$35,000 .....	04
\$35,001 to \$50,000 .....	05
\$50,001 to \$75,000 .....	06
\$75,001 to \$100,000.....	07
\$100,001 or above .....	08
RF .....	97
DK .....	98

F12. What is your current age?

AGE.....

RF .....

END TIME.....    :

**Thank you very much for giving us your time today. We will use this information to help improve health care for all women.**