

Access to Care Questionnaire

1. What is your age range? [CIRCLE ONE]

18-39		40-64		65+	
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2. What is your gender?

Male

Female

3. What is the highest grade or school level that you have completed?

Less than a high school degree

High school degree

More than a high school degree

4. Are you Hispanic /Latino?

No, not Hispanic/Latino

Yes, Hispanic/Latino

5. What is your race? [SELECT ONE OR MORE OF THESE CATEGORIES]

White

Black or African American

Asian

Other **Specify:** a. _____

6. What is your current home address?

Address: _____

City, State, Zip: _____

7. How long have you lived here? _____

8. What insurance do you have? [CHECK ALL THAT APPLY]

<input type="checkbox"/> 1	Medicaid	→ Does he/she have a primary care provider?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
<input type="checkbox"/> 2	Medicare	→ Does he/she have a primary care provider?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
<input type="checkbox"/> 3	Private	→ Does he/she have a primary care provider?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
<input type="checkbox"/> 4	Uninsured	→ Does he/she have a primary care provider?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
<input type="checkbox"/> 0	Other, please specify: a. _____			
		→ Does he/she have a primary care provider?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No

9. Do you have any of these health conditions? [CHECK ALL THAT APPLY]

<input type="checkbox"/> 99	None	→ skip to #12	<input type="checkbox"/> 8	Hypertension/High Blood Pressure
<input type="checkbox"/> 1	Diabetes Type I		<input type="checkbox"/> 9	Heart Disease
<input type="checkbox"/> 2	Diabetes Type II		<input type="checkbox"/> 10	Cancer
<input type="checkbox"/> 3	Asthma		<input type="checkbox"/> 11	COPD (Chronic Obstructive Pulmonary Disease)
<input type="checkbox"/> 4	Allergies		<input type="checkbox"/> 12	Arthritis
<input type="checkbox"/> 5	ADD/ADHD		<input type="checkbox"/> 13	Obesity
<input type="checkbox"/> 6	Kidney Disease		<input type="checkbox"/> 14	Anxiety/Depression
<input type="checkbox"/> 7	Seizure Disorder		<input type="checkbox"/> 0	Other _____

10. Do you feel you have access to care for these conditions (from question 9)?

<input type="checkbox"/> 1	Yes to all
<input type="checkbox"/> 2	Yes to some → a. comment: _____
<input type="checkbox"/> 3	No → skip to #12
<input type="checkbox"/> 8	Not Applicable

11. For these conditions, do you see a specialist or your primary care doctor?

Specialist , list conditions: _____

Primary care doctor (PCP) , list conditions: _____

Both specialist and primary care doctor , list conditions: _____

I do not see a specialist or primary care doctor, list conditions: _____

Not Applicable

12. Now, think about your overall health care needs. Do you feel you currently have access to general primary healthcare?

Yes

No

13. What type of clinic do you go to for your primary care?

Private clinic

Community clinic (for example: Daughters of Charity, St. Thomas, EXCELth, Jefferson Community Clinics, St. Charles Community Health Center)

Mobile clinic

Other _____

Don't know

None → skip to #16

14. If there is one particular place that you go for almost all of your health care, how long have you gone there?

Less than 1 year

1 - 3 years

4 -7 years

8 - 10 years

11 or more years

Don't Know

I don't have a regular doctor or nurse

15. If there is one particular person that you think of as your regular doctor or nurse, how long has this person been your doctor or nurse?

- ₁ Less than 1 year
- ₂ 1 - 3 years
- ₃ 4 -7 years
- ₄ 8 - 10 years
- ₅ 11 or more years
- ₀ Don't Know
- ₆ I don't have a regular doctor or nurse

16. Have you ever used a mobile health clinic?

- ₁ Yes → What Kind? a. _____
- ₂ No

Please answer #17, regardless of your answer to #16.

17. People often face barriers when trying to get health care. Do you think these would be problems going to a MOBILE HEALTH CLINIC?

Problems with:	Big problem	Somewhat of a problem	Unsure	Not a big problem	Not a problem at all
a. Getting to the mobile clinic	(0)	(1)	(2)	(3)	(4)
b. Contacting the mobile clinic by phone	(0)	(1)	(2)	(3)	(4)
c. Having to wait too many days to be seen	(0)	(1)	(2)	(3)	(4)
d. Getting care after hours or on the weekends	(0)	(1)	(2)	(3)	(4)
e. Having to take care of household responsibilities	(0)	(1)	(2)	(3)	(4)
f. Having to take time off work	(0)	(1)	(2)	(3)	(4)
g. Doctors or nurses not fluent in your language	(0)	(1)	(2)	(3)	(4)
h. Getting referrals to specialists	(0)	(1)	(2)	(3)	(4)
i. Getting enough help with paperwork or forms	(0)	(1)	(2)	(3)	(4)
j. Mistakes made by doctors or nurses	(0)	(1)	(2)	(3)	(4)
k. Worrying that doctors and nurses will not do what is right	(0)	(1)	(2)	(3)	(4)
l. Getting a thorough examination	(0)	(1)	(2)	(3)	(4)

m.	Feeling like doctors are trying to give as little service as possible	(0)	(1)	(2)	(3)	(4)
n.	Uncaring office staff	(0)	(1)	(2)	(3)	(4)
o.	Getting your questions answered	(0)	(1)	(2)	(3)	(4)
p.	Not knowing what to expect from one visit to the next	(0)	(1)	(2)	(3)	(4)
q.	Doctors rushing you through the visit	(0)	(1)	(2)	(3)	(4)
r.	I am not confident the mobile clinic will be in my neighborhood long-term	(0)	(1)	(2)	(3)	(4)
s.	Lack of privacy	(0)	(1)	(2)	(3)	(4)
t.	I don't think the mobile clinic has everything needed to provide complete care.	(0)	(1)	(2)	(3)	(4)

18. Do you use a COMMUNITY CLINIC (for example: Daughters of Charity, St. Thomas, EXCELth, Jefferson Community Clinics, St. Charles Community Health Center)?

Yes

No

Please answer #19, regardless of your answer to #18.

19. People often face barriers when trying to get health care. Do you think these would be problems going to a COMMUNITY CLINIC?

Problems with:	Big problem	Somewhat of a problem	Unsure	Not a big problem	Not a problem at all
a. Getting to the community clinic	(0)	(1)	(2)	(3)	(4)
b. Getting hold of the community clinic by phone	(0)	(1)	(2)	(3)	(4)
c. Having to wait too many days to be seen	(0)	(1)	(2)	(3)	(4)
d. Getting care after hours or on the weekends	(0)	(1)	(2)	(3)	(4)
e. Having to take care of household responsibilities	(0)	(1)	(2)	(3)	(4)
f. Having to take time off work	(0)	(1)	(2)	(3)	(4)
g. Doctors or nurses not fluent in your language	(0)	(1)	(2)	(3)	(4)
h. Getting referrals to specialists	(0)	(1)	(2)	(3)	(4)
i. Getting enough help with paperwork or forms	(0)	(1)	(2)	(3)	(4)
j. Mistakes made by doctors or nurses	(0)	(1)	(2)	(3)	(4)

k. Worrying that doctors and nurses will not do what is right	(0)	(1)	(2)	(3)	(4)
l. Getting a thorough examination	(0)	(1)	(2)	(3)	(4)
m. Feeling like doctors are trying to give as little service as possible	(0)	(1)	(2)	(3)	(4)
n. Uncaring office staff	(0)	(1)	(2)	(3)	(4)
o. Getting your questions answered	(0)	(1)	(2)	(3)	(4)
p. Not knowing what to expect from one visit to the next	(0)	(1)	(2)	(3)	(4)
q. Doctors rushing you through the visit	(0)	(1)	(2)	(3)	(4)
r. I am not confident the community clinic will be in my neighborhood long-term	(0)	(1)	(2)	(3)	(4)
s. Lack of privacy	(0)	(1)	(2)	(3)	(4)
t. I don't think the community clinic has everything needed to provide complete care.	(0)	(1)	(2)	(3)	(4)