Appendix A

Phone #

Last Name, First

Family Group

Country of Origin, Exit

Primary Language, Secondary Language

Interpreter used:

Interviewee:

1 □ YES 0 □ NO 1 □ Subject 7 □ Other

International Family Medicine Clinic Improvement Project:
Survey of Refugee Patients with Reduced Post-Medicaid Health Care

Read INTRODUCTION

SECTION A

A1. Are you or your husband/wife working full-time or part-time now?

1 □ FULL-TIME (35-40 hrs)-Self  2 □ PART-TIME-Self
3 □ FULL-TIME (35-40 hrs)-Spouse 4 □ PART-TIME-Spouse
5 □ FULL-TIME (35-40 hrs)-Both 6 □ PART-TIME-Both
0 □ Neither adult works 88 □ Declined to answer
99 □ Don’t know

A2. Do you have health insurance for yourself now?

1 □ YES 0 □ NO 88 □ Declined to answer 99 □ Don’t know

NO: Proceed to Question E1, page 8.

YES: Proceed to SECTION B, on the NEXT PAGE.
Appendix A

SECTION B

B1. What kind of insurance do you have?

1 □ Medicaid
2 □ Medicare
3 □ UVA Financial Services
4 □ Famis
5 □ Southern Health
6 □ Optima
7 □ Unicare
8 □ Sentara
88 □ Declined to answer
99 □ Don’t know
77 □ Other________________________

B2. Who provides [access to] this insurance?

0 □ No family member’s job offers health insurance
1 □ My work
2 □ My spouse’s work
3 □ Government
4 □ Private company ____________
88 □ Declined to answer
99 □ Don’t know
77 □ Other________________________

B3. Why did you decide to get this insurance?

NOTES:
**Appendix A**

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**B4.** If/When you have a serious illness or injury, what medical facility do you go to for care? [Examples of serious problems: broken leg, cough for more than a week]

- 0 □ No serious illness or injury has occurred  
- 1 □ IFMC (*Note this answer*)  
- 2 □ Urgent Care  
- 3 □ Emergency Room at UVA  
- 4 □ Emergency Room at Martha Jefferson  
- 5 □ Health Department  
- 6 □ Free Clinic  
- 7 □ Specialist (**Note this answer**)  
- 8 □ Declined to answer  
- 9 □ Don’t know  
- 77 □ Other_____________________________

*If any of the above answers are checked proceed to the NEXT PAGE, QUESTION B5.*

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**B4a.** If/When you have a serious illness or injury, who do you talk to for care or advice?

- 1 □ Friends  
- 2 □ Neighbors  
- 3 □ Family  
- 4 □ Pharmacist  
- 5 □ IRC volunteer  
- 6 □ IRC staff  
- 7 □ IRC  
- 77 □ Other_____________________________
Appendix A

**B5.** If/When you have a *minor* illness or injury, what medical facility do you go to for care? [Examples of minor problems: a cold, sore throat, headache]

- □ No minor illness or injury has occurred
- □ IFMC (*Note this answer*)
- □ Urgent Care
- □ Emergency Room at UVA
- □ Emergency Room at Martha Jefferson
- □ Health Department
- □ Free Clinic
- □ Specialist (**Note this answer**)  
- □ Declined to answer
- □ Don’t know
- □ Other_____________________________

If any of the above answers are checked proceed to the NEXT PAGE, QUESTION B6.

- □ Nowhere

**B5a.** If/When you have a minor illness or injury, who do you talk to for care or advice?

- □ Friends
- □ Neighbors
- □ Family
- □ Pharmacist
- □ IRC volunteer
- □ IRC staff
- □ IRC
- □ Other_____________________________
**Appendix A**

**B6.** If/When you need *health maintenance*, what medical facility do you go to for care?  
[Examples of health maintenance: blood pressure check, cholesterol check, questions about medications, well child check for children]

0 □ No health maintenance necessary  
1 □ IFMC (*Note this answer*)  
2 □ Urgent Care  
3 □ Emergency Room at UVA  
4 □ Emergency Room at Martha Jefferson  
5 □ Health Department  
6 □ Free Clinic  
7 □ Specialist (**Note this answer**)  
8 □ Declined to answer  
9 □ Don’t know  
77 □ Other____________________________________

**If “Specialist” is checked in any of the above three questions (B4-B6), AND “Nowhere” (below) is not selected, then proceed to the NEXT PAGE, QUESTIONS B7 & B8.

**If “Specialist” is not selected AND “Nowhere” (below) is not selected, proceed to the INSTRUCTIONS at the END of QUESTION B8 a quarter of the page down on the NEXT PAGE.

66 □ Nowhere  
66 □ Declined to answer  
66 □ Don’t know  
66 □ Other____________________________________

**B6a.** If/When you need health maintenance, who do you talk to for care or advice?

1 □ Friends  
2 □ Neighbors  
3 □ Family  
4 □ Pharmacist  
5 □ IRC volunteer  
6 □ IRC staff  
7 □ IRC  
77 □ Other____________________________________

**If “Specialist” is checked in any of the above three questions (B4-B6), then proceed to the NEXT PAGE, QUESTIONS B7 & B8.

**If “Specialist” is not selected proceed to the INSTRUCTIONS at the END of QUESTION B8 a quarter of the page down on the NEXT PAGE.
Appendix A

**B7.** Who is the specialist who you are currently seeing (type of specialty and/or name)?

- 88 □ Declined to answer
- 99 □ Don’t know

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**B8.** Does the specialist take care of your other health problems [and health maintenance] too?

- □ YES
- 0 □ NO
- 88 □ Declined to answer
- 99 □ Don’t know

---

*INSTRUCTIONS:*
*IFMC NOT indicated in Questions B4-B6: Proceed to QUESTION D1, PAGE 7.
*IFMC indicated in Question B4-B6: Proceed to the next section below, SECTION C.*

**SECTION C**

**C1.** Our records show that you did not come in for your recommended visit to IFMC. Can you tell me why?

- 1 □ Too expensive
- 2 □ Did not know when to come back
- 3 □ The problem was resolved
- 4 □ Took care of it at another facility
- 5 □ Took care of it privately (friends, family, drugstore)
- 6 □ Did not know I was supposed to come back
- 7 □ Had to work at my job
- 8 □ Had to work at home
- 9 □ Did not know how to get back (bus route, location)
- 10 □ Did not have child care
- 88 □ Declined to answer
- 99 □ Don’t know
- 77 □ Other ________________________________

NOTES:

Proceed to Question **D3**, on the next page.
Appendix A

**SECTION D**

**D1.** Can you tell me why you decided to use ______________________[health care provider named in B4-B6]?  

NOTES:

**D2.** How much is your co-payment to see a doctor at the clinic you go to now [or insert name]?  

88 □ Declined to answer  
99 □ Don’t know  
77 □ Other _____________  
$ _______________

From D2 (above) and C1 (previous page):

**D3.** Were there specific problems with the International Family Medicine Clinic that prevented you from coming back? What were they?

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Proceed to **SECTION F**, on page 12.
Appendix A

SECTION E

From Question A2 above.

E1. Are you eligible for health insurance through [your or your wife’s/husband’s] work now?

0 □ NO-Neither job offers HI
1 □ YES-my work
2 □ YES-spouse’s work
3 □ Not my work
4 □ Not my spouse’s work
5 □ Both jobs offer insurance
88 □ Declined to answer
99 □ Don’t know
77 □ Other____________________________________

YES: Proceed to the next question, E2.
NO or “don’t know”: Proceed to Question E3, below.

E2. Why did you decide not to buy insurance?

1 □ Too expensive
2 □ Don’t know how to
3 □ Waste of money
4 □ People shouldn’t have to pay for insurance
77 □ Other____________________________________

NOTES:

E3. Other than Medicaid, have you ever had health insurance in this country?

1 □ YES 0 □ NO 88 □ Declined to answer 99 □ Don’t know

IF YES PROCEED TO QUESTION E3a.

E3a. Why did you [decide to] quit using health insurance?
Appendix A

E4. If/When you have a serious illness or injury, what medical facility do you go to for care?  
[Examples of serious problems: broken leg, cough for more than a week]

0 □ No serious illness or injury has occurred
1 □ IFMC
2 □ Urgent Care
3 □ Emergency Room at UVA
4 □ Emergency Room at Martha Jefferson
5 □ Health Department
6 □ Free Clinic
7 □ Specialist
88 □ Declined to answer
99 □ Don’t know

77 □ Other ______________________________

If any of the above answers are checked proceed to the NEXT PAGE, QUESTION E5.

66 □ Nowhere
   ↓
   Proceed to Question E4a. →

E4a. If/When you have a serious illness or injury, who do you talk to for care or advice?

1 □ Friends
2 □ Neighbors
3 □ Family
4 □ Pharmacist
5 □ IRC volunteer
6 □ IRC staff
7 □ IRC
77 □ Other ______________________________
**E5.** If/When you have a *minor* illness or injury, what medical facility do you go to for care? [Examples of minor problems: a cold, sore throat, headache]

- 0 □ No minor illness or injury has occurred
- 1 □ IFMC
- 2 □ Urgent Care
- 3 □ Emergency Room at UVA
- 4 □ Emergency Room at Martha Jefferson
- 5 □ Health Department
- 6 □ Free Clinic
- 7 □ Specialist
- 8 □ Declined to answer
- 9 □ Don’t know

77 □ Other_____________________________

If any of the above answers are checked proceed to the NEXT PAGE, QUESTION E6.

66 □ Nowhere

**Proceed to**

**E5a.** If/When you have a minor illness or injury, who do you talk to for care or advice?

- 1 □ Friends
- 2 □ Neighbors
- 3 □ Family
- 4 □ Pharmacist
- 5 □ IRC volunteer
- 6 □ IRC staff
- 7 □ IRC
- 77 □ Other_____________________________
Appendix A

**E6.** If/When you need *health maintenance*, what medical facility do you go to for care?  
[Examples of minor problems: blood pressure check, cholesterol check, well child check for children]

- 0 □ No health maintenance necessary
- 1 □ IFMC
- 2 □ Urgent Care
- 3 □ Emergency Room at UVA
- 4 □ Emergency Room at Martha Jefferson
- 5 □ Health Department
- 6 □ Free Clinic
- 7 □ Specialist
- 8 □ Declined to answer
- 9 □ Don’t know

77 □ Other_____________________________

If any of the above are checked proceed to SECTION F on the NEXT PAGE.

66 □ Nowhere

**Proceed to** Question E6a. ➔

**E6a.** If/When you need health maintenance, who do you talk to for care or advice?

- 1 □ Friends
- 2 □ Neighbors
- 3 □ Family
- 4 □ Pharmacist
- 5 □ IRC volunteer
- 6 □ IRC staff
- 7 □ IRC
- 77 □ Other_____________________________

Proceed to SECTION F, on the NEXT PAGE.
Appendix A

SECTION F

F1. What do you do now if you have a question about your medical bill?

NOTES:

F2. Is there anything else you’d like to like us to know so that we can provide better care?

NOTES:

Thank you very much for answering these questions.