Appendix A			ID#
Phone #		Country of Origin,	Exit
Last Name, First		Primary Language,	Secondary Language
Family Group		Interpreter used: $_1\square$ YES $_0\square$ NO	Interviewee: <sub>1</sub> □ Subject <sub>77</sub> □ Other
International Family N Survey of Refugee Patients Read INTRODUCTION		-	•
SECTION A			
A1. Are you or your husband/wife wor	king full-time or	part-time now?	
<sub>1</sub> □ FULL-TIME (35-40 hrs)-Self <sub>3</sub> □ FULL-TIME (35-40 hrs)-Spo <sub>5</sub> □ FULL-TIME (35-40 hrs)-Bot <sub>0</sub> □ Neither adult works	ouse 4 PART-T	IME-Spouse IME-Both	
A2. Do you have health insurance for you have health in you	ned to answer	99□ Don't know	
YES: Proceed to SECTION B, on the	NEXT PAGE.		

Ap	pendix	A

SF	TT	$\cap$	NT :	R
.7	 		•	רו

**B1.** What kind of insurance do you have?

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:

**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]

$_0\square$ No serious illness or injury has occurred
<b>1</b> □ IFMC (*Note this answer)
2□ Urgent Care
3□ Emergency Room at UVA
4□ Emergency Room at Martha Jefferson
5□ Health Department
<sub>6</sub> □ Free Clinic
<sub>7</sub> □ Specialist (**Note this answer)
88□ Declined to answer
99□ Don't know
77□ Other

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

66□ Nowhere

Proceed to Question B4a. →

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

- $_1\square$  Friends
- <sub>2</sub>□ Neighbors
- <sub>3</sub>□ Family
- <sub>4</sub>□ Pharmacist
- <sub>5</sub>□ IRC volunteer
- <sub>6</sub>□ IRC staff
- <sub>7</sub>□ 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)
2□ Urgent Care
∃ Emergency Room at UVA
₄□ Emergency Room at Martha Jefferson
5□ Health Department
5□ Free Clinic
<sub>7</sub> □ Specialist (**Note this answer)
88□ Declined to answer
99□ Don't know
77□ Other

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

66□ Nowhere ↓ Proceed to Question B5a. →

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

 $_1\Box$  Friends  $_2\Box$  Neighbors  $_3\Box$  Family  $_4\Box$  Pharmacist  $_5\Box$  IRC volunteer  $_6\Box$  IRC staff  $_7\Box$  IRC

<sub>77</sub> Other\_\_\_

**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]

□ No health maintenance necessary
<sub>1</sub> □ IFMC (*Note this answer)
2□ Urgent Care
₃□ Emergency Room at UVA
4□ Emergency Room at Martha Jefferson
5□ Health Department
<sub>6</sub> □ Free Clinic
<sub>7</sub> □ Specialist (**Note this answer)
88□ Declined to answer
99□ Don't know
<sub>77</sub> 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.

<sub>66</sub>□ Nowhere



Proceed to Question B6a. →

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

- <sub>1</sub>□ Friends
- <sub>2</sub>□ Neighbors
- <sub>3</sub>□ Family
- <sub>4</sub>□ Pharmacist
- 5□ IRC volunteer
- <sub>6</sub>□ 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		ID#
<b>B7.</b> Who is the specialist	who you are currently seeing	g (type of specialty and/or name)?
$_{88}\square$ Declined to answer	99□ Don't know	
<b>B8.</b> Does the specialist ta	ke care of your other health	problems [and health maintenance] too?
$_{1}\square$ YES $_{0}\square$ NO	<sub>88</sub> □ Declined to answer	99□ Don't know
	_	I to QUESTION D1, PAGE 7. e next section below, SECTION C.
~ .	at you did not come in for yo	our recommended visit to IFMC. Can you
$_{6}$ □ Did not know I $_{7}$ □ Had to work at 1 $_{8}$ □ Had to work at 1 $_{9}$ □ Did not know he $_{10}$ □ Did not have cl $_{88}$ □ Declined to ans $_{99}$ □ Don't know	as resolved at another facility privately (friends, family, druwas supposed to come back my job nome bw to get back (bus route, localid care	
NOTES:		

Proceed to Question D3, on the next page.

## 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?

Proceed to SECTION F, on page 12.

<b>SECTION</b>	$\mathbf{E}$
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#### From Question A2 above.

- **E1.** Are you eligible for health insurance through [your or your wife's/husband's] work now?
  - <sub>0</sub>□ NO-Neither job offers HI
  - <sub>1</sub>□ YES-my work
  - <sub>2</sub>□ YES-spouse's work
  - <sub>3</sub>□ Not my work
  - <sub>4</sub>□ Not my spouse's work
  - <sub>5</sub>□ Both jobs offer insurance
  - <sub>88</sub>□ Declined to answer
  - 99□ Don't know
  - 77 Other\_\_\_\_\_

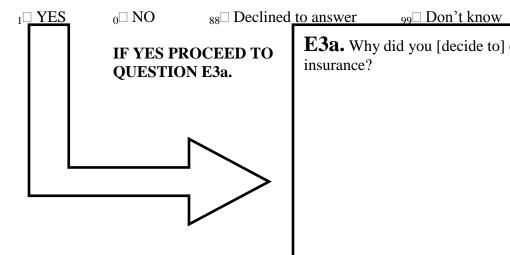
YES: Proceed to the next question, E2.

NO or "don't know": Proceed to Question E3, below.

- **E2.** Why did you decide not to buy insurance?
  - $_{1}\square$  Too expensive
  - <sub>2</sub>□ Don't know how to
  - <sub>3</sub>□ Waste of money
  - <sup>4</sup>□ People shouldn't have to pay for insurance
  - <sub>77</sub> Other\_\_\_\_\_

NOTES:

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



**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]

$_0\square$ No serious illness or injury has occurred
$_{1}\square$ IFMC
2□ Urgent Care
<sub>3</sub> □ Emergency Room at UVA
4□ Emergency Room at Martha Jefferson
5□ Health Department
<sub>6</sub> □ Free Clinic
<sub>7</sub> □ 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?

- $_{1}\square$  Friends
- <sub>2</sub>□ Neighbors
- <sub>3</sub>□ Family
- <sub>4</sub>□ Pharmacist
- <sub>5</sub>□ IRC volunteer
- <sub>6</sub>□ IRC staff
- <sub>7</sub>□ IRC
- 77 Other\_\_\_\_\_

### Appendix A

**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]

o□ No minor illness or injury has occurred

□□ IFMC

□□ Urgent Care

□□ Emergency Room at UVA

□□ Emergency Room at Martha Jefferson

□□ Health Department

□□ Free Clinic

□□ Specialist

88□ Declined to answer

99□ Don't know

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

66□ Nowhere



Proceed to Question E5a. →

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

- <sub>1</sub>□ Friends
- <sub>2</sub>□ Neighbors
- <sub>3</sub>□ Family
- <sub>4</sub>□ Pharmacist
- <sub>5</sub>□ IRC volunteer
- <sub>6</sub>□ IRC staff
- 7□ IRC
- 77 Other\_\_

**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]

<sub>0</sub> □ No health maintenance necessary
<sub>1</sub> □ IFMC
2□ Urgent Care
3□ Emergency Room at UVA
4□ Emergency Room at Martha Jefferson
5□ Health Department
<sub>6</sub> □ Free Clinic
<sub>7</sub> □ Specialist
88□ Declined to answer
99□ Don't know
<sub>77</sub> Other

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

66□ Nowhere <b>↓</b>
Proceed to
Question E6a. →

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

 $_{1}\square$  Friends  $_{2}\square$  Neighbors  $_{3}\square$  Family  $_{4}\square$  Pharmacist  $_{5}\square$  IRC volunteer  $_{6}\square$  IRC staff

<sub>7</sub>□ IRC

77 Other\_\_\_\_

Proceed to SECTION F, on the NEXT PAGE.

# **SECTION F**

 ${\bf F1.}$  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.