Appendix B

Phone #

Last Name, First

Family Group

Country of Origin, Exit

Primary Language, Secondary Language

Interpreter used:  
1 □ YES 0 □ NO

Interviewee:  
1 □ Subject
77 □ Other

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

Read INTRODUCTION

SECTION A

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

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

A2. Do you have health insurance for your child/children 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 B

SECTION B

B1. What kind of insurance do/es your children/child 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 B

B4. If/When your child [children] has 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.

66 □ Nowhere

Proceed to Question B4a. →

B4a. If/When your child [children] has 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__________________________________________
**B5.** If/When your child [children] has a *minor* illness or injury, what medical facility do you go to for care?
[Examples of minor problems: a cold, sore throat, headache for a short time]

- 0. No minor 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**)
- 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 your child [children] has 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 B

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

 Proceed to Question B6a. →

**B6a.** If/When your child [children] needs 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.**
B7. Who is the specialist who your child is currently seeing (type of specialty and/or name)?

☐ Declined to Answer  ☐ Don’t Know

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

☐ YES  ☐ NO  ☐ Declined to Answer  ☐ 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 your child did not come in for his/her recommended visit to IFMC. Can you tell me why?

☐ Too expensive  
☐ Did not know when to come back  
☐ The problem was resolved  
☐ Took care of it at another facility  
☐ Took care of it privately (friends, family, drugstore)  
☐ Did not know I was supposed to come back  
☐ Had to work at my job  
☐ Had to work at home  
☐ Did not know how to get back (bus route, location)  
☐ Did not have child care  
☐ Declined to answer  
☐ Don’t know  
☐ Other ____________________________

NOTES:

Proceed to Question D3, on the next page.
Appendix B

SECTION D

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

  □ Declined to answer    □ Don’t Know

NOTES:

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

  □ Declined to answer    □ Don’t know
  □ Other_________________ $_________________

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

SECTION E

From Question A2 above.

E0. Have you tried to enroll in FAMIS?

- □ YES
- □ NO
- □ Declined to answer
- □ Don’t know

E0a. Have you heard of FAMIS?

- □ YES
- □ NO
- □ Declined to answer
- □ Don’t know

FAMIS is a type of low cost insurance for children of parents who cannot pay for insurance for their children. The phone number to contact FAMIS is 866.873.2647.

E1. Is your child eligible for health insurance through [your or your wife’s] work now?

- □ NO—Neither job offers HI
- □ YES—my work
- □ YES—spouse’s work
- □ Not my work
- □ Not my spouse’s work
- □ Both jobs offer insurance
- □ Declined to answer
- □ Don’t know
- □ 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 [for your child]?

- □ Too expensive
- □ Don’t know how to
- □ Waste of money
- □ People shouldn’t have to pay for insurance
- □ Other ________________________________

NOTES:
Appendix B

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

1 □ YES  2 □ NO  88 □ Declined to answer  99 □ Don’t know

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

**E4.** If/When your child [children] has 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.

**E4a.** If/When your child [children] has 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 ____________________________

66 □ Nowhere

Proceed to Question E4a.
Appendix B

**E5.** If/When your child [children] has a minor illness or injury, what medical facility do you go to for care?
[Examples of minor problems: a cold, sore throat, headache for a short time]

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
11 [ ] Other

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

6 [ ] Nowhere

Proceed to Question E5a.

**E5a.** If/When your child [children] has a minor illness or injury, who do you talk to for care or advice?

0 [ ] Friends
1 [ ] Neighbors
2 [ ] Family
3 [ ] Pharmacist
4 [ ] IRC volunteer
5 [ ] IRC staff
6 [ ] IRC
7 [ ] Other

Appendix B

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

- [ ] No health maintenance necessary
- [ ] IFMC
- [ ] Urgent Care
- [ ] Emergency Room at UVA
- [ ] Emergency Room at Martha Jefferson
- [ ] Health Department
- [ ] Free Clinic
- [ ] Specialist
- [ ] Declined to answer
- [ ] Don’t know

- [ ] Other_____________________________

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

- [ ] Nowhere

Proceed to Question E6a.

E6a. If/When your child [children] needs health maintenance, who do you talk to for care or advice?

- [ ] Friends
- [ ] Neighbors
- [ ] Family
- [ ] Pharmacist
- [ ] IRC volunteer
- [ ] IRC staff
- [ ] IRC
- [ ] Other_____________________________

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

SECTION F

**F1.** What do you do now if you have a question about your child’s 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.