

Appendix B

\_\_\_\_\_ ID #

\_\_\_\_\_ Phone #

\_\_\_\_\_ Country of Origin, Exit

\_\_\_\_\_ Last Name, First

\_\_\_\_\_ Primary Language, Secondary Language

\_\_\_\_\_ Family Group

Interpreter used:  
 YES  NO

Interviewee:  
 Subject  
 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
- 0 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:

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**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**)  
 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 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 \_\_\_\_\_

## Appendix B

**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]

- No health maintenance necessary  
 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 “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.**

Nowhere  
 ↓  
**Proceed to  
 Question B6a. →**

**B6a.** 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 \_\_\_\_\_

**\*\*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.**

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

88  Declined to Answer      99  Don't Know

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

1  YES      0  NO      88  Declined to Answer      99  Don't Know

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**\*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.**

<b>SECTION C</b>
------------------

**C1.** Our records show that your child did not come in for his/her 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.**

**SECTION D**

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

88  Declined to answer

99  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*]?

88  Declined to answer

99  Don't know

77  Other \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

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

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**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:



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

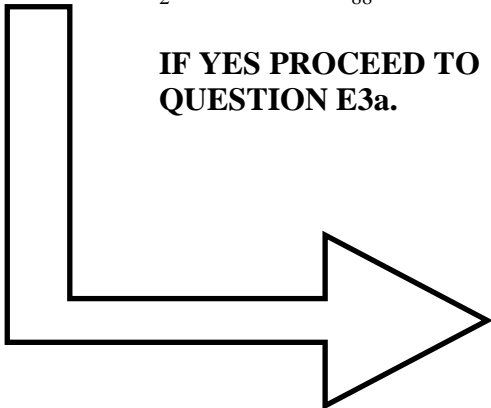
1 YES

2 NO

88 Declined to answer

99 Don't know

**IF YES PROCEED TO  
QUESTION E3a.**



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

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**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]

No serious illness or injury has occurred

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 answers are checked proceed to the NEXT PAGE, QUESTION E5.**

Nowhere



**Proceed to  
Question E4a. →**

**E4a.** If/When your child [children] has a serious illness or injury, who do you talk to for care or advice?

Friends

Neighbors

Family

Pharmacist

IRC volunteer

IRC staff

IRC

Other \_\_\_\_\_

## 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
- 88 Declined to answer
- 99 Don't know
- 11 Other \_\_\_\_\_

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

66 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?

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

**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.