

Access to Healthcare Questionnaire- Short Version



Name: _____

- 1 = Pre-Test**
- 2 = Post-Test**
- 3 = Follow-up**

Place: _____ **Date interviewed:** _____

For office use: Db __ CR: __ __ __ __ __ __ Cby: __ __ CDLoc: __ __ Date: __ __ __ __ __ __ WAVE: 1 2 3 4 5 6
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Introduction

The goal of this survey is to explore how easy or difficult it is for you to obtain healthcare services so that we can work with you and healthcare providers to improve services. The survey contains a number of questions concerning your relationship with healthcare providers and institutions, and any difficulties you have encountered as a consumer. There are no right or wrong answers. Please answer each question to the best of your ability by circling the response that best reflects your opinion.

Questions

I. Healthcare Resources

1. What is your regular source of medical care? (Please check only one response)
 - 1) Personal doctor/ general practitioner
 - 2) Diabetes specialist
 - 3) Health clinic
 - 4) Hospital
 - 5) Other: _____

2. Do you have a personal doctor who regularly cares for you?
 - 1) Yes
 - 2) No
 - 3) Don't know

3. Do you currently have medical care coverage (insurance)?
 - 1) Yes
 - 2) No (Go to Question 5)

4. **If yes**, from which of the following do you obtain your health insurance?
 - 1) From your employer
 - 2) From your spouse's employer
 - 3) Medicare
 - 4) Medicaid
 - 5) Both Medicare and Medicaid
 - 6) Insurance you purchased
 - 7) Don't know

5. Are you currently enrolled in a "managed care" type of healthcare plan?
 - 1) Yes
 - 2) No

II. Access to Health Services

6. During the past year, have you had difficulty getting medical treatment?
 - 1) Yes
 - 2) No

7. How do you normally travel to see your healthcare provider?
 - 1) Drive myself
 - 2) Have a friend/ family member drive me
 - 3) Take public transportation

8. How long does it take you to travel to your healthcare provider?
 - 1) Under one hour
 - 2) 1 – 2 hours
 - 3) Over two hours

9. During the past year, were you prescribed a medicine but were unable to get it?
 - 1) Yes
 - 2) With some delay
 - 3) No

IV. Cultural Competence

10. Have you received written information about diabetes from your health provider or other sources in the language you prefer?
 - 1) Yes
 - 2) No

11. In what language do you prefer to speak with your doctor?
 - 1) Spanish
 - 2) English
 - 3) Other: _____

12. Does your doctor speak with you in the language you prefer?
 - 1) Yes

- 2) No
- 3) Sometimes

13. Does your doctor or healthcare institution provide an interpreter?

- 1) Yes
- 2) No

V. Communication

14. In the past year, have you had difficulty understanding what your doctor or other healthcare professional was telling you?

- 1) Yes
- 2) No

If yes, please explain: _____

15. Overall, how satisfied are you with the communication you have with your doctor or other healthcare staff related to your health or your diabetes?

- 1) Very satisfied
- 2) Satisfied
- 3) Partly satisfied/ partly dissatisfied
- 4) Dissatisfied
- 5) Very Dissatisfied