

**SECTION E
HEALTH CARE USE**

Now, I'm going to ask about substance abuse services and health related services you may have received.

E1. In the past six months, did you have any of the following types of health benefits that paid for your medical care expenses? Do you have that source of insurance now?
(this does not include free care)

***If YES to SSI, SSDI, AFDC, or EAEDC (Section A) probe about MassHealth or other Medicaid.**

	<u>NO</u>	<u>YES, BUT NOT NOW</u>	<u>YES NOW</u>
E1a. MassHealth (Medicaid Managed Care)	0	1	2
E1b. Other Medicaid (CommonHealth, etc.)	0	1	2
E1c. Medicare	0	1	2
E1d. Health insurance from a job or a family member's job	0	1	2
(If yes, please specify _____)			
E1e. Any other program or plan	0	1	2
(If yes, please specify _____)			

In this next section I will ask about alcohol and/or drug treatment received in the last six months.

E2a. In the last six months, have you been in a detoxification program for alcohol or drug problems? (excluding current detox.)

No 0 → (SKIP TO E3a.)
Yes 1

E2b. How many times in the last six months did you enter a **detox program**?

(enter total # of times) E2b. _____ times

E2c. How many nights all together in the last six months did you stay overnight in a **detox program**?

(enter total # of nights) E2c. _____ (0-180; enter 777 if don't know)

E2d. Please tell me the names of the **detoxification programs** in which you stayed overnight or longer in the last six months.

	<u>NO</u>	<u>YES</u>
E2d1. River Street Detoxification Center	0	1
E2d2. Andrew House Detoxification	0	1
E2d3. Beacon Detoxification	0	1
E2d4. Boston Detoxification Program	0	1
E2d5. CASPAR	0	1
E2d6. Catholic Charities	0	1
E2d7. Center for Addictive Behaviors (CAB)	0	1
E2d8. Dimock Detoxification	0	1
E2d9. Faulkner Hospital Detoxification	0	1
E2d10. Faxon - Quincy Detoxification	0	1
E2d11. Long Island Detoxification	0	1
E2d12. Marathon Detoxification	0	1
E2d13. Spectrum Addiction Services	0	1
E2d14. Other _____	0	1
E2d15. Other _____	0	1

E3a. In the last six months, have you been in a **holding unit** for alcohol or drug problems?

No 0 → (SKIP TO E4a.)
Yes 1

E3b. How many times in the last six months did you enter a **holding unit**?

(enter total # of times) E3b. _____ times

E3c. How many nights all together in the last six months did you stay in a **holding unit**?

(enter total # of nights) E3c. _____ (0-180; enter 777 if don't know)

E3d. Please tell me the names of the **holding units** in which you stayed overnight or longer in the last six months.

	<u>NO</u>	<u>YES</u>
E3d1. Boston Holding TCF	0	1
E3d2. Long Island Holding	0	1
E3d3. Shattuck Stabilization	0	1
E3d4. STAIR	0	1
E3d5. Middlesex (STIT)	0	1
E3d6. Women's Hope	0	1
E3d7. Other _____	0	1
E3d8. Other _____	0	1

E4a. In the last six months, have you been in a **halfway house or other residential facility** (not a detoxification center) for alcohol or drug problems?

No 0 → (SKIP TO E5a.)
Yes 1

E4b. How many times in the last six months did you enter a **halfway house or other residential facility**?

(enter total # of times) E4b. _____ times

E4c. How many nights all together in the last six months have you been in a **halfway house or other residential facility**?

(enter total # of nights) E4c. _____ (0-180; enter 777 if don't know)

E4d. Please tell me the names of the **halfway houses or other residential facilities** in which you have stayed overnight or longer in the last six months.

	<u>NO</u>	<u>YES</u>
E4d1. Casa Esperanza	0	1
E4d2. Hello House	0	1
E4d3. Victory House	0	1
E4d4. Harbor Lights	0	1
E4d5. Granada House	0	1
E4d6. Entre La Familia	0	1
E4d7. Shepard House	0	1
E4d8. Women's Inc.	0	1
E4d9. Womanplace/CASPAR	0	1
E4d10. Hope House	0	1
E4d11. Interim House	0	1
E4d12. Gavin House	0	1

	<u>NO</u>	<u>YES</u>
E4d13. Meridian House _____	0	1
E4d14. Other _____	0	1
E4d15. Other _____	0	1

E5a. In the last six months, have you been in a day treatment program for alcohol or drug problems?

No 0 → (SKIP TO E6.)
Yes 1

E5b. How many days all together in the last six months did you attend a day treatment program?

(enter total # of days) E5b. _____ (0-180; enter 777 if don't know)

E5c. Please tell me the names of the day treatment programs that you have been to in the last six months.

E5c1. _____
E5c2. _____
E5c3. _____

E6. In the last six months, have you participated in any methadone maintenance program?

No 0
Yes 1

E7a. In the last six months, have you been to a substance abuse counselor in an outpatient program? (does not include residential programs, only outpatient)

No 0 → (SKIP TO E8a.)
Yes 1

E7b. How many visits all together in the last six months did you make to a substance abuse counselor in an outpatient program?

(enter total # of visits) E7b. _____ visits

E7c. Please tell me the names of the **outpatient programs or clinics** that you visited in the last six months for alcohol or drug problems?

E7c1. _____
 E7c2. _____
 E7c3. _____

E8a. In the last six months, have you received **counseling** for alcohol or drug problems from any of the following sources?

	<u>NO</u>	<u>YES</u>
E8a1. Doctor or Health Care Worker	0	1
E8a2. Priest/Minister/ Rabbi	0	1
E8a3. Employee Assistance Program	0	1
E8a4. Other _____	0	1

E9a. In the last six months (before detox.), did you attend any AA or NA meetings or self-help groups for alcohol, drug, or emotional problems?

No 0 → (SKIP TO E10a.)
 Yes 1

E9b. Generally how often did you attend: (Show Card 11)
 (excluding your time at any detox.)

	<u>Daily</u>	<u>2-3 times/week</u>	<u>Weekly</u>	<u>Every two weeks</u>	<u>Once a month</u>
AA/NA/Other	1	2	3	4	5

This next section asks about medical care and psychiatric care received in the last six months.

E10a. In the last six months, have you been to a **medical clinic**, for example, a **community clinic**, a **neighborhood health center**, a **mental health clinic**, an **outpatient clinic at a hospital** or a **private doctor's office**?

No 0 → (SKIP TO E11a.)
 Yes 1

E10b1. How many times in the last six months did you visit a **mental health clinic** or **mental health professional** (for example: a psychiatrist, psychologist, or counselor in an office or clinic setting)?

(enter total # of times) E10b1. _____ times

E10b2. How many times in the last six months did you visit a **medical clinic** or **private doctor**?

(enter total # of times) E10b2. _____ times

E10c. Please list the names of the **medical clinics, mental health clinics, or doctors** you visited in the last six months.

	<u>NO</u>	<u>YES</u>
E10c1. Boston Medical Center	0	1
E10c2. Bowdoin Street Health Center	0	1
E10c3. Brookside Community Health Center	0	1
E10c4. Bunker Hill Health Center	0	1
E10c5. Codman Square Health Center	0	1
E10c6. Dimock Community Health Center	0	1
E10c7. Dorchester House Multi-Service Center	0	1
E10c8. East Boston Neighborhood Health Center	0	1
E10c9. Geiger Gibson Community Health Center	0	1
E10c10. Harvard Street Neighborhood Health Center	0	1
E10c11. Martha Eliot Health Center	0	1
E10c12. Mattapan Community Health Center	0	1
E10c13. Neponset Health Center	0	1
E10c14. Roxbury Comprehensive Community Health Center	0	1
E10c15. South Boston Community Health Center	0	1
E10c16. South End Community Health Center	0	1
E10c17. Upham's Corner Health Center	0	1
E10c18. Whittier Street Neighborhood Health Center	0	1
E10c19. Private Doctor (_____)	0	1
E10c20. Private Doctor (_____)	0	1
E10c21. Private Doctor (_____)	0	1
E10c22. Other _____	0	1

E11a. In the last six months, have you been a patient in a **hospital**, overnight or longer?
(not including a detoxification program nor an emergency room stay only)

No 0 → (SKIP TO E12a.)
Yes 1

E11b. How many times in the last six months did you stay in a hospital overnight?

(enter total # of times) E11b. _____ times

E11c. How many nights all together in the last six months did you stay in a hospital?

(enter total # of nights) E11c. _____ (0-180; enter 777 if don't know)

E11d. Please tell me the names of the hospitals in which you have stayed overnight or longer in the last six months.

	<u>NO</u>	<u>YES</u>
E11d1. Beth Israel Deaconess Hospital	0	1
E11d2. Boston Medical Center	0	1
E11d3. Brigham and Women's Hospital	0	1
E11d4. Cambridge City Hospital	0	1
E11d5. Carney Hospital	0	1
E11d6. Solomon Carter Fuller Mental Health	0	1
E11d7. Mass. General Hospital	0	1
E11d8. Mt. Auburn Hospital	0	1
E11d9. New England Medical Center	0	1
E11d10. Shattuck Hospital	0	1
E11d11. Other _____	0	1

E12a. In the last six months, did you go to a hospital emergency room for medical care?

No 0 → (SKIP TO E13.)
Yes 1

E12b. How many times in the last six months did you go to a hospital emergency room?

(enter total # of times) E12b. _____ times

E12c. Please list the names of the hospital emergency rooms you went to in the last six months.

	<u>NO</u>	<u>YES</u>
E12d1. Beth Israel Deaconess Hospital	0	1
E12d2. Boston Medical Center	0	1
E12d3. Brigham and Women's Hospital	0	1
E12d4. Cambridge City Hospital	0	1
E12d5. Carney Hospital	0	1
E12d6. Solomon Carter Fuller Mental Health	0	1

	<u>NO</u>	<u>YES</u>
E12d7. Mass. General Hospital	0	1
E12d8. Mt. Auburn Hospital	0	1
E12d9. New England Medical Center	0	1
E12d10. Shattuck Hospital	0	1
E12d11. Other _____	0	1

E13. During the past two weeks, before this visit to detox., how many total visits to doctors did you make?

of visits _____

Now I'd like to ask you about your use of some other kinds of therapies and treatments.

E14. In the last six months, have you received any treatment from (Show Card 12)

	<u>NO</u>	<u>YES</u>
E14a. an acupuncturist	0	1
E14b. a chiropractor	0	1
E14c. a practitioner of holistic, herbal, or homeopathic medicine	0	1
E14d. a spiritual healer	0	1
E14e. have you had biofeedback	0	1
E14f. hypnosis	0	1
E14g. other _____	0	1

E15a. In the last six months before detox., did you ever try to get substance abuse services?

No 0 → (SKIP TO E16a.)

Yes 1 ↓

E15b. Were you always able to get them?

No 0 → (CONTINUE TO E15c.)

Yes 1 → (SKIP TO E16a.)

E15c. What were the reasons? (Please tell me all that apply) (Show Card 13)

	<u>NO</u>	<u>YES</u>
E15c1. I could not pay for services.	0	1
E15c2. I did not know where to go for help.	0	1
E15c3. I could not get to services because of transportation problems.	0	1
E15c4. The office or clinic hours were inconvenient.	0	1
E15c5. I did not speak or understand English well enough.	0	1
E15c6. I was afraid others might find out about my problem.	0	1
E15c7. My substance abuse interfered (I chose to drink or drug instead).	0	1
E15c8. I did not have a babysitter or someone to watch my child/children.	0	1
E15c9. I did not want to lose my job.	0	1
E15c10. My insurance did not cover services.	0	1
E15c11. There were no beds available at the program.	0	1
E15c12. Other _____	0	1

E16a. Which of the following statements, if any, are reasons why you don't have a regular medical doctor? (Please tell me all that apply) (Show Card 14)

	<u>NO</u>	<u>YES</u>
E16a1. I cannot pay for services.	0	1
E16a2. I am not eligible for free care.	0	1
E16a3. I do not know where to go.	0	1
E16a4. I can't get to services because of transportation problems.	0	1
E16a5. The office or clinic hours are inconvenient.	0	1
E16a6. I do not speak or understand English well enough.	0	1
E16a7. I'm afraid others might find out about a health problem I have.	0	1
E16a8. My substance abuse interferes (I choose to drink or drug instead).	0	1
E16a9. I do not have a babysitter or someone to watch my child/children.	0	1
E16a10. I do not want to lose my job.	0	1
E16a11. My insurance does not cover services.	0	1
E16a12. I do not feel I need a regular doctor.	0	1
E16a13. Other _____	0	1

E17. Have you ever been a patient at Boston Medical Center (formerly Boston City Hospital)?

No	0
Yes	1
Don't know	7