

**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/since the last time we met, 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?

***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 (Neighborhood Health Plan, CommonHealth, BMC Health Net, etc.)	0	1	2
E1c. Medicare	0	1	2
E1d. Health insurance from a job or a family member's job (If yes, please specify _____)	0	1	2
E1f. Free Care	0	1	2
E1e. Any other program or plan (If yes, please specify _____)	0	1	2

If subject answered Yes to ANY of the above:

E1g. Is your medical care coverage a managed care plan such as an HMO, Harvard Pilgrim, Tufts, BMC Health Net, etc.?

No	0
Yes	1
Don't Know	9

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

E2e. Are you currently in a treatment program for alcohol or drug problems?

No	0	(SKIP TO QUESTION E2a)
Yes	1	

E2f. What kind of treatment program are you currently in?

	<u>NO</u>	<u>YES</u>
E2f1. Detoxification Program	0	1
E2f2. Holding Unit	0	1
E2f3. Halfway House or other residential facility	0	1
E2f4. Day treatment program	0	1
E2f5. Methadone maintenance program	0	1
E2f6. Outpatient program	0	1
E2f7. Other _____ (specify)	0	1

E2g. Please tell me the name of the program you are currently in.

_____ (name of program)

E2h. How many days have you been in the program so far? _____ days

E2a. In the last six months/since the last time we met, have you been in a **detoxification program** for alcohol or drug problems?

(This does not include the time at River Street when the first interview took place.)

No 0 → (SKIP TO E3a.)

Yes 1

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

(Not including the time at River Street when the first interview took place.)

(enter total # of times) E2b. _____ times

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

(Not including the time at River Street when the first interview took place.)

(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/since the last time we met.

	<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/since the last time we met, 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/since we last met did you enter a **holding unit**?

(enter total # of times) E3b. _____ times

E3c. How many nights all together in the last six months/since we last met 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/since we last met.

	<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/since the last time we met, 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/since we last met 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/since we last met 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/since we last met.

	<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

E4d. (Con't.)	<u>NO</u>	<u>YES</u>
E4d12. Gavin House	0	1
E4d13. Meridian House	0	1
E4d14. Other _____	0	1
E4d15. Other _____	0	1

E5a. In the last six months/since the last time we met, 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/since we last met 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/since we last met.

E5c1. _____
 E5c2. _____
 E5c3. _____

E6. In the last six months/since the last time we met, have you participated in any **methadone maintenance program**?

No 0
 Yes 1

E7a. In the last six months/since we last met, 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/since the last time we met 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/since the last time we met for alcohol or drug problems?

E7c1. _____
 E7c2. _____
 E7c3. _____

E8a. In the last six months/since the last time we met, have you received **counseling** (including advice or a discussion) 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/since the last time we met, 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/since the last time we met.

E10a. In the last six months/since we last met, 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/since we last met 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/since we last met 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/since we last met.

	<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
E10c23. Massachusetts General Hospital	0	1
E10c12. Mattapan Community Health Center	0	1
E10c13. Neponset Health Center	0	1
E10c24. New England Medical 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
E10c22. Other _____	0	1
E10c25. Other _____	0	1

E11a. In the last six months/since the last time we met, 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/since we last met did you stay in a hospital overnight?

(enter total # of times) E11b. _____ times

E11c. How many nights all together in the last six months/since we last met 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/since the last time we met.

	<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/since the last time we met, 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/since the last time we met 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/since the last time we met.

	<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

E12c. (Con't)	<u>NO</u>	<u>YES</u>
E12d6. Solomon Carter Fuller Mental Health	0	1
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, 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/since the last time we met, 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

E18. In the last six months/since the last time we met, which of the following reasons has made it hard for you to get substance abuse services?
 (Please tell me all that apply) (Show Card 13)

	<u>NO</u>	<u>YES</u>
E18a. I could not pay for services.	0	1
E18b. I did not know where to go for help.	0	1
E18c. I could not get to services because of transportation problems.	0	1
E18d. The office or clinic hours were inconvenient.	0	1
E18e. I did not speak or understand English well enough.	0	1
E18f. I was afraid others might find out about my problem.	0	1
E18g. My substance abuse interfered (I chose to drink or drug instead).	0	1
E18h. I did not have a babysitter or someone to watch my child/children.	0	1
E18i. I did not want to lose my job.	0	1
E18j. My insurance did not cover services.	0	1
E18k. There were no beds available at the program.	0	1
E18l. I do not need substance abuse services.	0	1
E18m. Other _____	0	1