# **SAMHSA Managed Care Study**

Service Utilization Survey

## SERVICE UTILIZATION INTERVIEW PROTOCOL

well as today's date. Ask about	i una recora oiner speciai events o	n the calendar such as birthdays and holidays	ndent to the time period covered by this interview. Us to help frame the time period for the respondent. The spitalization or crisis stabilization unit visit on a sepa	on ack Ougetion #1 If the	annuar to Our	ndian # 1 in V	ew with the es, ask the	iem as e
1.    Subject ID Code	2 / / Date of Interview	Name of Interviewer	4. Method of Interview (Circle)  1 = Face-to-Face 2 = Telephone 3 = Mail 4 = Other (Specify)	5. From:	Period Cove	To: ered by Interv	···	

## Since the last time you were interviewed on (\_\_\_\_\_\_), have you been hospitalized or gone to a crisis stabilization unit for any reason?

Column A		Column B	Column C	Col	umn D	Column E	Column F
What were the reasons you were in the hospital or crisis stabilization unit? [Code all that apply]  1 = Medical 2 = Mental Health 3 = Alcohol/Drug Abuse 4 = Other (Specify) 8 = NA - Not Hospitalized 9 = Don't Know	stabili crisis s outside this qu	e were you hospitalized or in a crisis zation unit? [Record name of hospital or stabilization unit, include city and state if the Tampa or Jacksonville Area. Codes for estion will be developed over time.] m't Know	How many days were you in the hospital or crisis stabilization unit? [Enter number of days]	the hospital or crisis stabilization unit? [Enter code]  0 = Police  1 = Ambulance  2 = Medicaid cab  3 = Regular cab  4 = Own car  5 = Relative or Friend's car  6 = Bus  7 = Walked /Bike  8 = Other (Specify)  9 = Don't Know  55=Caretaker's vehicle  66=Special comm transport  TO FROM		Did you or your family have to pay anything out-of-pocket for this service?  0 = No 9 = Don't Know  If yes, how much did you have to pay? [Enter amount in dollars or 1 = Yes if respondent does not know the dollar amount]	Who do you think will pay the bill?  0 = No one, still owe money 1 = respondent 2 = relative or spouse 3 = friend 4 = case manager or provider 5 = Other (Specify) 8 = Not Applicable 9 = Don't Know
	Code	Facility name, city and state		ТО	FROM		
Example: 1 & 3	?	Tampa General Hospital	3 days	5		9	9
evised 7-22-98							

2. Since the last time you were interviewed on (\_\_\_\_\_\_), have you attended a day treatment or special program of any kind for any reason? [If the answer to Question #2 is Yes, ask the questions indicated in columns A through G, recording your answers as shown in the example. Record each different program the respondent attended on a separate line. When complete, proceed to Question #37

Column A		Column B		Column C		Column D	Column E		Column F	Column G
What were the reasons you were in the you attended this program?  [Code all that apply]  1 = Medical 2 = Mental Health 3 = Alcohol/Drug Abuse 4 = Other (Specify) 8 = NA - Did not attend day treatment or special programs 9 = Don't Know	and w progra Tampa will be	was the name of the program you attended here was it located? [Record name of am and, include city and state if outside the a or Jacksonville Area. Codes for this question developed over time.]  on't Know	prograi long do you go? of days and the	ten do you go m and for ab you stay eac l'Enter the n per week or n "average" n attended per	out how th time umber nonth umber	So, since our last interview, that means you went a total oftimes?  Does that seem right? [Enter the total number of visits during the interview period]	How did you get to this [Enter code 0 = Police 1 = Ambula 2 = Medica 3 = Regular 4 = Own ca 5 = Relative Friend' 6 = Bus 7 = Walked 8 = Other (5 9 = Don't K 10 = Center 55=Caretak 66=Special	program?  ince id cab r cab r e or s car  /Bike Specify) (now van er's vehicle	Did you or your family have to pay anything out-of-pocket for this program?  0 = No 9 = Don't Know  If yes, how much did you have to pay? [Enter amount in dollars or 1 = Yes if respondent does not know the dollar amount]	Who do you think will pay the bill?  0 = No one, still owe money 1 = respondent 2 = relative or spouse 3 = friend 4 = case manager or provider 5 = Other (Specify) 8 = Not Applicable 9 = Don't Know
	Code	Program name, city and state	# of Visits	Per 1 =wk 2=mo 3=2mo 4=>2mo 7=contin	# of hrs per Visit		то	FROM		
Example: 2	?	Access House	3	1	4	24 Visits	6		0	8

3. Since the last time you were interviewed on (\_\_\_\_\_\_), was there anything you went to regularly, or some service that you got at least once a month for any thing related to your health? What about any educational or vocational service or training? What about regular visits to get meals, surplus food, or things you need to live day to day? [If the answer to Question #3 is Yes, ask the questions indicated in columns A through I, recording your answers as shown in the example. Record each regular service or program the respondent received or attended on a separate line. When complete, proceed to Question #4]

Column A	Column B	Column C	Column D		Column	ı E	Column F	Column G	Column H	Column I
What were the reasons you received this service? [Code all that apply]  01 = Medical 02 = Mental Health 03 = Alcohol/Drug Abuse 04 = Dental/Eye 05 = Education/Vocation 06 = Daily Living Services	Who did you see? [Code all that apply]  1 = Medical Doctor 2 = Nurse, Phyn's Asst, etc. 3 = Social worker, counselor, etc. 4 = Peergroup/friend 5 = Pastor, priest,	What kind of service was it? (i.e., what was done)  1 = Medical treatment (Please specify) 2 = Individual therapy 3 = Group therapy 4 = Family therapy 5 = AA/NA, other self- help group	Where did you receive or get this service?  1 = Hospital 2 = Clinic 3 = Professional Office 4 = Own home 5 = Other's home 6 = Church	for about the get the [Enter we ward]		vices and ong do you each time? er of days th and the er of	So, since our last interview, that means you received these services a total of times?  Does that seem right?  [Enter the total number of visits during the interview period]	How did you usually get to the place where you received this service? [Enter code]  1 = Ambulance 2 = Medicaid cab 3 = Regular cab 4 = Own car	Did you or your family have to pay anything out-of-pocket for this service?  0 = No 9 = Don't Know  If yes, how much did	Who do you think will pay the bill?  0 = No one, still owe money 1 = Respondent 2 = Relative or spouse
07 = Legal 08 = Basic Needs (e.g., Food/meals) 09 = Social Services 10 = Other (Specify) 88 = NA 99 = Don't Know	etc. 6 = Psychiatrist 7 = Dentist/ Optometrist 8 = Attorney 9 = Teacher 10 = Volunteer 11 = Family 12 = Police 13 = Fire 14 = Judge 15 = Probation Officer 16=Physical therapist 20 = Other (Specify) 99 = Don't Know	6 = other support group 7 = Drop-in center 8 = Got food/clothes 9 = Job Training 10 = GED or other schooling 11 = Medication Sevs 12 = Got medications 13 = Dialysis 14 = Blood tests 15 = General case mgmt services 99 = Don't Know	7 = Outdoors 8 = Professional Office 9 = State or County Agency 10 = Drug Store 11 = Laboratory 12 = School 13 = Shelter 14 = Food Pantry/ Soup Kitchen 20 = Other (Specify) 33=Jail 41=Phone Contact 81=Retail Store 99 = Don't Know		Per: 1=wk 2=mo 3=2mo 4=>2 mo 7=contin			5 = Relative or Friend's car 6 = Bus 7 = Walked/Bike 8 = Other (Specify) 55=Careakers vehicle 66=Special comm van 88 = Not Applicable 99 = Don't Know	you have to pay?  [Enter amount in dollars or 1 = Yes if respondent does not know the dollar amount]	3 = Friend 4 = Case manager or provider 5 = Other (Specify) 8 = Not Applicable 9 = Don't Know
				# of Visits	Per (see above)	# of mins per Visit				
Example: 3	4	5	6	1	1	2	8 Visits	4	0	8

Column A	Column B	Column C	Column D		Columi	ı E	Column F	Column G	Column H	Column I
			-							
**************************************										
				<u> </u>	<u> </u>					
					<del> </del>					
								<u> </u>		
					<u> </u>					
					<u> </u>					
-	<u> </u>									
		÷								
- popular professional and a second a second and a second a second and										
				·····						

4. Now I would like to find out about any other kinds of services you may have used or received if only just once since the last time you were interviewed on (<u>Date</u>). We have some lists to help you remember everything. Other than the things we have already talked about, have you used any other type of medical or physical health services since our last interview? Tell me even if it is not listed on the card. [Respondent should be looking at response card 4a. If the answer to Question #4a is Yes, ask the questions indicated in columns A through H, recording your answers as shown in the example. Record each different medical service the respondent used or received on a separate line. When complete, proceed to Question #4b]

#### 1.Medical Services

1 = hacl an evaluation, assessment, or check-up	5 = had a blood test	9 = use chiropractic services	13 = purchased medical supplies like crutches, braces, etc.
2 = got a prescription written	6 = had a diagnostic test	10 = had a medical procedure	14 =
3 = got a prescription filled or refilled	7 = had X-rays, MRI, or CAT scan	11 = got acupuncture	15 =
4 = bought over-the-counter medicine	8 = had an emergency visit to a doctor	12 = had allergy or flu shorts	16 =

Since the last time you were interviewed on (\_\_\_\_\_\_\_) have you used any type of mental health services? [Make sure respondent is looking at Response Card 4b]

#### 2. Mental Health Services

l = had an evaluation, assessment, or check-up	5 = had medication adjustment	9 = called a crisis or support line	13 = went to DMDA or other self-help group
2 = got a prescription written	6 = received medication management	10 = used an Internet support group/chat	14 =
3 = got a prescription filled or refilled	7 = had counseling other than "therapy"	11 = got acupuncture	15 =General Case Management services
4 = bought over-the-counter medicine	8 = received case management visits or services	12 = went to a club-house or drop-in center	16 =

Since the last time you were interviewed on (\_\_\_\_\_\_\_\_) have you used any alcohol or drug services? [Make sure respondent is looking at Response Card 4c]

## 3. Alcohol or Drug Services

l = had an evaluation, assessment, or check-up	5 = went to AA/CA/NA, rational recovery, other self- help meetings	9 = called a crisis or support line	13 =
2 = got prescription written	6 = went to an alcohol/drug class with an instructor	10 = got AA/CA/NA sponsor	14 =
3 = got a prescription filled or refilled	7 = got acupuncture	11 = church support or counseling	15 =
4 = bought over-the-counter medicine	8 = received biofeedback	12 =	16 =

Since the last time you were interviewed on (\_\_\_\_\_\_\_) have you used any dental, eye care, or hearing services? [Make sure respondent is looking at Response Card 4d]

## 4.Dental, Eye Care, & Hearing Services

1 = had your teeth cleaned	5 = got a prescription written, filled, or refilled	9 = had eye surgery	13 =
2 = had fillings, tooth pulled, or other dental procedures	6 = bought over-the-counter medicine	10 = had ears cleaned	14 =
3 = got fitted for dentures or braces	7 = had your eyes examined	11 = got acupuncture	15 =
4 = had dental surgery	8 = got eye glasses, contact lens, or hearing aids	12 =	16 =

Since the last time you were interviewed on (\_\_\_\_\_\_\_\_) have you received any educational, vocational, or other work-related services? [Make sure respondent is looking at Response Card 4e]

#### 5. Educational & Vocational Services

1 = atterided college, school, classes	5 = received job counseling or testing	9 = attended interviewing classes.	13 =
2 = received job skills training	6 = worked regularly for pay	10 = attended resume writing classes	14 =
3 = gottern volunteer experience	7 = worked occasionally, odd jobs	11 =	15 =
4 = on-the-job training or experience	8 = received occupational therapy	12 =	16 =

Since the last time you were interviewed on (<u>Date</u>) have you had any help with daily living needs like someone cooking or cleaning for you? [Make sure respondent is looking at Response Card 4f]

### **6.Daily Living Services**

1 = someone cleaned or cooked for you	5 = attended special social or recreational events	9 =	13 =
2 = someone doing maintenance work for you	6 = someone helped you get to church or to visit your family	10 =	14 =
3 = someone help you with shopping	7 =	11=	15 =
4 = someone helped you remember appointments	8 =	12=	16 =

Since the last time you were interviewed on (<u>Date</u>) have you used any legal services or been in contact with the police or courts? [Make sure respondent is looking at Response Card 4g]

## 7.Legal & Court-related Services

1 = been a victim of a crime	5 = spent time in jail	9 = was transported by the police or fire department	13 =
2 = con sulted with a lawyer or legal aid	6 = met with a probation/parole officer	10 = called the police or fire department	14=
3 = had contact with the police	7 = appeared in court	11 =	15 =
4 = was arrested	8 = did court required community service	12 =	16 =

Since the last time you were interviewed on (<u>Date</u>) have you had any help with basic needs like getting food, meals or clothing for you? [Make sure respondent is looking at Response Card 4h]

#### 8. Basic Needs

1 = went to a food pantry	5 = got government surplus food	9 = free toys or gifts	13 =
2 = ate at a soup kitchen	6 = stayed at a shelter	10 =	14 ==
3 = got free clothing	7 = assistance with utilities	11 =	15 =
4 = got free household items or furnishing	8 = cash or voucher from church, etc.	12 =	16=

Since the last time you were interviewed on (\_\_\_\_\_\_\_\_) have you used or receive any social services? [Make sure respondent is looking at Response Card 4i]

#### 9. Social Services

1 = Medicaid application/reapplication	5 = payee or guardian services	9 = received adult protection services	13 =
2 = Food stamp application/reapplication	6 = met with a probation/parole officer	10 = received help for domestic violence	14 =
3 = public assistance application/reapplication	7 = visit by a case manager or social worker	11 = received family preservation services	15 =
4 = application, reapplication or appeal for disability income	8 = received child protection services	12 = received employment or unemployment services	16 =

Since the last time you were interviewed on (<u>Date</u>) have you gotten any other kinds of help that might have had some effect on your health or living situation? [Make sure respondent is looking at Response Card 4j]

## 10.Other Services

1 = help or support from a friend or family member	5 = reduced cost bus pass	9 = special foods or herbs for healing	13 =
2 = Sweat lodge or healing ceremony	6 = help managing your money	10 = practiced meditation	14 =
3 = Internet or on-line support groups	7 = help from an advocate	11 = special help from community organizations or groups	15 =
4 = spiritual advice or counseling	8 = help from a church or church group	12 = used aroma therapy	16 =

Column B	Column C	Column D		Column	E	Column F	Column G	Column H	Column I								
Who did you see? [Code all that apply]  1 = Medical Doctor 2 = Nurse, Phyn's     Asst, etc. 3 = Social worker,     counselor, etc. 4 = peergroup/friend 5 = Pastor, priest, 6 = Psychiatrist 7 = Dentist/     Optomitrist 8 = Attorney 9 = Teacher 10 = Volunteer 11 = Family 12 = Police 13 = Fire 14 = Judge 15 = Probation     Officer 16=Physical     Therapist 20 = Other (Specify) 99 = Don't Know	What kind of service was it? (i.e., what was done) [Use services codes from response cards]  99 = Don't Know	Where did you receive or get this service?  1 = Hospital 2 = Clinic 3 = Professional Office 4 = Own home 5 = Other's home 6 = Church or other nonmedical agency 7 = Outdoors 33=Jail 41=Phone contact 81=Retail store 8 = Other (Specify) 9 = Don't Know	How often do you go or receive these services and for about how long do you stay or get the services each time? [Enter the number of days per week or month and the "average" number of minutes attended per visit]  Per: 1=wk 2=mo 3=2 mo 4=> 2 mo 7= continual		receive these services and for about how long do you stay or get the services each time? [Enter the number of days per week or month and the "average" number of minutes attended per visit]  receive these services and for about how long do you stay or get the services each time? [Enter the number of month and the "average" number of minutes attended per visit]  receive these services and for about how long do you stay or get the services each time? [Enter the number of month and the "average" number of minutes attended per visit]  receive these services and for about how long do you stay or get the services each time? [Enter the number of month and the "average" number of minutes attended per visit]		receive these services and for about how long do you stay or get the services each time? [Enter the number of days per week or month and the "average" number of minutes attended per visit]  Office Own home Other's home Church or other nonmedical agency Outdoors Jail Phone contact Retail store Other (Specify) Don't Know  receive these services and for about how long do you stay or get the services each time? [Enter the number of adys per week or month and the "average" number of minutes attended per visit]  That in the mean track are receive these services and for about how long do you stay or get the services each time? [Enter the number of adys per week or month and the "average" number of minutes attended per visit]  Per:  1 = wk 2 = mo 3 = 2 mo 4 => 2 mo		receive these services and for about how long do you stay or get the services each time? [Enter the number of days per week or month and the "average" number of minutes attended per visit]  Per: 1=wk 2=mo 3=2 mo 4=> 2 mo		receive these services and for about how long do you stay or get the services each time? [Enter the number of days per week or month and the "average" number of minutes attended per visit]  Per:  1=wk 2=mo 3=2 mo 4=> 2 mo		receive these services and for about how long do you stay or get the services each time? [Enter the number of days per week or month and the "average" number of minutes attended per visit]  Per: 1=wk 2=mo 3=2 mo 4=> 2 mo		How did you usually get to the place where you received this service? [Enter code]  1 = Ambulance 2 = Medicaid cab 3 = Regular cab 4 = Own car 5 = Relative or Friend's car 6 = Bus 7 = Walked/Bike 8 = Other (Specify) 55=Caretaker's vehicle 66=Special comm van 88 = Not Applicable 99 = Don't Know	Did you or your family have to pay anything out-of-pocket for this service?  0 = No 9 = Don't Know  If yes, how much did you have to pay? [Enter amount in dollars or 1 = Yes if respondent does not know the dollar amount]	Who do you think will pay the bill?  0 = No one, still owe money 1 = Respondent 2 = Relative or spouse 3 = Friend 4 = Case manager or provider 5 = Other (Specify) 8 = Not Applicable 9 = Don't Know
			# of Visits	Per (see above)	# of mins per Visit												
4	5	6	1	1	2	8 Visits	4	0	8								
	Who did you see? [Code all that apply]  1 = Medical Doctor 2 = Nurse, Phyn's Asst, etc. 3 = Social worker, counselor, etc. 4 = peergroup/friend 5 = Pastor, priest, 6 = Psychiatrist 7 = Dentist/ Optomitrist 8 = Attorney 9 = Teacher 10 = Volunteer 11 = Family 12 = Police 13 = Fire 14 = Judge 15 = Probation Officer 16=Physical Therapist 20 = Other (Specify) 99 = Don't Know	Who did you see? [Code all that apply]  I = Medical Doctor 2 = Nurse, Phyn's Asst, etc. 3 = Social worker, counselor, etc. 4 = peergroup/friend 5 = Pastor, priest, 6 = Psychiatrist 7 = Dentist/ Optomitrist 8 = Attorney 9 = Teacher 10 = Volunteer 11 = Family 12 = Police 13 = Fire 14 = Judge 15 = Probation Officer 16=Physical Therapist 20 = Other (Specify) 99 = Don't Know	Who did you see? [Code all that apply]  1 = Medical Doctor 2 = Nurse, Phyn's     Asst, etc. 3 = Social worker,     counselor, etc. 4 = peergroup/friend 5 = Pastor, priest, 6 = Psychiatrist 7 = Dentist/     Optomitrist 8 = Attorney 9 = Teacher 10 = Volunteer 11 = Family 12 = Police 13 = Fire 14 = Judge 15 = Probation     Officer 16=Physical     Therapist 20 = Other (Specify) 99 = Don't Know  What kind of service was it? (i.e., what was done) [Use services codes from response cards]  Where did you receive or get this service?  Where did you receive or get this service?  1 = Hospital 2 = Clinic 3 = Professional Office 4 = Own home 5 = Other's home 6 = Church or other nonmedical agency 7 = Outdoors 33=Jail 41=Phone contact 81=Retail store 8 = Other (Specify) 9 = Don't Know	Who did you see? [Code all that apply]  I = Medical Doctor 2 = Nurse, Phyn's Asst, etc. 3 = Social worker, counselor, etc. 4 = peergroup/friend 5 = Pastor, priest, 6 = Psychiatrist 7 = Dentist/ Optomitrist 8 = Attorney 9 = Teacher 10 = Volunteer 11 = Family 12 = Police 13 = Fire 14 = Judge 15 = Probation Officer 16=Physical Therapist 20 = Other (Specify) 99 = Don't Know  What kind of service was it? (i.e., what was done) [Use services codes from response cards]  Where did you receive or get this service?  I = Hospital 2 = Clinic 3 = Professional Office 4 = Own home 5 = Other's home 6 = Church or other nonmedical agency 7 = Outdoors 33=Jail 41=Phone contact 81=Retail store 8 = Other (Specify) 9 = Don't Know  # of Visits	Who did you see? [Code all that apply]  What kind of service was it? (i.e., what was done) [Use services codes from response cards]  1 = Medical Doctor 2 = Nurse, Phyn's     Asst, etc. 3 = Social worker, counselor, etc. 4 = peergroup/friend 5 = Pastor, priest, 6 = Psychiatrist 7 = Dentist/     Optomitrist 8 = Attorney 9 = Teacher 10 = Volunteer 11 = Family 12 = Police 13 = Fire 14 = Judge 15 = Probation     Officer 16 = Physical     Therapist 20 = Other (Specify) 99 = Don't Know  Where did you receive or get this service?  Where did you receive or get this service?  I = Hospital 2 = Clinic 3 = Professional Office 4 = Own home 5 = Other's home 6 = Church or other nonmedical agency 7 = Outdoors 33 = Jail 41 = Phone contact 81 = Retail store 8 = Other (Specify) 9 = Don't Know  Per: 1 = wk 2 = mo 3 = 2 mo 4 => 2 m 7 = conti	Who did you see? [Code all that apply]  What kind of service was it? (i.e., what was done) [Use services codes from response cards]  1 = Medical Doctor 2 = Nurse, Phyn's Asst, etc. 3 = Social worker, counselor, etc. 4 = peergroup/friend 5 = Pastor, priest, 6 = Psychiatrist 7 = Dentist/ Optomitrist 8 = Attorney 9 = Teacher 10 = Volunteer 11 = Family 12 = Police 13 = Fire 14 = Judge 15 = Probation Officer 16=Physical Therapist 20 = Other (Specify) 99 = Don't Know  What kind of service was it? (i.e., what was done) [Use services of get this service?  Where did you receive or get this service?  How often do you go or receive these services and for about how long do you stay or get the services each time? [Enter the number of days per week or month and the "average" number of minutes attended per visit]  1 = Hospital 2 = Clinic 3 = Professional Office 4 = Own home 6 = Church or other nonmedical agency 7 = Outdoors 3 = Jail 41 = Phone contact 81 = Retail store 8 = Other (Specify) 9 = Don't Know  Per: 1 = wk 2 = mo 3 = 2 mo 4 => 2 mo 7 = continual  ## of Per Visits (see above) Visit	Who did you see? [Code all that apply]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]    How often do you go or receive these services and for about how long do you stay or get the services each time? [Enter thember of minutes attended per visit]    Asst. ct.	Who did you see? [Code all that apply]    Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use services codes from response cards]   Mark kind of service was it? (i.e., what was done) [Use where you receive these services and for about how long do you stay or get the services each time? [Does that service a total of times? Does that service a total of times? Does that service a total of times? Does that service a total of time? Does that service a total of times? Does that servi	Who did you see? [Code all that apply]  What kind of service [Code all that apply]  Where did you receive or get this service?  Where did you receive or get this service sand for about how long do you for a you get the service seeds the content of the mans you went or received that service a code for about how long do you for about hinterview, that means you went or received that service and for about how long do you for the words? If the manber of wists are fined about how long do you for the words? If the manber of the for about how long do you for the mans you went or received that service and for about how long do you for the words? If the mans you went or received that service and for about how long do you for the mans you went or received that service and for about how long do you for the words? If the mans you went or received that service and for about how long do you for the you for about hiteries, that the mans you went or the for about hiteries, that seem right? [Enter the total means you went or the service and for about hiteries, that seem right? [Enter the total means you went or the service? (Enter the manber of wists during the interview, that means you went or the service and th								

Column A	Column B	Column C	Column D		Column	E	Column F	Column G	Column H	Column 1
				ļ	-					
***************************************										
				ļ						
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

# of Days	Living Situation		
- AND THE CONTRACT OF THE CONT	1a. Skilled nursing facility - 24 hour staff	1b. (Name)	
<del></del>	2a. Intermediate care facility < 24 hour staff	2b. (Name)	
gashellishirkelishide Arabasilkilansada	3a. Transitional group home	3b. (Name)	
	4a. Family foster care	4b. (Name)	
Laser out Third Control Contro	5a. Coop apart with staff on-site	5b. (Name)	
	6a Coop apartment - no staff	6b. (Name)	
Andrew Control of the	7a. Board & care homes, with programs & supervision	7b. (Name)	
	8a. Boarding house (no program or supervision)	8b. (Name)	
	9a. Rooming house 9b. Total cost/mo with utilities?	9c. YOUR share/mo?	<del>_</del>
<del></del>	10a. Pvt house or apart. 10b. Total cost/mo with utilities?	10c. YOUR share/mo?	
	11a. Shelter or mission 11b. (Name)	11c. YOUR cost/mo?	
www.combons.com	12a. Jail 12b. (Name)		
	13a. None - streets, missions, etc.	13c. YOUR cost/mo?	-
-Percentum and an artist of the second and are	14a. Other (Specify)?	14c. YOUR cost/mo?	-
a. How much, if	anything, does anyone else pay for your rent or place to live per month?  with you as a roommate (group home, rooming house etc.) or as a member of the househo	15b. Who pays this? [Circle]	1 = family member 2 = spouse 3 = friend 4 = service provider 5 = other (Specify)

6a.	Has	there been a	any change in your sources of income since the last time you were interviewed on ()?Yes
<b>6b.</b> 8, if r	Wha espond	at is the amou dent does not kn	unt of money or support you have received since ( <u>Date</u> ), from each of the following sources? [Enter the amount in dollars, per month Enter now.]
	a.	\$	Paid employment (post-tax take home pay)
	b.	\$	Social Welfare benefits - state or county (general welfare/public aid, food stamps), TANF (Temporary Aid to Needy Families), formerly AFDC (Aid to Families with Dependent Children)
	c.	\$	Supplemental Security Income (SSI)
	đ.	\$	Social Security Disability Income (SSDI)
	<b>e</b>	\$	_ VA or other armed services disability benefits
	f.	\$	_ VA or other armed services pension
	g.	\$	_ Unemployment compensation
	ħ.	\$	_ Social Security Retirement Benefits (SSA)
	i.	\$	Retirement pension, benefits, investment, or savings income (only if receive regular payments)
	j.	\$	_ Alimony and child support
	k.	\$	Mate, family or friends
	1.	\$	Illegal
	m	\$	Other (Specify)

## 7. What is your current health plan?

Tampa	Jacksonville
Medipass/Florida Health Partnership	Medipass (Plain Medicaid)
PCA Family Plan	PCA Family Plan
PHP Physicians Health Plan	Foundation Health - A Foundation Health Plan, Inc.
Ultramedix Health Plan	United Health Care of Florida
Stay Well/Well Care Health Plan	Health Care USA, Inc.
First Florida Health Plan	Champion Health Care
Healthease/Tampa General Health Plan	Discovery
St. Augustine Health Care	Don't Know
Don't Know	Other (Please Specify)
Other (Please Specify)	

Notes and Comments [Please record any information on respondents service utilization not obtained by the previous questions or any comments about the service utilization questionnaire that would help revise and improve its utility].

, ž.,