

The material in this data supplement has not been peer reviewed.

SAMHSA Managed Care Study

Service Utilization Survey

SERVICE UTILIZATION INTERVIEW PROTOCOL

Directions: Complete items 1 through 7 below. Prior to beginning the interview, spend time orienting the respondent to the time period covered by this interview. Use the calendar and mark the date of your last interview with them as well as today's date. Ask about and record other special events on the calendar such as birthdays and holidays to help frame the time period for the respondent. Then ask Question #1. If the answer to Question #1 is Yes, ask the questions indicated in columns A through H, recording your answers as shown in the example. Record each hospitalization or crisis stabilization unit visit on a separate line. When complete proceed to Question #2.

1.
Subject ID Code

2. ___ / ___ / ___
Date of Interview

3. _____
Name of Interviewer

4. Method of Interview (Circle)

1 = Face-to-Face

2 = Telephone

3 = Mail

4 = Other (Specify) _____

5. From: ___ / ___ / ___ To: ___ / ___ / ___
Period Covered by Interview

1. 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	Column D		Column E	Column F
<p>What were the reasons you were in the hospital or crisis stabilization unit? [Code all that apply]</p> <p>1 = Medical 2 = Mental Health 3 = Alcohol/Drug Abuse 4 = Other (Specify) 8 = NA - Not Hospitalized 9 = Don't Know</p>	<p>Where were you hospitalized or in a crisis stabilization unit? [Record name of hospital or crisis stabilization unit, include city and state if outside the Tampa or Jacksonville Area. Codes for this question will be developed over time.]</p> <p>9 = Don't Know</p>		<p>How many days were you in the hospital or crisis stabilization unit? [Enter number of days]</p>	<p>How did you get to and from the hospital or crisis stabilization unit? [Enter code]</p> <p>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</p>		<p>Did you or your family have to pay anything out-of-pocket for this service?</p> <p>0 = No 9 = Don't Know</p> <p>If yes, how much did you have to pay? [Enter amount in dollars or 1 =Yes if respondent does not know the dollar amount]</p>	<p>Who do you think will pay the bill?</p> <p>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</p>
	Code	Facility name, city and state		TO	FROM		
<i>Example: 1 & 3</i>	?	<i>Tampa General Hospital</i>	<i>3 days</i>	<i>5</i>		<i>9</i>	<i>9</i>

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 (Date). 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 = had 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 shots	16 =

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

2. Mental Health Services

1 = 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 (Date) have you used any alcohol or drug services? *[Make sure respondent is looking at Response Card 4c]*

3. Alcohol or Drug Services

1 = 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 (Date) 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 (Date) 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 = attended 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 = gotten 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 (Date) 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 (Date) 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 = consulted 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 (Date) 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 (Date) 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 (___Date___) 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 =

5a. Has your living situation change since the last time you were interviewed on (Date)? Yes No

5b. Since your last interview, have you spent time in any of the following living situations? [Note: Hospitalizations or residential treatments listed on log A do not need to be listed here, please read each living situation to respondent]

 # of Days

 Living Situation

1a. Skilled nursing facility - 24 hour staff

1b. (Name) _____

2a. Intermediate care facility < 24 hour staff

2b. (Name) _____

3a. Transitional group home

3b. (Name) _____

4a. Family foster care

4b. (Name) _____

5a. Coop apart with staff on-site

5b. (Name) _____

6a. Coop apartment - no staff

6b. (Name) _____

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?

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?

12a. Jail

12b. (Name) _____

13a. None - streets, missions, etc.

13c. YOUR cost/mo ?

14a. Other (Specify) _____ ?

14c. YOUR cost/mo?

15a. How much, if anything, does anyone else pay for your rent or place to live per month?

15b. Who pays this? [Circle]

1 = family member

2 = spouse

3 = friend

4 = service provider

5 = other (Specify) _____

16. Who else lives with you as a roommate (group home, rooming house etc.) or as a member of the household?

6a. Has there been any change in your sources of income since the last time you were interviewed on (___Date___)? _____ Yes _____ No _____ DK

6b. What is the amount of money or support you have received since (___Date___), from each of the following sources? [Enter the amount in dollars, per month Enter 8, if respondent does not know.]

- 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)
- d. \$ _____ Social Security Disability Income (SSDI)
- e. \$ _____ VA or other armed services disability benefits
- f. \$ _____ VA or other armed services pension
- g. \$ _____ Unemployment compensation
- h. \$ _____ 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
- l. \$ _____ Illegal
- m. \$ _____ Other (Specify) _____

7. **What is your current health plan?**

Tampa

- Medipass/Florida Health Partnership
- PCA Family Plan
- PHP Physicians Health Plan
- Ultramedix Health Plan
- Stay Well/Well Care Health Plan
- First Florida Health Plan
- Healthease/Tampa General Health Plan
- St. Augustine Health Care
- Don't Know
- Other (Please Specify) _____

Jacksonville

- Medipass (Plain Medicaid)
- PCA Family Plan
- Foundation Health - A Foundation Health Plan, Inc.
- United Health Care of Florida
- Health Care USA, Inc.
- Champion Health Care
- Discovery
- Don't Know
- 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].*

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