

TELEPHONE SURVEY QUESTIONNAIRE

Enrollee Survey DMAS Family Planning Waiver Evaluation

Hi, could I please speak with [fill name]. [if not there – determine best time for a call-back]

My name is [fill name] and I'm calling from Virginia Commonwealth University in Richmond on behalf of the Virginia Department of Medical Assistance, the state Medicaid agency. They are interested in your opinions about the Family Planning Waiver program underway in Virginia. I would like to ask just a few questions about your awareness of the program and how you get health care services.

This is a voluntary survey and your responses will be confidential. Whether you complete the survey or not will not affect your benefits in any way. Your individual responses will not be reported, or given, to anyone. There is no way for the state Medicaid agency to link the responses to any individual. If you do not know the answer to a question or prefer not to answer, just say so and we'll skip it. If you choose to withdraw after we start just let me know. This call should take less than five minutes.

Do I have your permission to continue?

- <1> Continue...
- <2> Don't have time right now (IF NEEDED: I understand, this is a busy time of year. What would be a more convenient time to call you back (later today or) tomorrow?) [END]
- <3> Don't want to participate (Are there any concerns of yours that I can address?) [END]
- <4> Other [fill reason] [END]

Before we start, I'd like to read you a brief description of the Family Planning Waiver Program. The Family Planning Waiver program pays for family planning services for up to two years for women who had Medicaid during pregnancy. The goal of the program is to prevent unintended pregnancies and help women space their pregnancies so that they will have healthier babies. Women enrolled in this program can get services from the enrolled provider of their choice, either in a public health department, a clinic, or a private doctor's office. According to Medicaid records, you were enrolled in Family Planning Waiver Program following your last pregnancy.

1. Before this phone call had you ever heard of the Medicaid Family Planning Waiver program?
 - 1) Yes
 - 2) No (skip to #4)

2. (if yes) Which of the following are ways that you have heard of the Family Planning Waiver Program? (more than one response possible)
 - 1) through a letter from Medicaid,
 - 2) through the department of social services,
 - 3) at a health department clinic,
 - 4) referral from another service provider such as a doctor
 - 5) through a friend or family member
 - 6) from a poster, pamphlet, radio, TV or some other source [bogus response]

3. Did you know that you were enrolled in the Medicaid Family Planning Waiver Program and could receive family planning services at no cost?
 - 1) Yes
 - 2) No

4. Are you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)
 - 1) Yes (skip to #6)
 - 2) No
 - 3) No husband/partner or same sex partner (skip to #6)
 - 9) Don't know/ refused

5. (if no) What are your reasons for not doing anything to keep from getting pregnant now? (more than one response possible)
 - 1) I am not having sex
 - 2) I want to get pregnant
 - 3) I don't want to use birth control
 - 4) My husband or partner doesn't want to use anything
 - 5) I don't think I can get pregnant (sterile; husband/partner sterile)
 - 6) I can't pay for birth control
 - 7) I am pregnant now
 - 8) Other
 - 9) Don't know/ refused

(Skip to #12)

6. Have you been to a doctor, nurse, or clinic for a family planning visit since your last pregnancy?
 - 1) Yes
 - 2) No (skip to # 12)
 - 9) Don't know/ refused (skip to # 12)

7. (if yes) [if #1 and #3 = yes] Since your last pregnancy, did you receive a bill, from any of your family planning visits, for something that the Medicaid Family Planning Waiver did not cover?
- 1) Yes
 - 2) No
 - 9) Don't know/ refused
8. At any of your family planning visits, since your last pregnancy, did the doctor or nurse tell you that you had any further medical problems that should be taken care of? (that is, medical conditions that were not treated at the family planning visit?)
- 1) Yes
 - 2) No (skip to #12)
 - 9) Don't know/ refused (skip to # 12)
9. (if yes to Q8) Did the doctor or nurse suggest a place that you could go to get treatment for the medical problems?
- 1) Yes, They suggested a place I could go.
 - 2) No, they did not tell me where I could get treatment (skip to #12)
 - 3) Some of the times, not all the times.
 - 9) Don't know/ refused (skip to #12)
10. (if yes to Q9) Did you go anywhere to get treatment for this other medical condition?
- 1) Yes
 - 2) No (skip to #12)
 - 3) Some of the times, not all of the times.
 - 9) Don't know/ refused (skip to # 12)
11. (if yes to Q10) Did you go to the place that the doctor or nurse suggested?
- 1) Yes, I went where they suggested
 - 2) No, I went someplace else
 - 3) Some of the times, not all of the times.
 - 9) Don't know/ refused
12. Is there a place that you USUALLY go to when you are sick or need advice about your health other than family planning?
- 1) Yes (go to Q13a)
 - 2) There is NO place (skip to #15)
 - 3) There is MORE THAN ONE place (go to Q13b)
 - 9) Don't know/ refused (skip to #15)

13a. What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 9 Don't know/ refused (skip to #15)

[skip on to Q14]

13b. What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 9 Don't know/ refused (skip to #15)

14. Is that [fill: place from #13a or 13b] the same place you USUALLY go for family planning services?

- 1 Yes (skip to #16)
- 2 No
- 9 Don't know / refused (skip to #16)

15. (if no) What kind of place do you USUALLY go for family planning services?

- 0 Doesn't get family planning services anywhere
- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 9 Don't know/ refused (skip to #18)

[IF Q1 = No, skip to end; else = if Q3=No, skip to Q18]

16. (Only if question #6 = Yes) Would you go to the same place for family planning services if you did not have the Medicaid Family Planning Waiver?

- 1 Yes (skip to #18)
- 2 No
- 9 Don't know/ refused (skip to #18)

17. (if no to Q16) What kind of place would you go for family planning services if you did not have the Medicaid Family Planning Waiver?

0 Would not get family planning services anywhere

1 Clinic or health center

2 Doctor's office or HMO

3 Hospital emergency room

4 Hospital outpatient department

5 Some other place

9 Don't know/ refused

18. How would you rate your overall level of satisfaction with the Family Planning Waiver Program? Would you say you are:

0 Very satisfied

1 Somewhat satisfied

2 Neutral/No opinion

3 Somewhat dissatisfied

4 Very dissatisfied.

19. Do you have any suggestions for improvement of the Family Planning Waiver Program?

1 Yes

2 No

20. IF YES: what are they [fill text]

>END< Thank you. Your answers will help Medicaid improve the Family Planning Waiver Program.

