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ABSTRACT

THE IMPACT OF CHILDHOOD DISABILITY ON LATINO FAMILIES

This presentation focuses on the experiences of Latino families in adapting to childhood disability, and explores similarities and differences with other ethnic groups, including Caucasian and African-American. Our basic argument is that there is not one "prototypical" Latino experience in reaction to childhood disability, but that a combination of factors, including acculturation, language, religiosity, and socioeconomic level interact with traditional cultural assumptions and attitudes to produce varied patterns of responses that weave in and out of the more extensively documented middle-class Anglo model.

The presentation will also attempt to navigate a theoretical path between simplistic stereotypical applications of cultural concepts and the myth of culture-free response universality. On the one hand, we wish to challenge the practice of interpreting culturally pervasive constructs (e.g., present time orientation; *simpatia*) in situation-specific ways that are demeaning and stereotypical: "Latinos have a different sense of time, and this is why they are always late for medical appointments"; "Mexicans believe in cultivating a harmonious relational atmosphere, so they will never question a physician's opinion." On the other hand, we are convinced that the ways in which people have learned to view the world and their relationships within it, as well as the language chosen to articulate these understandings, have a strong influence on specific expressions of coping processes and adaptational mechanisms. Thus, holding a worldview that recognizes both positive and negative events as manifestations of God's will often can promote a relatively rapid acceptance of disability in one's child.

We will focus the presentation on several specific aspects of the disability experience in the Latino family. First, we will discuss initial parental reactions to the diagnosis of disability, including responses of guilt, blame, self-sacrifice, anger, depression, and acceptance. Gender-related issues also will be considered, as will the interaction of biomedical and folk explanatory models of disability. We will also consider the impact of disability on the Latino family unit over time, with particular reference to the concepts of familism and machismo. In this regard, we will examine the relevance of gender roles in relation to family impact.

In terms of the disabled child's position in the larger social community, we will investigate the concept of normalization, and

speculate about culture-specific interpretations of terms such as mainstreaming, full inclusion, and placement. Because of pervasive concerns regarding access to health care issues in the Latino population, we will also raise questions about the relationship of the disabled Latino child and his or her family to the health care system. In particular, we will consider ways in which language and cultural differences present special problems in communication between parents and health care professionals. Finally, we will explore Latino families' utilization of and satisfaction with informal support networks (including confidants, church support, and extended family) as well as formal support structures. This aspect of the presentation also will examine cultural expressions of help-seeking behaviors.

B:Childhood

HISPANIC FAMILIES OF DISABLED CHILDREN POSSIBLE ORGANIZING THEMES

REACTIONS TO DISABILITY

In comparison to other ethnic groups, Hispanic mothers may evidence less anger and depression, while exhibiting greater tendencies toward self-sacrifice, resignation, and acceptance. They may also have a stronger sense of progressing through stages in the evolution of their feelings. While there may be a more relaxed attitude toward achieving developmental milestones, there may also exist more disappointment in a disabled male child compared to a disabled female child. Attributions of illness will include both biomedical and folk explanations, with negative attributions focusing on disability as punishment for wrongdoing in the parent (especially the mother), as well as perceptions of medical mismanagement. Despite understanding of the chronicity of disability, there will still be belief in a cure "someday" or in a miracle.

IMPACT OF DISABILITY

Hispanic mothers appear to report a greater impact of child disability on the family unit. There is some evidence that there may be higher stress in more acculturated, English-speaking families. English-speaking Hispanic women show signs of poorer mental health, while Spanish-speaking Hispanic mothers have poorer personal health care. Spanish-speaking Hispanic mothers also report poorer functional status and poorer psychological adjustment in their disabled child. In addition, the siblings of a disabled child in both English and Spanish-speaking Hispanic families are at greater risk to receive inadequate health care. While there appear to be several differences between English speaking and Spanish speaking Hispanics, multivariate analysis suggests most of the variance is attributable to maternal education rather than culture-specific factors.

RELATIONSHIP TO HEALTH CARE

There is pervasive concern that Hispanic children receive poorer health care because of lack of insurance, as well as transportation and communication problems. However, one study documented no differences between Hispanics and blacks in the quantity of services received. Other issues related to problematic health care patterns included differences in the concept of time, which may result in sporadic follow-through with appointments; and an expectation of short-term therapy leading to immediate results. Often there is the concomitant use of traditional Mexican healing practices, although these do not appear to supplant biomedical therapies and treatment. A final issue is the possibility of poor maternal and sibling health maintenance associated with Hispanic families having a disabled child.

SUPPORT SYSTEMS

Informal Support Networks. Maternal confidantes appear to play an important role, including other Hispanic women, older female relatives, and selected church members. Siblings may play a more active caretaking role. There may be greater denial of disability among Hispanic fathers. However, the level of paternal involvement in caretaking tasks may be directly related to perceptions of maternal burden and disruption.

Formal Support. Hispanic mothers have specific views of support people such as physicians, social workers, physical therapists, and teachers, and see them as fulfilling certain functions and roles in relation to their child. These expectations may evolve over time. In terms of the church, the consoling function of the priest seems quite limited. On the other hand, prayers, vows, and pilgrimages retain importance as mechanisms of consolation.

Some potentially interesting questions to address: 1) Are there significant differences in how Hispanic families are affected by a disabled child, and how they respond or cope with this experience? 2) If such differences exist, are they due to culture, educational level, marital status, socioeconomic classification? 3) What are the implications of these differences for designing more culturally-sensitive supportive interventions?

INTERVIEW ADDITIONS
LATINA MOTHERS OF MULTIPLY HANDICAPPED CHILDREN

I. NORMALIZATION

A. PRESENT BEHAVIORS

1. INCLUSION IN DAILY LIFE

- a. How often does P participate in a family meal?
Every day 3 times a week Once a week Rarely Never
- b. How often does P accompany you when your family goes out to enjoy themselves? (prompt: movie, meal, window/shopping/mall etc.)
Almost always Frequently Sometimes Rarely Almost never
- c. How often does P go with you to visit friends and relatives?
Almost always Frequently Sometimes Rarely Almost never
- d. How often does P go with you to do errands?
Almost always Frequently Sometimes Rarely Almost never
- e. Does P have any responsibilities at home? Yes No
If yes, what are these?
1. Chores_____ 2. Other_____

2. DISCIPLINE

Describe to what extent the following statements describe you:
Very Well Well Fairly Well Not very well Not at all

- a. I treat P exactly the same as my other children.
- b. I do special nice things for P because of P's illness.
- c. I am more lenient with P than with my other children.
- d. I need to discipline P more than my other children.

3. INTEGRATION INTO NONDISABLED WORLD

- a. Does P have any nondisabled friends? Yes No
If yes, how many?
1. One 2. 2-5 3. 6-9 4. 10 and over
- b. How well does P get along with P's friends?
Very well well Moderately well Not very well Poorly
- c. How well does P get along with people outside your family?
Poorly Not very well Fairly well Well Very well

- d. How often does someone outside your family take P out? (prompt: shopping, mall, park etc.)
Every week Every 2 weeks Every month Few times a year Never
- e. Do you attend church? Yes No
(If yes) When you go, does P go with you:
Almost always Frequently Sometimes Rarely Almost never
- f. How well can P get around the neighborhood by him/herself?
Very well Well Fairly well Not very well Poorly
- g. Is P involved in any activities outside the home? Yes No
(prompt: Y class, sports, Boy Scouts etc.)

4. EDUCATIONAL INTEGRATION/NORMALIZATION

- a. Does P attend special school or regular school?
1. Special 2. Regular
- won't be reliable* → b. Approximately how many times was P absent last year for nonmedical reasons?
None 1-3 4-6 7-9 10+
- c. How does P feel about going to school?
Enjoys very much Enjoys Enjoys somewhat Enjoys a little Doesn't enjoy
- d. How easy is it to communicate with P's teacher about any special problems that develop?
Very easy Easy Somewhat easy Slightly easy Not at all
- e. (If regular) How much of P's day is spent with nondisabled children?
Almost all Most classes 1-2 classes Recess only Almost none
- f. (If regular) Does P have a special aide or attendant? Yes No
- g. (If regular) Does P's classroom teacher make an effort to help P feel part of the class?
Great effort Good effort Some effort Hardly any effort No effort
- h. (If regular) Do you think P is well-liked and accepted by P's classmates?
Very much so Mostly Somewhat Not very much Not at all
- i. (If special) Do you think P would prefer to attend a regular school with nondisabled as well as disabled children?
Yes No Don't Know

B. FUTURE ASPIRATIONS

1. EDUCATIONAL

- a. Do you feel that P can benefit from going to school?
A great deal Can benefit Somewhat Not very much Not at all
- b. (If attends special school) As P continues to go to school, would you prefer P to attend a regular school with nondisabled as well as disabled children?
Yes No Don't Know
- c. (If attends regular school) As P continues in school, would you like P to spend as much time as possible in classes with nondisabled children?
Like very much Like Like somewhat Like a little Not like

2. EMPLOYMENT

- a. How likely is it that P will be able to do some kind of work in the future?
Very likely Likely Somewhat likely A little likely Not at all likely
- b. Would you like P to be able to work when P is older?
Like very much Like Like somewhat Like a little Not like
- c. If you think P might be able to work, what kind of work can you imagine P doing?
1. Menial (janitorial, boxboy) 2. Fastfood
3. Computer 4. Small business (vet asst., store asst.) 5. Other

3. INDEPENDENT LIVING

- a. How likely is it that P will be able to have some kind of independent living arrangement outside the family when P is older?
Very likely Likely Somewhat likely A little likely Not at all likely
- b. When you think of the future, where do you see P living?
1. Institution 2. Group home 3. Independent with help (aide)
4. Home 5. Relatives

4. RELATIONSHIPS

- a. How likely is it that P will be able to have intimate relationships with the opposite sex as P gets older?
Very likely Likely Somewhat likely A little likely Not at all
- b. How would you feel about P having intimate relations with another disabled person?
Very comfortable Comfortable Somewhat Comfortable Somewhat worried Very Worried
- c. How would you feel about P having intimate relations with a nondisabled person?
Very comfortable Comfortable Somewhat Somewhat worried Very

Comfortable

worried

- d. Do you think it is realistic that P might be able to get married someday?
Very realistic Realistic Somewhat A little realistic Not at all
- e. Do you think P would like to get married someday?
Like very much Like Like somewhat Like a little Wouldn't like

II. MATERNAL HEALTH

A. ANNUAL PAP TEST

1. Do you know what a Pap test is? Yes No (If meet criteria, continue. Otherwise provide brief education)
2. Have you ever had a Pap test? Yes No
3. If yes, how often do you have a Pap test?
Once a year Once every few years When dr. says Don't know
4. When was your last Pap test?
3 mo. 6 mo. 1 yr. 3 yr. 5 yr. 5+ yr. Never
5. Have you ever had an abnormal Pap smear (Yes, No)
- B. MONTHLY BSE 6. Did you follow up?
7. Did you receive treatment?
1. Do you know what a breast self-examination is? Yes No
(If meet criteria, continue. Otherwise provide brief education)
2. Has a doctor ever examined your breasts for disease? Yes No
3. (If yes) How often does a doctor examine your breasts?
Once a year Once every few years Don't know
4. Have you ever been taught how to examine your own breasts? Yes No
5. Have you ever examined your own breasts? Yes No
6. (If yes) How often do you examine your breasts?
1/ week 1/ month Once every few months Twice a yr. Rarely
7. (If yes) What would you do if you found something unusual in your breast?
Go to doctor Go to friend Go to pharmacist Wait a month Do nothing
8. (If over 35) Has your doctor ever told you it is important to have an X-ray of your breasts to make sure you have no disease?
Yes No
9. (If over 35) Have you ever had a mammogram? Yes No

10. (If yes) How often do you have a mammogram?
1/yr. 1/5 yrs. Just once
11. (If no) What is the reason you have not had a mammogram?
a. Didn't know b. Too expensive c. Afraid d. Other

C. DIABETES SCREENING

1. Do you know what diabetes is? Yes No (If meet criteria, continue; if no, provide basic education)
2. Do you have any history of diabetes in your family? Yes No Don't Know
3. Have you ever been screened for diabetes? Yes No Don't Know

4. Are you diabetic?

D. MAJOR ILLNESSES 5. How do you control your diabetes?
Diet Pills Injection

1. Have you had any major illnesses in the past five years where you have had to stay in the hospital overnight or have missed more than 5 days of work?
None One 2-3 4-5
2. (If yes) What kind of illness did you have?
a. Accident b. Acute c. Chronic (flareup)
3. (If yes) Where did you go for treatment? (Check all that apply)
a. Hospital b. Urgent care c. Clinic d. Personal physician
e. Pharmacist f. Curandero g. Neighbor h. Family member
i. Over-the-counter drugs j. Nowhere
4. (If did not seek treatment) What is the reason you did not seek medical treatment? (Check all that apply)
a. Cost b. Waiting time c. Transportation d. Time lost from work e. Not necessary

E. MINOR ILLNESSES and CURRENT SYMPTOMS

1. How many times in the last year have you been sick enough to stay in bed for a day or miss work for a day?
None 1 2-3 4-5 5-7 8+
2. (If yes) What kinds of illness did you have
a. Accident b. Acute (cold, flu) c. Chronic (flareup)
3. (If yes) Where did you go for treatment? (Check all that apply)
a. Hospital ER b. Urgent care c. Clinic d. Personal physician
e. Pharmacist f. Curandero g. Neighbor h. Family member i. Over-the-counter prescriptions j. Nowhere
4. Do you currently have any symptoms of illness?
a. Cold, flu b. Chronic (flareup) c. Disability (back pain)
d. Somatic depression (eating, sleeping, fatigue, aches)
e. Nervousness f. Other

How good is your control?

5. (If yes) Are you currently seeking treatment for these problems?
 - a. Hospital ER b. Urgent care c. Clinic d. Personal physician
 - e. Pharmacist f. Curandero g. Neighbor h. Family member i. Over-the-counter prescriptions j. No
6. When you are sick, how often does it happen that you do not fill the prescription your doctor has given you?

Very often Often Somewhat often Not very often Almost never
7. (If yes) When you do not fill a prescription, what are the reasons for this? (Check as many as apply)
 - a. Too expensive b) No time to go to pharmacy c) Don't believe medicine will help d) Forget e) Other
8. When you do not seek treatment for illness, what is the reason for this?
 - a. Cost b. Time c. Transportation d. Time lost from work
 - e. Not necessary

III. INTERACTIONS WITH HEALTH CARE SYSTEM

A. COMMUNICATION WITH HEALTH CARE PERSONNEL

1. When you take P to the doctor, how often do you have trouble communicating because of language differences?

Almost all the time Often Sometimes Not very often Rarely
2. How often do you have trouble understanding what the doctor is saying about P's condition?

Almost all the time Often Sometimes Not very often Rarely
3. How comfortable do you feel asking the doctor questions about P's condition?

Very comfortable Comfortable Somewhat Slightly Not at all
4. How comfortable do you feel asking the doctor to clarify or repeat information?

Very comfortable Comfortable Somewhat Slightly Not at all
5. How comfortable do you feel expressing concerns or objections if you do not agree with what the doctor is saying?

Very comfortable Comfortable Somewhat Slightly Not at all

B. ATTITUDE OF PHYSICIAN

1. To what extent do you feel doctors treat you with respect and dignity?

A great deal Fair amount Somewhat Very little Not at all
2. To what extent do you feel doctors treat P with dignity and respect?

A great deal Fair amount Somewhat Very little Not at all

3. To what extent are the doctors interested in your opinions and observations?
A great deal Fair amount Somewhat Very little Not at all
4. To what extent do you feel you are treated differently by physicians because of your ethnic background?
A great deal Fair amount Somewhat Very little Not at all
5. To what extent do you feel P receives inferior care because of P's ethnic background?
A great deal Fair amount Somewhat Very little Not at all

C. ACCESS TO HEALTH CARE SYSTEM

1. How easy do you feel it is for P to receive health care in this country?
Very easy Easy Somewhat easy Slightly easy Not at all easy
2. How easy do you feel it is for you to receive health care in this country?
Very easy Easy Somewhat easy Slightly easy Not at all easy
3. When you do have difficulties getting health care, what are the most important reasons for this? (Check as many as apply)
a. Lack of insurance b. Cost of visits c. Transportation
d. Waiting time e. Finding physician who will treat f. Taking time from work g. Making arrangements for other children

1. One 2. 2-5 3. 6-9 4. 10 and over

b. How well does P get along with P's friends?

1 2 3 4 5
Very well Well Fairly well Not very well Poorly

c. How well does P get along with people outside your family?

1 2 3 4 5
Very well Well Fairly well Not very well Poorly

d. How often does someone outside your family take P out? (prompt: shopping, mall, park etc.)

Every week Every 2 weeks Every month Few times a year Never

e. Do you attend church? Yes No

(If yes) When you go, does P go with you:

1 2 3 4 5
Almost always Frequently Sometimes Rarely Almost never

f. How well can P get around the neighborhood by him/herself?

1 2 3 4 5
Very well Well Fairly well Not very well Poorly

g. Is P involved in any activities outside the home? Yes No
(prompt: Y class, sports, Boy Scouts etc.)

4. EDUCATIONAL INTEGRATION/NORMALIZATION

a. Does P attend special school or regular school?

1. Special 2. Regular

b. How does P feel about going to school?

1 2 3 4 5
Enjoys very much Enjoys Enjoys somewhat Enjoys a little Doesn't
enjoy

c. How easy is it to communicate with P's teacher about any special problems that develop?

1 2 3 4 5
Very easy Easy Somewhat easy Slightly easy Not at all

d. (If regular) How much of P's day is spent with nondisabled children?

1 2 3 4 5
Almost all Most classes 1-2 classes Recess only Almost none

e. (If regular) Does P have a special aide or attendant? Yes No

f. (If regular) Does P's classroom teacher make an effort to help P feel part of the class?

1 2 3 4 5
 Great effort Good effort Some effort Hardly any effort No effort

g. (If regular) Do you think P is well-liked and accepted by P's classmates?

1 2 3 4 5
 Very much so Mostly Somewhat Not very much Not at all

h. (If special) Do you think P would prefer to attend a regular school with nondisabled as well as disabled children?
 Yes No Don't Know

B. FUTURE ASPIRATIONS

1. EDUCATIONAL

a. Do you feel that P can benefit from going to school?

1 2 3 4 5
 A great deal Can benefit Somewhat Not very much Not at all

b. (If attends special school) As P continues to go to school, would you prefer P to attend a regular school with nondisabled as well as disabled children?

Yes No Don't Know

c. (If attends regular school) As P continues in school, would you like P to spend as much time as possible in classes with nondisabled children?

1 2 3 4 5
 Like very much Like Like somewhat Like a little Not like

2. EMPLOYMENT

a. How likely is it that P will be able to do some kind of work in the future?

1 2 3 4 5
 Very likely Likely Somewhat likely A little likely Not at all likely

b. Would you like P to be able to work when P is older?

1 2 3 4 5
 Like very much Like Like somewhat Like a little Not like

c. If you think P might be able to work, what kind of work can you imagine P doing?

1. Menial (janitorial, boxboy) 2. Fastfood
 3. Computer 4. Small business (vet asst., store asst.) 5. Other

3. INDEPENDENT LIVING

a. How likely is it that P will be able to have some kind of

independent living arrangement outside the family when P is older?

1 2 3 4 5
Very likely Likely Somewhat likely A little likely Not at all
likely

b. When you think of the future, where do you see P living?
1. Institution 2. Group home 3. Independent with help (aide)
4. Home 5. Relatives

c. How important is it to you that P live outside the home when P is older?

1 2 3 4 5
Very important Important Somewhat Not very Not at all
important important important

4. RELATIONSHIPS

a. How likely is it that P will be able to have intimate relationships with the opposite sex as P gets older?

1 2 3 4 5
Very likely Likely Somewhat likely A little likely Not at all

b. How would you feel about P having intimate relations with another disabled person?

1 2 3 4 5
Very comfortable Comfortable Somewhat Somewhat worried Very
Comfortable Worried

c. How would you feel about P having intimate relations with a nondisabled person?

1 2 3 4 5
Very comfortable Comfortable Somewhat Somewhat worried Very
Comfortable worried

d. Do you think it is realistic that P might be able to get married someday?

1 2 3 4 5
Very realistic Realistic Somewhat A little realistic Not at all
realistic realistic

e. Do you think P would like to get married someday?

1 2 3 4 5
Like very much Like Like somewhat Like a little Wouldn't like

II. MATERNAL HEALTH

A. ANNUAL PAP TEST

1. Do you know what a Pap test is? Yes No (If meet criteria, continue. Otherwise provide brief education)

2. Have you ever had a Pap test? Yes No
3. (If yes) How often do you have a Pap test?

1	2	3	4
Once a year	Once every few years	When dr. says	Don't know
4. When was your last Pap test?

3 mo.	6 mo.	1 yr.	3 yr.	5 yr.	5+ yr.	Never
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5. Have you ever had an abnormal Pap smear? Yes No

6. (If yes) Did you have any follow-up evaluation? Yes No

7. (If yes) Did you receive any medical treatment? Yes No

B. MONTHLY BSE

1. Do you know what a breast self-examination is? Yes No
 (If meet criteria, continue. Otherwise provide brief education)

2. Has a doctor ever examined your breasts for disease? Yes No

3. (If yes) How often does a doctor examine your breasts?

1	2	3
Once a year	Once every few years	Don't know

4. Have you ever been taught how to examine your own breasts? Yes No

5. Have you ever examined your own breasts? Yes No

6. (If yes) How often do you examine your breasts?

1	2	3	4	5
1/ week	1/ month	Once every few months	Twice a yr.	Rarely

7. (If yes) What would you do if you found something unusual in your breast?

1	2	3	4	5
Go to doctor	Go to friend	Go to pharmacist	Wait a month	Do nothing

8. (If over 35) Has your doctor ever told you it is important to have an X-ray of your breasts to make sure you have no disease? Yes No

9. (If over 35) Have you ever had a mammogram? Yes No
 (If no, go to question 14)

10. (If yes) How often do you have a mammogram?

1	2	3	4
1/yr.	1/2 yrs	1/5 yrs.	Just once

11. (If yes) Have you ever had an abnormal mammogram? Yes No
12. (If yes) Did you receive any follow-up evaluation? Yes No
13. (If yes) Did you receive any medical treatment? Yes No
14. (If no) What is the reason you have not had a mammogram?
 1. Didn't know 2. Too expensive 3. Afraid 4. Other

C. DIABETES SCREENING

1. Do you know what diabetes is? Yes No (If meet criteria, continue; if no, provide basic education)
2. Do you have any history of diabetes in your family? Yes No Don't Know
3. Have you ever been screened for diabetes? Yes No Don't Know
4. (If yes) How long ago were you screened?
 1 2 3 4
 1 month or less 6 months or less 1 year or less more than 1 year
5. Do you have diabetes? Yes No
6. (If yes) How do you control your diabetes?
 1 2 3
 Diet Medication Injections
7. How would you evaluate your control?
 1 2 3 4 5
 Very poor Poor Fair Good Excellent

D. SMOKING

1. Have you ever smoked or used tobacco? Yes No
(If No, proceed to section E)
2. Do you currently smoke? Yes No
3. (If Yes) How many packs a day do you smoke?
 1 2 3 4 5
 Less than 1 1 2 3 more than 3
4. Do you believe that smoking is harmful to your health?
 1 2 3 4 5
 Not at all A little bit Somewhat Harmful Extremely harmful
 harmful

E. BLOOD PRESSURE

1. Have you ever had your blood pressure checked? Yes No
2. Do you have high blood pressure? Yes No Don't Know

3. Approximately how long ago was your last blood pressure check?
1 2 3 4 5
1 month or less 3 months 6 months 1 year more than 1 year

4. Have you been given any medication for high blood pressure?
Yes No

5. How regularly do you take your blood pressure medication?
1 2 3 4 5
Not at all Not very Somewhat Regularly Very regularly
Regularly

6. Do you believe high blood pressure is harmful to your health?
1 2 3 4 5
Not at all A little bit Somewhat Harmful Extremely harmful
harmful

F. CHOLESTEROL

1. Do you know what cholesterol is? (If meet criteria, continue; otherwise, do patient education)

2. Have you ever had your cholesterol checked? Yes No Don't Know

3. Do you have high cholesterol? Yes No Don't Know

4. Approximately how long ago was your last cholesterol check?
1 2 3 4 5
1 month or less 3 months 6 months 1 year more than 1 year

5. Have you ever received instruction about how to control cholesterol through diet? Yes No

6. How well do you follow those instructions?
1 2 3 4 5
Not at all A little bit Somewhat well Well Very well

7. Do you believe high cholesterol is harmful to your health?
1 2 3 4 5
Not at all A little bit Somewhat harmful Harmful Extremely harmful
harmful

G. MAJOR ILLNESSES

1. Have you had any major illnesses in the past five years where you have had to stay in the hospital overnight or have missed more than 5 days of work?

1 2 3
None One 2-3 4-5

2. (If yes) What kind of illness did you have?
1. Accident 2. Acute 3. Chronic (flareup)

3. (If yes) Where did you go for treatment? (Check all that apply)

1. Hospital
2. Urgent care
3. Clinic
4. Personal physician
5. Pharmacist
6. Curandero
7. Neighbor
8. Family member
9. Over-the-counter drugs
10. Nowhere

4. (If did not seek treatment) What is the reason you did not seek medical treatment? (Check all that apply)
 1. Cost
 2. Waiting time
 3. Transportation
 4. Time lost from work
 5. Not necessary

H. MINOR ILLNESSES and CURRENT SYMPTOMS

1. How many times in the last year have you been sick enough to stay in bed for a day or miss work for a day?

1	2	3	4	5	6
None	1	2-3	4-5	5-7	8+
2. (If yes) What kinds of illness did you have
 1. Accident
 2. Acute (cold, flu)
 3. Chronic (flareup)
3. (If yes) Where did you go for treatment? (Check all that apply)
 1. Hospital ER
 2. Urgent care
 3. Clinic
 4. Personal physician
 5. Pharmacist
 6. Curandero
 7. Neighbor
 8. Family member
 9. Over-the-counter prescriptions
 10. Nowhere
4. Do you currently have any symptoms of illness? Yes No
 1. Cold, flu
 2. Chronic (flareup)
 3. Disability (back pain)
 4. Somatic depression (eating, sleeping, fatigue, aches)
 5. Nervousness
 6. Other
5. (If yes) Are you currently seeking treatment for these problems?
 1. Hospital ER
 2. Urgent care
 3. Clinic
 4. Personal physician
 5. Pharmacist
 6. Curandero
 7. Neighbor
 8. Family member
 9. Over-the-counter prescriptions
 10. No
6. When you are sick, how often does it happen that you do not fill the prescription your doctor has given you?

1	2	3	4	5
Very often	Often	Somewhat often	Not very often	Almost never
7. (If yes) When you do not fill a prescription, what are the reasons for this? (Check as many as apply)
 1. Too expensive
 2. No time to go to pharmacy
 3. Don't believe medicine will help
 4. Forget
 5. Other
8. When you do not seek treatment for illness, what is the reason for this?
 1. Cost
 2. Time
 3. Transportation
 4. Time lost from work
 5. Not necessary

III. INTERACTIONS WITH HEALTH CARE SYSTEM

A. COMMUNICATION WITH HEALTH CARE PERSONNEL

1. When you take P to the doctor, how often do you have trouble communicating because of language differences?

1 2 3 4 5
Almost all the time Often Sometimes Not very often Rarely

2. How often do you have trouble understanding what the doctor is saying about P's condition?

1 2 3 4 5
Almost all the time Often Sometimes Not very often Rarely

3. How comfortable do you feel asking the doctor questions about P's condition?

1 2 3 4 5
Very comfortable Comfortable Somewhat Slightly Not at all

4. How comfortable do you feel asking the doctor to clarify or repeat information?

1 2 3 4 5
Very comfortable Comfortable Somewhat Slightly Not at all

5. How comfortable do you feel expressing concerns or objections if you do not agree with what the doctor is saying?

1 2 3 4 5
Very comfortable Comfortable Somewhat Slightly Not at all

B. ATTITUDE OF PHYSICIAN

1. To what extent do you feel doctors treat you with respect and dignity?

1 2 3 4 5
A great deal Fair amount Somewhat Very little Not at all

2. To what extent do you feel doctors treat P with dignity and respect?

1 2 3 4 5
A great deal Fair amount Somewhat Very little Not at all

3. To what extent are the doctors interested in your opinions and observations?

1 2 3 4 5
A great deal Fair amount Somewhat Very little Not at all

4. To what extent do you feel you are treated differently by physicians because of your ethnic background?

1 2 3 4 5
A great deal Fair amount Somewhat Very little Not at all

5. To what extent do you feel P receives inferior care because of P's ethnic background?

1 2 3 4 5
A great deal Fair amount Somewhat Very little Not at all

C. ACCESS TO HEALTH CARE SYSTEM

1. How easy do you feel it is for P to receive health care in this country?

1 2 3 4 5
Very easy Easy Somewhat easy Slightly easy Not at all easy

2. How easy do you feel it is for you to receive health care in this country?

1 2 3 4 5
Very easy Easy Somewhat easy Slightly easy Not at all easy

3. When you do have difficulties getting health care, what are the most important reasons for this? (Check as many as apply)

1. Lack of insurance 2. Cost of visits 3. Transportation
4. Waiting time 5. Finding physician who will treat 6. Taking time from work
7. Making arrangements for other children