HOSPITAL UTILIZATION AND ACCESS TO CARE - HUQ

HUQ.010 (First/Next) I have some general questions about (your/SP's) health.

Would you say (your/SP's) health in general is . . .

CAPI INSTRUCTION:
DISPLAY "FIRST" IF SP AGE IS >= 16 YEARS.

excellent, .......................... 1
very good, .......................... 2
good, ............................... 3
fair, or ............................. 4
poor? ............................... 5
REFUSED ............................ 7
DON'T KNOW ........................ 9

BOX 1

CHECK ITEM HUQ.015:
IF SP AGE >= 1, CONTINUE.
OTHERWISE, GO TO HUQ.030.

HUQ.020 Compared with 12 months ago, would you say (your/SP's) health is now . . .

better, ............................. 1
worse, or ........................... 2
about the same? .................... 3
REFUSED ............................ 7
DON'T KNOW ........................ 9

HUQ.030 Is there a place that (you/SP) usually (go/goes) when (you are/he/she is) sick or (you/s/he) need(s) advice about (your/his/her) health?

CAPI INSTRUCTION:
IF SP AGE < 12, DISPLAY "YOU" IN THE FOURTH DISPLAY AND DON'T DISPLAY THE "S" IN THE FIFTH DISPLAY.

YES .............................. 1
THERE IS NO PLACE ............... 2 (HUQ.050)
THERE IS MORE THAN ONE PLACE . 3
REFUSED ............................ 7 (HUQ.050)
DON'T KNOW ........................ 9 (HUQ.050)

HUQ.040 What kind of place (do you/does SP) go to most often: is it a clinic, doctor's office, emergency room, or some other place?

CLINIC OR HEALTH CENTER ......... 1
DOCTOR'S OFFICE OR HMO .......... 2
HOSPITAL EMERGENCY ROOM ........ 3
HOSPITAL OUTPATIENT DEPARTMENT . 4
During the past 12 months, how/How many times have you/has SP seen a doctor or other health care professional about (your/his/her) health at a doctor's office, a clinic, hospital emergency room, at home or some other place? Do not include times (you were/s/he was) hospitalized overnight.

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.

NONE ............................ 0
1 ................................ 1 (HUQ.070)
2 TO 3 ............................ 2 (HUQ.070)
4 TO 9 ............................ 3 (HUQ.070)
10 TO 12 .......................... 4 (HUQ.070)
13 OR MORE ...................... 5 (HUQ.070)
REFUSED .......................... 7 (HUQ.070)
DON'T KNOW ........................ 9 (HUQ.070)

About how long has it been since (you/SP) last saw or talked to a doctor or other health care professional about (your/his/her) health? Include doctors seen while (you were) (he/she was) a patient in a hospital. Has it been . . .

6 months or less, ...................... 1
more than 6 months, but not more than
1 year ago, .......................... 2
more than 1 year, but not more than
3 years ago, .......................... 3
more than 3 years, or .................. 4
never? .............................. 5
REFUSED ............................ 7
DON'T KNOW .......................... 9

(During the past 12 months, were you/(Was was) SP) a patient in a hospital overnight? Do not include an overnight stay in the emergency room.

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.
DISPLAY "WAS SP" WITH LEADING CAPS, IF SP'S AGE IS <1.

YES .............................. 1
NO ................................. 2 (BOX 2)
REFUSED ............................ 7 (BOX 2)
DON'T KNOW .......................... 9 (BOX 2)

How many different times did (you/SP) stay in any hospital overnight or longer (during the past 12 months)?

CAPI INSTRUCTION:
DISPLAY "12 MONTHS" ONLY IF SP'S AGE IS >= 1.

|___|___|___|
ENTER NUMBER

REFUSED ............................ 777
During the past 12 months, that is since (DISPLAY CURRENT MONTH) of (DISPLAY LAST YEAR), (have you/has SP) seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about (your/his/her) health?

YES ...................................... 1
NO ................................................ 2
REFUSED ................................. 7
DON’T KNOW ............................ 9