

HOSPITAL UTILIZATION AND ACCESS TO CARE - HUQ

Target Group: SPs Birth +

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
- SOME OTHER PLACE..... 5
- REFUSED 7
- DON'T KNOW 9

HUQ.050 {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.071)
- 2 TO 3 2 (HUQ.071)
- 4 TO 9 3 (HUQ.071)
- 10 TO 12 4 (HUQ.071)
- 13 OR MORE 5 (HUQ.071)
- REFUSED 7 (HUQ.071)
- DON'T KNOW 9 (HUQ.071)

CAPI INSTRUCTION:
 ELIMINATE CURRENT HELP.
 ADD NEW HELP 1 FOR 07. INCLUDE: PHYSICIAN'S, OSTEOPATHS, DOCTOR'S ASSISTANTS, NURSE PRACTITIONERS, NURSES, LAB TECHNICIANS AND TECHNICIANS WHO ADMINISTER SHOTS (I.E., ALLERGY SHOTS), PARAMEDICS, MEDICS AND PHYSICAL THERAPISTS WHO WORK WITH OR IN A DOCTOR'S OFFICE. DO NOT INCLUDE: DENTISTS, ORAL SURGEONS, CHIROPRACTORS, CHEROPODISTS, PODIATRISTS, NATURAPATHS, CHRISTIAN SCIENCE HEALERS, OPTICIANS, OPTOMETRISTS AND PSYCHOLOGISTS OR SOCIAL WORKERS.

HUQ.060 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

HUQ.071 {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)

CAPI INSTRUCTION:

ELIMINATE CURRENT HELP. ADD NEW HELP.

HELP SCREEN:

Overnight Stay in a Hospital: A person is admitted to a hospital and spends at least one night in the hospital. Note that a person can be "admitted" to a hospital without staying overnight. Do not count as "overnight" when a person is admitted and discharged on the same day. Do not include visits outpatient clinics or stays for non-medical reasons, such as staying with a family member.

Emergency Room: Do not include urgent care centers, which are not part of a hospital, or outpatient clinics.

HUQ.080 How many different times did {you/SP} stay in any hospital overnight or longer {during the **past 12 months**}? (Do not count total number of nights, just total number of hospital admissions for stays which lasted 1 or more nights.)

CAPI INSTRUCTION:

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

HARD EDIT: 1-366.

SOFT EDIT: 1-6.

ENTER NUMBER

REFUSED	77777
DON'T KNOW	99999

CAPI INSTRUCTION:

ELIMINATE CURRENT HELP.

BOX 1A OMITTED

BOX 2
CHECK ITEM 085: IF SP AGE >= 4, CONTINUE. OTHERWISE, GO TO END OF SECTION.

HUQ.090 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