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)
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

(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, CHIROPODISTS, PODIATRISTS, NATURAPATHS, CHRISTIAN SCIENCE HEALERS, OPTICIANS, OPTOMETRISTS AND PSYCHOLOGISTS OR SOCIAL WORKERS.

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/s/he 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)

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.

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.
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