

2003-04 Questionnaire

HOSPITAL UTILIZATION AND ACCESS TO CARE - HUQ_C

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.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)

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 1A)
 REFUSED 7 (BOX 1A)
 DON'T KNOW..... 9 (BOX 1A)

HUQ.080 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

REFUSED777
 DON'T KNOW.....999

BOX 1A

CHECK ITEM HUQ.081:
 IF SP AGE >= 1, CONTINUE.
 OTHERWISE, GO TO BOX 2.

HUQ.082 During the past 12 months, {were you/was SP} a patient at a long term care or rehabilitation facility? Do not include residential facilities where health care was not provided.

YES 1
 NO 2 (HUQ.086)
 REFUSED 7 (HUQ.086)
 DON'T KNOW..... 9 (HUQ.086)

HUQ.084 How many total days did {you/SP} stay in a long term care or rehabilitation facility?

|_|_|_|
 ENTER NUMBER

REFUSED777
 DON'T KNOW.....999

HUQ.086 During the past 12 months, has anyone in your household (not including yourself) been in an acute care hospital, long term care facility, or rehabilitation facility overnight? Do not include clinics or same day stays.

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

HUQ.088 What was the type of facility?

CODE ALL THAT APPLY

- ACUTE CARE HOSPITAL..... 1
- LONG TERM CARE FACILITY..... 2
- REHABILITATION FACILITY 3
- REFUSED 7
- DON'T KNOW 9

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