## HOSPITAL UTILIZATION AND ACCESS TO CARE - HUQ

{First/Next} I have some general questions about {your/SP's} health.

HUQ.010

	Would you say {your/SP's} h	nealth in general is	
	CAPI INSTRUCTION: DISPLAY "FIRST" IF SP AC	GE IS >= 16 YEARS.	
		excellent,very good,good,fair, orpoor?REFUSEDDON'T KNOW	3 4 5 7
		BOX 1	
	CHECK ITEM HUQ.015 IF SP AGE >= 1, CONTI OTHERWISE, GO TO H	NUE.	
HUQ.020	Compared with 12 months	ago, would you say {your/SP's} health is	now
		better, worse, or about the same? REFUSED DON'T KNOW	3 7
HUQ.030	Is there a place that {you/S need{s} advice about {your/	P} <b>usually</b> {go/goes} when {you are/he/slhis/her} health?	he is} sick or {you/s/he}
	CAPI INSTRUCTION: IF SP AGE < 12, DISPLAY "S" IN THE FIFTH DISPLAY	"YOU" IN THE FOURTH DISPLAY AND	) DON'T DISPLAY THE
		YESTHERE IS <b>NO</b> PLACETHERE IS <b>NO</b> PLACETHERE IS <b>MORE THAN ONE</b> PLACEREFUSEDDON'T KNOW	2 (HUQ.050) 3 7 (HUQ.050)
HUQ.040	What kind of place {do you emergency room, or some of	ou/does SP} go to most often: is it a other place?	a clinic, doctor's office,
		CLINIC OR HEALTH CENTERDOCTOR'S OFFICE OR HMOHOSPITAL EMERGENCY ROOMHOSPITAL OUTPATIENT DEPARTMEN	3

		REFUSED DON'T KNOW	7	
HUQ.050	other health care profe	nths, how/How} many times {have you/hassional about {your/his/her} health at a om, at home or some other place? Do need overnight.	doctor's office, a clinic,	
	CAPI INSTRUCTION: DISPLAY "12 MONTHS"	ONLY IF SP'S AGE IS >= 1.		
		NONE	1 (HUQ.070) 2 (HUQ.070) 3 (HUQ.070) 4 (HUQ.070) 5 (HUQ.070) 7 (HUQ.070)	
HUQ.060	About how long has it been since {you/SP} <b>last</b> saw or talked to a doctor or other health care professional about {your/his/her} health? <b>Include</b> doctors seen while {you were} {he/she was} a patient in a hospital. Has it been			
		6 months or less, more than 6 months, but not more than 1 year ago, more than 1 year, but not more than 3 years ago, more than 3 years, or never? REFUSED DON'T KNOW	2 3 4 5 7	
HUQ.070	{During the <b>past 12 months</b> , were you/{Was/was} SP} a patient in a hospital <b>overnight</b> ? Do not include an overnight stay in the emergency room.			
		ONLY IF SP'S AGE IS >= 1. TH LEADING CAPS, IF SP'S AGE IS <1.		
		YES NO REFUSED DON'T KNOW	2 (BOX 1A) 7 (BOX 1A)	
HUQ.080	How many different time past 12 months}?	es did {you/SP} stay in any hospital overnig	ght or longer (during the	
	CAPI INSTRUCTION: DISPLAY "12 MONTHS"	ONLY IF SP'S AGE IS >= 1.		
		<u>   </u>		

	ENTER NUMBER
	REFUSED
	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
HUQ.084	How many total days did {you/SP} stay in a long term care or rehabilitation facility?
	 ENTER NUMBER
	REFUSED
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
HUQ.088	What was the type of facility?
	CODE ALL THAT APPLY
	ACUTE CARE HOSPITAL
	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