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)

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/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

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)
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.
HARD EDIT: 1-366.

|   |   |   |
ENTER NUMBER

REFUSED ............................................... 77777
DON'T KNOW ......................................... 99999

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