



Participant ID:

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Site:

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HEALTHCARE UTILIZATION

<p>1. Is there a place that you USUALLY go to when you are sick or need advice about your health?</p>	<p><input type="checkbox"/> Yes, there is ONE PLACE</p> <p><input type="checkbox"/> Yes, there is MORE THAN ONCE place</p> <p><input type="checkbox"/> No, there is NO place (Go to Q#3)</p> <p><input type="checkbox"/> Don't know (Go to Q#4)</p>
<p>2. What kind of place is it – a clinic, doctor's office, emergency room, or some other place?</p> <p><i>(In Q#1 if you responded "MORE THAN ONE PLACE", please indicate to which place you go most often.)</i></p> <p>Once you complete this question, go to Q#4.</p>	<p><input type="checkbox"/> Clinic or health center</p> <p><input type="checkbox"/> Doctor's office or Health Maintenance Organization (HMO)</p> <p><input type="checkbox"/> Hospital emergency room or urgent care center</p> <p><input type="checkbox"/> Some other place</p> <p><input type="checkbox"/> Don't go to one place most often</p> <p><input type="checkbox"/> Don't know</p>
<p>3. If you do not have a usual place to go when you are sick or need advice about your health, what are the reasons? (Check all that apply)</p>	<p><input type="checkbox"/> Don't need a doctor</p> <p><input type="checkbox"/> Mistrust or dislike of doctors</p> <p><input type="checkbox"/> Don't know where to go</p> <p><input type="checkbox"/> Previous doctor is not available or moved</p> <p><input type="checkbox"/> Too expensive or don't have insurance</p> <p><input type="checkbox"/> Speak a different language to English</p> <p><input type="checkbox"/> Care is inconvenient (location or hours don't fit your schedule)</p> <p><input type="checkbox"/> Tend to put off seeking care</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Don't know</p>
<p>4. Is there a place that you USUALLY go to when you need routine or preventive care, such as a physical examination or check up?</p>	<p><input type="checkbox"/> Yes, there is ONE PLACE</p> <p><input type="checkbox"/> Yes, there is MORE THAN ONCE place</p> <p><input type="checkbox"/> No, there is NO place (Go to Q#6)</p> <p><input type="checkbox"/> Don't know (Go to Q#7)</p>
<p>5. What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?</p> <p><i>(In Q#4 if you responded "MORE THAN ONE PLACE", please indicate to which place you go most often.)</i></p> <p>Once you complete this question, go to Q#7</p>	<p><input type="checkbox"/> Don't get preventive care anywhere</p> <p><input type="checkbox"/> Clinic or health center</p> <p><input type="checkbox"/> Doctor's office or Health Maintenance Organization (HMO)</p> <p><input type="checkbox"/> Hospital emergency room or urgent care center</p> <p><input type="checkbox"/> Some other place</p> <p><input type="checkbox"/> Don't go to one place most often</p> <p><input type="checkbox"/> Don't know</p>



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<p>6. If you don't have a usual source of routine or preventive care, what are the reasons? (Check all that apply)</p>	<p><input type="checkbox"/> Don't need a doctor</p> <p><input type="checkbox"/> Mistrust or dislike of doctors</p> <p><input type="checkbox"/> Don't know where to go</p> <p><input type="checkbox"/> Previous doctor is not available or moved</p> <p><input type="checkbox"/> Too expensive or don't have insurance</p> <p><input type="checkbox"/> Speak a different language to English</p> <p><input type="checkbox"/> Care is inconvenient (location or hours don't fit your schedule)</p> <p><input type="checkbox"/> Tend to put off seeking care</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Don't know</p>
<p>7. <u>During the past 12 months</u>, did you receive care AT HOME from a nurse or other health care professional?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>8. <u>During the past 12 months</u>, how many times have you seen a doctor or other health care professional about your own health at a doctor's office, a clinic, or some other place?</p> <p><i>(Include Physicians, osteopaths, doctor's assistants, nurse practitioners, nurses, lab technicians and technicians who administer shots, paramedics, medics and physical therapists. Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, dialysis centers, or telephone calls)</i></p>	<p><input type="checkbox"/> 0 <input type="checkbox"/> 10-11</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 12-13</p> <p><input type="checkbox"/> 2-3 <input type="checkbox"/> 14-15</p> <p><input type="checkbox"/> 4-5 <input type="checkbox"/> 16 or more</p> <p><input type="checkbox"/> 6-7 <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> 8-9</p>
<p>9. <u>During the past 12 months</u>, were you a patient in a hospital overnight?</p> <p>(Do not include an overnight stay in an emergency room)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>10. <u>During the past 12 months</u>, were you a patient in an E.R?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>



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11. <u>During the past 12 months</u> , have you seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about your health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
12. When did you last see or speak to a doctor or other health care professional about your own health? (Include doctors seen while a patient in a hospital)	<input type="checkbox"/> Never <input type="checkbox"/> 6 months or less ago <input type="checkbox"/> More than 6 months, but less than a year ago <input type="checkbox"/> More than 1 year, but less than 2 years ago <input type="checkbox"/> More than 2 years, but less than 5 years ago <input type="checkbox"/> More than 5 years ago <input type="checkbox"/> Don't know
13. Do you have any help paying for your medical care? (Check all that apply)	<input type="checkbox"/> HMO or other private insurance, such as Blue Cross, Aetna etc. <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Military or Veteran's administration sponsored <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> None <input type="checkbox"/> Don't know

For Research Coordinator use only: CRF was: Self-administered Interviewer-administered