

Dataset name: hcuq_v1.1

Participant ID pid Acrostic acrostic
Interviewer compby Visit Code vc
Date of Visit vis_dat (mm/dd/yyyy)

Health Care Utilization Questionnaire

CRF 1.1

During the past six months:

1. How many visits did you make to a physician, osteopath, or nurse practitioner? vishhcp_hcuq
2. How many telephone calls did you make to your doctor or your doctor's staff? callshcp_hcuq
3. How many times did you use a triage or urgent care center or emergency room? erugcr_hcuq
4. How many visits did you have from a **health care provider** who came to your home (e.g. home health agency, nurse, physical or occupational therapist)? vishmhcp_hcuq
5. How many days were you in a hospital as an inpatient? dayshospital_hcuq

a. Please list any operations you had during these inpatient hospital days.

1. operatn1_hcuq
2. operatn2_hcuq
3. operatn3_hcuq

6. How many times did you have outpatient surgery or another outpatient procedure where you **did not** stay in the hospital overnight? outproc_hcuq

7. How many days were you in a nursing home as a resident? daysnrhm_hcuq

8. Did you regularly use any medical supplies or equipment? medsupps_hcuq

- 9
- 1 Yes
- 0 No
- 6 Permanently Missing

a. If **YES**, please describe which items you used.

1. medsupp1_hcuq

2. medsupp2_hcuq

3. medsupp3_hcuq

9. How many prescription medicines (including inhalers) do you take regularly (Include the total number of medications, not the number of pills/doses per day)? numprmed_hcuq

10. How many non-prescription medicines (including vitamins) do you take regularly (Include the total number of medications, not the number of pills/doses per day)? numnpmed_hcuq

11. How many times did you use an ambulance? ambulnc_hcuq

a. How many of these ambulance trips resulted from you calling 911 for emergency? call911_hcuq

12. Did you have any other major medical expense during the past 3 months that has not been mentioned? othmdex_hcuq

- 9
- 1 Yes
- 0 No
- 6 Permanently Missing

a. If **YES**, please list.

1. othmdex1_hcuq

2. othmdex2_hcuq

3. othmdex3_hcuq

Thank you for completing this questionnaire.

Source Form Language: lang

- 9 -
- 1 English
- 2 Spanish

Participant ID
FOR STAFF USE ONLY

LIFE

Acrostic

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Interviewer

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Visit
code

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Date of
Visit

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month

day

year

UCSD Health Care Utilization Questionnaire

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During the past six months:

Write the answer below

1. How many visits did you make to a physician, osteopath, or nurse practitioner?

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2. How many telephone calls did you make to your doctor or your doctor's staff?

--

3. How many times did you use a triage or urgent care center or emergency room?

--

4. How many visits did you have from a **health care provider** who came to your home (e.g. home health agency, nurse, physical or occupational therapist)?

--

5. How many days were you in a hospital as an inpatient?

--

a. Please list any operations you had during these inpatient hospital days.

1. _____
2. _____
3. _____

6. How many times did you have outpatient surgery or another procedure where you **did not** stay in the hospital overnight?

--

7. How many days were you in a nursing home as a resident?

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LIFE

Acrostic

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Visit
Code

--	--	--

Participant ID

(affix ID label here)

FOR STAFF USE ONLY

During the past six months:		Yes	No
8. Did you regularly use any medical supplies or equipment?		<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, please describe which items you used	1. _____ 2. _____ 3. _____		
During the past six months:		Write the answer below	
9. How many prescription medicines (including inhalers) do you take regularly? (Include the total number of medications, not the number of pills/doses per day)		<input type="text"/>	
10. How many non-prescription medicines (including vitamins) do you take regularly? (Include the total number of medications, not the number of pills/doses per day).		<input type="text"/>	
11. How many times did you use an ambulance?		<input type="text"/>	
a. How many of these ambulance trips resulted from you calling 911 for an emergency?		<input type="text"/>	
		Yes	No
12. Did you have any other major medical expense during the past 6 months that has not been mentioned?		<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, please list.	1. _____ 2. _____ 3. _____		

Thank you for completing this questionnaire.