

Dataset Name: hcuq_p

Participant ID pid

D000000

Acrostic [acrostic](#)

ZZZZZ

Interviewer [comby](#)

Visit Code [vc](#)

Date of Visit [vis_dat](#)

(mm/dd/yyyy)

Proxy Health Care Utilization Questionnaire

CRF 1.0

During the past six months:

1. How many visits did you make to a physician, osteopath, or nurse practitioner? [vishcp_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 procedure where you **did not** stay in the hospital overnight? [outpproc_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](#)
- 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](#)

Dataset Name: hcuq_p

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](#)

a. If YES, please list.

1. [othmdex1_hcuq](#)
2. [othmdex2_hcuq](#)
3. [othmdex3_hcuq](#)

Thank you for completing this questionnaire.

Source Form Language: [lang](#)

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Participant ID FOR STAFF USE ONLY	LIFE	Acrostic
	Interviewer 	Visit code
	Date of Visit 	
	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?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
2. How many telephone calls did you make to your doctor or your doctor's staff?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
3. How many times did you use a triage or urgent care center or emergency room?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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)?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
5. How many days were you in a hospital as an inpatient?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
7. How many days were you in a nursing home as a resident?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

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Participant ID

(affix ID label here)
FOR STAFF USE ONLY

LIFE

Acrostic

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Visit
Code

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During the past six months:

Yes

No

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

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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)

--

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).

--

11. How many times did you use an ambulance?

--

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

--

Yes

No

12. Did you have any other major medical expense during the past 6 months that has not been mentioned?

--

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a. If YES, please list.

- 1.** _____
2. _____
3. _____

Thank you for completing this questionnaire.