Health Care Utilization Questionnaire

During the past three months:

1. How many visits did you make to a physician, osteropath, or nurse prectitioner?

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 hospical as an inpatient?

dayshosp_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
Not on form
-9
1 Yes
0 No

    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
Not on form
-9
1 Yes
0 No

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

        1. othmdex1_hcuq

        2. othmdex2_hcuq

        3. othmdex3_hcuq

Thank you for completing this questionnaire.

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