

## HEALTHCARE UTILIZATION

Record ID \_\_\_\_\_

1.

- ☐ Yes  
☐ No

Since we last spoke with you in [MONTH OF last INTERVIEW], have you been a patient in a hospital overnight?

Since [MONTH OF last INTERVIEW], how many times have you been a patient in a hospital overnight? \_\_\_\_\_

Please tell me the names of any hospitals where you were a patient overnight and the approximate dates

2.

- ☐ Yes  
☐ No

ER VISITS FOR PERSONS WITH NO HOSPITALIZATION

Since we last spoke with you in [MONTH OF last INTERVIEW], did you go to a hospital emergency room for medical care? Please do NOT include ER visits that led to any hospitalization you already told me about

How many different times did you go to a hospital emergency room for medical care since we last spoke in [MONTH OF last INTERVIEW]. Probe for best estimate. \_\_\_\_\_

Please tell me the names of any hospitals where you went to the emergency room and the approximate dates

3.

- ☐ Yes  
☐ No

OUTPATIENT CARE

Now I would like to ask you some questions about your use of outpatient services since [name MONTH/DAY]. This does not count any care you may have received while you visited an Emergency Room, a dentist, or while you stayed overnight in a hospital, nursing home, or other healthcare facility. Did you receive medical care in a doctor's office, clinic, or other outpatient setting?

How many different times did you receive care in a doctor's office, clinic, or other outpatient setting? \_\_\_\_\_