

Service Utilization

Now I have some questions about the various types of health care you've received during the past three months. **[SHOW HANDCARD #13]** I will be asking about five different types of care that you may have received for each of three areas: physical health, emotional or mental health, and alcohol or drug problems.

The types of care are.... **[POINT TO HANDCARD #13 AND REVIEW]**

Self Help / Support Groups

- Support groups
- Group Psychotherapy
- 12 step programs like AA, NA, CA, etc.

Outpatient Care – office visits to

- Medical Providers (doctor, internist, nurse, physician assistant, chiropractor, health clinic, etc.)
- Counselor, Social Worker, Therapist, Psychologist, Psychiatrist, etc.

Inpatient Care / Hospital -

- Overnight stays in a hospital, not counting emergency room visits

Residential -

- Residential Care Facility, Nursing Home, Hospice
- Group Home, Residential Treatment Program
- Halfway House, Residential Recovery Program

Emergency Room

- Urgent Care Center

1. Let's start with Self Help / Support Groups. **[REVIEW HANDCARD #13]** How many times have you participated in a self help or support group in the past 3 months?
[DO NOT INCLUDE CLEAR]

[IF NONE SKIP TO Q.2; IF ANY, ASK a – c BELOW]

2. Now let's think about Outpatient Care. **[REVIEW HANDCARD #13]** How many times have you received any kind of care on an outpatient basis in the past 3 months?

[IF NONE SKIP TO Q.3; IF ANY, ASK a – c BELOW]

3. Now let's think about Inpatient care like Hospital stays. **[REVIEW HANDCARD #13]** How many nights in the past 3 months have you been an inpatient or stayed in a hospital, overnight or longer?

[IF NONE SKIP TO Q.4; IF ANY, ASK a – c BELOW]

4. Now let's think about Residential Care. **[REVIEW HANDCARD #13]** How many nights have you stayed in a Residential Care Facility in the past 3 months?

[IF NONE SKIP TO Q.5; IF ANY, ASK a – c BELOW]

5. Now let's think about Emergency Room visits. **[REVIEW HANDCARD #13]** How many times have you received care in an emergency room in the past 3 months?

[IF NONE SKIP TO NEXT SECTION; IF ANY, ASK a – c BELOW]

- a. How many of these [# FROM STEM (TIMES/NIGHTS)] were for physical health issues or problems?

[IF NONE, SKIP TO b]

- b. Of these [# FROM STEM (TIMES/NIGHTS)], how many were for emotional or mental health issues?

[IF NONE, SKIP TO c]

- c. Of these [# FROM STEM (TIMES/NIGHTS)], how many were for alcohol or drug problems?

[IF NONE, SKIP TO NEXT QUESTION]

[STEM]

a.

b.

c.

Type of Care	# Times/Nights Past 3 Months	# Times/Nights: Physical		# Times/Nights: Emotional/Mental		# Times/Nights: Alcohol/Drug	
		Past 3 Months	Past 3 Months	Past 3 Months	Past 3 Months		
1. Self Help/Support	---	---	---	---	---	---	---
2. Outpatient	---	---	---	---	---	---	---
3. Inpatient/Hospital	---	---	---	---	---	---	---
4. Residential	---	---	---	---	---	---	---
5. Emergency Room	---	---	---	---	---	---	---