

**6. UTILIZATION OF CARE**

**Section A. Services Used**

TIME THIS SECTION BEGINS RECORDED HERE  
**TSST06A**

Now I have some questions about the various types of health care you've received during the last 6 months. I would like to know about all the medical care you have received, not just care related to HIV.

A1. During the last 6 months, were you a patient in a hospital overnight or longer? CODE YES IF CURRENTLY INPATIENT.

**B06A01** **(Circle One)**  
YES..... 1  
NO ..... 2

A2. Were you a patient in a residential care facility, a nursing home or hospice overnight or longer?

**B06A02** **(Circle One)**  
YES..... 1  
NO ..... 2

A3. During the last 6 months, did you go to an emergency room, or urgent care center for medical care?

**B06A03** **(Circle One)**  
YES..... 1  
NO ..... 2

VERSION 6 - 10

A4. Did you go to any other doctor, clinic, or an HMO for medical care? These visits could include physical or respiratory therapy, or any other type of visit when you might have seen a doctor.

VERSION 11 - 13

A4. Aside from any hospital stays, nursing home stays, or emergency room visits, did you go to any doctor, clinic, or HMO?

PROBE IF NO: Please think about visits to your usual sources of medical care and any other kinds of doctors or clinics you might have gone to in the last six months.

**B06A04** **(Circle One)**  
YES..... 1  
NO ..... 2

A5. Did you receive care from any medical practitioners such as optometrists, foot doctors, nutritionists or chiropractors?

**B06A05**

**(Circle One)**

YES..... 1

NO ..... 2

A6. Did you receive treatment from any alternative therapist, for example, a massage therapist, acupuncturist, herbalist, or any other alternative practitioner?

**B06A06**

**(Circle One)**

YES..... 1

NO ..... 2

A7. During the last 6 months, did you buy or replace any special medical equipment like eyeglasses, a cane, a hospital bed, a wheelchair, or a nebulizer?

**B06A07**

**(Circle One)**

YES..... 1

NO ..... 2

A8. During the last 6 months, did you receive help at home with medical problems, personal care, housekeeping, or other services?

**B06A08**

**(Circle One)**

YES..... 1

NO ..... 2

A9. During the last 6 months, did you see a dentist, oral surgeon, or other professional dental care provider?

**B06A09**

**(Circle One)**

YES..... 1

NO ..... 2