Form 16	**Date Completed** *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline

UTILIZATION OF HEALTH CARE SERVICES QUESTIONNAIRE

Interviewer: Mark each question according to the subject's answer. Do not skip any questions.
If the subject is unsure of a date, have them estimate.

1. Who is your regular PCP: _____ *pcp*

2. In the past three months, have you had any visits to an **emergency room**? *er*
1 ☐ YES 0 ☐ NO (Go to 3)

ER Name	**Date** **Month / Year**	
er_name_1	*er_month_1*	*er_year_1*
er_name_2	*er_month_2*	*er_year_2*
er_name_3	*er_month_3*	*er_year_3*
er_name_4	*er_month_4*	*er_year_4*

3. In the past three months, have you been **hospitalized**? *hospital*

1 ☐ YES 0 ☐ NO (Go to 4)

Hospital Name	**Date** **Month / Year**	
hospital_name_1	*hospital_month_1*	*hospital_year_1*
hospital_name_2	*hospital_month_2*	*hospital_year_2*
hospital_name_3	*hospital_month_3*	*hospital_year_3*
hospital_name_4	*hospital_month_4*	*hospital_year_4*

Form 16	**Date Completed** *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline

4. Are you a smoker? *smoking*

☐ 0 - No→ *STOP go to 5.*
☐ 1 - Yes, former, quit more than 1 year ago (go to 5)
☐ 2 - Yes, former, quit less than 1 year ago (go to 5)
☐ 3 -Yes, currently using tobacco.

If currently smoking, which of the following do you use?
Cigarettes *cigarettes*

No (0) ☐
Yes (1) ☐ How cigarettes many per day? _____ *cigarettes_per_day*

Cigars *cigars*

No (0) ☐
Yes (1) ☐

Other *smoking_other*

No (0) ☐
Yes (1) ☐ Specify _____ *smoking_other_desc*

5. Do you drink alcohol? *alcohol*

No (0) ☐ STOP
Yes (1) ☐

a. Over this <u>past month,</u> on average, how many days a week have you had a drink with alcohol in it (for example: beer, wine or liquor)? _____ *alcohol_1*

b. On a typical day when you drank this past month, how many drinks do you have? _____*alcohol_2*

c. What is the maximum number of drinks you have had on any given day in the past month? _____ *alcohol_3*

6. Do you have chronic pain (pain most of the days of the week for the past 3 months**)?** *pain*
No (0) ☐ STOP
Yes (1) ☐

What is your diagnosis (where is the pain?) _____ *pain_desc*