

MAIN STUDY - ROUND 19  
COMMUNITY COMPONENT  
ER. EMERGENCY ROOM UTILIZATION AND EVENTS

BOX ER1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO <b>BOX IP1</b> . OTHERWISE, GO TO ER1.
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ER1. [Since (REF. DATE), (have you/has SP) gone/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (SP) go] to a hospital emergency room for medical care?

**ERPROBE**

YES .....	1 (ER2)
NO .....	2 <b>BOX IP1</b>
REFUSED .....	-7 <b>BOX IP1</b>
DON'T KNOW .....	-8 <b>BOX IP1</b>

ER2. Where did (you/SP) go (to which hospital)? [ENTER ONLY ONE FACILITY.]

**PROVNAME**

BOX ER1	<p>a. SP HAS USED V.A. FACILITIES (HI36=1)..... 1 (b)</p> <p>SP HAS NOT USED V.A. (HI36=2 OR MISSING)..... 2 <b>BOX ER1B</b></p> <p>b. "V.A. FLAG" SET FOR THIS PROVIDER ..... 1 <b>BOX ER1B</b></p> <p>"V.A. FLAG" NOT SET FOR THIS PROVIDER ..... 2 (ER3)</p>
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ER3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?

**VAPLACE**

YES .....	1
NO .....	2
REFUSED .....	-7
DON'T KNOW .....	-8

BOX ER1B	<p>a. SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG = 1 FOR ANY PLAN)..... 1 (b)</p> <p>SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO FLAG = 2 OR MISSING FOR <u>ALL</u> PLANS)..... 2 <b>BOX ER1C</b></p> <p>b. "HMO FLAG" CODED YES FOR THIS PROVIDER ..... 1 <b>BOX ER1C</b></p> <p>"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER..... 2 (ER3b)</p> <p>"HMO FLAG" NOT SET FOR THIS PROVIDER ..... 2 (ER3a)</p>
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ER3a. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] plan?

<b>HMOASSOC</b>	YES .....	1	<b>BOX ER1C</b>
	NO .....	2	(ER3b)
	REFUSED .....	-7	(ER3b)
	DON'T KNOW .....	-8	(ER3b)

ER3b. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

<b>HMOREFER</b>	YES .....	1	<b>BOX ER1C</b>
	NO .....	2	(ER3c)
	REFUSED .....	-7	<b>BOX ER1C</b>
	DON'T KNOW .....	-8	<b>BOX ER1C</b>

ER3c. What is the most important reason (you/SP) did not go to an emergency room associated with [READ PLAN NAMES BELOW] or a home health provider that [READ PLAN NAMES BELOW] would refer (you/SP) to?

	HMO DOES NOT COVER THE SERVICE SP WANTED .....	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO ..	2
	HMO NOT CONVENIENTLY LOCATED FOR THE SP .....	3
	HMO PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE SP'S CONDITION/NEEDS .....	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL .....	5
	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE HMO .....	6
<b>NOHMOAI</b>	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE HMO .....	7
	HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY .....	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS ....	9
<b>NOHMOMOS</b>	HMO ADMINISTRATIVE OBSTACLES FOR SP .....	10
	NOT IN HMO AT TIME OF EVENT .....	11
	SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER .....	12
	SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED .....	13
	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX ER1C	IF THIS VISIT ADDED THROUGH UTS, GO TO ER5. OTHERWISE, GO TO ER4.
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- ER4. When did (you/SP) go to the emergency room at (HOSPITAL NAMED IN ER2)?  
Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?  
[ENTER ALL DATES.]  
**EVBE GMM**  
**EVBE GDD**  
**EVBE GYY**

BOX ER2	ASK ER5-ER9 FOR EACH VISIT REPORTED AT ER4.
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- ER5. For what condition did (you/SP) go to the emergency room on [FIRST/NEXT VISIT DATE]?  
[ENTER ALL CONDITIONS.]  
**COND TION**

BOX ER2A	IF THIS VISIT ADDED THROUGH ER1, GO TO ER6. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO <b>BOX ST12</b> . IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b> .
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- ER6. (Were you/Was SP) admitted to (HOSPITAL IN ER2) from the emergency room?

**ERADMIT**

YES .....	1	<b>BOX ER3</b>
NO .....	2	(ER7)
REFUSED .....	-7	(ER7)
DON'T KNOW .....	-8	(ER7)

BOX ER3	IF ADMITTED TO HOSPITAL FROM EMERGENCY ROOM, FLAG CASE FOR IP SERIES. THEN GO TO <b>BOX ER4</b> .
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- ER7. During (your/SP's) visit to the emergency room, were any medicines prescribed for (you/SP)?

**PRESMDCN**

YES .....	1	(ER8)
NO .....	2	<b>BOX ER4</b>
REFUSED .....	-7	<b>BOX ER4</b>
DON'T KNOW .....	-8	<b>BOX ER4</b>

ER8. Were any of the prescriptions filled?

**PRESFILL** YES ..... 1 (ER9)  
 NO ..... 2 **BOX ER4**  
 REFUSED ..... -7 **BOX ER4**  
 DON'T KNOW ..... -8 **BOX ER4**

ER9. Please tell me the names of these medicines.  
 [ENTER ALL MEDICINES.] [CHECK SPELLING.]

**PMEDNAME**  
**PMROTYPE**

BOX ER4	IF MORE ER VISITS TO THIS HOSPITAL IN VISIT ROSTER, RETURN TO ER5 FOR NEXT VISIT. OTHERWISE, GO TO ER10.
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ER10. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF  
 INSTITUTIONALIZATION] did (you/SP) have any other visits to the emergency room at this or any other hospital?

**TEMP** YES ..... 1 (ER2)  
 NO ..... 2 **BOX ER5**  
 REFUSED ..... -7 **BOX ER5**  
 DON'T KNOW ..... -8 **BOX ER5**

BOX ER5	IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, GO TO <b>BOX IP1</b> . IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT NO ER VISITS FOR THIS ROUND, GO TO <b>BOX IP1</b> . IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX IP1</b> . OTHERWISE, GO TO AC3 - AC6 FOR MOST RECENT ER VISIT REPORTED FOR THIS ROUND.
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AC3. Think about the most recent time (you/SP) went to a hospital emergency room. Did (you/SP) have an  
 appointment for that visit?

**ERAPPT** YES ..... 1 (AC5)  
 NO ..... 2 (AC4)  
 REFUSED ..... -7 (AC4)  
 DON'T KNOW ..... -8 (AC4)

AC4. Did a doctor or other medical person working for a doctor tell (you/SP) that (you/he/she) should go to the emergency room for that visit?

<b>ERDRTEL</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

AC5. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital emergency room take altogether?

<b>ERVLUNT</b>	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 (AC6)
	DON'T KNOW .....	-8 (AC6)

<b>ERVLHRS</b>	a. NUMBER OF HOURS .....
<b>ERVLMIN</b>	b. NUMBER OF MINUTES .....

AC6. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

<b>ERVWUNT</b>	DID NOT HAVE TO WAIT .....	0 <b>BOX IP1</b>
	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 <b>BOX IP1</b>
	DON'T KNOW .....	-8 <b>BOX IP1</b>

<b>ERVWHRS</b>	a. NUMBER OF HOURS .....	<b>BOX IP1</b>
<b>ERVWMIN</b>	b. NUMBER OF MINUTES .....	<b>BOX IP1</b>