

MAIN STUDY - ROUND 19
COMMUNITY COMPONENT
IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX IP1	<p>EXITING OR CONTINUING SP GO TO IP5 IF: PREVIOUS ROUND IP DISCHARGE DATE = "95" (STILL IN HOSPITAL), AND/OR SP WAS ADMITTED TO HOSPITAL AS INPATIENT FROM EMERGENCY ROOM THIS ROUND (ER6=1).</p> <p>OTHERWISE: CONTINUING SP GO TO IP1, OR EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS SKIPPED (41), GO TO IP1, OR EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO CPS.</p>
------------	--

IP1. [Since (REF. DATE), (have you/has SP) been/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP)] admitted to a hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

IPPROBE

YES	1 (IP2)
NO	2 BOX OP1A
REFUSED	-7 BOX OP1A
DON'T KNOW	-8 BOX OP1A

IP2. Where (were you/was SP) admitted -- to which hospital?
[ENTER ONLY ONE FACILITY.]

PROVNAME

BOX IP2	<p>a. SP HAS USED V.A. FACILITIES (HI36=1) 1 (b) SP HAS NOT USED V.A. (HI36=2 OR MISSING) 2 BOX IP2A</p> <p>b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX IP2A "V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (IP3)</p>
------------	---

IP3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?

VAPLACE

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

BOX IP2A	a.	SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG = 1 FOR ANY PLAN)	1 (b)
		SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO FLAG = 2 OR MISSING <u>FOR</u> ALL PLANS) ..	2 BOX IP2B
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER	1 BOX IP2B
		"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER	2 (IP3b)
		"HMO FLAG" NOT SET FOR THIS PROVIDER	3 (IP3a)

IP3a. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] plan?

HMOASSOC

YES	1 BOX IP2B
NO	2 (IP3b)
REFUSED	-7 (IP3b)
DON'T KNOW	-8 (IP3b)

IP3b. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER

YES	1 BOX IP2B
NO	2 (IP3c)
REFUSED	-7 BOX IP2B
DON'T KNOW	-8 BOX IP2B

IP3c. What is the most important reason (you/SP) did not go to a hospital associated with [READ PLAN NAMES BELOW] or a hospital 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
	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
	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
NOHMOAI	OTHER (SPECIFY)	91
	REFUSED	-7
NOHMOMOS	DON'T KNOW	-8

BOX IP2B	IF THIS EVENT ADDED THROUGH UTS, GO TO IP7. OTHERWISE, GO TO IP4.
-------------	---

IP4. When (were you/was SP) admitted to and discharged from (HOSPITAL NAMED IN IP2/NAME OF HOSPITAL FROM ER2)?
[ENTER "95" IN MONTH FIELD FOR DISCHARGE DATE IF SP STILL IN HOSPITAL.]

ADMISSION <u> </u> / <u> </u> / <u> </u> MONTH DAY YEAR EVBE GMM EVBE GDD EVBE GYY	DISCHARGE <u> </u> / <u> </u> / <u> </u> BOX IP3 MONTH DAY YEAR EVENDMM EVENDDD EVENDYY
--	--

IP5. [Last time (you/SP) had been admitted to (HOSPITAL) on (ADMISSION DATE) and (were/was) still a patient there on (PREVIOUS ROUND INTERVIEW DATE). When (were you/was SP) discharged from (HOSPITAL) for that stay?
[You told me (you were/SP was) admitted to (NAME OF HOSPITAL FROM ER2) from the emergency room on (DATE FROM ER4).] When (were you/was SP) discharged from (HOSPITAL) for the stay that started on (IP4 ADMISSION DATE)?
[ENTER "95" IN MONTH FIELD IF STILL IN HOSPITAL.]

EVENDMM EVENDDD EVENDYY	<u> </u> / <u> </u> / <u> </u> MONTH DAY YEAR
--	---

BOX IP2A OMITTED.

IP6 OMITTED.

BOX IP3	CONTINUING SAMPLE AND EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS SKIPPED (41): IF DISCHARGE DATE = 95 AND SP WAS IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO OP1. IF DISCHARGE DATE = 95 AND SP WAS <u>NOT</u> IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO IP16. OTHERWISE, ASK IP7-IP15 FOR EACH COMPLETE HOSPITAL STAY REPORTED AT IP4 AND IP5. EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED: IF DISCHARGE DATE = 95, GO TO BOX NS1 . OTHERWISE, ASK IP7-IP12 FOR THE COMPLETED HOSPITAL STAY.
------------	---

IP7. Were any operations performed on (you/SP) during the hospital stay that was (FIRST/NEXT ADMISSION DATE) to (FIRST/NEXT DISCHARGE DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS YES 1 (IP8)
 NO 2 (IP10)
 REFUSED -7 (IP10)
 DON'T KNOW -8 (IP10)

IP8. What was the name of the operation or surgical procedure?
 [ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC OPERATION 1:
 OPERATION 2:
 OPERATION 3:

IP9. What condition required the [READ SURGICAL PROCEDURES BELOW]?
 [ENTER ALL CONDITIONS.]

CONDTION

BOX IP4	GO TO IP12.
------------	-------------

IP10. Was this hospital stay for any specific condition?

SPECCOND YES 1 (IP11)
 NO 2 (IP12)
 REFUSED -7 (IP12)
 DON'T KNOW -8 (IP12)

IP11. What was the condition?
 [ENTER ALL CONDITIONS.]

CONDTION

IP12. During this hospitalization, did (you/SP) have any special or private duty nursing care?

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

BOX IP4A	<p>IF EXIT 40 SAMPLE, GO TO BOX NS1.</p> <p>OTHERWISE:</p> <p>IF THIS STAY ADDED THROUGH IP1, GO TO IP13.</p> <p>IF THIS STAY ADDED THROUGH UTS, GO TO UTSINTRC.</p> <p>IF THIS STAY ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12.</p> <p>IF THIS STAY ADDED THROUGH NS, GO TO BOX NS11.</p>
-------------	---

IP13. At the time (you were /SP was) discharged, were any medicines prescribed for (you/SP)?

PRESMDCN

YES	1 (IP14)
NO	2 BOX IP5
REFUSED	-7 BOX IP5
DON'T KNOW	-8 BOX IP5

IP14. Were any of the prescriptions filled?

PRESFILL

YES	1 (IP15)
NO	2 BOX IP5
REFUSED	-7 BOX IP5
DON'T KNOW	-8 BOX IP5

IP15. Please tell me the names of these medicines.
[ENTER ALL MEDICINES.] [CHECK SPELLING.]

PMEDNAME

BOX IP5	<p>IF ANY (OTHER) ER VISITS AND ER6=1, THEN GO TO IP5.</p> <p>OTHERWISE, GO TO IP16 IF CONTINUING SAMPLE OR EXITING SAMPLE WHERE PREVIOUS INTERVIEW SKIPPED, OR GO TO BOX NS1 IF EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED.</p>
------------	--

IP16. [INTERVIEWER: IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:] [Since (REF. DATE), (have you/has SP) had/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) have] any other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

TEMP

YES	1 (IP2)
NO	2 BOX OP1A
REFUSED	-7 BOX OP1A
DON'T KNOW	-8 BOX OP1A