MAIN STUDY - ROUND 25

COMMUNITY COMPONENT

IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS

<table>
<tr><td>BOX
IP1</td><td>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).

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.</td></tr>
</table>

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
EVNTPROV

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

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 A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN) .... 1 (b) SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10, HI25 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING <u>FOR</u> ALL PLANS) .... 2 ***BOX IP2B*** b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER .... 1 ***BOX IP2B*** "MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER .... 2 (IP3b) "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER ... 3 (IP3a)	

IP3a.   Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE 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 MANAGED CARE 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 MANAGED CARE PLAN NAME(S) BELOW] or a hospital that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

PLAN DOES NOT COVER THE SERVICE SP WANTED	1
SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN...	2
OFFICE NOT CONVENIENTLY LOCATED FOR THE SP	3
PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE 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 PLAN	6
SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN	7
PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY	8
THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	9
PLAN ADMINISTRATIVE OBSTACLES FOR SP	10
NOT IN A MANAGED CARE PLAN 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

NOHMOMAI (beside option 6)

NOHMOMOS (beside OTHER (SPECIFY))

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 _____/_____/_____   DISCHARGE _____/_____/_____ *BOX IP3*
           MM   DD   YY   MM   DD   YY
EVBEGMM   **EVENDMM**
EVBEGDD   **EVENDDD**
EVBEGYY   **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   MM   DD   YY
EVENDYY

BOX IP2A OMITTED.

IP6 OMITTED.

	CONTINUING SAMPLE AND EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS SKIPPED (41):
BOX IP3	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	IF EXIT 40 SAMPLE, GO TO **BOX NS1**. OTHERWISE: IF THIS STAY ADDED THROUGH IP1, GO TO IP13. IF THIS STAY ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS STAY ADDED THROUGH CTRL/I OR ST, GO TO **BOX ST12**. IF THIS STAY ADDED THROUGH NS, GO TO **BOX NS11**.

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	IF ANY (OTHER) ER VISITS AND ER6=1, THEN GO TO IP5. 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.

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***