

MAIN STUDY - ROUND 10

COMMUNITY COMPONENT

OP. OUTPATIENT HOSPITAL UTILIZATION AND EVENTS

OP1. [Since (REF. DATE), (have you/has SP) gone/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (SP) go] to the outpatient department or the outpatient clinic at any hospital for medical care?

**OPPROBE**

YES ..... 1 (OP2)  
 NO ..... 2 **BOX IU1**  
 REFUSED ..... -7 **BOX IU1**  
 DON'T KNOW ..... -8 **BOX IU1**

OP2. Where did (you/SP) go -- to which hospital?

[ENTER ONLY ONE FACILITY.]

**PROVNAME**

BOX OP1	a.	SP HAS USED V.A. FACILITIES (HI36=1) .....	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING) .....	2 (OP4)
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .....	1 (OP4)
		"V.A. FLAG" NOT SET FOR THIS PROVIDER.....	2 (OP3)

OP3. Is (HOSPITAL) a facility of the Veterans Administration?

**VAPLACE**

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

OP4. When did (you/SP) go to an outpatient department at (HOSPITAL NAMED IN OP2)? Please tell me all the dates [since (REF.DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

**EVBEGMM**

**EVNTTYPE**

**EVBEGDD**

**EVNTPROV**

**EVBEGY**

OP5. Were any operations performed on (you/SP) during the visit on (FIRST/NEXT VISIT DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

**ANYOPERS**

YES .....	1 (OP6)
NO .....	2 (OP8)
REFUSED .....	-7 (OP8)
DON'T KNOW .....	-8 (OP8)

OP6. What was the name of the operation or other surgical procedure?  
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

**SURGPROC**

OPERATION 1: .....
OPERATION 2: .....
OPERATION 3: .....

OP7. What condition required the [READ SURGICAL PROCEDURES BELOW]?  
[ENTER ALL CONDITIONS.]

**CONDTION**

BOX OP2	GO TO <b>BOX OP2A</b> .
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OP8. Was this visit to the outpatient department for any specific condition?

**SPECCOND**

YES .....	1 (OP9)
NO .....	2 <b>BOX OP2A</b>
REFUSED .....	-7 <b>BOX OP2A</b>
DON'T KNOW .....	-8 <b>BOX OP2A</b>

OP9. What was the condition?  
[ENTER ALL CONDITIONS.]  
**CONDTION**

BOX OP2A	IF THIS VISIT ADDED THROUGH OP1, GO TO OP10. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO BOX OP3
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OP10. During this visit to the outpatient department, were any medicines prescribed for (you/SP)?

**PRESMDCN**

YES .....	1 (OP11)
NO .....	2 <b>BOX OP3</b>
REFUSED .....	-7 <b>BOX OP3</b>
DON'T KNOW .....	-8 <b>BOX OP3</b>

OP11. Were any of the prescriptions filled?

**PRESFILL**

YES .....	1 (OP12)
NO .....	2 <b>BOX OP3</b>
REFUSED .....	-7 <b>BOX OP3</b>
DON'T KNOW .....	-8 <b>BOX OP3</b>

OP12. Please tell me the names of these medicines.  
 [ENTER ALL MEDICINES.] [CHECK SPELLING]  
 PMEDNAME

BOX OP3	<p>IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS OUTPATIENT DEPARTMENT OF THIS HOSPITAL IS:</p> <p>0..... (GO TO BOX OP5(b))</p> <p>1-4..... (RETURN TO OP5 FOR NEXT VISIT)</p> <p>5 OR MORE .....BOX OP4</p>
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BOX OP4	<p>IF OP5 CODED 1 FOR THIS VISIT, RETURN TO OP5 FOR NEXT VISIT.</p> <p>IF OP5 CODED 2, -7 OR -8 AND OP8 = 1, GO TO OP13.</p> <p>IF OP5 CODED 2, -7 OR -8 AND OP8 = 2, -7 OR -8, GO TO OP5.</p>
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OP13. You told me that (you/SP) also went to the outpatient department of (HOSPITAL NAME) on [READ DATES BELOW].  
 Were any of these visits made for the same condition as the visit you've just told me about?

**SAMEREAS**

YES .....	1 (OP14)
NO .....	2 (OP5 FOR NEXT VISIT)
REFUSED .....	-7 (OP5 FOR NEXT VISIT)
DON'T KNOW .....	-8 (OP5 FOR NEXT VISIT)

OP14. Which visits were for the same condition? What were the dates?  
 [ENTER ALL DATES.]  
 EVNTLINK

BOX OP5	<p>a. FLAG DATE(S) OF VISITS WITH IDENTICAL CONDITIONS IN VISIT ROSTER.              IF ANY REMAINING DATES, GO TO OP5 FOR NEXT UNFLAGGED VISIT.</p> <p>b. IF THIS VISIT ADDED THROUGH OP1, GO TO OP15.              IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC.              IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12.              IF THIS VISIT ADDED THROUGH NS, GO TO BOX NS11.</p>
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OP15. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did (you/SP) have any other visits to the outpatient department at this or any other hospital for services?

YES ..... 1 (OP2)  
 NO ..... 2 **BOX 0P6**  
 REFUSED ..... -7 **BOX 0P6**  
 DON'T KNOW ..... -8 **BOX 0P6**

BOX OP6	<p>IF THIS IS NOT A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT NO OP VISITS FOR THIS ROUND, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO IU1.</p> <p>OTHERWISE, GO TO AC9, AC12 - AC16 FOR MOST RECENT OP VISIT REPORTED FOR THIS ROUND.</p>
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AC9. Think about the most recent time (you/SP) went to a hospital clinic or outpatient department.  
 What was the reason (you/SP) went to the hospital clinic or outpatient department?  
 CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>OPDMCOND</b>	MEDICAL CONDITION NAMED .....	1
<b>OPDTESTS</b>	TESTS .....	2
<b>OPDFOLUP</b>	FOLLOWUP .....	3
<b>OPDCHKUP</b>	CHECKUP .....	4
<b>OPDRFRL</b>	REFERRAL .....	5
<b>OPDSURGY</b>	SURGERY .....	6
<b>OPDPSHOT</b>	OTHER (SPECIFY) .....	91
<b>OPDTSHOT</b>	REFUSED .....	-7
<b>OPDPMED</b>	DON'T KNOW .....	-8
<b>OPDOTHER</b>		
<b>OPDOTHOS</b>		

AC10./AC11. OMITTED.

AC12. Did (you/SP) have an appointment for this visit to the hospital clinic or outpatient department or did (you/he/she) just walk in?

<b>OPDAPPT</b>	APPOINTMENT .....	1 (AC13)
	WALKED IN .....	2 (AC15)
	REFUSED .....	-7 (AC15)
	DON'T KNOW .....	-8 (AC15)

AC13. Did someone at the hospital clinic or outpatient department tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

<b>OPDDRTEL</b>	TOLD TO COME BACK DURING	
	EARLIER VISIT .....	1 (AC15)
	CALLED FOR AN APPOINTMENT .....	2 (AC14)
	REFUSED .....	-7 (AC15)
	DON'T KNOW .....	-8 (AC15)

AC14. How long did (you/SP) have to wait for the appointment -- about how many days, weeks, or months?

<b>OPDAWUNT</b>	DID NOT HAVE TO WAIT .....	0 (AC15)
	DAYS .....	1 (a)
	WEEKS .....	2 (b)
	MONTHS .....	3 (c)
	REFUSED .....	-7 (AC15)
	DON'T KNOW .....	-8 (AC15)

<b>OPDAWDAY</b>	a. NUMBER OF DAYS .....
<b>OPDAWWKS</b>	b. NUMBER OF WEEKS .....
<b>OPDAWMOS</b>	c. NUMBER OF MONTHS .....

AC15. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital clinic or outpatient department take altogether?

<b>OPDVLUNT</b>	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 (AC16)
	DON'T KNOW .....	-8 (AC16)

<b>OPDVLHRS</b>	a. NUMBER OF HOURS .....
<b>OPDVLMIN</b>	b. NUMBER OF MINUTES .....

AC16. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

<b>OPDVWUNT</b>	DID NOT HAVE TO WAIT .....	0 (IU1)
	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 (IU1)
	DON'T KNOW .....	-8 (IU1)

<b>OPDVWHRS</b>	a. NUMBER OF HOURS .....	
<b>OPDVWMIN</b>	b. NUMBER OF MINUTES .....	<b>BOX IU1</b>