

MAIN STUDY - ROUND 16
COMMUNITY COMPONENT
ER. EMERGENCY ROOM UTILIZATION AND EVENTS

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| BOX ER1A | IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX IP1 . 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 BOX IP1 |
| REFUSED | -7 BOX IP1 |
| DON'T KNOW | -8 BOX IP1 |

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

PROVNAME

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| 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 BOX ER1B</p> <p>b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX ER1B</p> <p>"V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (ER3)</p> |
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ER3. Is (HOSPITAL) a facility of the Veterans Administration?

VAPLACE

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

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| 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 BOX ER1C</p> <p>b. "HMO FLAG" CODED YES FOR THIS PROVIDER 1 BOX ER1C</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?

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| HMOASSOC | YES | 1 | BOX ER1C |
| | 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]?

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| HMOREFER | YES | 1 | BOX ER1C |
| | NO | 2 | (ER3c) |
| | REFUSED | -7 | BOX ER1C |
| | DON'T KNOW | -8 | BOX ER1C |

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?

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| | 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 |
| NOHMO MAI | 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 |
| NOHMO MOS | HMO ADMINISTRATIVE OBSTACLES FOR SP | 10 |
| | NOT IN HMO AT TIME OF EVENT | 11 |
| | OTHER (SPECIFY) _____ | 91 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

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| 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

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| 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.]
CONDTION

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| 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 BOX ST12 . IF THIS VISIT ADDED THROUGH NS, GO TO BOX NS11 . |
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ER6. (Were you/Was SP) admitted to (HOSPITAL IN ER2) from the emergency room?

ERADMIT

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| YES | 1 | BOX ER3 |
| NO | 2 | (ER7) |
| REFUSED | -7 | (ER7) |
| DON'T KNOW | -8 | (ER7) |

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

PRESMDCN

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| YES | 1 | (ER8) |
| NO | 2 | BOX ER4 |
| REFUSED | -7 | BOX ER4 |
| DON'T KNOW | -8 | BOX ER4 |

ER8. Were any of the prescriptions filled?

PRESFILL

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|------------------|----|----------------|
| 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

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| 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

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

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| BOX ER5 | IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, GO TO BOX IP1 . IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT NO ER VISITS FOR THIS ROUND, GO TO BOX IP1 . IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX IP1 . 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

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| 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?

ERDRTEL

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|------------------|----|
| 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?

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

ERVLHRS a. NUMBER OF HOURS _____
ERVLMIN b. NUMBER OF MINUTES _____

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

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

ERVWHRS a. NUMBER OF HOURS _____ **BOX IP1**
ERVWMIN b. NUMBER OF MINUTES _____ **BOX IP1**