

MAIN STUDY - ROUND 22
COMMUNITY COMPONENT
OP. OUTPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX OP1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX IU1A . OTHERWISE, GO TO OP1.
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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 IU1A**
REFUSED -7 **BOX IU1A**
DON'T KNOW -8 **BOX IU1A**

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 BOX OP1B
	b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX OP1B "V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (OP3)

OP3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?

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

BOX OP1B	a. SP BELONGS TO AN HMO (HI10a, HI25 OR MEDICARE HMO FLAG = 1 FOR ANY PLAN) 1 (b) SP DOES NOT BELONG TO AN HMO (HI10a, HI25 OR MEDICARE HMO FLAG = 2 OR MISSING FOR <u>ALL</u> PLANS)... 2 BOX OP1C
	b. "HMO FLAG" CODED YES FOR THIS PROVIDER 1 BOX OP1C "HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (OP3b) "HMO FLAG" NOT SET FOR THIS PROVIDER 3 (OP3a)

OP3a. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME BELOW] plan?

HMOASSOC	YES	1	BOX OP1C
	NO	2	(OP3b)
	REFUSED	-7	(OP3b)
	DON'T KNOW	-8	(OP3b)

OP3b. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW] plan?

HMOREFER	YES	1	BOX OP1C
	NO	2	(OP3c)
	REFUSED	-7	BOX OP1C
	DON'T KNOW	-8	BOX OP1C

OP3c. What is the most important reason (you/SP) did not go to a hospital outpatient department associated with [READ HMO PLAN NAME(S) BELOW] or to a hospital outpatient department that [READ HMO PLAN NAME(S) 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
	DIDN'T THINK HMO PROVIDERS 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 HMO	6
NOHMOMAI	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
NOHMOMOS	HMO ADMINISTRATIVE OBSTACLES FOR SP	10
	NOT IN AN 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 OP1C	IF THIS VISIT ADDED THROUGH UTS, GO TO OP5. OTHERWISE, GO TO OP4.
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- 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.]

EVBE GMM
EVBE GDD
EVBE GYY

EVNTTYPE
EVNTPROV

- 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.]

SURGPCOC OPERATION 1: _____
OPERATION 2: _____
OPERATION 3: _____

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

CONDTION

BOX OP2	GO TO BOX OP2A .
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- OP8. Was this visit to the outpatient department for any specific condition?

SPECCOND YES 1 (OP9)
NO 2 **BOX OP2A**
REFUSED -7 **BOX OP2A**
DON'T KNOW -8 **BOX OP2A**

- 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 **BOX OP3**
 REFUSED -7 **BOX OP3**
 DON'T KNOW -8 **BOX OP3**

OP11. Were any of the prescriptions filled?

PRESFILL YES 1 (OP12)
 NO 2 **BOX OP3**
 REFUSED -7 **BOX OP3**
 DON'T KNOW -8 **BOX OP3**

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

PMEDNAME

BOX OP3	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS OUTPATIENT DEPARTMENT OF THIS HOSPITAL IS:	
	0	(GO TO BOX OP5(b))
	1-4	(RETURN TO OP5 FOR NEXT VISIT)
	5 OR MORE REMAINING	BOX OP4

BOX OP4	IF OP5 CODED 1 FOR THIS VISIT, RETURN TO OP5 FOR NEXT VISIT. IF OP5 CODED 2, -7 OR -8 AND OP8 = 1, GO TO OP13. IF OP5 CODED 2, -7 OR -8 AND OP8 = 2, -7 OR -8, GO TO OP5.
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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?

TEMP

YES	1 (OP2)
NO	2 BOX OP6
REFUSED	-7 BOX OP6
DON'T KNOW	-8 BOX OP6

BOX OP6	<p>IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO OP VISITS FOR THIS ROUND, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT 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.]

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

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?

OPDAPPT	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?

OPDDRTEL	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?

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

OPDAWDAY	a. NUMBER OF DAYS
OPDAWWKS	b. NUMBER OF WEEKS
OPDAWMOS	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?

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

OPDVLHRS	a. NUMBER OF HOURS
OPDVLMIN	b. NUMBER OF MINUTES

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

OPDVWUNT	DID NOT HAVE TO WAIT	0	BOX IU1A
	HOURS ONLY	1	(a)
	MINUTES ONLY	2	(b)
	HOURS AND MINUTES	3	(a & b)
	REFUSED	-7	BOX IU1A
	DON'T KNOW	-8	BOX IU1A

OPDVWHRS	a.	NUMBER OF HOURS	_____	
OPDVWMIN	b.	NUMBER OF MINUTES	_____	BOX IU1A