Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			EMERGENCY ROOM UTILIZATION QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after DUQ.		
ERPROBE	ER1	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you gone/has (SP) gone/did (SP) go] to a hospital emergency room for medical care?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) ER2 - PROVIDER_ER (02)BOX ER6 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX ER6 (-9) BOX ER6
PROVIDER_ER	ER2	roster	Where did [you/(SP)] go (to which hospital)? SELECT OR ADD ONLY ONE HOSPITAL. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.]	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] (01) continuous answer (-8) Don't Know (-9) Refused N. [PROVIDER N] N+1. ADD ANOTHER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	BOX ER1
PROVNAME	ER2	verbatim	[PROVIDER LOOKUP CALLED FROM THIS SCREEN] ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL] YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK. NAME:		BOX ER1
GROUPNAM	ER2	verbatim	GROUP:		
	BOX ER1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ER3 - VAPLACE. ELSE GO TO BOX ER1B.		
VAPLACE	ER3	yes/no	Is (PROVIDER NAME) a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX ER1B
	BOX ER1B	routing	IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO ER3A - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO ER3B - HMOREFER. ELSE GO TO ER4 - EVENT_ER.		
HMOASSOC	ER3A	yes/no	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) ER4 - EVENT_ER (02) ER3B - HMOREFER (-8) ER3B - HMOREFER (-9) ER3B - HMOREFER
HMOREFER	ER3B	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	ER4 - EVENT_ER

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EVENT_ER	ER4	roster	When did [you/(SP)] go to the emergency room at (PROVIDER NAME)? Please tell me all the dates [since REFERENCE DATE/UTILDATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. [IF THE SAMPLE PERSON SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.]	(01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY:	ER4_IN - NAVIGATOR
ERADD	ER4B	choose one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) ER6 -EVENT_ER (02) ER6_IN - NAVIGATOR
NAVIGATOR	ER4_IN	instance navigator	YOU HAVE ENTERED DATES FOR THE FOLLOWING EVENTS. SELECT AN EVENT TO DISCUSS WITH SP OR PRESS [PREVIOUS] TO GO BACK AND ADD MORE EVENTS. [DISPLAY ALL EVENTS ADDED AT ER6] [EVENT DATE, PROVIDER]	(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) ER6 - ERADMIT (02) ER10 - ERMORE
ERADMIT	ER6	yes/no	[Were you/Was (SP)] admitted to (PROVIDER NAME) from the emergency room?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX ER4 (02) ER7 - PRESMDCN (-8) ER7 - PRESMDCN (-9) ER7 - PRESMDCN
PRESMDCN	ER7	yes/no	During [your/(SP's)] visit to the emergency room, were any medicines prescribed for [you/(SP)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) ER8 - PRESFILL (02) BOX ER4 (-8) BOX ER4 (-9) BOX ER4
PRESFILL	ER8	yes/no	Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX ER3A (02) BOX ER4 (-8) BOX ER4 (-9) BOX ER4
	BOX ER3A	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO ER8A - ERPMMEDS. ELSE GO TO ER9 - MEDICINE_ER.		
ERPMMEDS	ER8A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.		ER9 - MEDICINE_ER
MEDICINE_ER (MED for R71)	ER9	roster	Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.	(01) continuous answer [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] … N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"]	BOX ER4
PMEDNAME	ER9	verbatim	NAME:		ER9-PMSTRUNI
PMSTRUNI	ER9	verbatim	STRENGTH:		ER9B-ADDP
MEDID	ER9	numeric	[THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.]		
ADDP	ER9B	roster	MEDICATIONS FILLED DURING THIS VISIT [DISPLAY ALL MEDICINES ADDED AT MED]	(01) ADD ANOTHER (02) ALL DONE	(01) MED (02) BOX ER4
	BOX ER4	routing	GO TO ER4_IN - NAVIGATOR. [LOOP THROUGH ALL DETAILED QUESTIONS FOR EACH EVENT BEFORE CONTINUING TO ER10]	(01) ADD ANOTHER (02) ALL DONE	
ERMORE	ER10	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to the emergency room at this or any other hospital?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) ER2 - PROVIDER_ER (02) BOX ER5 (-8) BOX ER5 (-9) BOX ER5
	BOX ER5	routing	IF FALL ROUND AND ((SP REPORTED AN EMERGENCY ROOM VISIT AT ER2) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED)), GO TO AC6A - EWAITUNT. ELSE GO TO BOX ER6.		
	BOX ER6	routing	GO TO IPQ.		