

MAIN STUDY - ROUND 4

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.]

EVBEGBMM

EVNTTYPE

EVBEGBDD

EVNTPROV

EVBEGBYY

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 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 MOREBOX 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.

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	a. FLAG DATE(S) OF VISITS WITH IDENTICAL CONDITIONS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO OP5 FOR NEXT UNFLAGGED VISIT.
	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.

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 **BOX0P6**

BOX OP6	<p>IF NO OP VISITS FOR THIS ROUND OR SP IS DECEASED OR INSTITUTIONALIZED, GO TO IU1. OTHERWISE:</p> <p>IF OP5=2 AND OP8=2 OR MISSING, GO TO AC9 - AC16 FOR MOST RECENT OP VISIT DATE.</p> <p>IF OP5=1 OR OP8=1, GO TO AC12-AC16 FOR MOST RECENT OP VISIT DATE. IF ALL OP VISIT DATES=MISSING FOR MONTH, USE LAST REPORTED DATE FROM OP4 (OR OP14, IF DATE ADDED THERE).</p>
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AC9. Think about the(most recent) outpatient department visit that (you/SP) had on (OP DATE) [to (HOSPITAL NAME)]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. OMITTED.

AC11. What (was the) condition (required the surgery)?
 [ENTER ALL CONDITIONS.]

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)

OUTPATIENT HOSPITAL UTILIZATION AND EVENTS (OP)

Household (Round 4 Main)

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 (IU1)
	HOURS ONLY	1 (a)
	MINUTES ONLY	2 (b)
	HOURS AND MINUTES	3 (a & b)
	REFUSED	-7 (IU1)
	DON'T KNOW	-8 (IU1)

OPDVWHRS	a. NUMBER OF HOURS	
OPDVWMIN	b. NUMBER OF MINUTES	BOX IU1