

MAIN STUDY - ROUND 4

COMMUNITY COMPONENT

ER. EMERGENCY ROOM UTILIZATION AND EVENTS

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.]

BOX ER1	a.	SP HAS USED V.A. FACILITIES (HI36=1)	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2 (ER4)
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1 (ER4)
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2 (ER3)

ER3. Is (HOSPITAL) a facility of the Veterans Administration?

VAPLACE

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

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.]

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

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

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 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 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

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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EMERGENCY ROOM UTILIZATION AND EVENTS (ER)

Household (Round 4 Main)

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?

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

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 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 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

HOURS ONLY 1 (a)

MINUTES ONLY 2 (b)

HOURS AND MINUTES 3 (a & b)

REFUSED -7

DON'T KNOW -8

- ERVWHRS

a. NUMBER OF HOURS _____

ERVWMIN

b. NUMBER OF MINUTES _____

BOX AC1B	IFSP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7. OTHERWISE, GO TO AC1C.
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