

MAIN STUDY - ROUND 7

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.]

EVBE GMM
EVBE GDD
EVBE GYY

| | |
|------------|---|
| BOX ER2 | ASK ER5-ER9 FOR EACH VISIT REPORTED AT ER4. |
|------------|---|

ER5. For what condition did (you/SP) go to the emergency room on [FIRST/NEXT VISIT DATE]?
[ENTER ALL CONDITIONS.]

CONDITON

| | |
|-------------|---|
| 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 . |
|-------------|---|

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 . |
|------------|--|

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. |
|------------|--|

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**

| | |
|------------|--|
| BOX ER5 | <p>IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, GO TO BOX IP1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT NO ER VISITS FOR THIS ROUND, GO TO BOX IP1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX IP1.</p> <p>OTHERWISE, GO TO AC3 - AC6 FOR MOST RECENT ER VISIT REPORTED FOR THIS ROUND.</p> |
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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

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 | 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 |