

MAIN STUDY - ROUND 10

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	<p>IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS OUTPATIENT DEPARTMENT OF THIS HOSPITAL IS:</p> <p>0..... (GO TO BOX OP5(b))</p> <p>1-4..... (RETURN TO OP5 FOR NEXT VISIT)</p> <p>5 OR MOREBOX OP4</p>
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BOX OP4	<p>IF OP5 CODED 1 FOR THIS VISIT, RETURN TO OP5 FOR NEXT VISIT.</p> <p>IF OP5 CODED 2, -7 OR -8 AND OP8 = 1, GO TO OP13.</p> <p>IF OP5 CODED 2, -7 OR -8 AND OP8 = 2, -7 OR -8, GO TO OP5.</p>
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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?

YES 1 (OP2)
 NO 2 **BOX 0P6**
 REFUSED -7 **BOX 0P6**
 DON'T KNOW -8 **BOX0P6**

BOX OP6	IF NO OP VISITS FOR THIS ROUND OR SP IS DECEASED OR INSTITUTIONALIZED, GO TO IU1. OTHERWISE, GO TO AC9, AC12 - AC16 FOR MOST RECENT OP VISIT REPORTED FOR THIS ROUND.
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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 (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