MAIN STUDY - ROUND 10

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.]
        PROVNAME

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.]

        EVBEGMM
        EVBEGDD
        EVBEGYY

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

1

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**.

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

2

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

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

3

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*