

MCBS MAIN STUDY - ROUND 13

COMMUNITY COMPONENT

UTS. UTILIZATION SUMMARY

BOX UTS1A	<p>IF UTILIZATION INTERVIEW WAS NEVER COMPLETED OR SP WAS SUPPLEMENTAL SAMPLE DURING PREVIOUS ROUND, GO TO DUINTRO.</p> <p>IF THIS IS SP'S EXIT INTERVIEW AND PREVIOUS INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO INSTRUCTIONS BEFORE DUINTRO.</p> <p>IF THIS IS SP'S EXIT INTERVIEW AND PREVIOUS INTERVIEW WAS SKIPPED, GO TO UTSINTRA.</p> <p>OTHERWISE, GO TO UTSINTRA.</p>
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UTSINTRA. The last time we were here, we asked for information about medical visits and medical items (you/SP) had between (PREVIOUS ROUND START REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE). [HAND SUMMARY PAGES TO RESPONDENT.]
[PRESS ENTER TO CONTINUE.]

USTINTRB. Please briefly review these calendar pages. [There is a symbol on the calendar for any day of the month that (you/SP) had a medical visit or medical item. Printed at the bottom of each page are the dates and names of any medical providers that (you/SP) saw and the names of any items (you/SP) obtained. As we collect similar information today, we might want to refer to this calendar to be sure we don't record information that has already been reported./In the last interview, we recorded that (you/SP) had no medical visits or medical items between (PREVIOUS ROUND START DATE) and (PREVIOUS ROUND INTERVIEW DATE). Today we will be talking about visits (you/SP) may have had since we were last here. If you happen to remember something we should have recorded last time, we can take care of that now or during the interview.]

This calendar does not include any of the prescribed medicines that were reported for the last time period. We'll talk about those shortly.)

[PRESS ENTER TO CONTINUE.]

UTSINTRC. [REFER TO SUMMARY PAGES TO REVIEW PREVIOUS ROUND UTILIZATION.]

[CODE WITHOUT ASKING:]

NO CHANGES APPEAR TO BE NECESSARY	1 (DUINTRO)
NEED TO ADD OR CORRECT A VISIT/STAY	2 BOX UTS1a
NEED TO ADD OR CORRECT ANOTHER MEDICAL EXPENSE	3 BOX UTS1b
(NEED TO DROP A VISIT/STAY)	4 (UTS2)
(NEED TO DROP ANOTHER MEDICAL EXPENSE)	5 (UTS6)

BOX UTS1	<p>a. IF NO PROVIDERS PREVIOUSLY REPORTED FOR THIS SP, GO TO UTS1. IF PROVIDERS PREVIOUSLY REPORTED FOR SP, GO TO UTS2.</p> <p>b. IF NO OTHER MEDICAL EXPENSES PREVIOUSLY REPORTED FOR THIS SP, GO TO UTS5. IF OTHER MEDICAL EXPENSES PREVIOUSLY REPORTED FOR THIS SP, GO TO UTS6.</p>
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UTS1. NO PROVIDERS HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ENTER A PROVIDER?

YES 1 (UTS2)
 NO 2 (UTSINTRC)

UTS2. YOU CAN ADD, SELECT, OR CORRECT PROVIDER NAMES HERE.

[ENTER ONLY ONE.]

TO CORRECT SPELLING OR SELECT, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR.

TO ADD A PROVIDER, PRESS CTRL/A. TO LEAVE SCREEN, PRESS ESC.

[PROVIDER ROSTER]

UTS3. MEDICAL VISITS/STAYS FOR (PROVIDER) FOR (PREVIOUS ROUND REF. PERIOD)

YOU CAN (CORRECT OR ADD/DROP) VISITS/STAYS HERE.

(TO CORRECT DATE, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR.)

(TO ADD A DATE, PRESS CTRL/A. TO LEAVE SCREEN, PRESS ESC.)

(IF TYPE IS IP AND SP WAS STILL IN HOSPITAL, ENTER 95 FOR MONTH IN STOP DATE.)

(TO DROP A PREVIOUSLY REPORTED VISIT, USE ARROW KEYS, PRESS X, PRESS ENTER.)

	TYPE	START DATE	STOP DATE
X	XXX	XX/XX/XX	XX/XX/XX

TYPE: 1 = SEPARATELY BILLING LAB (SBL) 2 = SEPARATELY BILLING DOCTOR (SBD) 3 = DENTAL (DU) 4 = HOSPITAL EMERGENCY ROOM (ER) 5 = HOSPITAL INPATIENT STAY (IP) 6 = HOSPITAL OUTPATIENT VISIT (OP) 7 = INSTITUTIONAL STAY (IU) 8 = HOME HEALTH PROFESSIONALS (HHP) 9 = OTHER HOME HEALTH (AIDES, HOMEMAKERS, ETC.) (OHH) 10 = ALL OTHER VISITS TO MEDICAL PROVIDERS (MP)

BOX UTS2	<p>IF ESC ENTERED WITH NO OTHER ENTRIES, GO TO UTSINTRC.</p> <p>IF TYPE = 1 OR 2, GO TO UTSINTRC.</p> <p>IF 4 ENTERED AT UTSINTRC, RETURN TO UTSINTRC.</p> <p>IF 95 ENTERED FOR MONTH OF STOP DATE OR TYPE ENTERED = 7, DO NOT COLLECT UTILIZATION SECTION - COLLECT UTILIZATION FOR ANY OTHER TYPE ENTERED (UNLESS UTSINTRC = 4) AND GO TO UTS4, OR GO TO UTSINTRC.</p>
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UTS4. Before we continue, I would like to ask you a few questions about the visit(s) I just added.
 PRESS ENTER TO CONTINUE.]

BOX UTS3	IF TYPE = 3, GO TO DU7. IF TYPE = 4, GO TO ER5. IF TYPE = 5 AND MONTH NOT = 95, GO TO IP7. IF TYPE = 6, GO TO OP5. IF TYPE = 8 OR 9, GO TO UTS4a. IF TYPE = 10, GO TO BOX MP2A . RETURN TO UTSINTRC WHEN ALL UTILIZATION COLLECTED.
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UTS4a. IS (PROVIDER) A FACILITY OR A PERSON?

FACPERS

FACILITY 1
 PERSON 2

BOX UTS4	IF 1 AND UTS3 TYPE = 8, GO TO HH6. IF 1 AND UTS3 TYPE = 9, GO TO HH25. IF 2 AND UTS3 TYPE = 8, GO TO HH3. IF 2 AND UTS3 TYPE = 9, GO TO HH20.
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UTS5. NO OTHER MEDICAL EXPENSES HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ENTER AN OTHER MEDICAL EXPENSE?

YES 1 (UTS6)
 NO 2 (UTSINTRC)

In header, display previous round reference dates. Display the Roster for OMEs including previous round events only. Roster should consist of 5 columns: column for selection, column for the OME type, and column for the start date, column for the stop date, and column for displaying the letter "R" if item is a rental (OM6a, OM19b, OM21b, or OM24a = 1). If roster is empty, only display instructions for leaving the screen. Display all instructions for correction and addition if one or more entries appear in the roster and display only "DROP" instruction if UTSINTRC = 5.

Do not display a column for number of purchases.

Display the name of item for each item reported and the date obtained.

Display "DK", "RF", or "MS" for any date field that is a missing value.

Allow any date to be selected for correction by the entering of an X next to the item number but do not allow correction of the item type.

When X is entered, move the cursor to the first digit of the date and allow the entire date to be retyped. If X is entered for a rental item, allow cursor to move to stop date for correction.

Rental items may include: crutches, walker, wheelchair, other specify orthopedic items, oxygen-related equipment, kidney dialysis equipment, hospital bed, and other specify medical equipment.

If potential rental items are added, entry of the start date will be required, but "N/A" should be displayed for stop date until OM utilization questions have been asked. If item is still being rented at next display of this matrix (OM7b = 1, OM20b = 1, OM22b = 1, or OM26a1 = 1), show "N/A" for stop date. Similarly, if item is no longer being rented, display stop date as entered in OM7c, OM20c, OM22c, and OM26b.

If CTRL/A is entered to add an item, entry of the item and date will be required.

Display "GLASSES/CONTACTS" for item if 1 entered; display "HEARING/SPEECH" for item if 2 entered; display "ORTHOPEDIC" for item if 3 is entered and bring cursor outside of the roster box, show Orthopedic subcategories and replace item name with name of subcategory chosen; display "DIABETIC SUPPLIES" for item if 4 is entered; display "AMBULANCE/RESCUE" for item if 5 is entered; display "PROSTHESIS" for item if 6 is entered; display "ALTERATIONS (HOME/CAR)" for item if 7 is entered and bring cursor outside of the roster box, show alteration subcategories and replace item name with name of subcategory chosen; display "OXYGEN" for item if 8 is entered and bring cursor outside of the roster box, show oxygen subcategories and replace item name with name of subcategory chosen; display "KIDNEY DIALYSIS SUPPLIES" for item if 9 is entered and bring cursor outside of the roster box, show kidney dialysis subcategories and replace item name with name of subcategory chosen; and display "OTHER MEDICAL SUPPLIES" for item if 10 is entered and bring cursor outside of the roster box, show other medical supplies subcategories and replace item name with name of subcategory chosen.

NOTE: Items should be part of screen but subcategory codes should only be shown when needed.

Disallow DK and REFUSED in type.

All dates entered must be within the previous round reference period. If any date entered outside of that reference period, display error message: "ONLY DATES BETWEEN (PREVIOUS ROUND START REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) CAN BE ENTERED HERE."

Disallow correction of a date which would make it the same as one which already appears on the roster for the same type of item (at the subcategory level) except those dates which have DK in either of the date fields. If duplicate date is entered, display error message: "THIS DATE IS ALREADY ON THE ROSTER. SELECT ANOTHER DATE OR MAKE CORRECTION."

Allow 95 for date if OM item = 7.

Disallow CTRL/D.

If item = DEPENDS (DIAPERS), OSTOMY SUPPLIES, or bandages, record NA in date column.

Allow DK and REFUSED in all date fields. If CTRL/A and type entered is 45, 46, or 47, go to UTS7 to collect number of purchases. Disallow multiple entries of Depends, Ostomy Supplies, or Bandages. If attempted display message, "YOU MAY ONLY ENTER THIS ITEM TYPE ONCE."

NOTE: If an OM rental item is added, this item should be considered a summary item in the OM section.

OTHER MEDICAL EXPENSES

UTS6. [ENTER "95" IN MONTH FIELD IF ALTERATION NOT YET COMPLETED.]
 YOU CAN (CORRECT DATES OR ADD/DROP) OMEs HERE FOR (PREVIOUS ROUND REF. PERIOD).

	<u>OME TYPE</u>	<u>START DATE</u>	<u>STOP DATE</u>
(R)	(NAME OF ITEM)	(DATE OBTAINED)	(LAST RENTAL DATE)
(R)	(NAME OF ITEM)	(DATE OBTAINED)	(LAST RENTAL DATE)
(R)	(NAME OF ITEM)	(DATE OBTAINED)	(LAST RENTAL DATE)
(R)	(NAME OF ITEM)	(DATE OBTAINED)	(LAST RENTAL DATE)

(TO CORRECT DATE, USE ARROW KEYS, PRESS X, PRESS ENTER)

(TO ERASE AN X, PRESS SPACE BAR)

(TO ADD AN ITEM, PRESS CTRL/A)

(TO DROP A PREVIOUSLY REPORTED ITEM, USE ARROW KEYS, PRESS X, PRESS ENTER)

(TO LEAVE SCREEN, PRESS ESC)

ITEM: 1 = GLASSES/CONTACTS 2 = HEARING/SPEECH DEVICE 3 = ORTHOPEDIC ITEM
 4 = DIABETIC SUPPLIES 5 = AMBULANCE/RESCUE 6 = PROSTHESIS 7 = ALTERATIONS (HOME/CAR) 8 =
 OXYGEN 9 = KIDNEY DIALYSIS 10 = ALL OTHER MEDICAL SUPPLIES

[IF ORTHOPEDIC ITEM: 21 = BRACES/SUPPORTS 22 = CANE 23 = CORRECTIVE SHOES
 24 = CRUTCHES 25 = WALKER 26 = WHEELCHAIR 91 = OTHER (SPECIFY)]

[IF ALTERATION: 31 = ELEVATOR 32 = HANDRAILS (NOT TUB) 33 = RAMPS 34 = TUB HANDRAILS 35 = TUB
 SEAT 36 = ANY CAR ALTERATION 91 = OTHER (SPECIFY)]

[IF OTHER MEDICAL SUPPLIES: 41 = RAISED TOILET SEAT 42 = PORTABLE TUB SEAT 43 = SPECIAL
 CHAIR/CUSHION 44 = HOSPITAL BED 45 = OSTOMY SUPPLIES 46 = DEPENDS (DIAPERS) 47 =
 BANDAGES, DRESSINGS, TAPE SUPPLIES 91 = OTHER (SPECIFY)]

[IF OXYGEN ITEM: 51=OXYGEN/SUPPLIES 52=OXYGEN-RELATED EQUIPMENT]

[IF KIDNEY DIALYSIS ITEM: 61=KIDNEY DIALYSIS SUPPLIES 62=KIDNEY DIALYSIS EQUIPMENT]

BOX UTS5	IF CTRL/A FOR AN ITEM, SET FLAG TO SHOW THAT ITEM WAS COLLECTED IN UTS. IF UTSINTRC = 5 AND ITEM SELECTED AT UTS6, SET FLAG TO SHOW THAT ITEM WAS REPORTED IN ERROR. RETURN TO UTSINTRC AFTER ALL CHANGES MADE. IF CRTL/A AND TYPE ENTERED IS 3 (ORTHOPEDIC ITEM) AND SUBCATEGORY IS 24, 25, 26 OR 91, GO TO OM6A. IF TYPE IS 8, AND SUBCATEGORY IS 51, GO TO OM19B. IF TYPE IS 9 AND SUBCATEGORY IS 62, GO TO OM21B. IF TYPE IS 10 AND SUBCATEGORY IS 44 OR 91, GO TO OM24A. OTHERWISE, RETURN TO UTSINTRC WHEN ESC ENTERED.
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UTS7. How many times between (PREVIOUS ROUND START DATE) and (PREVIOUS ROUND INTERVIEW DATE) did (you/SP) buy or obtain (ITEM IN UTS6)?

GETNUM

NUMBER OF TIMES: _____
REFUSED -7
DON'T KNOW -8