MAIN STUDY - ROUND 16

COMMUNITY COMPONENT

IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX IP1	EXITING OR CONTINUING SP GO TO IP5 IF:
	    PREVIOUS ROUND IP DISCHARGE DATE = "95" (STILL IN HOSPITAL), AND/OR
	    SP WAS ADMITTED TO HOSPITAL AS INPATIENT FROM EMERGENCY ROOM THIS ROUND (ER6=1).
	
	OTHERWISE:
	    CONTINUING SP GO TO IP1, OR
	    EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS SKIPPED (41), GO TO IP1, OR
	    EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO CPS.

IP1.	[Since (REF. DATE), (have you/has SP) been/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP)] admitted to a hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

IPPROBE
YES 1 (IP2)
NO .... 2 ***BOX OP1A***
REFUSED .... -7 ***BOX OP1A***
DON'T KNOW .... -8 ***BOX OP1A***

IP2.	Where (were you/was SP) admitted -- to which hospital?
[ENTER ONLY ONE FACILITY.]
PROVNAME

BOX IP2	a. SP HAS USED V.A. FACILITIES (HI36=1) .... 1 (b)
	      SP HAS NOT USED V.A. (HI36=2 OR MISSING) .... 2 ***BOX IP2A***
	
	b. "V.A. FLAG" SET FOR THIS PROVIDER .... 1 ***BOX IP2A***
	      "V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (IP3)

IP3.	Is (HOSPITAL) a facility of the Veterans Administration?

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

BOX IP2A	a. SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG = 1 FOR ANY PLAN) .... 1 (b) SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO FLAG = 2 OR MISSING <u>FOR</u> ALL PLANS) .. 2 ***BOX IP2B*** b. "HMO FLAG" CODED YES FOR THIS PROVIDER .... 1 ***BOX IP2B*** "HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER .... 2 (IP3b) "HMO FLAG" NOT SET FOR THIS PROVIDER 3 (IP3a)	

IP3a.   Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] plan?

HMOASSOC

YES .... 1 ***BOX IP2B***
NO 2 (IP3b)
REFUSED .... -7 (IP3b)
DON'T KNOW .... -8 (IP3b)

IP3b.   (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

HMOREFER

YES .... 1 ***BOX IP2B***
NO 2 (IP3c)
REFUSED .... -7 ***BOX IP2B***
DON'T KNOW .... -8 ***BOX IP2B***

IP3c.   What is the most important reason (you/SP) did not go to a hospital associated with [READ PLAN NAMES BELOW] or a hospital that [READ PLAN NAMES BELOW] would refer (you/SP) to?

HMO DOES NOT COVER THE SERVICE SP WANTED 1
SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO .. 2
HMO NOT CONVENIENTLY LOCATED FOR THE SP 3
HMO PROVIDERS NOT COMPETENT/QUALIFIED TO
   HANDLE SP'S CONDITION/NEEDS 4
SP DIDN'T WANT TO GO THROUGH PRIMARY CARE
   PHYSICIAN TO GET REFERRAL 5
SP WANTED TO GO TO A PROVIDER NOT AVAILABLE
NOHMOMAI   THROUGH THE HMO 6
SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO
   THEIR ENROLLMENT IN THE HMO 7
HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT
   WAS NECESSARY 8
THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 9
HMO ADMINISTRATIVE OBSTACLES FOR SP 10
NOT IN HMO AT TIME OF EVENT.. 11
NOHMOMOS OTHER (SPECIFY) _____ 91
REFUSED .... -7
DON'T KNOW .... -8

BOX IP2B	IF THIS EVENT ADDED THROUGH UTS, GO TO IP7. OTHERWISE, GO TO IP4.

IP4.   When (were you/was SP) admitted to and discharged from (HOSPITAL NAMED IN IP2/NAME OF HOSPITAL FROM ER2)?
[ENTER "95" IN MONTH FIELD FOR DISCHARGE DATE IF SP STILL IN HOSPITAL.]

ADMISSION _____/_____/_____   DISCHARGE _____/_____/_____ ***BOX IP3***
           MONTH   DAY   YEAR   MONTH   DAY   YEAR
EVBEGMM   **EVENDMM**
EVBEGDD   **EVENDDD**
EVBEGYY   **EVENDYY**

IP5.   [Last time (you/SP) had been admitted to (HOSPITAL) on (ADMISSION DATE) and (were/was) still a patient there on (PREVIOUS ROUND INTERVIEW DATE). When (were you/was SP) discharged from (HOSPITAL) for that stay?
[You told me (you were/SP was) admitted to (NAME OF HOSPITAL FROM ER2) from the emergency room on (DATE FROM ER4).] When (were you/was SP) discharged from (HOSPITAL) for the stay that started on (IP4 ADMISSION DATE)?
[ENTER "95" IN MONTH FIELD IF STILL IN HOSPITAL.]

EVENDMM   _____/_____/_____
EVENDDD   MONTH   DAY   YEAR
EVENDYY

BOX IP2A OMITTED.

IP6 OMITTED.

BOX IP3	CONTINUING SAMPLE AND EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS SKIPPED (41):
	    IF DISCHARGE DATE = 95 AND SP WAS IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO OP1.
	    IF DISCHARGE DATE = 95 AND SP WAS <u>NOT</u> IN HOSPITAL AS OF PREVIOUS ROUND INTERVIEW DATE, GO TO IP16.
	OTHERWISE, ASK IP7-IP15 FOR EACH COMPLETE HOSPITAL STAY REPORTED AT IP4 AND IP5.
	
	EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED:
	    IF DISCHARGE DATE = 95, GO TO ***BOX NS1***.
	OTHERWISE, ASK IP7-IP12 FOR THE COMPLETED HOSPITAL STAY.

3

IP7.   Were any operations performed on (you/SP) during the hospital stay that was (FIRST/NEXT ADMISSION DATE) to (FIRST/NEXT DISCHARGE DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

           ANYOPERS   YES 1 (IP8)
                                                        NO 2 (IP10)
                                                        REFUSED .... -7 (IP10)
                                                        DON'T KNOW .... -8 (IP10)

IP8.   What was the name of the operation or surgical procedure?
            [ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

           SURGPROC   OPERATION 1: ....
                                                        OPERATION 2: ....
                                                        OPERATION 3: ....

IP9.   What condition required the [READ SURGICAL PROCEDURES BELOW]?
            [ENTER ALL CONDITIONS.]
            CONDTION

BOX IP4	GO TO IP12.

IP10.   Was this hospital stay for any specific condition?

           SPECCOND   YES 1 (IP11)
                                                          NO 2 (IP12)
                                                          REFUSED .... -7 (IP12)
                                                         DON'T KNOW .... -8 (IP12)

IP11.   What was the condition?
            [ENTER ALL CONDITIONS.
            CONDTION

IP12.   During this hospitalization, did (you/SP) have any special or private duty nursing care?

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

BOX IP4A	IF EXIT 40 SAMPLE, GO TO **BOX NS1**. OTHERWISE: IF THIS STAY ADDED THROUGH IP1, GO TO IP13. IF THIS STAY ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS STAY ADDED THROUGH CTRL/I OR ST, GO TO **BOX ST12**. IF THIS STAY ADDED THROUGH NS, GO TO **BOX NS11**.

IP13.   At the time (you were /SP was) discharged, were any medicines prescribed for (you/SP)?

PRESMDCN

YES 1 (IP14)
NO .... 2 **BOX IP5**
REFUSED .... -7 **BOX IP5**
DON'T KNOW .... -8 **BOX IP5**

IP14.   Were any of the prescriptions filled?

PRESFILL

YES 1 (IP15)
NO .... 2 **BOX IP5**
REFUSED .... -7 **BOX IP5**
DON'T KNOW .... -8 **BOX IP5**

IP15.   Please tell me the names of these medicines.
          [ENTER ALL MEDICINES.]   [CHECK SPELLING.]
          PMEDNAME

BOX IP5	IF ANY (OTHER) ER VISITS AND ER6=1, THEN GO TO IP5. OTHERWISE, GO TO IP16 IF CONTINUING SAMPLE OR EXITING SAMPLE WHERE PREVIOUS INTERVIEW SKIPPED OR GO TO **BOX NS1**. IF EXITING SAMPLE WHERE PREVIOUS INTERVIEW WAS NOT SKIPPED.

IP16.   [INTERVIEWER: IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES"
          WITHOUT ASKING. OTHERWISE, ASK:] [Since (REF. DATE), (have you/has SP) had/Between (PREVIOUS
          ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) have] any
          other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day"
          procedure? [NOTE: IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS
          OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.]

TEMP

YES 1 (IP2)
NO .... 2 **BOX OP1A**
REFUSED .... -7 **BOX OP1A**
DON'T KNOW .... -8 **BOX OP1A**