

MAIN STUDY - ROUND 16  
COMMUNITY COMPONENT  
OP. OUTPATIENT HOSPITAL UTILIZATION AND EVENTS

BOX OP1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO <b>BOX IU1A</b> . OTHERWISE, GO TO OP1.
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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 IU1A**  
REFUSED ..... -7 **BOX IU1A**  
DON'T KNOW ..... -8 **BOX IU1A**

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 <b>BOX OP1B</b>
	b. "V.A. FLAG" SET FOR THIS PROVIDER ..... 1 <b>BOX OP1B</b> "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

BOX OP1B	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 FOR <u>ALL</u> PLANS) ..... 2 <b>BOX OP1C</b>
	b. "HMO FLAG" CODED YES FOR THIS PROVIDER ..... 1 <b>BOX OP1C</b> "HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER ..... 2 (OP3b) "HMO FLAG" NOT SET FOR THIS PROVIDER ..... 3 (OP3a)

OP3a. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME BELOW] plan?

<b>HMOASSOC</b>	YES .....	1	<b>BOX OP1C</b>
	NO .....	2	(OP3b)
	REFUSED .....	-7	(OP3b)
	DON'T KNOW .....	-8	(OP3b)

OP3b. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW] plan?

<b>HMOREFER</b>	YES .....	1	<b>BOX OP1C</b>
	NO .....	2	(OP3c)
	REFUSED .....	-7	<b>BOX OP1C</b>
	DON'T KNOW .....	-8	<b>BOX OP1C</b>

OP3c. What is the most important reason (you/SP) did not go to a hospital outpatient department associated with [READ PLAN NAMES BELOW] or to a hospital outpatient department 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 THROUGH THE HMO .....	6
<b>NOHMOMAI</b>	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
<b>NOHMOMOS</b>	HMO ADMINISTRATIVE OBSTACLES FOR SP .....	10
	NOT IN HMO AT TIME OF EVENT .....	11
	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX OP1C	IF THIS VISIT ADDED THROUGH UTS, GO TO OP5. OTHERWISE, GO TO OP4.
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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.]

<b>EVBE GMM</b>	<b>EVNTTYPE</b>
<b>EVBE GDD</b>	<b>EVNTPROV</b>
<b>EVBE GYY</b>	

- 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 <b>BOX OP2A</b> .
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- OP8. Was this visit to the outpatient department for any specific condition?

**SPECCOND**

YES .....	1 (OP9)
NO .....	2 <b>BOX OP2A</b>
REFUSED .....	-7 <b>BOX OP2A</b>
DON'T KNOW .....	-8 <b>BOX OP2A</b>

- 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 <b>BOX OP3</b>
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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 <b>BOX OP3</b>
REFUSED .....	-7 <b>BOX OP3</b>
DON'T KNOW .....	-8 <b>BOX OP3</b>

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	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS OUTPATIENT DEPARTMENT OF THIS HOSPITAL IS:	
	0 .....	(GO TO <b>BOX OP5(b)</b> )
	1-4 .....	(RETURN TO OP5 FOR NEXT VISIT)
	5 OR MORE REMAINING .....	<b>BOX OP4</b>

BOX OP4	IF OP5 CODED 1 FOR THIS VISIT, RETURN TO OP5 FOR NEXT VISIT. IF OP5 CODED 2, -7 OR -8 AND OP8 = 1, GO TO OP13. IF OP5 CODED 2, -7 OR -8 AND OP8 = 2, -7 OR -8, GO TO OP5.
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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	a. FLAG DATE(S) OF VISITS WITH IDENTICAL CONDITIONS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO OP5 FOR NEXT UNFLAGGED VISIT.  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 <b>BOX ST12</b> . IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b> .
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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?

<b>TEMP</b>	YES .....	1 (OP2)
	NO .....	2 <b>BOX 0P6</b>
	REFUSED .....	-7 <b>BOX 0P6</b>
	DON'T KNOW .....	-8 <b>BOX 0P6</b>

BOX OP6	<p>IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT NO OP VISITS FOR THIS ROUND, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO IU1.</p> <p>OTHERWISE, GO TO AC9, AC12 - AC16 FOR MOST RECENT OP VISIT REPORTED FOR THIS ROUND.</p>
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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.]

<b>OPDMCOND</b>	MEDICAL CONDITION NAMED .....	1
<b>OPDTESTS</b>	TESTS .....	2
<b>OPDFOLUP</b>	FOLLOWUP .....	3
<b>OPDCHKUP</b>	CHECKUP .....	4
<b>OPDRFRL</b>	REFERRAL .....	5
<b>OPDSURGY</b>	SURGERY .....	6
<b>OPDPSHOT</b>	OTHER (SPECIFY) .....	91
<b>OPDTSHOT</b>	REFUSED .....	-7
<b>OPDPMED</b>	DON'T KNOW .....	-8
<b>OPDOTHER</b>		
<b>OPDOTHOS</b>		

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?

<b>OPDAPPT</b>	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?

<b>OPDDRTEL</b>	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?

<b>OPDAWUNT</b>	DID NOT HAVE TO WAIT .....	0 (AC15)
	DAYS .....	1 (a)
	WEEKS .....	2 (b)
	MONTHS .....	3 (c)
	REFUSED .....	-7 (AC15)
	DON'T KNOW .....	-8 (AC15)

<b>OPDAWDAY</b>	a. NUMBER OF DAYS .....
<b>OPDAWWKS</b>	b. NUMBER OF WEEKS .....
<b>OPDAWMOS</b>	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?

<b>OPDVLUNT</b>	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 (AC16)
	DON'T KNOW .....	-8 (AC16)

<b>OPDVLHRS</b>	a. NUMBER OF HOURS .....
<b>OPDVLMIN</b>	b. NUMBER OF MINUTES .....

- AC16. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

<b>OPDVWUNT</b>	DID NOT HAVE TO WAIT .....	0 <b>BOX IU1A</b>
	HOURS ONLY .....	1 (a)
	MINUTES ONLY .....	2 (b)
	HOURS AND MINUTES .....	3 (a & b)
	REFUSED .....	-7 <b>BOX IU1A</b>
	DON'T KNOW .....	-8 <b>BOX IU1A</b>

<b>OPDVWHRS</b>	a. NUMBER OF HOURS .....	
<b>OPDVWMIN</b>	b. NUMBER OF MINUTES ....	<b>BOX IU1A</b>