MCBS MAIN STUDY - ROUND 22

COMMUNITY COMPONENT

UTS. UTILIZATION SUMMARY

BOX UTS1A	IF UTILIZATION INTERVIEW WAS NEVER COMPLETED OR SP WAS SUPPLEMENTAL SAMPLE DURING PREVIOUS ROUND, GO TO DUINTRO. IF THIS IS SP'S EXIT INTERVIEW AND PREVIOUS INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO **BOX DU1A**. IF THIS IS SP'S EXIT INTERVIEW AND PREVIOUS INTERVIEW WAS SKIPPED, GO TO UTSINTRA. OTHERWISE, GO TO UTSINTRA.

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.]

UTSINTRB. 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:]
TEMP
NO CHANGES APPEAR TO BE NECESSARY .... 1 (DUINTRO)
NEED TO ADD OR CORRECT A VISIT/STAY .... 2 **BOX UTS1(a)**
NEED TO ADD OR CORRECT AN OTHER MEDICAL EXPENSE .... 3 **BOX UTS1(b)**
(NEED TO DROP A VISIT/STAY) 4 (UTS2)
(NEED TO DROP AN OTHER MEDICAL EXPENSE) 5 (UTS6)

BOX UTS1	a. IF NO PROVIDERS PREVIOUSLY REPORTED FOR THIS SP, GO TO UTS1. IF PROVIDERS PREVIOUSLY REPORTED FOR SP, GO TO UTS2. 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.

UTS1.   NO PROVIDERS HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ENTER A PROVIDER?

TEMP   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	IF ESC ENTERED WITH NO OTHER ENTRIES, GO TO UTSINTRC. IF TYPE = 1 OR 2, GO TO UTSINTRC. IF 95 ENTERED FOR MONTH OF STOP DATE OR TYPE ENTERED = 7, DO NOT COLLECT UTILIZATION SECTION. RETURN TO UTSINTRC. OTHERWISE, GO TO UTS4 FOR ALL EVENT TYPES ADDED.

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 **BOX DU1**. IF TYPE = 4, GO TO **BOX ER1** IF TYPE = 5 AND MONTH NOT = 95, GO TO **BOX IP2**. IF TYPE = 6, GO TO **BOX OP1**. IF TYPE = 8 OR 9, GO TO UTS4a. IF TYPE = 10, GO TO ST13, THEN TO **BOX MP1**. RETURN TO UTSINTRC WHEN ALL UTILIZATION COLLECTED.

UTS4a.   IS (PROVIDER) A FACILITY OR A PERSON?

        FACPERS   FACILITY 1
                                        PERSON 2

BOX UTS4	IF UTS4a = 1 AND UTS3 TYPE = 8, GO TO HH6. IF UTS4a = 1 AND UTS3 TYPE = 9, GO TO HH25. IF UTS4a = 2 AND UTS3 TYPE = 8, GO TO HH3. IF UTS4a = 2 AND UTS3 TYPE = 9, GO TO HH20.

UTS5.   NO OTHER MEDICAL EXPENSES HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ENTER AN OTHER MEDICAL EXPENSE?

        TEMP   YES 1 (UTS6)
                                  NO .... 2 (UTSINTRC)

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).

	ITEM TYPE	START DATE	STOP 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)
(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/MATTRESS 44 = HOSPITAL BED 45 = OSTOMY SUPPLIES 46 = DEPENDS 47 = BANDAGES
      48 = PULMONARY EQUIPMENT 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 CTRL/A AND SP HAS ANY MEDICARE, MEDICAID, OR PRIVATE HMO THIS ROUND AND: IF TYPE ENTERED IS 1, GO TO OM2a; IF TYPE IS 2, GO TO OM4a; IF TYPE IS 3 AND SUBCATEGORY IS 21, 22, OR 23, GO TO OM7aa; IF TYPE IS 4, GO TO OM10a; IF TYPE IS 5, GO TO OM12a; IF TYPE IS 6, GO TO OM14a; IF TYPE IS 8 AND SUBCATEGORY IS 51, GO TO OM20aa; IF TYPE IS 9 AND SUBCATEGORY IS 61, GO TO OM22aa; THEN RETURN TO UTSINTRC. 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 52, GO TO OM19b. IF TYPE IS 9 AND SUBCATEGORY IS 62, GO TO OM21b. IF TYPE IS 10 AND SUBCATEGORY IS 41, 42, 43, 44, 48 OR 91, GO TO OM24a. OTHERWISE, RETURN TO UTSINTRC WHEN ESC ENTERED.

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