

ER. EMERGENCY ROOM UTILIZATION AND EVENTS
(CORE ONLY)

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| BOX ER1A | IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX IP1 . OTHERWISE, GO TO ER1. |
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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

| | | | |
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| BOX ER1 | a. | SP HAS USED V.A. FACILITIES (HI36=1) | 1 (b) |
| | | SP HAS NOT USED V.A. (HI36=2 OR MISSING) | 2 BOX ER1B |
| | b. | "V.A. FLAG" SET FOR THIS PROVIDER | 1 BOX ER1B |
| | | "V.A. FLAG" NOT SET FOR THIS PROVIDER | 2 (ER3) |

ER3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?
[FACLVA]

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

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| BOX ER1B | <p>a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN)..... 1 (b)</p> <p>SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING FOR <u>ALL</u> PLANS)..... 2 BOX ER1C</p> <p>b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER 1 BOX ER1C</p> <p>"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER..... 2 (ER3b)</p> <p>"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER 2 (ER3a)</p> |
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ER3a. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC

YES 1 **BOX ER1C**

NO 2 (ER3b)

REFUSED -7 (ER3b)

DON'T KNOW -8 (ER3b)

ER3b. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES 1 **BOX ER1C**

NO 2 (ER3c)

REFUSED -7 **BOX ER1C**

DON'T KNOW -8 **BOX ER1C**

ER3c. What is the most important reason (you/SP) did not go to an emergency room associated with [READ [HMONO] MANAGED CARE PLAN NAME(S) BELOW] or an emergency room that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

- PLAN DOES NOT COVER THE SERVICE SP WANTED 1
 SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH
 THE PLAN 2
 OFFICE NOT CONVENIENTLY LOCATED FOR THE SP 3
 PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE
 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 PLAN 6
NOHMOMAI SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO
 THEIR ENROLLMENT IN THE PLAN 7
 PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT
 WAS NECESSARY 8
NOHMOMOS THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 9
 PLAN ADMINISTRATIVE OBSTACLES FOR SP 10
 NOT IN A MANAGED CARE PLAN AT TIME OF EVENT..... 11
 SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN
 TO THE CLOSEST PROVIDER 12
 SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT
 CARE WAS NEEDED 13
 OTHER (SPECIFY) 91
 REFUSED -7
 DON'T KNOW -8

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| BOX ER1C | IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO ER5. OTHERWISE, GO TO ER4. |
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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.]
EVBE GMM
EVBE GDD
EVBE GYY

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| BOX ER2 | ASK ER5-ER9 FOR EACH VISIT REPORTED AT ER4. |
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ER5. For what condition did (you/SP) go to the emergency room on [FIRST/NEXT VISIT DATE]?
[ENTER ALL CONDITIONS.]
CONDITON

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| 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 . |
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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)

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| BOX ER3 | IF ADMITTED TO HOSPITAL FROM EMERGENCY ROOM, FLAG CASE FOR IP SERIES. THEN GO TO BOX ER4 . |
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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

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| BOX ER4 | IF MORE ER VISITS TO THIS HOSPITAL IN VISIT ROSTER, RETURN TO ER5 FOR NEXT VISIT. OTHERWISE, GO TO ER10. |
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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?

TEMP YES 1 (ER2)
 NO 2 **BOX ER5**
 REFUSED -7 **BOX ER5**
 DON'T KNOW -8 **BOX ER5**

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| BOX ER5 | IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO BOX IP1 . IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO ER VISITS FOR THIS ROUND, GO TO BOX IP1 . IF THIS IS A ROUND WHERE SUPPLEMENT 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. |
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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

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**