

IP. INPATIENT HOSPITAL UTILIZATION AND EVENTS
(CORE ONLY)

BOX IP1	<p>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).</p> <p>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 IP17.</p>
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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
EVNTPROV

BOX IP2	<p>a. SP HAS USED V.A. FACILITIES (HI36=1) 1 (b) SP HAS NOT USED V.A. (HI36=2 OR MISSING) 2 BOX IP2A</p> <p>b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX IP2A "V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (IP3)</p>
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IP3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?

[FACLVA]

VAPLACE

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

BOX IP2A	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN)	1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10, HI25 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING <u>FOR</u> ALL PLANS)	2 BOX IP2B
	b.	"MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER	1 BOX IP2B
		"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER	2 (IP3b)
		"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER	3 (IP3a)

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

[HMOPLAN]

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 MANAGED CARE PLAN NAME(S) BELOW]?

[HMOREFD]

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 MANAGED
[HMONO] CARE PLAN NAME(S) BELOW] or a hospital 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
NOHMOMAI THROUGH THE PLAN 6
 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
 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
NOHMOMOS OTHER (SPECIFY) 91
 REFUSED -7
 DON'T KNOW -8

BOX IP2B	IF THIS EVENT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO IP7. OTHERWISE, GO TO IP4.
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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
	MM DD YY		MM DD YY	
EVBEGBMM		EVENDMM		
EVBEGBDD		EVENDDD		
EVBEGBYY		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	MM DD YY
EVENDYY	

BOX IP2A OMITTED.

IP6 OMITTED.

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

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 OR ER6, 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 .
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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]

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.
 [ALLPMED] [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.
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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**

IP17. THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACK UP.
 [NOBACKUP] IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.
 OTHERWISE, PRESS ENTER TO CONTINUE.

BOX IP6	EXITING SP WHERE PREVIOUS ROUND INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO CPS.
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