

MAIN STUDY - ROUND 4

COMMUNITY COMPONENT

ER. EMERGENCY ROOM UTILIZATION AND EVENTS

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.]

BOX ER1	a.	SP HAS USED V.A. FACILITIES (HI36=1)	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2 (ER4)
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1 (ER4)
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2 (ER3)

ER3. Is (HOSPITAL) a facility of the Veterans Administration?

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

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.]

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.]

CONDTION

EMERGENCY ROOM UTILIZATION AND EVENTS (ER)

Household (Round 4 Main)

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?

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

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
- HOURS ONLY 1 (a)
- MINUTES ONLY 2 (b)
- HOURS AND MINUTES 3 (a & b)
- REFUSED -7
- DON'T KNOW -8

- ERVWHR** a. NUMBER OF HOURS _____
- ERVWMIN** b. NUMBER OF MINUTES _____

BOX AC1B	IFSP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7. OTHERWISE, GO TO AC1C.
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