

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

- HMOASSOC**
- YES 1 **BOX OP1C**
 - NO 2 (OP3b)
 - REFUSED -7 (OP3b)
 - DON'T KNOW -8 (OP3b)

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

- HMOREFER**
- YES 1 **BOX OP1C**
 - NO 2 (OP3c)
 - REFUSED -7 **BOX OP1C**
 - DON'T KNOW -8 **BOX OP1C**

OP3c. What is the most important reason (you/SP) did not go to a hospital outpatient department associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a hospital outpatient department 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
- THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 9
- NOHMOMOS** 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

BOX OP1C	IF THIS VISIT ADDED THROUGH UTS, GO TO OP5. OTHERWISE, GO TO OP4.
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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 **BOX OP3**
 REFUSED -7 **BOX OP3**
 DON'T KNOW -8 **BOX OP3**

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 BOX OP5(b)) 1-4 (RETURN TO OP5 FOR NEXT VISIT) 5 OR MORE REMAINING BOX OP4
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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	<p>a. FLAG DATE(S) OF VISITS WITH IDENTICAL CONDITIONS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO OP5 FOR NEXT UNFLAGGED VISIT.</p> <p>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 BOX ST12. IF THIS VISIT ADDED THROUGH NS, GO TO BOX NS11.</p>
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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?

TEMP	YES	1 (OP2)
	NO	2 BOX OP6
	REFUSED	-7 BOX OP6
	DON'T KNOW	-8 BOX OP6

BOX OP6	<p>IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO OP VISITS FOR THIS ROUND, GO TO IU1.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT 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.]

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

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?

OPDAPPT	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?

OPDDRTEL	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?

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

OPDAWDAY	a. NUMBER OF DAYS _____
OPDAWWKS	b. NUMBER OF WEEKS _____
OPDAWMOS	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?

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

OPDVLHRS	a. NUMBER OF HOURS _____
OPDVLMIN	b. NUMBER OF MINUTES _____

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

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

OPDVWHRS	a. NUMBER OF HOURS	_____	
OPDVWMIN	b. NUMBER OF MINUTES	_____	BOX IU1A