

B. PROVIDER PROBES

BOX B1	TO ESTABLISH END DATE, REVIEW SP'S CURRENT RESIDENCE STATUS.
	<p>IN FACILITY 1 (ENTER DATE OF INTERVIEW AS END DATE ON FLAP. GO TO B1.)</p> <p>NOT IN FACILITY 2 (ENTER DISCHARGE DATE AS END DATE ON FLAP GO TO B1.)</p>

These next questions are about the health care that (SP) may have received between (REFERENCE DATE) and (END DATE). The questions include any care that (SP) received outside this facility as well as care from any providers who saw (SP) here.

<p>B1. (Besides what you have already mentioned,) Between (REFERENCE DATE) and (END DATE), did (SP):</p>	<p>B2. Between (REFERENCE DATE) and (END DATE), how many:</p> <p>FCRE.</p>	<p>B3. (How many of those times were/Was that time) here in this facility or in the long term care unit of this facility?</p> <p>FCRE</p>
<p>a. see any of the types of dental providers listed on this card? [Dental providers include dentists, dental surgeons, endodontists, orthodontists, periodontists, and dental hygienists.]</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;"> <p>SHOW CARD B1</p> </div> <p>FHCR</p> <p>FSEEDENT</p> <p>YES..... 1 (B2) NO..... 2 (B1b) DK..... -8 (B1b)</p> <p>FCRE.FCRETYPE = DE</p>	<p>times did (SP) see someone for dental care?</p> <p>HLTHCNUM</p> <p>_____ (B3) # OF TIMES</p> <p>DK -8 (B4)</p>	<p>HLTHCFAC</p> <p>_____ - # OF TIMES : NONE 0 . (B4) DK -8 ®</p>
<p>b. go to a hospital emergency room for medical care?</p> <p>FEMROOM</p> <p>YES..... 1 (B2) NO..... 2 (B1c) DK..... -8 (B1c)</p> <p>FCRE.FCRETYPE = ER</p>	<p>times did (SP) visit a hospital emergency room?</p> <p>_____ (B1c) # OF TIMES</p> <p>DK -8 (B1d)</p>	
<p>c. go to a hospital clinic or hospital outpatient department or unit for medical care?</p> <p>FCLINIC</p> <p>YES..... 1 (B2) NO..... 2 (B1d) DK..... -8 (B1d)</p> <p>FCRE.FCRETYPE = OP</p>	<p>times did (SP) visit a hospital clinic or outpatient department?</p> <p>_____ (B1d) # OF TIMES</p> <p>DK -8 (B1d)</p>	
<p>d. have any private duty nursing or attendant care?</p> <p>FPRINURS</p> <p>YES..... 1 (B2) NO..... 2 (B1e) DK..... -8 (B1e)</p> <p>FCRE.FCRETYPE = PN</p>	<p>weeks did (SP) have private duty nursing or attendant care?</p> <p>HLTHWNUM</p> <p>_____ (B1d) # OF WEEKS</p> <p>DK -8</p> <p>How many days a week, on average, did (SP) have private duty nursing or attendant care?</p> <p>HLTHDNUM</p> <p>_____ (B4) # DAYS A WEEK</p> <p>DK -8 (B4)</p>	

<p>B4. Was the care provided by an employee, someone on contract, or someone else? (CIRCLE ALL THAT APPLY)</p>	<p>B5. Did the facility bill or did the provider bill directly? (CIRCLE ALL THAT APPLY)</p>	<p>B6. Why was there no charge?</p>
<p>FCRE.</p> <p>HLTHCEMP HLTHCCON HLTHCELS</p> <p>EMPLOYEE 1 - ON CONTRACT..... 2 ° (B5) SOMEONE ELSE .. 3 . DON'T KNOW -8 ®</p>	<p>FCRE.</p> <p>HLTHFBIL HLTHPBIL HLTHNCH</p> <p>BILLED BY FACILITY 1 (B1b) BILLED BY PROVIDER ... 2 (B1b) NO CHARGE 3 (B6) DON'T KNOW-8 (B1b)</p>	<p>FCRE.</p> <p>HLTHYNCH</p> <p>BAD DEBT 1 - THIRD PARTY DOES NOT . REIMBURSE IN FULL 2 . OTHER REASON 3 ° (B1b) FREE FROM PROVIDER . 4 . INCLUDED IN PER DIEM. 5 . DON'T KNOW -8 ®</p>
<p>EMPLOYEE 1 - ON CONTRACT..... 2 ° (B5) SOMEONE ELSE .. 3 . DON'T KNOW -8 ®</p>	<p>BILLED BY FACILITY 1 (B1e) BILLED BY PROVIDER ... 2 (B1e) NO CHARGE 3 (B6) DON'T KNOW-8 (B1e)</p>	<p>BAD DEBT 1 - THIRD PARTY DOES NOT . REIMBURSE IN FULL 2 . OTHER REASON 3 ° (B1e) FREE FROM PROVIDER . 4 . INCLUDED IN PER DIEM. 5 . DON'T KNOW -8 ®</p>

B1. (Besides what you have already mentioned,) Between (REFERENCE DATE) and (END DATE), did (SP):	B2. Between (REFERENCE DATE) and (END DATE), how many:	B3. (How many of those times were/Was that time) here in this facility or in the long term care unit of this facility?
<p>e. see a medical doctor like any of the ones listed on this card? [Medical doctors include general practitioners, such as a family physician or internist, or specialists, such as cardiologists, neurologists, ophthalmologist, or radiologist.]</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"> SHOW CARD B2 </div> <p style="text-align: right;">FSEEMD</p> <p>YES..... 1 NO..... 2 (B1f) DK..... -8 (B1f)</p> <p>What type of medical doctor was that? (CODE ALL THAT APPLY) FCRE.FCRETYPE = MD</p> <p>GENERAL PRACTITIONERS: FAMILY PHYSICIAN 1 FAMILYPH</p> <p>INTERNIST..... 2 FINTRNST</p> <p>OTHER GENERAL PRACTITIONER..... 92 (SPECIFY) _____ FOTHPRAC FOTHPRACOS</p> <p>SPECIALIST: CARDIOLOGIST 3 FCARDIOL</p> <p>NEUROLOGIST 4 FNEUROLG</p> <p>EAR-NOSE-THROAT SPECIALIST..... 5 FENT</p>	<p style="text-align: center;">HLTHCNUM</p> <p>times did (SP) see a medical doctor?</p> <p>_____ (B3) # OF TIMES DK -8 (B4)</p>	<p style="text-align: center;">HLTHCFAC</p> <p>_____ - # OF TIMES NONE 0 . (B4) DK..... -8 ®</p> <p>_____ - # OF TIMES NONE 0 . (B4) DK..... -8 ®</p> <p>_____ - # OF TIMES NONE 0 . (B4) DK..... -8 ®</p> <p>_____ - # OF TIMES NONE 0 . (B4) DK..... -8 ®</p> <p>_____ - # OF TIMES NONE 0 . (B4) DK..... -8 ®</p> <p>_____ - # OF TIMES NONE 0 . (B4) DK..... -8 ®</p>

CONTINUED ON PAGE 10

<p>B4. Was the care provided by an employee, someone on contract, or someone else? (CIRCLE ALL THAT APPLY)</p>	<p>B5. Did the facility bill or did the provider bill directly? (CIRCLE ALL THAT APPLY)</p>	<p>B6. Why was there no charge?</p>
<p>EMPLOYEE 1 - ON CONTRACT..... 2 ° (B5) SOMEONE ELSE .. 3 . DON'T KNOW -8 ®</p>	<p>BILLED BY FACILITY 1 (B1f) BILLED BY PROVIDER ... 2 (B1f) NO CHARGE 3 (B6) DON'T KNOW-8 (B1f)</p>	<p>BAD DEBT 1 - THIRD PARTY DOES NOT . REIMBURSE IN FULL 2 . OTHER REASON 3 ° (B1f) FREE FROM PROVIDER . 4 . INCLUDED IN PER DIEM. 5 . DON'T KNOW-8®</p>

B1. (Besides what you have already mentioned,) Between (REFERENCE DATE) and (END DATE), did (SP):	B2. Between (REFERENCE DATE) and (END DATE), how many:	B3. (How many of those times were/Was that time) here in this facility or in the long term care unit of this facility?
<p>What type of medical doctor was that? (CODE ALL THAT APPLY) FHCR.</p> <p>GYNECOLOGIST..... 6 FGYN</p> <p>OPHTHALMOLOGIST..... 7 FOPHTHAL</p> <p>RADIOLOGIST..... 8 FRADIOLO</p> <p>PROCTOLOGIST..... 9 FPROCTOL</p> <p>ORTHOPEDIST..... 10 FORTHO</p> <p>THORACIC SURGEON.... 11 FTHORACI</p> <p>UROLOGIST 12 FUROLOGI</p> <p>OTHER (SPECIFY) 91 FMDOTHER FMDOS</p> <p>_____ FMDOTHER FMDOS</p>	<p>FCRE.HLTHCNUM</p> <p>times did (SP) see a medical doctor?</p> <p>_____ (B3) # OF TIMES</p> <p>DK -8 (B4)</p>	<p>FCRE.HLTHCFAC</p> <p>_____ - # OF TIMES ° (B4)</p> <p>NONE 0 . DK..... -8 ®</p> <p>_____ - # OF TIMES ° (B4)</p> <p>NONE 0 . DK..... -8 ®</p> <p>_____ - # OF TIMES ° (B4)</p> <p>NONE 0 . DK..... -8 ®</p> <p>_____ - # OF TIMES ° (B4)</p> <p>NONE 0 . DK..... -8 ®</p> <p>_____ - # OF TIMES ° (B4)</p> <p>NONE 0 . DK..... -8 ®</p> <p>_____ - # OF TIMES ° (B4)</p> <p>NONE 0 . DK..... -8 ®</p> <p>_____ - # OF TIMES ° (B4)</p> <p>NONE 0 . DK..... -8 ®</p>

B4. Was the care provided by an employee, someone on contract, or someone else? (CIRCLE ALL THAT APPLY)	B5. Did the facility bill or did the provider bill directly? (CIRCLE ALL THAT APPLY)	B6. Why was there no charge?
<div data-bbox="532 478 1221 709" style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;">RECORD ANSWERS TO B4, B5, AND B6 ON PAGE 9</div>		

<p>B1. (Besides what you have already mentioned,) Between (REFERENCE DATE) and (END DATE), did (SP):</p>	<p>B2. Between (REFERENCE DATE) and (END DATE), how many: FCRE.</p>	<p>B3. (How many of those times were/Was that time) here in this facility or in the long term care unit of this facility? FCRE.</p>		
<p>f. see a health practitioner like any of the ones listed on this card? [Health practitioners include audiologist, optometrist, chiropractor, podiatrist (foot doctor), pharmacist, or any kind of health provider who is not a medical doctor.]</p> <p style="text-align: center;">FHLTHPRA</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">SHOW CARD B3</td> <td>YES..... 1 NO 2 (B1g) DK.....-8 (B1g)</td> </tr> </table>	SHOW CARD B3	YES..... 1 NO 2 (B1g) DK.....-8 (B1g)		
SHOW CARD B3	YES..... 1 NO 2 (B1g) DK.....-8 (B1g)			
<p>What type of health practitioner was that? (CODE ALL THAT APPLY)</p> <p>AUDIOLOGIST..... 1 OPTOMETRIST 2 CHIROPRACTOR 3 PODIATRIST (FOOT DOCTOR) 4 (B2) PHARMACIST 5 OTHER (SPECIFY)91 _____®</p>	<p>times did (SP) see a medical person or persons? (ENTER TOTAL # FOR ALL TYPES OF PROVIDERS)</p> <p style="text-align: center;">HLTHCNUM</p> <p>_____ (B3) # OF TIMES DK -8 (B1g)</p>	<p style="text-align: center;">HLTHCFAC</p> <p>_____ - # OF TIMES NONE 0 (B1g) DK -8®</p>		
<p>g. see a mental health professional such as those on this card? [Mental health professional includes psychiatrist, psychologist, and clinical social worker.]</p> <p style="text-align: center;">FMENTAL</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">SHOW CARD B4</td> <td>YES..... 1 (B2) NO 2 (B1h) DK.....-8 (B1h)</td> </tr> </table>	SHOW CARD B4	YES..... 1 (B2) NO 2 (B1h) DK.....-8 (B1h)	<p>times did (SP) see a mental health professional?</p> <p>_____ (B3) # OF TIMES DK -8 (B4)</p>	<p>_____ - # OF TIMES NONE 0 (B4) DK -8®</p>
SHOW CARD B4	YES..... 1 (B2) NO 2 (B1h) DK.....-8 (B1h)			
<p>h. see a therapist such as those on this card? [Therapist includes physical therapist, speech therapist, I.V. therapist, occupational therapist, and respiratory therapist.]</p> <p style="text-align: center;">FTHERAPI</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">SHOW CARD B5</td> <td>YES..... 1 (B2) NO 2 (B1i) DK.....-8 (B1i)</td> </tr> </table>	SHOW CARD B5	YES..... 1 (B2) NO 2 (B1i) DK.....-8 (B1i)	<p>times did (SP) see a therapist?</p> <p>_____ (B3) # OF TIMES DK -8 (B4)</p>	<p>_____ - # OF TIMES NONE 0 (B4) DK -8®</p>
SHOW CARD B5	YES..... 1 (B2) NO 2 (B1i) DK.....-8 (B1i)			

FAUDIOLD
FOPTOMET
FCHIROPR
FOPDIATR

FPHARMAC
FHPOTHER
FHPOS

B4. Was the care provided by an employee, someone on contract, or someone else? (CIRCLE ALL THAT APPLY)	B5. Did the facility bill or did the provider bill directly? (CIRCLE ALL THAT APPLY)	B6. Why was there no charge?
EMPLOYEE 1 - ON CONTRACT..... 2 ° (B5) SOMEONE ELSE .. 3 ° DON'T KNOW -8 ®	BILLED BY FACILITY 1 (B1h) BILLED BY PROVIDER ... 2 (B1h) NO CHARGE 3 (B6) DON'T KNOW-8 (B1h)	BAD DEBT 1 - THIRD PARTY DOES NOT · REIMBURSE IN FULL 2 · OTHER REASON 3 ° (B1h) FREE FROM PROVIDER . 4 · INCLUDED IN PER DIEM. 5 · DON'T KNOW-8 ®
EMPLOYEE 1 - ON CONTRACT..... 2 ° (B5) SOMEONE ELSE .. 3 ° DON'T KNOW -8 ®	BILLED BY FACILITY 1 (B1i) BILLED BY PROVIDER ... 2 (B1i) NO CHARGE 3 (B6) DON'T KNOW-8 (B1i)	BAD DEBT 1 - THIRD PARTY DOES NOT · REIMBURSE IN FULL 2 · OTHER REASON 3 ° (B1i) FREE FROM PROVIDER . 4 · INCLUDED IN PER DIEM. 5 · DON'T KNOW-8 ®

<p>B1. (Besides what you have already mentioned,) Between (REFERENCE DATE) and (END DATE), did (SP):</p>	<p>B2. Between (REFERENCE DATE) and (END DATE), how many:</p>	<p>B3. (How many of those times were/Was that time) here in this facility or in the long term care unit of this facility?</p>
<p>i. see or visit any other medical person such as those on this card? [Other medical person includes paramedic, physician's assistant, and dietician.]</p> <p style="text-align: center;">FOTHERMP</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;"> SHOW CARD B6 </div> <p>YES..... 1 (B2) NO..... 2 (B1j) DK..... -8 (B1j)</p>	<p>times did (SP) see such a medical person?</p> <p>_____ (B3)</p> <p># OF TIMES</p> <p>DK -8 (B1j)</p>	<p style="text-align: right;">-</p> <p style="text-align: center;"># OF TIMES</p> <p>NONE 0 (B1j)</p> <p>DK..... -8 ®</p>
<p>j. have any of these procedures at this facility or long term care unit, at a doctor's office, clinic, or lab? [Procedures include examination, tests, injections, x-rays, and treatments.]</p> <p style="text-align: center;">FPROCUR</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;"> SHOW CARD B7 </div> <p>YES..... 1 (B2) NO..... 2 (B1k) DK..... -8 (B1k)</p>	<p>times did (SP) have these procedures here or some other place?</p> <p>_____ (B4)</p> <p># OF TIMES</p> <p>DK -8 (B4)</p>	
<p>k. visit any of the other types of medical places listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]</p> <p style="text-align: center;">FOTMEDPL</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;"> SHOW CARD B8 </div> <p>YES..... 1 (B2) NO..... 2 (B7) DK..... -8 (B7)</p>	<p>times did (SP) visit these other places?</p> <p>_____ (B7)</p> <p># OF TIMES</p> <p>DK -8 (B7)</p>	

B4. Was the care provided by an employee, someone on contract, or someone else? (CIRCLE ALL THAT APPLY)	B5. Did the facility bill or did the provider bill directly? (CIRCLE ALL THAT APPLY)	B6. Why was there no charge?
EMPLOYEE 1 - ON CONTRACT..... 2 : SOMEONE ELSE .. 3 ° (B5) DON'T KNOW -8 ®	BILLED BY FACILITY 1 (B1k) BILLED BY PROVIDER ... 2 (B1k) NO CHARGE 3 (B6) DON'T KNOW-8 (B1k)	BAD DEBT 1 - THIRD PARTY DOES NOT : REIMBURSE IN FULL 2 : OTHER REASON 3 ° (B1k) FREE FROM PROVIDER . 4 : INCLUDED IN PER DIEM. 5 : DON'T KNOW-8 ®

B7. Now I'd like to talk to you about any kind of supplies or other types of medical services (SP) received. (Besides what you have already mentioned,) between (REFERENCE DATE) and (END DATE), did (SP) receive any . . .

	<u>YES</u>	<u>NO</u>	<u>DK</u>	
FDIABEQPa.	Diabetic equipment or supplies?		1 2	-8
FEYEGLAS	b. Eye glasses or contact lenses?		1 2	-8
FHEARAIIDc.	Hearing aid or other communication device?		1 2	-8
FORTHOITd.	Orthopedic items?		1 2	-8
FEQSDIALe.	Equipment or supplies for kidney dialysis?		1 2	-8
FOSTOMY f.	Ostomy supplies?		1 2	-8
FDIAPER g.	Disposable diapers?		1 2	-8
FAMBSERV	h. Ambulance service?		1 2	-8
FPROSTHE	i. Prosthesis?.....		1 2	-8
FOXYGEN j.	Oxygen?		1 2	-8
FOTHRDVE	k. Other medical devices or equipment?		1 2	-8
FOTHDVOS	(IF B7K = YES, SPECIFY)			

Between (REFERENCE DATE) and (END DATE), did (SP) receive . . .

FTURNPOS	l. Turning and positioning?		1 2	-8
FTUBFEED	m. Tubefeeding?		1 2	-8
FRESTRNT	n. Restraints?		1 2	-8
FINJECT o.	Injections?		1 2	-8
FOMDSERV	p. Any other medically necessary items or provider services that we haven't talked about already?		1 2	-8
FOMDSEOS	(IF B7P = YES, SPECIFY)			

GO TO SECTION C,
PRESCRIBED MEDICINE