MAIN STUDY - ROUND 4 COMMUNITY COMPONENT

AC. PROVIDER PROBES/ACCESS TO CARE

вох	IF SP DECEASED OR INSTITUTIONALIZED, GO TO OM1.
AC1AA	

THIS SECTION IS FOR SUPPLEMENTAL SAMPLE SPs AND SPs WHO DID NOT REPORT CURRENT ROUND ER, OP, AND/OR MP VISITS.

	a. SUPPLEMENTAL SAMPLE SPs GO TO ACINTRO. OTHERWISE, GO TO b.
	b. IF AC3-AC6 ALREADY ASKED THIS ROUND FOR CURRENT ROUND ER VISIT, GO TO <i>BOX AC1C</i> .
	IF AC3-AC6 NOT ASKED THIS ROUND, IF SP HAD ER VISIT ADDED
BOX	THROUGH CTRL/I, GO TO AC3-AC6 FOR MOST RECENT ER VISIT
AC1A	REPORTED FOR THIS ROUND. IF SP DID NOT HAVE ANY ER VISITS THIS
	ROUND, IF SP HAD AN ER VISIT IN THE 2 PREVIOUS ROUNDS, GO TO AC3-
	AC6 FOR MOST RECENT ER VISIT REPORTED IN 2 PREVIOUS ROUNDS.
	IF AC3-AC6 NOT ASKED THIS ROUND, IF SP DID NOT HAVE ANY ER VISITS
	IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO BOX AC1C .

ACINTRO. The next questions are about different medical services (you/SP) may have used since (REF. DATE).

[PRESS ENTER TO CONTINUE.]

AC1. Since (REF. DATE), did (you/SP) go to a hospital emergency room for medical care?

ERVISIT	YES	1	(AC2)
	NO	2	(AC8)
	REFUSED	-7	(AC8)
	DON'T KNOW	-8	(AC8)

AC2. Think about the most recent time (you/SP) went to a hospital emergency room. What condition or problem caused (you/SP) to go to the emergency room?

CONDTION CONDAC2

AC3.

	visit to the emerger	cy room?			
	ERAPPT	NOREFUSEI	OW	2 7	(AC4) (AC4)
AC4.	Did a doctor or oth emergency room fo		sing for a doctor tell (yo	u/SP) that (you/	he/she) should go to the
	ERDRTEL	NOREFUSE	OW	2 7	
AC5.	emergency room ta ERVLUNT HO MINU HOUI REFL		1 2 3 7	bout how long di	d the visit to the hospital
	ERVLHRS a.	NUMBER OF HOURS NUMBER OF MINUTES			
AC6.	ERVWUNT DIE HOU HOU NINUTES ONLY HOU! REFU DON'ERVWHRS a.	me was spent waiting be NOT HAVE TO WAIT RS ONLY RS AND MINUTES JSED T KNOW NUMBER OF HOURS	1 2 3 7 8	ctor or some othe	r medical person?
	BOX IF S		ENTAL SAMPLE, GO TO	AC7. OTHERWIS	E, GO TO <i>BOX</i>

[I have a few more questions about visits that (you/SP) had in the past. Think about the most recent time (you/SP)

went to a hospital emergency room. Did (you/SP) have an appointment for (that visit?) / [(your/his/her) most recent

AC7. (Were v	ou/Was SP)	admitted to t	he hospital f	rom the e	mergency room?

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

a. SUPPLEMENTAL SAMPLE SPS GO TO AC8. OTHERWISE, GO TO b.

b.IF AC9-AC16 ALREADY ASKED THIS ROUND FOR CURRENT ROUND

OP VISIT, GO TO **BOX AC1E**.

BOX ACIC IF AC9-AC16 NOT ASKED THIS ROUND, IF SP HAD OP VISIT ADDED THROUGH CTRL/ I OR ST OR NS, IF OP5=2 AND OP8=2 OR MISSING FOR THE MOST RECENT OP VISIT DATE, GO TO AC9-AC16 FOR MOST RECENT OP VISIT DATE.

IF AC9-AC16 NOT ASKED THIS ROUND, IF SP HAD OP VISIT ADDED THROUGH CTRL/ I OF ST OR NS, IF OP5=1 OR OP8=1 FOR MOST RECENT OP VISIT DATE, GO TO AC12-AC16 FOR MOST RECENT OP VISIT DATE.

IF SP HAD OP VISIT ADDED THROUGH CTRL/I BEFORE MP, OR SP HAD OP VISIT IN THE 2 PREVIOUS ROUNDS, GO TO AC9, AC12-AC16.

IF AC9-AC16 NOT ASKED THIS ROUND, IF SP DID NOT HAVE ANY OP VISITS IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO **BOX AC1E**.

AC8. Since (REF. DATE), did (you/SP) go to a hospital clinic or outpatient department? [DO NOT INCLUDE HOSPITAL INPATIENT STAYS.]

OPDVISIT	YES	1	(AC9)
	NO	2	(AC17)
	REFUSED	-7	(AC17)
	DON'T KNOW	-8	(AC17)

AC9. [I have a few more questions about visits that (you/SP) had in the past]

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	FOLLOWUP	3
OPDCHKUP	CHECKUP	4
OPDRFRL	REFERRAL	5
OPDSURGY	SURGERY	6
OPDOTHOS	OTHER (SPECIFY)	91
	REFUSED	7
	DON'T KNOW	8

	BOX AC1D	IF SUPP. SAMPLE AND AC9 = "1" OR/AND "6", GO TO AC11. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC10. IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC12.
AC10.	Was that for a	specific condition?
	OPDSCOND	YES
AC11.	What (was the [ENTER ALL C CONDITION CONDAC11	e) condition (required the surgery?) CONDITIONS.]
AC12.	Did (you/SP) h walk in?	nave an appointment for this visit to the hospital clinic or outpatient department or did (you/he/she) jus
	OPDAPPT	APPOINTMENT
AC13.		at the hospital clinic or outpatient department tell (you/SP) when to come back during an r did (you/SP) call for an appointment?
	OPDDRTEL	TOLD TO COME BACK DURING EARLIER VISIT
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 OPDAWWKS OPDAWMOS	a. NUMBER OF DAYSb. NUMBER OF WEEKSc. NUMBER OF MONTHS

AC15.	(you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital clinic lepartment take altogether?	
	OPDVLUNT	HOURS ONLY 1 (a)
		MINUTES ONLY
		HOURS AND MINUTES
		REFUSED7 (AC16)
		DON'T KNOW8 (AC16)
	OPDVLHRS	a. NUMBER OF HOURS
	OPDVLMIN	b. NUMBER OF MINUTES
AC16.	How much of t	hat time was spent waiting before (you/SP) saw a doctor or some other medical person?
	OPDVWUNT	DID NOT HAVE TO WAIT 0 BOX AC1E
		HOURS ONLY 1 (a)
		MINUTES ONLY 2 (b)
		HOURS AND MINUTES 3 (a & b)
		REFUSED7 AC16
		DON'T KNOW8 AC16
	OPDVWHRS	a. NUMBER OF HOURS
	OPDVWMIN	b. NUMBER OF MINUTES (GO TO IU1)
	BOX AC1E	a. SUPPLEMENTAL SAMPLE SPS GO TO AC17. OTHERWISE, GO TO b. *FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS AN MP VISIT WHERE MP6a=2 OR MISSING AND PROVIDER ROSTER SPECIALTY (PROVSPEC)=2 (MD). b. IF SP HAD MP VISIT ADDED THROUGH MP, CTRL/I BEFORE MP, OR SP HAD MP VISIT IN THE 2 PREVIOUS ROUNDS AND AC21-AC28 NOT ASKED THIS ROUND, GO TO AC20, AC21, AC24-AC28. IF AC21-AC28 NOT ASKED THIS ROUND, IF SP DID NOT HAVE ANY MP VISITS* IN
AC17.		CURRENT AND 2 PREVIOUS ROUNDS, GO TO OM1. P) ever been a resident or patient in a nursing home or similar place?
	NHRESEVR	YES

AC18.	ou/was SP) last a resident or patient in a nursing home or similar place?	
	NHLRESMM NHLRESYY	Month () Year ()
AC19.	Next, I want to since (REF. D/	ask about (your/SP's) visits to doctors since (REF. DATE). (Have you/has SP) seen a medical doctor ATE)?
	MDVISIT	YES
AC20.		e most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital. doctor's specialty?
AC21.		reason (you/SP) saw the doctor? AT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]
	MDMCOND MDTESTS MDFOLUP MDCHKUP MDRFRL MDSURGY MDOTHER MDOTHOS	MEDICAL CONDITION NAMED 1 TESTS 2 FOLLOWUP 3 CHECKUP 4 REFERRAL 5 SURGERY 6 OTHER (SPECIFY) 91 REFUSED -7 DON'T KNOW -8
	BOX AC1F	IF SUPP. SAMPLE AND AC21 = 1 AND/OR 6, GO TO AC23. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC22; IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC24.
AC22.	Was that for a	specific condition?
	OPDSCOND	YES
AC23.	What (was the [ENTER ALL C CONDITION CONDAC11) condition (required the surgery?) ONDITIONS.]

AC24.	[Think about the most recent tim	pout visits that (you/SP) had in the past.] the (you/SP) saw a medical doctor somewhere other then at the ent for this visit with the medical doctor or did (you/he/she)	-
	MDAPPT	APPOINTMENT 1 (Ar WALKED IN 2 (Ar REFUSED -7 (Ar DON'T KNOW -8 (Ar	C27) C27)
AC25.	Did someone in the doctor's offi appointment?	ce tell (you/SP) when to come back during an earlier visit,	or did (you/SP) call for an
	MDDRTEL	TOLD TO COME BACK DURING EARLIER VISIT	C26) C27)
AC26.	How long did (you/SP) have to we months?	wait for the appointment with the medical doctor about ho	ow many days, weeks, or
	MDAWUNT	DID NOT HAVE TO WAIT 0 (Ar DAYS 1 (a) WEEKS 2 (b) MONTHS 3 (c) REFUSED -7 (Ar DON'T KNOW -8 (Ar)) C27)
	MDAWDAY MDAWWKS MDAWMOS	a. NUMBER OF DAYS b. NUMBER OF WEEKS c. NUMBER OF MONTHS	
AC27.	From the time (you/SP) arrived u altogether?	ntil the time (you/he/she) left, about how long did this visit to	the medical doctor take
	MDVLUNT	HOURS ONLY 1 (a) MINUTES ONLY 2 (b) HOURS AND MINUTES 3 (a REFUSED -7 (A DON'T KNOW -8 (A	& b) C28)
	MDVLHRS MDVLMIN	a. NUMBER OF HOURS b. NUMBER OF MINUTES	

AC28. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

MDVWUNT	DID NOT HAVE TO WAIT 0 (AC3)
	HOURS ONLY 1 (a)
	MINUTES ONLY 2 (b)
	HOURS AND MINUTES 3 (a & b)
	REFUSED7 (AC3)
	DON'T KNOW8 (AC3)
MDVWHRS	a. NUMBER OF HOURS
MDVWMIN	b. NUMBER OF MINUTES
	GO TO BOX AC3.

вох	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO BOX HS1A .
AC3	IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO OM1.

AC29.-AC31. MOVED TO SECTION HS

AC32 OMITTED.