

SP ID #: _____

PSF ID #: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

DATE OF INTERVIEW: ____/____/____
MONTH DAY YEAR

TIME INTERVIEW BEGAN: _____ am/pm

Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
and
National Center for Health Statistics

MEDICAL EXPENDITURE PANEL SURVEY

NATIONAL NURSING HOME EXPENDITURE SURVEY

NATIONAL

USE OF SERVICES

Version 2.3

ASSURANCE OF CONFIDENTIALITY

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OVERALL PROGRAMMING SPECIFICATIONS FOR FACILITY USE QUESTIONNAIRE, ROUND 3

A. Format

1. There are three potential elements to any question: instructions before the question, the question itself (including answer categories), and instructions following the question. The first two are identified by the question number, and the last one is specified by "Programmer Specifications."

2. In addition to questions, there are also double-lined boxes (labelled BOX EX1, BOX EX2, etc.) that contain instructions which do not include a question.

B. Flow

1. If no flow instructions are specified, default to the next question box.

2. Flow may be specified in one of two ways. Simple flow -- which depends only on the question currently being asked -- may be expressed in parentheses after the question categories. Anything more than simple flow (including flow instructions that involve missing data such as DK or RF, or that involve answers to previous questions) is expressed in the double-lined boxes, as described above.

C. Displays

1. Gender. We know the gender of the SP, either from sampling or from question RH6 in Residence History. If the gender is male, display "he" wherever a "{she/he}" is encountered; if female, display "she"; otherwise, display "he or she". Follow the same rules for "{her/him}" and "{her/his}". If SP gender is male, display "husband" wherever a "{wife/husband/spouse}" is encountered; if gender is female, display "wife"; otherwise, display "spouse".

2. Tense. We know whether the SP is alive or deceased, either from sampling or from question RH6 in Residence History. If the SP is alive, use the present tense; otherwise, use the past tense. Relevant word choices include "{is/was}", "{Is/Was}", "{lives/lived}", and "{today/Date of Death}".

3. DK/RF. Unless otherwise specified, do not display DK and RF.

4. Reference Start Date. Use of health care services in Round 2 will be collected for current residents (CRs), sampled in RD1 and SP's sampled in Round 2 (F2s). For CRs, set the start date to "January 1, 1996". For F2s, set the start date to {SAD}. Use of health care services data will only be collected in Round 3 for: (a) SP's sampled in Round 3 (F3s); (b) SP's who were alive and living in an eligible facility/unit at the time of the Round 2 use of services interview; or (c) SP's who had been discharged in Round 2 and readmitted to the facility/unit after the Round 2 interview. For (a), the reference start date is the SP's SAD. For (b), the reference start date should be set to {ROUND 2 REFERENCE END DATE +1}. For (c), the reference start date should be set to {FIRST DAY OF READMISSION AFTER THE ROUND 2 REFERENCE END DATE}.

5. Reference End Date. If SP is alive and in an eligible facility/unit, display date of interview; or 12/31/96, whichever is earliest; else, if SP is alive but not living in an eligible facility/unit, display most recent date of discharge from eligible facility/unit if SP is not in eligible facility/unit on date of interview or 12/31/96, whichever is earliest; else display date of death.

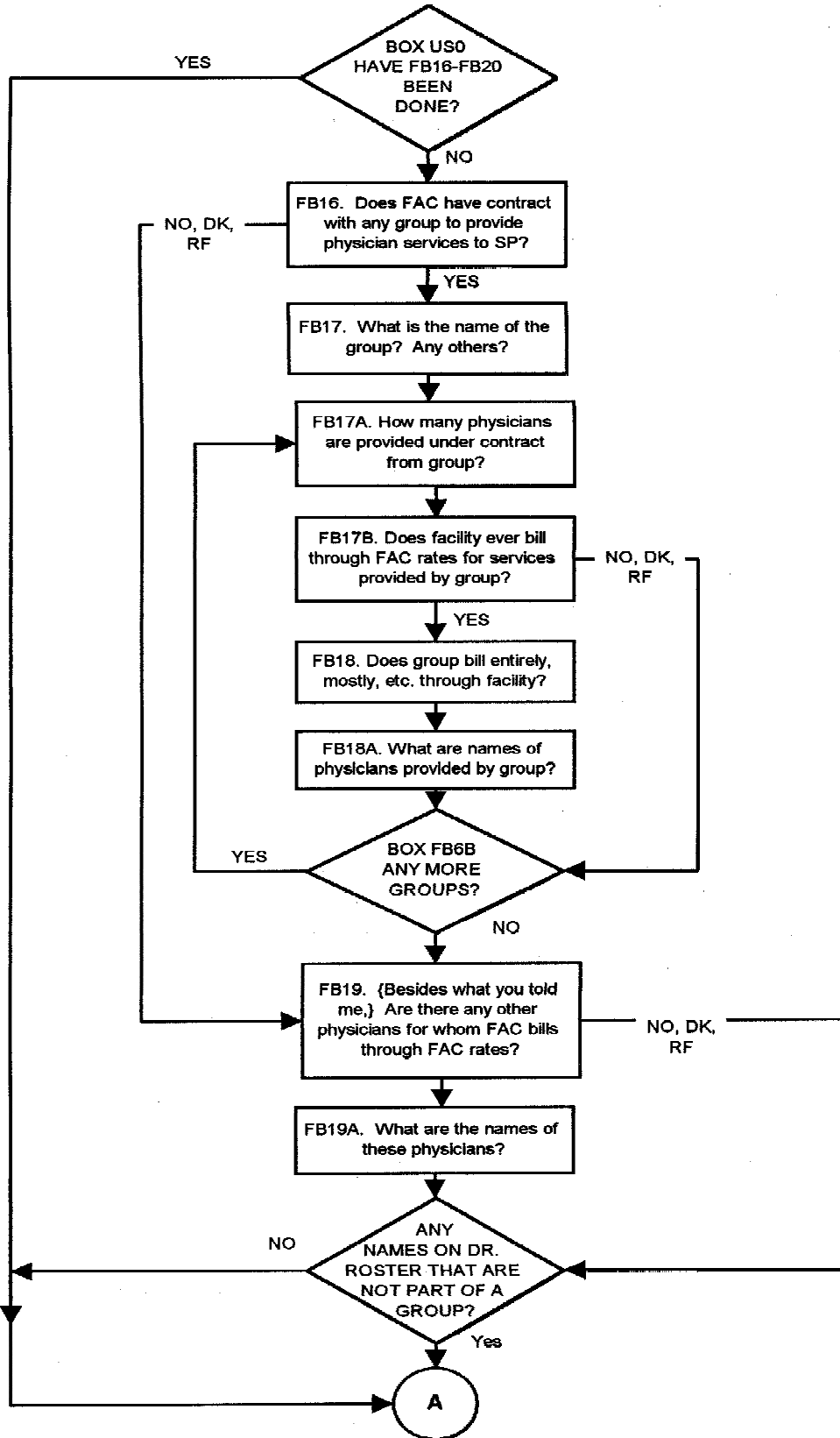
6. Facility/[READ FACILITY/UNITS ABOVE]. There are no place headers in Residence History. All other SP-level sections feature a header that includes the eligible LTC places in this facility (i.e., places with NNHES status = eligible) where the SP resided during the reference period. The only exceptions are screens that include the Place Roster; these screens have no places in the header.

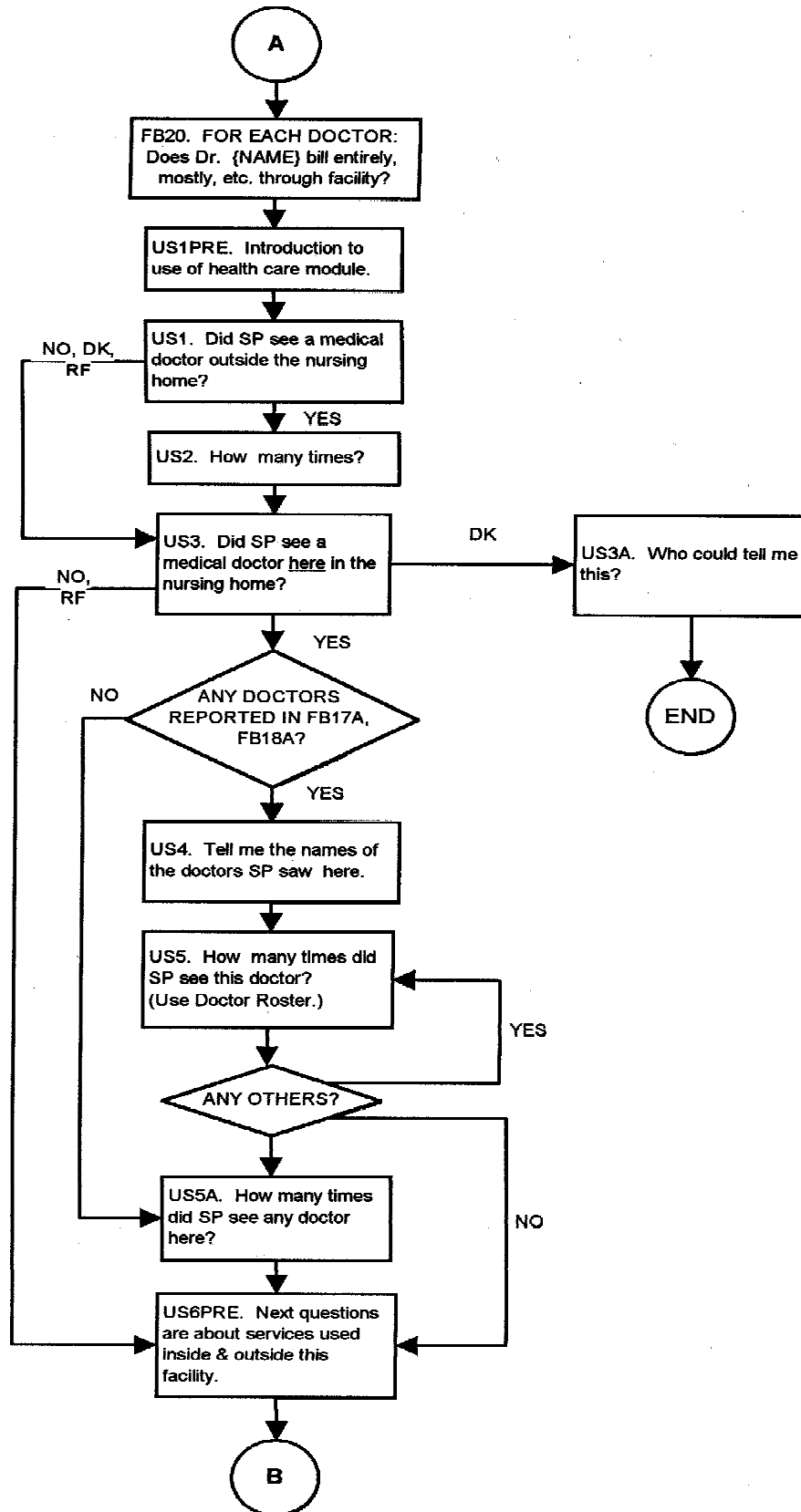
For screens that don't include the Place Roster in HS, PM, BQ, IN, IA, USE, EX, and CRR, the eligible unit where the SP lived during the reference period is displayed right-justified on the second line of the screen. If the SP lived in two or three eligible units during the reference period, they are right-justified on the third and fourth lines. If the SP lived in more than three eligible units, the fourth line reads: "MORE UNITS - USE F2" and is right-justified.

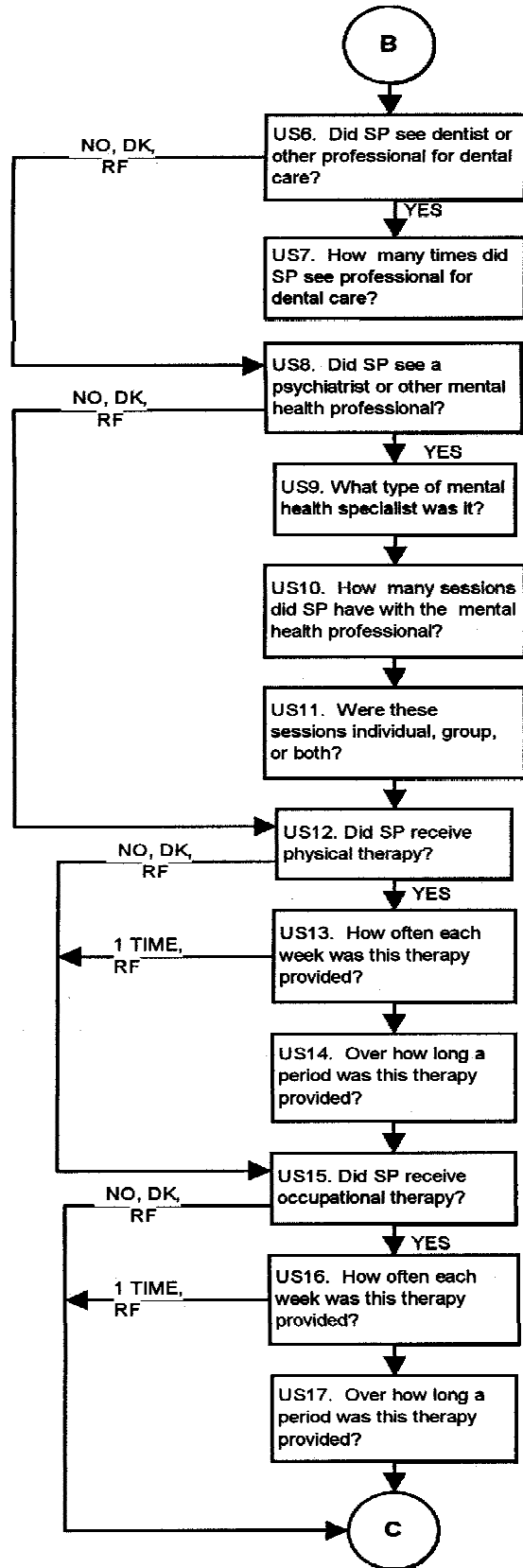
MGMT SYSTEM SPEC. for all of USE:

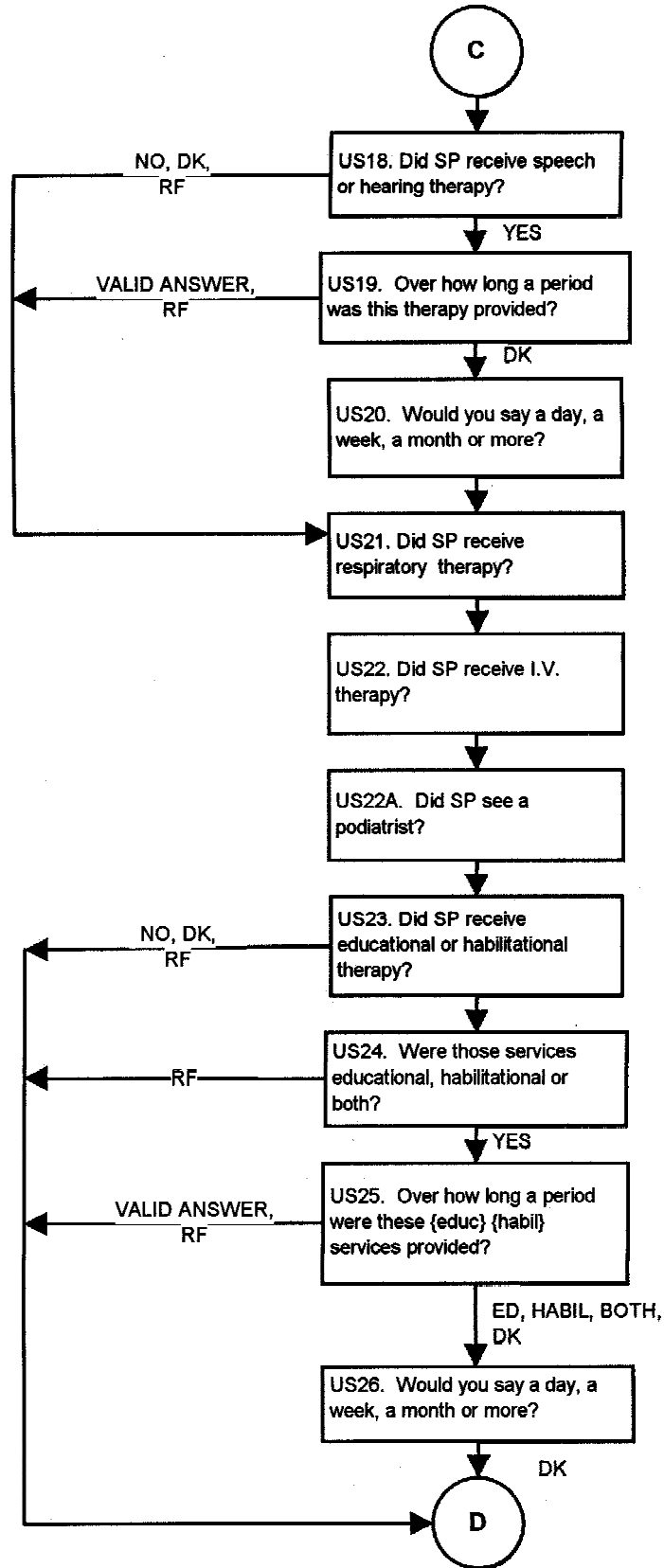
1. Unless otherwise specified, allow DK and RF.

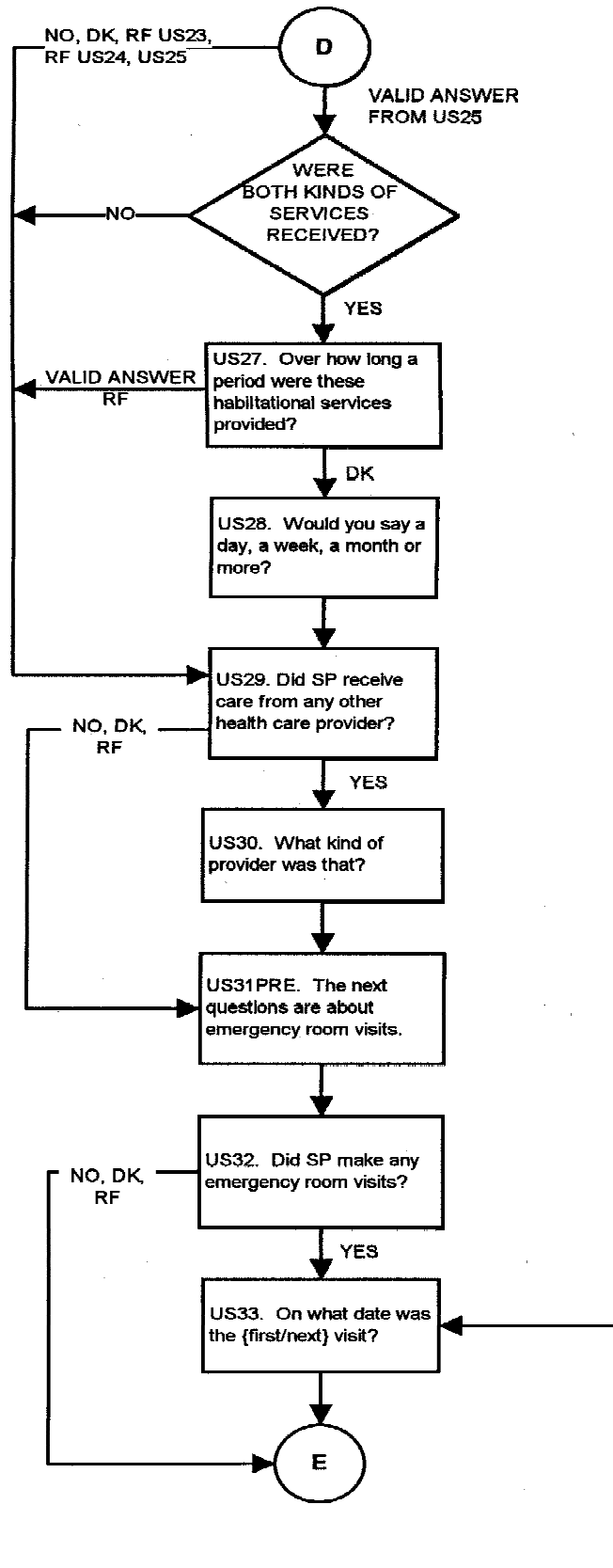
USE OF HEALTH CARE SERVICES

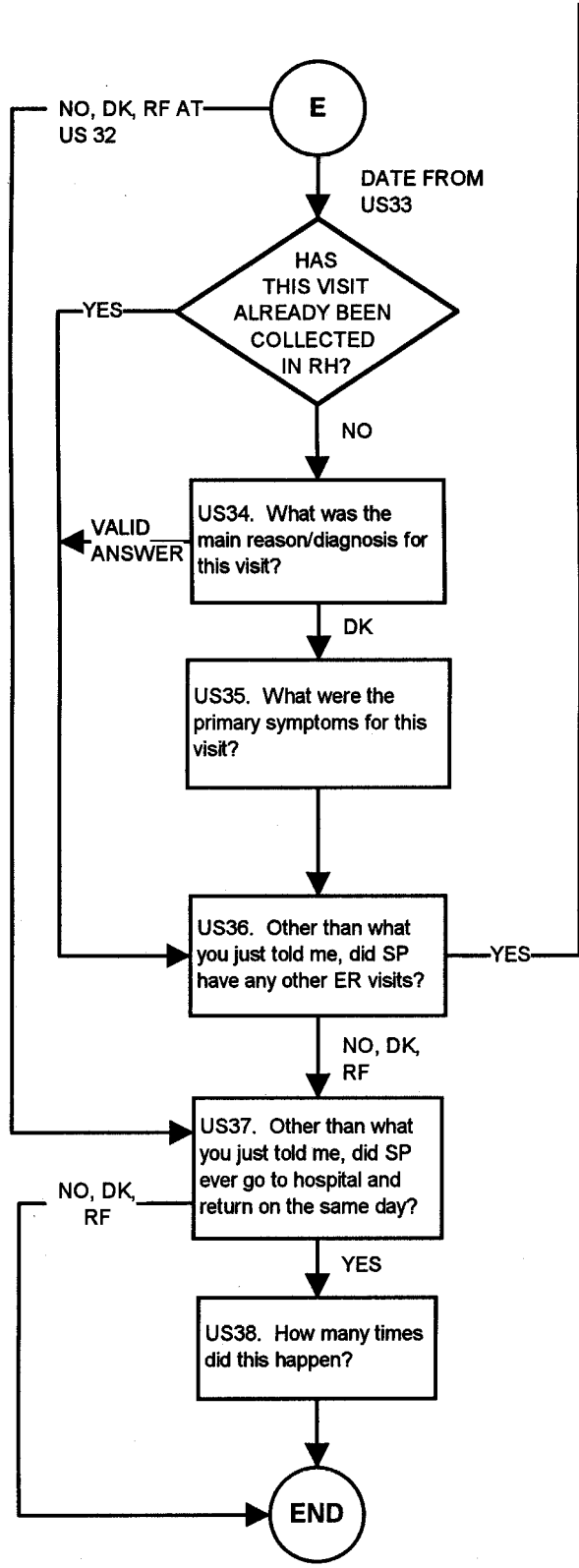












USE OF SERVICES MODULE

BOX US0	If FB37-FB45 have already been administered, go to US1PRE; else Go to FB37.
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FB37

Before we begin the questions about health care services for residents, I have a few questions about physicians' services within {FACILITY/[READ FACILITY/UNITS ABOVE]}. Does {FACILITY/[READ FACILITY/UNITS ABOVE]} have a contract with any group of physicians to provide services to residents?

- YES 1
- NO 0 (FB43)
- DK -8 (FB43)
- RF -7 (FB43)

PROGRAMMER SPECS:

If FB37 = DK (-8), flag for data retrieval in Facility Questionnaire.

FB38

Display Group Roster.

FB38

What is the name of the group?

PROBE: Are there any other groups?

NAME OF GROUP

NAME OF GROUP

USE ARROW KEYS. CTRL/A = ADD. CTRL/D = DELETE TO EXIT, PRESS ESC.

BOX FB9	ASK FB39 - FB42 FOR ALL GROUPS IN FB38.
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FB39

What is the number of physicians provided under contract from {GROUP}?

NUMBER

Hard range: 0-999; soft range: 1-20.

If 0 entered, display overlay screen: PRESS CTRL/K TO EXPLAIN WHY THERE ARE NO PHYSICIANS. THEN PRESS ENTER TO CONTINUE.

FB40

Ask for each group recorded in FB38. Fill with name of group from FB38.

Display "Think about" for first group.

Display "Next, think about" for second group.

FB40

{Think about/Next, think about} the physician services provided by {GROUP}. Does {FACILITY/[READ FACILITY/UNITS ABOVE]} ever bill the resident through the basic or ancillary rate for these services, at least for some residents or some of the time?

YES	1	
NO	0	(NEXT GROUP OR FB43)
DK	-8	(NEXT GROUP OR FB43)
RF	-7	(NEXT GROUP OR FB43)

PROGRAMMER SPECS:

If FB40 = DK (-8), flag for data retrieval in Facility Questionnaire.

FB41

Taking all their visits to residents into account, does {GROUP} bill entirely, mostly, sometimes, or rarely through {FACILITY/[READ FACILITY/UNITS ABOVE]}?

ENTIRELY	1
MOSTLY	2
SOMETIMES	3
RARELY	4

FB42

If this is other than the first group entered in FB38, display "ENTER = SELECT/DESELECT"; else do not display.

FB42

What are the names of the physicians provided by {GROUP}?

PHYSICIAN

DR. _____

USE ARROW KEYS. {ENTER = SELECT/DESELECT.} CTRL/A = ADD. CTRL/D = DELETE.
TO EXIT, PRESS ESC.

PROGRAMMER SPECS:

Doctor names entered in FB42 should be flagged in the database as billing through the facility. Allow escape from this roster without text entry.

When a doctor is added to the roster using CTRL/A, do not allow "SELECT/DESELECT" to function for that doctor while on this screen.

CTRL/D is only valid for a doctor whose name has just been added to the roster.

If FB40 = YES and FB42 is blank, flag for data retrieval in Facility Questionnaire.

BOX FB10	ANY MORE GROUPS?	
	YES	1 (FB39)
	NO	0 (FB43)

FB43

Display "Aside from the physicians provided through the group(s) that you just told me about" and "other", if FB37 = 1. Display "group" if FB37 = 1. If more than one group entered at FB38, display "groups".

FB43

{Aside from the physicians provided through the group(s) that you just told me about,} {A/}are there any {other} physicians who see residents at {FACILITY/[READ FACILITY/UNITS ABOVE]} and for whom the facility bills the resident through the basic or ancillary rate, at least for some residents or some of the time?

YES 1
 NO 0 (BOX FB11)
 DK -8 (BOX FB11)
 RF -7 (BOX FB11)

PROGRAMMER SPECS:

If FB43 = DK (-8), flag for data retrieval in Facility Questionnaire.

FB44
Display Doctor Roster from FB42.

FB44
What are the names of these physicians?
PHYSICIAN
DR. _____
USE ARROW KEYS. CTRL/A = ADD. CTRL/D = DELETE. TO EXIT, PRESS ESC.

PROGRAMMER SPECS:

Do not allow SELECT/DESELECT on this screen. If "Enter" is pressed on the name of a doctor who appears on this screen as a result of entry in FB42, display the following message: CANNOT SELECT A DOCTOR WHO ALREADY APPEARS ON THIS SCREEN.

Create a Doctor Roster from the names entered in FB42 and FB44. The Roster will be used in the Use Questionnaire. Doctor names entered in FB44 should be flagged in the database as billing through the facility. Allow escape from this roster without text entry.

If FB43 = YES and FB44 is blank, flag for data retrieval in Facility Questionnaire.

BOX FB11	Review DOCTOR ROSTER. If no names entered in DOCTOR ROSTER from FB44, go to US1PRE; else if any names entered in FB44, ask FB45 for each doctor entered on ROSTER from FB44, then go to US1PRE.
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FB45
Taking all (his/her) visits to residents into account, does Dr. {PHYSICIAN} bill entirely, mostly, sometimes, or rarely through {FACILITY/[READ FACILITY/UNITS ABOVE]}?
ENTIRELY 1
MOSTLY 2
SOMETIMES 3
RARELY 4

USE OF SERVICES MODULE

US1PRE

Display "The questions include...acute care hospital." the first time a respondent is asked the Use of Services questionnaire in this round; else do not display.

If coming from BOX FB11, display "next"; else do not display.

CTRL/E OK

US1PRE

This {next} series of questions is about the health care services that {SP} may have received between {REFERENCE START DATE} and {REFERENCE END DATE} while {she/he} resided in {FACILITY/[READ FACILITY/UNITS ABOVE]}. {The questions include any services that {she/he} received outside this facility, as well as care from any providers who saw {her/him} here. The kinds of services I will be asking about include physician care, dental care, mental health services, various kinds of therapies, and care from other kinds of health care providers. I will be asking about the type of provider and the frequency or duration of the services. Please do not include care while {she/he} was an overnight inpatient in an acute care hospital.}

CURRENT TIMELINE

PLACE NAME	START DATE	END DATE	PLACE TYPE
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
ETC.	ETC.	ETC.	ETC.

USE ARROW KEYS. TO EXIT, PRESS ESCAPE.

US1

Between {REFERENCE START DATE} and {REFERENCE END DATE} while a resident in the nursing home, did {she/he} see a medical doctor of any kind, outside the nursing home, excluding mental health therapy provided by a psychiatrist?

YES	1 (US2)
NO	0 (US3)
DK	-8 (US3)
RF	-7 (US3)

US2

Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see doctors outside this facility?

NUMBER

PROGRAMMER SPECS:

Hard range: 1-999; soft range: 1-50.

US3

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a medical doctor of any kind, here, in this nursing home, excluding mental health therapy provided by a psychiatrist?

- YES 1 (BOX US1)
NO 0 (US6PRE)
DK -8 (US3a)
RF -7 (US6PRE)

Table with 2 columns: BOX US1 and logic: If FB37 or FB43 = YES and there are any names on the Doctor Roster, go to US4; else Go to US5a.

US3A

Please tell me the name and title of someone in {FACILITY/[READ FACILITY/UNITS ABOVE]} who could give me that information.

RECORD RESPONDENT INFORMATION ON PAPER FROG.

Thank you for your time, those are all the questions I have for you. Right now I need to continue with [NAME FROM FROG] to complete these questions.

PRESS ENTER TO CONTINUE.

PROGRAMMER SPECS:

Terminate Use with this respondent and return to navigation screen. Set USE status, on the navigate screen RDY. The next time ENTER is struck on this cell, begin USE at US1PRE.

US4-US5

These questions use the Doctor Roster as it exists after completing FB37-FB45 in either the Facility Questionnaire or Use of Services Questionnaire. Display as a matrix with the cursor on the first line in the first column (DR. NAME).

SAMPLE LAYOUT

US4-US5	
{QUESTION DISPLAY AREA}	
{SELECT ONE}	
US4 DR. NAME	US5 TOTAL # OF TIMES SEEN
USE ARROW KEYS. CTRL/A = ADD. CTRL/D = DELETE. TO EXIT, PRESS ESC.	

US4

Display on the matrix the names of doctors entered on the Doctor Roster.

US4
Please tell me the names of the doctors {she/he} saw here.
PROBE: Any Others.
USE ARROW KEYS. CTRL/A = ADD. CTRL/D = DELETE. TO EXIT, PRESS ESC.

PROGRAMMER SPECS:

If a doctor is selected, move the cursor to column 2 (TOTAL # OF TIMES SEEN) and present US5. After entry in the "TOTAL # OF TIMES" column, the cursor resides in that cell.
CTRL/D is only valid for a doctor whose name has just been added to the roster.

US4A
Display US4A as an overlay of US4.

US4A

DR. _____

ENTER DOCTOR'S NAME.

IF R VOLUNTEERS THAT THIS DOCTOR'S SERVICES ARE INCLUDED IN FACILITY RATE, ENTER IN COMMENTS (CTRL/K).

PROGRAMMER SPECS:

Do not allow exit from the screen without text entry. After <ENTER> has been struck post "DR. {US4A}" to column one of the matrix and go to US5.

US5

Display doctor's name from US4 if doctor was selected or US4A, if doctor was added.

Move cursor to "TOTAL # OF TIMES" column.

US5

Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see Dr. {US4/US4A} here?

PROGRAMMER SPECS:

The second column represents a cumulative count of Doctor visits. Allow the numbers in this field to be overwritten. After at least 1 valid entry in "# OF TIMES" field, allow <ESCAPE> from the matrix and go to US6PRE. For a doctor who has just been added, if <ESCAPE> is attempted without a valid entry, display the error message: YOU MUST ENTER A # GREATER THAN 0 OR CTRL/D TO CORRECT.

Hard range: 1-999; soft range: 1-50.

US5A

Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see any doctor here?

()
NUMBER

PROGRAMMER SPECS:

Hard range: 1-999; soft range: 1-50.

CTRL/E OK

US6PRE

The following questions are about services used both inside and outside this facility. We are only interested in services {SP} received while residing in {FACILITY/[READ FAC/UNITS LISTED ABOVE]}.

PRESS ENTER TO CONTINUE.

US6

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a dentist, dental surgeon, dental assistant, or any other professional for dental care?

YES	1	(US7)
NO	0	(US8)
DK	-8	(US8)
RF	-7	(US8)

US7

If US6 = "YES", display US7 as an overlay of US6.

US7

Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many times did {she/he} see a dentist, dental surgeon, dental assistant, or any other professional for dental care?

_____ (US8)
NUMBER

PROGRAMMER SPECS:

Hard range: 1-400; soft range: 1-50.

US8

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} see a psychiatrist or any other mental health care professional either inside or outside this facility?

YES	1	(US9)
NO	0	(US12)
DK	-8	(US12)
RF	-7	(US12)

US9

What type of mental health specialist did {she/he} see?

SELECT ALL THAT APPLY.

PSYCHIATRIST	(US10)
PSYCHOLOGIST	(US10)
PSYCHIATRIC NURSE	(US10)
PSYCHIATRIC SOCIAL WORKER	(US10)
LICENSED CLINICAL SOCIAL WORKER	(US10)
OTHER (SPECIFY:_____)	(US10)

USE ARROW KEYS. TO SELECT OR DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

US10

Display US10 as an overlay of US9.

US10

Between {REFERENCE START DATE} and {REFERENCE END DATE}, how many sessions or visits did {she/he} have?

_____ (US11)

PROGRAMMER SPECS:

Hard range: 1-400; soft range: 1-50.

US11
 Display US11 as an overlay of US10.

US11

Were these individual sessions, group sessions, or some of both?

INDIVIDUAL	1
GROUP	2
BOTH	3

US12

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive physical therapy that was delivered or supervised by a licensed or certified physical therapist (either inside or outside this facility)?

YES	1	(US13)
NO	0	(US15)
DK	-8	(US15)
RF	-7	(US15)

US13
 If US12 = "YES", display US13 as an overlay of US12.

US13

Please look at this card and tell me about how often each week physical therapy was provided.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD US1 </div>	LESS THAN ONCE A WEEK	1	(US14)
	ONCE OR TWICE A WEEK	2	(US14)
	3 TO 5 TIMES A WEEK	3	(US14)
	MORE THAN 5 TIMES A WEEK	4	(US14)
	ONE-TIME EVALUATION	5	(US15)
	DK	-8	(US14)
	RF	-7	(US15)

PRESS F1 FOR INFORMATION ON "ONE-TIME EVALUATION".

US14

Now look at this card. Between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period was this physical therapy provided?

SHOW
CARD
US2

LESS THAN 1 WEEK	1
1 TO 3 WEEKS	2
4 TO 8 WEEKS	3
MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	4
ABOUT THE WHOLE TIME	5
DK	-8
RF	-7

US15

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive occupational therapy that was delivered or supervised by a licensed or certified occupational therapist (either inside or outside this facility)?

YES	1	(US16)
NO	0	(US18)
DK	-8	(US18)
RF	-7	(US18)

US16

If US15 = "YES", display US16 as an overlay of US15.

US16

Please look at this card and tell me about how often each week occupational therapy was provided.

SHOW
CARD
US3

LESS THAN ONCE A WEEK	1	(US17)
ONCE OR TWICE A WEEK	2	(US17)
3 TO 5 TIMES A WEEK	3	(US17)
MORE THAN 5 TIMES A WEEK	4	(US17)
ONE-TIME EVALUATION	5	(US18)
DK	-8	(US17)
RF	-7	(US18)

PRESS F1 FOR INFORMATION ON "ONE-TIME EVALUATION".

US17

If US15 = "YES", display US17 as an overlay of US15.

US17

Now look at this card. Between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period was this occupational therapy provided?

SHOW
CARD
US4

LESS THAN 1 WEEK	1
1 TO 3 WEEKS	2
4 TO 8 WEEKS	3
MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	4
ABOUT THE WHOLE TIME	5
DK	-8
RF	-7

US18

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive speech or hearing therapy that was delivered or supervised by a licensed or certified therapist (either inside or outside this facility)?

YES	1	(US19)
NO	0	(US21)
DK	-8	(US21)
RF	-7	(US21)

US19

If US18 = "YES", display US19 as an overlay of US18.

US19

Please look at this card and tell me, between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period was this speech or hearing therapy provided?

SHOW
CARD
US4

LESS THAN 1 WEEK	1
1 TO 3 WEEKS	2
4 TO 8 WEEKS	3
MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	4
ABOUT THE WHOLE TIME	5
DK	-8
RF	-7

US20 omitted.

US21

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive respiratory therapy that was delivered or supervised by a licensed or certified therapist (either inside or outside this facility)?

YES 1
NO 0

US22

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive I.V. therapy (either inside or outside this facility)?

YES 1
NO 0

US22a

Between {REFERENCE START DATE} and {REFERENCE END DATE} was {SP} seen by a podiatrist (either inside or outside this facility)?

YES 1
NO 0

US23

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive educational or habilitational services (either inside or outside this facility)?

PROBE: "Habilitational services" include training in daily living skills, self care, and so on, in a structured program.

YES 1 (US24)
NO 0 (US29)
DK -8 (US29)
RF -7 (US29)

US24

Were those services educational, habilitational, or both?

EDUCATIONAL	1	(US25)
HABILITATIONAL	2	(US25)
BOTH	3	(US25)
DK	-8	(US25)
RF	-7	(US29)

US25

If US24 = 1, 2, 3, or -8 (DK), display US25 as an overlay of US24.

If 1 or 3, display "educational;" else if 2, display "habilitational," else if "DK", display neither.

US25

Please look at this card and tell me, between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period were these {educational} {habilitational} services provided?

SHOW
CARD
US4

LESS THAN 1 WEEK	1
1 TO 3 WEEKS	2
4 TO 8 WEEKS	3
MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	4
ABOUT THE WHOLE TIME	5
DK	-8
RF	-7

US26 omitted.

BOX US2	If US24 = 3, go to US27; else go to US29.
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US27
Display US27 as an overlay of US25.

US27

Between {REFERENCE START DATE} and {REFERENCE END DATE}, over how long a period were these habilitational services provided?

SHOW
CARD
US4

LESS THAN 1 WEEK	1
1 TO 3 WEEKS	2
4 TO 8 WEEKS	3
MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	4
ABOUT THE WHOLE TIME	5
DK	-8
RF	-7

US28 omitted.

US29

Between {REFERENCE START DATE} and {REFERENCE END DATE}, did {she/he} receive care from any other licensed or certified health care provider (either inside or outside this facility)?

YES	1	(US30)
NO	0	(US31PRE)
DK	-8	(US31PRE)
RF	-7	(US31PRE)

US30
If US29 = "YES", display US30 as an overlay of US29.

US30

What kind of provider was that?

SELECT ALL THAT APPLY.

DIETICIAN
OPHTHALMOLOGIST
OPTOMETRIST
RECREATIONAL THERAPIST
SOCIAL WORKER
OTHER (SPECIFY: _____)

*** CTRL/E OK***

US31PRE

The next few questions are about any visits {SP} may have made to a hospital emergency room since admission, that is, from {REFERENCE START DATE} through {REFERENCE END DATE}.
Please do not include visits to the emergency room that were immediately followed by inpatient hospital stays.

PRESS ENTER TO CONTINUE.

US32

While {she/he} was in a nursing home, did {she/he} make any visits to a hospital emergency room between {REFERENCE START DATE} and {REFERENCE END DATE}?

YES	1	(US33)
NO	0	(US37)
DK	-8	(US37)
RF	-7	(US37)

{REF. START DATE} - {REF. END DATE}

US33

On what date did the {first/next} ER visit occur?

MONTH () DAY () 1996

PROGRAMMER SPECS:

Date entered must be between Reference Start Date and Reference End Date, else display the message: DATE MUST BE BETWEEN {REF. START DATE} and {REF. END DATE}. PLEASE RE-ENTER.

BOX US3	<p>Check date entered against dates from Residence History of inpatient hospital stays. If no component of the date is missing and the date is the same as any of the dates included in the inpatient hospital stay from Residence History, <u>including admission day</u>, go to US36; else Go to US34.</p>
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US34
 Display as a header, ER visit date from US33.
 Enable the "search" feature on this screen.

US34

ER VISIT: {DATE FROM US33} 1996

Based on what you learned at the hospital where {she/he} was treated, what was the main reason or diagnosis for this visit?

SELECT ONE.

SHOW CARD US5	ANGINA (US36) CARDIAC ARREST (US36) CEREBROVASCULAR ACCIDENT (STROKE) (US36) CHEST PAIN (US36) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) (US36) FRACTURE (SPECIFY SITE: _____) (US36) GASTROINTESTINAL HEMORRHAGE (US36) HYPERTENSION (US36) INTESTINAL OBSTRUCTION (US36) MYOCARDIAL INFARCTION (US36) PNEUMONIA (US36) RENAL FAILURE (US36) SEPTICEMIA (US36) ULCER (US36) URINARY TRACT INFECTION (US36) OTHER (SPECIFY: _____) (US36) DON'T KNOW (US35)
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USE ARROW KEYS. TO SELECT OR DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

US35

What were the primary symptoms that caused {SP} to visit the emergency room on {DATE FROM US33}?

RECORD VERBATIM.

{REF. START DATE} - {REF. END DATE}

US36

ER VISIT: {DATE FROM US33} 1996

Other than what you have just told me, did {SP} have any other emergency room visits?

YES	1	(US33)
NO	0	(US37)
DK	-8	(US37)
RF	-7	(US37)

US37

1. If any health care providers have been identified (US1, US3, US6, US8, US12, US15, US18, US21, US22, US22a, US23, or US29 = "YES"), display "health care providers."
2. If US32 = "YES", "DK", or "RF", display "emergency room."
3. If Statement 1 and Statement 2 are both true, display "and."
4. If there is a "YES" in either Statement 1 or 2, display "Besides...told me about."; else do not display.

US37

{Besides the {health care providers} {and} {emergency room} visits you have already told me about,} {D/d}id {she/he} ever go to the hospital and return on the same day?

YES	1	(US38)
NO	0	(BOX US4)
DK	-8	(BOX US4)
RF	-7	(BOX US4)

US38

If US37 = "YES", display US38 as an overlay of US37.

US38

How many times did this happen between {REFERENCE START DATE} and {REFERENCE END DATE}?

(NUMBER)

PROGRAMMER SPECS:

Hard range: 1-999; Soft range: 1-50.

BOX US4	<ol style="list-style-type: none"> 1. Determine SP eligibility for CRR: If this SP is a CR sampled in this facility and Rd = 2, or an FA sampled in this facility this round, go to step 2. Else, go to USEND. 2. Determine facility CRR status: If facility refused to furnish SP name or if facility refused to identify community contacts (FG4 = -7 (REFUSED)), go to USEND. Else, go to step 3. 3. Determine respondent eligibility for CRR: If RH, EX, HS, PM, BQ, or IN have been completed (questionnaire disposition code = C or MD) by this respondent for this SP, go to USEND. Else, go to US39.
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US39

ADMINISTER THE PAPER COMMUNITY RESPONDENT ROSTER (CRR).
PRESS ENTER TO CONTINUE.

USEND

YOU HAVE COMPLETED THE USE SECTION FOR THIS SP.
PRESS ENTER TO RETURN TO NAVIGATION SCREEN.



HOW OFTEN EACH WEEK...

Less than once a week

Once or twice a week

3 to 5 times a week

More than 5 times a week



HOW LONG A PERIOD...

Less than 1 week

1 to 3 weeks

4 to 8 weeks

More than 8 weeks, but not the whole time

About the whole time

National Study Use of Health Care Services



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Less than once a week

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National Study Use of Health Care Services



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4 to 8 weeks

More than 8 weeks, but not the whole time

About the whole time

National Study Use of Health Care Services

CARD
US5

ANGINA

CARDIAC ARREST

CEREBROVASCULAR ACCIDENT (STROKE)

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

FRACTURE

GASTROINTESTINAL HEMORRHAGE

HYPERTENSION

INTESTINAL OBSTRUCTION

MYOCARDIAL INFARCTION

PNEUMONIA

RENAL FAILURE

SEPTICEMIA

ULCER

URINARY TRACT INFECTION

USE OF HEALTH CARE SERVICES HELP SCREENS

US13
US16

One-time evaluations for physical and/or occupational therapy may take place across several sessions or days.