

Hospital Stay (HS) Section

BOX\_01

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| IF HOSPITAL STAY DISCHARGE DATE IS '95' (STILL IN |  
| HOSPITAL) [OR IF ROUND 5, CODE '95' INDICATES |  
| 'STILL IN HOSPITAL' AND 'RELEASED IN 2009'], DO |  
| NOT ASK THE HOSPITAL STAY (HS) SECTION OR THE |  
| CHARGE/PAYMENT (CP) SECTION FOR THIS EVENT. |  
| (WE WILL FOLLOW UP WITH THESE EVENTS NEXT ROUND. |  
| IF ROUND 5, WE WILL OBTAIN NECESSARY INFORMATION |  
DURING MPS FOLLOW-UP.)

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| IF THE MONTH OR DAY OR YEAR FOR THE HOSPITAL STAY |  
| ADMIT DATE OR DISCHARGE DATE IS '-7' (REFUSED) OR |  
'-8' (DON'T KNOW), CONTINUE WITH HS01

-----  
OTHERWISE, GO TO HS02

HS01

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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

How many nights did {you/{PERSON}} stay in {PROVIDER}?

[Enter Number of Nights] ..... {HS02}  
REF ..... -7 {HS02}  
DK ..... -8 {HS02}

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SOFT RANGE CHECK: 1 TO 30.

HS02  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

Did this hospital stay begin with a visit to an emergency room?

- YES ..... 1 {HS03}
- NO ..... 2 {HS03}
- REF ..... -7 {HS03}
- DK ..... -8 {HS03}

HELP AVAILABLE FOR DEFINITION OF EMERGENCY ROOM.

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| IF CODED '1' (YES), DISPLAY THE FOLLOWING |  
| MESSAGE: "PLEASE BE SURE YOU HAVE ENTERED THIS |  
EMERGENCY ROOM VISIT FOR THIS PERSON."

HS03  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

Was this hospital stay related to any specific health condition  
or were any conditions discovered during this stay?

- YES ..... 1 {HS04}
- NO ..... 2 {HS05}
- REF ..... -7 {HS05}
- DK ..... -8 {HS05}

HS04  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

What conditions were discovered or led {you/{PERSON}} to enter  
the hospital?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

- [1. Medical Condition]
- [2. Medical Condition]
- [3. Medical Condition]

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| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS |  
SCREEN.

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| ROSTER DETAILS: |  
| Title: PERS-COND-1 |  
| |  
| COL #1 HEADER: MEDICAL CONDITION |  
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION |  
(COND.CONDNAM)

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| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS PERSON-MEDICAL-CONDITIONS- |  
| ROSTER FOR SELECTION AND ADDITION OF ONE OR MANY |  
MEDICAL CONDITIONS ASSOCIATED WITH THIS EVENT

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| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. |  
| |  
| 2. MULTIPLE ADD ALLOWED. |  
| |  
| 3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE |  
| A CONDITION ADDED ON THIS SCREEN AS LONG AS |  
| CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS |  
CONDITION AND THE EVENT

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| ROSTER FILTER: |  
| DISPLAY ALL CONDITIONS ON PERSON'S ROSTER; |  
DISPLAY ALL.

HS05  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

SHOW CARD HS-1.

Please look at this card and tell me which category **best**  
describes the reason {you/{PERSON}} entered {PROVIDER} on {ADMIT  
DATE}.

IF NECESSARY, PROBE: What was the **main** reason {you/he/she}  
entered {PROVIDER}?

OPERATION OR SURGICAL PROCEDURE ..... 1 {HS06AA}  
TREATMENT OR THERAPY, NOT INCLUDING  
SURGERY ..... 2 {HS06}  
DIAGNOSTIC TESTS ONLY ..... 3 {HS06}  
GIVE BIRTH TO A BABY - NORMAL OR  
CAESAREAN SECTION (MOTHER) ..... 4 {HS06}  
TO BE BORN (BABY) ..... 5 {HS06}  
PREGNANCY-RELATED COMPLICATIONS ..... 6 {HS06}  
OTHER ..... 91 {HS06}  
REF ..... -7 {HS06}  
DK ..... -8 {HS06}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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| ALLOW CODE '4' (GIVE BIRTH TO A BABY) AND CODE '6' |  
| (PREGNANCY-RELATED COMPLICATIONS) ONLY IF PERSON |  
| IS FEMALE. ALLOW CODE '5' (TO BE BORN) ONLY IF |  
PERSON IS < OR = 1 YEAR OLD (OR AGE CATEGORY 1).

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| IF CODED '4' (GIVE BIRTH TO A BABY), DISPLAY THE |  
| FOLLOWING MESSAGE IN RED: "PLEASE BE SURE YOU |  
| HAVE ALSO ENTERED A HOSPITAL STAY EVENT FOR THE |  
| BABY." IF CODED '5' (TO BE BORN), DISPLAY THE |  
| FOLLOWING MESSAGE IN RED: "PLEASE BE SURE YOU |  
| HAVE ALSO ENTERED A HOSPITAL STAY EVENT FOR THE |  
MOTHER."

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| IF HS05 IS CODED '1' (OPERATION OR SURGICAL |  
| PROCEDURE), AUTOMATICALLY CODE HS06 AS '1' (YES) |  
BY CAPI

HS06  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

Were any operations or surgical procedures performed on  
{you/{PERSON}} during this stay?

YES ..... 1 {HS06AA}  
NO ..... 2 {HS06AA}  
REF ..... -7 {HS06AA}  
DK ..... -8 {HS06AA}

HELP AVAILABLE FOR DEFINITION OF OPERATIONS/SURGICAL PROCEDURES.

HS06AA  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

Did {you/{PERSON}} spend any time in an intensive or critical care  
unit (ICU) during this stay?

YES ..... 1 {BOX\_01A}  
NO ..... 2 {BOX\_01A}  
REF ..... -7 {BOX\_01A}  
DK ..... -8 {BOX\_01A}

HELP AVAILABLE FOR DEFINITION OF ICU.

BOX\_01A  
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| IF HS05 IS CODED '4' (GIVE BIRTH TO A BABY), |  
CONTINUE WITH HS06A

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OTHERWISE, GO TO HS08

HS06A  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

What kind of delivery did {you/{PERSON}} have? Was it a vaginal  
delivery or caesarean section?

VAGINAL DELIVERY ..... 1 {HS08}  
CAESAREAN SECTION ..... 2 {HS08}  
REF ..... -7 {HS08}  
DK ..... -8 {HS08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

HS06B  
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OMITTED.

HS07  
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OMITTED.

HS08  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

At the time {you/{PERSON}} {were/was} **discharged**, were any medicines  
prescribed for {you/him/her}? Please do not include medications  
received while {you/he/she} {were/was} a patient in the hospital.

YES ..... 1 {HS09}  
NO ..... 2 {BOX\_04}  
REF ..... -7 {BOX\_04}  
DK ..... -8 {BOX\_04}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

HS09

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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE  
PROVIDER.....} {ADM-DT}  
{DIS-DT}

Please tell me the names of the prescribed medicines from this  
stay that were filled.

PROBE: Any other prescribed medicines from this stay that were  
filled?

- [1. Prescribed Medicine]
- [2. Prescribed Medicine]
- [3. Prescribed Medicine]

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DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS SCREEN

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| ROSTER DETAILS: |  
| TITLE: PERSON'S-PRESCRIBED-MEDICINES\_1. |  
| |  
| COL # 1 HEADER: PRESCRIBED MEDICINE |  
| INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE |  
(DRUG.DRUGNAME)

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| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS PERSON'S-PRESCRIBED-MEDICINES- |  
| ROSTER FOR SELECTION AND ADDITION OF PRESCRIBED |  
MEDICINES.

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ROSTER BEHAVIOR:

1. MULTIPLE SELECT AND ADD ALLOWED.
2. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE MEDICINES ADDED AT THE SECTION AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS MEDICINE AND THE EVENT.
3. EDIT DISALLOWED.
4. ANY MEDICINE ADDED TO THE ROSTER SHOULD BE FLAGGED AS 'CREATED' THIS ROUND. ANY MEDICINE SELECTED AT THE ROSTER SHOULD BE FLAGGED AS 'SELECTED' THIS ROUND. THIS FLAGGING SHOULD OCCUR AT EACH PERSON'S-PRESCRIBED-MEDICINES-ROSTER THROUGHOUT THE INSTRUMENT (UNLESS OTHERWISE SPECIFIED), THE FIRST TIME THE MEDICINE IS ADDED OR SELECTED DURING THE ROUND. FOR EXAMPLE, IF IT IS ROUND 1, ALL MEDICINES ON THE ROSTER WOULD HAVE THE FLAG 'CREATED - ROUND 1'. IF A MEDICINE IS CREATED IN HS, BUT SELECTED IN MV, ALL DURING ROUND 1, IT WOULD ONLY HAVE THE FLAG 'CREATED - ROUND 1'. THUS, FOR ANY ONE ROUND, A MEDICINE CAN BE FLAGGED ONLY AS EITHER 'CREATED' OR 'SELECTED'. IF IT IS ROUND 2 AND A MEDICINE THAT WAS CREATED IN ROUND 1 IS SELECTED, IT SHOULD BE FLAGGED AS 'SELECTED - ROUND 2'. THIS FLAG IS IN ADDITION TO THE ORIGINAL 'CREATED - ROUND 1' FLAG.
5. WHEN A MEDICINE FROM A PREVIOUS ROUND IS SELECTED, A NEW EVENT IS CREATED SINCE IT INVOLVES A NEW PURCHASE OF THE MEDICINE. A NEW PURCHASE REQUIRES ASKING CP AND THE PHARMACY. THE REASON FOR INCLUDING ALL OF THE PRESCRIBED MEDICINES ON THE ROSTER IS SIMPLY TO AVOID THE INTERVIEWER HAVING TO TYPE THEM IN AGAIN (IF THE PERSON IS GETTING REFILLS OF THE SAME MEDICINE EVERY ROUND).

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ROSTER FILTER:

DISPLAY ALL MEDICINES ON PERSON'S ROSTER;  
NO FILTER.

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MEPS P18R5/P19R3/P20R1 Hospital Stay (HS) Section  
November 12, 2014

HS10

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OMITTED.

HS11

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OMITTED.

LOOP\_01

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OMITTED.

BOX\_02

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OMITTED.

BOX\_03

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OMITTED.

HS12

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OMITTED.

END\_LP01

=====

OMITTED.

BOX\_04

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| IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS |  
| HOSPITAL STAY IS NOT COMPLETED, ASK THE CHARGE/ |  
PAYMENT (CP) SECTION.

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OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.