

# **Medicare Current Beneficiary Survey**

Section Specifications for USF

Round 69

USE OF SERVICES

Created on 5/9/2014 6:14:12 PM

# BOX USBEG

## BOX INSTRUCTIONS

IF USDISP = 1/ConsentRequired OR USDISP = 4/InitialRefusal, GO TO USCONREF - CONREFFN.

ELSE GO TO US1PRE - US1PRECT.

# USCONREF

Code 1

**QUESTION TEXT**

PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.

**FIELD 1: CONREFFN****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	CONSENT OBTAINED (CONTINUE INTERVIEW)	US1PRE - US1PRECT
2	FINAL CONSENT DENIED	USEND - USENDCT
3	REFUSAL CONVERTED (CONTINUE INTERVIEW)	US1PRE - US1PRECT
4	FINAL REFUSAL	USEND - USENDCT

# US1PRE

Code 1

## QUESTION TEXT

This series of questions is about the health care services that (SP) may have received between (US REFERENCE START DATE) and (US REFERENCE END DATE) while (he/she) resided in (FACILITY).

[The questions include any services that (he/she) received outside this (facility/home), as well as care from any providers who saw (him/her) 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 (he/she) was an overnight inpatient in an acute care hospital.]

IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.

## FIELD 1: US1PRECT

### FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	US1 - OUTMDVST
2	CONSENT REQUIRED	USEND - USENDCT
3	INITIAL REFUSAL	USEND - USENDCT

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display

STAY.STAYSMM+STAY.STAYSDD+STAY.STAYSYY in month, day  
year format.

Column 3, header="End Date", display

STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day  
year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

#### **BACKGROUND VARIABLE ASSIGNMENTS**

<b>Variable Name</b>	<b>Assignment Instructions</b>
US1PLONG	FACR.US1PLONG = curent round

**US1**

Yes/No

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE) while a resident in this (facility/home), did (SP) see a medical doctor of any kind, outside the (facility/home), excluding mental health therapy provided by a psychiatrist?

**FIELD 1: OUTMDVST****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US3 - INMDVST
1	YES	US2 - OUTMDFRQ
	Don't Know	US3 - INMDVST
	Refused	US3 - INMDVST

# US2

Numeric

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see doctors outside this (facility/home)?

**FIELD 1: OUTMDFRQ****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US3 - INMDVST
	Don't Know	US3 - INMDVST
	Refused	US3 - INMDVST

**US3**

Yes/No

**QUESTION TEXT**

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

**FIELD 1: INMDVST****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US6PRE - US6PRECT
1	YES	US5A - ANYMDFRQ
	Don't Know	US3A - US3ACT
	Refused	US6PRE - US6PRECT



# US3A

Code 1

**QUESTION TEXT**

Please tell me the name and title of someone in (FACILITY) who could give me that information.

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

PRESS "CTRL/R" TO ADD A PERSON TO THE PERSON ROSTER.

PRESS "1" TO CONTINUE.

**FIELD 1: US3ACT****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX USEND

**OTHER PROGRAMMING INSTRUCTIONS****REPORT DISPLAY**

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display STAY.STAYSMM+STAY.STAYSDD+STAY.STAYSYY in month, day year format.

Column 3, header="End Date", display STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

**DESIGN NOTES**

Terminate Use with this respondent and return to navigation screen. Set USE status, on the navigate screen to READY. Begin USE at US1PRE on re-entry.

# US5A

Numeric

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see any doctor here?

**FIELD 1: ANYMDFRQ****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US6PRE - US6PRECT
	Don't Know	US6PRE - US6PRECT
	Refused	US6PRE - US6PRECT

# US6PRE

Code 1

## QUESTION TEXT

The following questions are about services used both inside and outside this (facility/home). We are only interested in services (SP) received while residing in (FACILITY).

PRESS "1" TO CONTINUE.

## FIELD 1: US6PRECT

### FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	US6 - DENTVST

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display STAY.STAYSMM+STAY.STAYSDD+STAY.STAYSYY in month, day year format.

Column 3, header="End Date", display STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

# US6

Yes/No

**QUESTION TEXT**

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

**FIELD 1: DENTVST****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US8 - MENTLVST
1	YES	US7 - DENTFRQ
	Don't Know	US8 - MENTLVST
	Refused	US8 - MENTLVST

# US7

Numeric

**QUESTION TEXT**

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

**FIELD 1: DENTFRQ****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US8 - MENTLVST
	Don't Know	US8 - MENTLVST
	Refused	US8 - MENTLVST

**US8**

Yes/No

**QUESTION TEXT**

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

**FIELD 1: MENTLVST****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US12 - PHYSTHPY
1	YES	US9 - PSYCHTYP
	Don't Know	US12 - PHYSTHPY
	Refused	US12 - PHYSTHPY

**US9**

Code All

**QUESTION TEXT**

What type of mental health specialist did (he/she) see?

[PROBE: Any others?]

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: PSYCHTYP****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	LICENSED CLINICAL SOCIAL WORKER	BOX US10A
2	PSYCHIATRIC NURSE	BOX US10A
3	PSYCHIATRIC SOCIAL WORKER	BOX US10A
4	PSYCHIATRIST	BOX US10A
5	PSYCHOLOGIST	BOX US10A
91	OTHER	US9 - PSYCHOS

**FIELD 2: PSYCHOS**

OTHER (SPECIFY)

**FIELD 2 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	BOX US10A



# BOX US10A

## **BOX INSTRUCTIONS**

IF US9-PSYCHTYP INCLUDES 1/LicensedClinicalSocWork, GO TO US10A - LCSOWSES.

ELSE GO TO BOX US10B.

# US10A

Numeric

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a licensed clinical social worker?

**FIELD 1: LCSOWSES****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US11A - LCSOWTYP
	Don't Know	US11A - LCSOWTYP
	Refused	US11A - LCSOWTYP

# US11A

Code 1

**QUESTION TEXT**

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

**FIELD 1: LCSOWTYP****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	INDIVIDUAL	BOX US10B
2	GROUP	BOX US10B
3	BOTH	BOX US10B

# BOX US10B

## BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 2/PsychiatricNurse, GO TO US10B - PSCNUSES.

ELSE GO TO BOX US10C.

# US10B

Numeric

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric nurse?

**FIELD 1: PSCNUSES****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US11B - PSCNUTYP
	Don't Know	US11B - PSCNUTYP
	Refused	US11B - PSCNUTYP

# US11B

Code 1

**QUESTION TEXT**

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

**FIELD 1: PSCNUTYP****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	INDIVIDUAL	BOX US10C
2	GROUP	BOX US10C
3	BOTH	BOX US10C

# BOX US10C

## **BOX INSTRUCTIONS**

IF US9-PSYCHTYP INCLUDES 3/PsychiatricSocWork, GO TO US10C - PSSOWSES.

ELSE GO TO BOX US10D.

# US10C

Numeric

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric social worker?

**FIELD 1: PSSOWSES****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US11C - PSSOWTYP
	Don't Know	US11C - PSSOWTYP
	Refused	US11C - PSSOWTYP



# US11C

Code 1

**QUESTION TEXT**

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

**FIELD 1: PSSOWTYP****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	INDIVIDUAL	BOX US10D
2	GROUP	BOX US10D
3	BOTH	BOX US10D

# BOX US10D

## BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 4/Psychiatrist, GO TO US10D - PSCIASES.

ELSE GO TO BOX US10E.

# US10D

Numeric

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatrist?

**FIELD 1: PSCIASES****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US11D - PSCIATYP
	Don't Know	US11D - PSCIATYP
	Refused	US11D - PSCIATYP

# US11D

Code 1

**QUESTION TEXT**

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

**FIELD 1: PSCIATYP****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	INDIVIDUAL	BOX US10E
2	GROUP	BOX US10E
3	BOTH	BOX US10E

# BOX US10E

## **BOX INSTRUCTIONS**

IF US9-PSYCHTYP INCLUDES 5/Psychologist, GO TO US10E - PSCOLSES.

ELSE GO TO BOX US10F.

# US10E

Numeric

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychologist?

**FIELD 1: PSCOLSES****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US11E - PSCOLTYP
	Don't Know	US11E - PSCOLTYP
	Refused	US11E - PSCOLTYP

# US11E

Code 1

**QUESTION TEXT**

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

**FIELD 1: PSCOLTYP****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	INDIVIDUAL	BOX US10F
2	GROUP	BOX US10F
3	BOTH	BOX US10F

# BOX US10F

## BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 91/Other, GO TO US10F - PSOTRSES.

ELSE GO TO US12 - PHYSTHPY.



# US10F

Numeric

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a (OTHER MENTAL HEALTH SPECIALIST)?

**FIELD 1: PSOTRSES****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US11F - PSOTRTYP
	Don't Know	US11F - PSOTRTYP
	Refused	US11F - PSOTRTYP

# US11F

Code 1

**QUESTION TEXT**

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

**FIELD 1: PSOTRTYP****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	INDIVIDUAL	US12 - PHYSTHPY
2	GROUP	US12 - PHYSTHPY
3	BOTH	US12 - PHYSTHPY

# US12

Yes/No

**QUESTION TEXT**

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a therapist such as a physical therapist, speech therapist, I.V. therapist, occupational therapist, or respiratory therapist?

**FIELD 1: PHYSTHPY****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US22A - PODRTHPY
1	YES	US13 - PHTPYWKL
	Don't Know	US22A - PODRTHPY
	Refused	US22A - PODRTHPY

**US13**

Code 1

**QUESTION TEXT**

SHOW CARD US1

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

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

**FIELD 1: PHTPYWKL****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	LESS THAN ONCE A WEEK	US14 - PHTPYFRQ
2	ONCE OR TWICE A WEEK	US14 - PHTPYFRQ
3	3 TO 5 TIMES A WEEK	US14 - PHTPYFRQ
4	MORE THAN 5 TIMES A WEEK	US14 - PHTPYFRQ
5	ONE-TIME EVALUATION	US22A - PODRTHPY
	Don't Know	US14 - PHTPYFRQ
	Refused	US22A - PODRTHPY

# US14

Code 1

**QUESTION TEXT**

SHOW CARD US2

Now look at this card. Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period was therapy provided?

**FIELD 1: PHTPYFRQ****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	LESS THAN 1 WEEK	US22A - PODRTHPY
2	1 TO 3 WEEKS	US22A - PODRTHPY
3	4 TO 8 WEEKS	US22A - PODRTHPY
4	MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	US22A - PODRTHPY
5	ABOUT THE WHOLE TIME	US22A - PODRTHPY
	Don't Know	US22A - PODRTHPY
	Refused	US22A - PODRTHPY

**US22A**

Yes/No

**QUESTION TEXT**

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

**FIELD 1: PODRTHPY****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US23 - EDHBSERV
1	YES	US23 - EDHBSERV
	Don't Know	US23 - EDHBSERV
	Refused	US23 - EDHBSERV

**US23**

Yes/No

**QUESTION TEXT**

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

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

**FIELD 1: EDHBSERV****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US29 - OTHCPROV
1	YES	US24 - EDUORHAB
	Don't Know	US29 - OTHCPROV
	Refused	US29 - OTHCPROV

# US24

Code 1

**QUESTION TEXT**

Were those services educational, habilitational, or both?

**FIELD 1: EDUORHAB****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	EDUCATIONAL	US25 - EDHABFRQ
2	HABILITATIONAL	US25 - EDHABFRQ
3	BOTH	US25 - EDHABFRQ
	Don't Know	US25 - EDHABFRQ
	Refused	US29 - OTHCPROV



# US25

Code 1

**QUESTION TEXT**

SHOW CARD US2

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

**FIELD 1: EDHABFRQ****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	LESS THAN 1 WEEK	BOX US2
2	1 TO 3 WEEKS	BOX US2
3	4 TO 8 WEEKS	BOX US2
4	MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	BOX US2
5	ABOUT THE WHOLE TIME	BOX US2
	Don't Know	BOX US2
	Refused	BOX US2

# BOX US2

## BOX INSTRUCTIONS

IF US24-EDUORHAB = 3/Both, THEN GO TO US27 - HABFRQ.

ELSE GO TO US29 - OTHCPROV.

# US27

Code 1

**QUESTION TEXT**

SHOW CARD US2

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these habilitational services provided?

**FIELD 1: HABFRQ****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	LESS THAN 1 WEEK	US29 - OTHCPROV
2	1 TO 3 WEEKS	US29 - OTHCPROV
3	4 TO 8 WEEKS	US29 - OTHCPROV
4	MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	US29 - OTHCPROV
5	ABOUT THE WHOLE TIME	US29 - OTHCPROV
	Don't Know	US29 - OTHCPROV
	Refused	US29 - OTHCPROV

**US29**

Yes/No

**QUESTION TEXT**

SHOW CARD US3 FOR PROMPTING AS NEEDED.

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

PRESS F1 FOR "ANY OTHER PROVIDER" CLARIFICATION.

**FIELD 1: OTHCPROV****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US31PRE - US31PRCT
1	YES	US30 - TYPHCPRV
	Don't Know	US31PRE - US31PRCT
	Refused	US31PRE - US31PRCT

**US30**

Code All

**QUESTION TEXT**

What kind of provider was that?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: TYPHCPRV****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	AUDIOLOGIST	US31PRE - US31PRCT
2	DIETICIAN	US31PRE - US31PRCT
3	LABORATORY TECHNICIAN	US31PRE - US31PRCT
4	NURSE PRACTITIONER	US31PRE - US31PRCT
5	OPHTHALMOLOGIST	US31PRE - US31PRCT
6	OPTOMETRIST	US31PRE - US31PRCT
7	PHYSICIAN'S ASSISTANT	US31PRE - US31PRCT
8	RECREATIONAL THERAPIST	US31PRE - US31PRCT
9	REGISTERED NURSE	US31PRE - US31PRCT
10	SOCIAL WORKER	US31PRE - US31PRCT
11	X-RAY TECHNICIAN	US31PRE - US31PRCT
91	OTHER	US30 - TYPDRVOS

**FIELD 2: TYPDRVOS**

OTHER (SPECIFY)

**FIELD 2 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US31PRE - US31PRCT

# US31PRE

Code 1

**QUESTION TEXT**

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

PRESS "1" TO CONTINUE.

**FIELD 1: US31PRCT****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	CONTINUE	US32 - ERVISITS

# US32

Yes/No

**QUESTION TEXT**

While (he/she) was in this (facility/home), did (he/she) make any visits to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE)?

**FIELD 1: ERVISITS****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US37 - RETSMDAY
1	YES	US33 - ERVSTMM
	Don't Know	US37 - RETSMDAY
	Refused	US37 - RETSMDAY



# US33

Grid

**QUESTION TEXT**

COLLECT ALL ER VISITS.

Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE).

[PROBE: Were there any more visits to the ER?]

IF NO MORE DATES, PRESS ENTER TO CONTINUE.

**FIELD 1: ERVSTMM****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US33 - ERVSTDD
	Don't Know	US33 - ERVSTDD
	Refused	US33 - ERVSTDD

**FIELD 2: ERVSTDD****FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US33 - ERVSTYY
	Don't Know	US33 - ERVSTYY
	Refused	US33 - ERVSTYY

**FIELD 3: ERVSTYY****FIELD 3 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	BOX US33
	Don't Know	BOX US33
	Refused	BOX US33

**OTHER PROGRAMMING INSTRUCTIONS****ROSTER/GRID DISPLAY**

<b>Column #</b>	<b>Header</b>	<b>Instructions</b>
1	Month	ERVSTMM. Input field 1.
2	Day	ERVSTDD. Input field 2.
3	Year	ERVSTYY. Input field 3.

**BACKGROUND VARIABLE ASSIGNMENTS**

<b>Variable Name</b>	<b>Assignment Instructions</b>
US33NEXT	US33NEXT = 1/Indicated

# BOX US33

## BOX INSTRUCTIONS

CREATE NEW EMERGENCY ROOM VISITS FOR EACH DATE ADDED AND GO TO US37 - RETSMDAY.

## OTHER PROGRAMMING INSTRUCTIONS

### DESIGN NOTES

MAXIMUM ROSTER LENGTH = 20

**US37**

Yes/No

**QUESTION TEXT**

[Besides the (health care providers and emergency room/health care providers/emergency room) visits you have already told me about, did (he/she) ever go to the hospital and return on the same day/Did (he/she) ever go to the hospital and return on the same day]?

**FIELD 1: RETSMDAY****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US40 - USEEQUIP
1	YES	US38 - RETSMFRQ
	Don't Know	US40 - USEEQUIP
	Refused	US40 - USEEQUIP

# US38

Numeric

**QUESTION TEXT**

How many times did this happen between (US REFERENCE START DATE) and (US REFERENCE END DATE)?

**FIELD 1: RETSMFRQ****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US40 - USEEQUIP
	Don't Know	US40 - USEEQUIP
	Refused	US40 - USEEQUIP

**US40**

Code All

**QUESTION TEXT**

SHOW CARD US4

Now I'd like to ask you about any kind of supplies, equipment, or other types of medical services (SP) received other than the ones I've already mentioned. Please look at this first card and tell me what supplies or services (SP) received between (US REFERENCE START DATE) and (US REFERENCE END DATE).

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: USEEQUIP****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	AMBULANCE SERVICE	BOX US3
2	CLOTH DIAPERS	BOX US3
3	DIABETIC EQUIPMENT OR SUPPLIES	BOX US3
4	DISPOSABLE DIAPERS	BOX US3
5	EQUIPMENT OR SUPPLIES FOR KIDNEY DIALYSIS	BOX US3
6	EYE GLASSES OR CONTACT LENSES	BOX US3
7	HEARING AID OR OTHER COMMUNICATION DEVICE	BOX US3
8	ORTHOPEDIC ITEMS	BOX US3
9	OSTOMY SUPPLIES	BOX US3
10	OXYGEN	BOX US3
11	PROSTHESIS	BOX US3
96	NONE OF THE ABOVE	BOX US3

<b>Value</b>	<b>Label</b>	<b>Route</b>
	Don't Know	BOX US3
	Refused	BOX US3

# BOX US3

## BOX INSTRUCTIONS

IF US40-USEEQUIP INCLUDES DK OR RF, GO TO US43 - MSTURN.

ELSE GO TO US42 - USEEQUI2.



**US42**

Code All

**QUESTION TEXT**

SHOW CARD US5

Please look at this second card and tell me what medical devices or equipment (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE).

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: USEEQUI2****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	BEDSIDE COMMODE	US43 - MSTURN
2	BED PADS (CLOTH OR DISPOSABLE)	US43 - MSTURN
3	CATHETER AND CATHETER SUPPLIES	US43 - MSTURN
4	FEEDING SUPPLIES (INCLUDE PUMPS, SYRINGES, TUBES)	US43 - MSTURN
5	G TUBE AND SUPPLIES	US43 - MSTURN
6	GERI CHAIR	US43 - MSTURN
7	HOSPITAL BED	US43 - MSTURN
8	IV SUPPLIES	US43 - MSTURN
9	NEBULIZER	US43 - MSTURN
10	SPECIAL MATTRESS, CUSHIONS OR MATTRESS PADS (INCLUDING EGG CRATE, AIR)	US43 - MSTURN
11	SUCTION MACHINE AND SUPPLIES	US43 - MSTURN
12	TED HOSE AND SUPPLIES	US43 - MSTURN

<b>Value</b>	<b>Label</b>	<b>Route</b>
13	WHEELCHAIR/WALKER	US43 - MSTURN
91	SOME OTHER TYPE OF DEVICE OR EQUIPMENT	US42 - OTHREQOS
96	NONE OF THE ABOVE	US43 - MSTURN

**FIELD 2: OTHREQOS**

SOME OTHER TYPE OF DEVICE OR EQUIPMENT (SPECIFY)

**FIELD 2 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US43 - MSTURN

# US43

List

## QUESTION TEXT

Please tell me if (SP) received any of the following medical services. Did (he/she) receive...

## FIELD 1: MSTURN

turning and positioning?

## FIELD 1 ROUTING

Value	Label	Route
0	NO	US43 - MSTUBE
1	YES	US43 - MSTUBE
	Don't Know	US43 - MSTUBE
	Refused	US43 - MSTUBE

## FIELD 2: MSTUBE

tubefeeding?

## FIELD 2 ROUTING

Value	Label	Route
0	NO	US43 - MSRESTR
1	YES	US43 - MSRESTR
	Don't Know	US43 - MSRESTR
	Refused	US43 - MSRESTR

## FIELD 3: MSRESTR

restraints?

**FIELD 3 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US43 - MSINJECT
1	YES	US43 - MSINJECT
	Don't Know	US43 - MSINJECT
	Refused	US43 - MSINJECT

**FIELD 4: MSINJECT**

injections?

**FIELD 4 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO	US45 - OTHMEDNC
1	YES	US45 - OTHMEDNC
	Don't Know	US45 - OTHMEDNC
	Refused	US45 - OTHMEDNC

**US45**

Code All

**QUESTION TEXT**

SHOW CARD US6

Now I'd like to ask about any other medically necessary items or provider services (SP) received that we haven't talked about already. Please look at this last card and tell me what other items or services (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE)?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: OTHMEDNC****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	APPLYING/CHANGING DRESSINGS INCLUDING BAND-AIDS	US46 - DIDABUS
2	APPLYING/MONITORING HOT PACKS	US46 - DIDABUS
3	CATHETERIZATION AND IRRIGATION	US46 - DIDABUS
4	FEEDING (WITH SPOON SYRINGE PUMP OR OTHER DEVICE)	US46 - DIDABUS
5	G TUBE USE AND CARE	US46 - DIDABUS
6	INCONTINENCE	US46 - DIDABUS
7	IV USE AND CARE	US46 - DIDABUS
8	PACEMAKER CHECK	US46 - DIDABUS
9	SKIN TREATMENTS FOR PREVENTION/TREATMENT OF SKIN ULCERS	US46 - DIDABUS
10	SUCTIONING	US46 - DIDABUS

<b>Value</b>	<b>Label</b>	<b>Route</b>
91	SOME OTHER KIND OF ITEM OR SERVICE	US45 - OTHRSEOS
96	NONE OF THE ABOVE	US46 - DIDABUS
	Don't Know	US46 - DIDABUS

**FIELD 2: OTHRSEOS**

SOME OTHER KIND OF ITEM OR SERVICE (SPECIFY)

**FIELD 2 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	US46 - DIDABUS

# US46

Code 1

**QUESTION TEXT**

DID YOU ABSTRACT?

**FIELD 1: DIDABUS****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	ALL	US47 - WHYABUS
2	MAJORITY	US47 - WHYABUS
3	HALF	US47 - WHYABUS
4	SOME	US47 - WHYABUS
5	NONE	USEND - USENDCT

**US47**

Code 1

**QUESTION TEXT**

WHY DID YOU ABSTRACT?

**FIELD 1: WHYABUS****FIELD 1 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	NO KNOWLEDGEABLE RESPONDENT AVAILABLE	USEND - USENDCT
2	NO TIME/STAFF BURDEN TOO GREAT	USEND - USENDCT
3	REFUSAL--UNWILLING TO COOPERATE	USEND - USENDCT
91	OTHER	US47 - WHYABUOS

**FIELD 2: WHYABUOS**

OTHER (SPECIFY)

**FIELD 2 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	USEND - USENDCT



# USEND

Code 1

**QUESTION TEXT**

(YOU HAVE COMPLETED THE USE SECTION FOR THIS SP.)

PRESS "1" TO RETURN TO NAVIGATION SCREEN.

**FIELD 1: USENDCT**

**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX USEND

**OTHER PROGRAMMING INSTRUCTIONS**

**BACKGROUND VARIABLE ASSIGNMENTS**

USDISP:

If US1PRE-US1PRECT = 2/ConsentRequired, USDISP = 1/ConsentRequired.

Else if US1PRE-US1PRECT = 3/InitialRefusal, USDISP = 4/InitialRefusal.

Else if USCONREF-CONREFFN = 2/FinalConsentDenied, USDISP = 11/FinalConsentDenied.

Else if USCONREF-CONREFFN = 4/FinalRefusal, USDISP = 12/FinalRefusal.

Else USDISP = 96/Complete.

# BOX USEND

## BOX INSTRUCTIONS

GO TO NAVIGATOR