

Inpatient Utilization (IPQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|---------------|----------------|---------------|--|--|
| | BOX IP1 | routing | IF THE SP WAS STILL IN A HOSPITAL AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO IPS1 - EVENDMM. ELSE IF SP IS IN THE EXIT SAMPLE AND ROUND IS NOT 71 AND PREVIOUS ROUND INTERVIEW WAS NOT SKIPPED, GO TO BOX IP6. ELSE GO TO BOX IP1AB. | |
| EVENDMM | IPS1 | date | Last time [you/(SP)] had been admitted to (HOSPITAL NAME) on (ADMISSION DATE) and [were/was] still a patient there on (REFERENCE DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for that stay? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused |
| EVENDDD | IPS1 | date | Last time [you/(SP)] had been admitted to (HOSPITAL NAME) on (ADMISSION DATE) and [were/was] still a patient there on (REFERENCE DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for that stay? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused |
| EVENDYY | IPS1 | date | Last time [you/(SP)] had been admitted to (HOSPITAL NAME) on (ADMISSION DATE) and [were/was] still a patient there on (REFERENCE DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for that stay? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused |
| STILLHOSP | IPS1 | date | | (01) SP IS STILL IN HOSPITAL (-7) Empty |
| | BOX IP1A | routing | IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IPS1, GO TO BOX IP6. ELSE GO TO IP7 - ANYOPERS. | |
| | BOX IP1AB | routing | IF THE SP HAD AT LEAST ONE EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN THE SP BEING ADMITTED TO A HOSPITAL, GO TO BOX IP1AA. ELSE GO TO IP1 - IPPROBE. | |
| | BOX IP1AA | routing | CREATE EVENT FOR FIRST/NEXT ER VISIT ADDED WHERE SP WAS ADMITTED TO HOSPITAL GO TO IP1A - EVENDMM. | |
| EVENDMM | IP1A | date | You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused |
| EVENDDD | IP1A | date | You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused |
| EVENDYY | IP1A | date | You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused |
| STILLHOSP | IP1A | date | You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)? | (01) SP IS STILL IN HOSPITAL (-7) Empty |
| | BOX IP1B | routing | IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IP1A, GO TO BOX IP5. ELSE GO TO IP7 - ANYOPERS. | |

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| IPPROBE | IP1 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you been/has (SP) been/was (SP)] [admitted to a hospital/admitted any other time to this or any other hospital] as an inpatient -- either for an overnight stay or for a "same day" procedure? IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION. [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused |
| PROVIDER_IP | IP2 | roster | Where [were you/was (SP)] admitted -- to which hospital? SELECT OR ADD ONLY ONE HOSPITAL. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.] | [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] N+1. ADD ANOTHER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. |
| PROVNAME | IP2 | verbatim | [PROVIDER LOOKUP CALLED FROM THIS SCREEN] ENTER THE NAME OF THE HOSPITAL BELOW NAME: | |
| GROUPNAM | IP2 | verbatim | GROUP: | |
| | BOX IP2 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO IP3 - VAPLACE. ELSE GO TO BOX IP2AA. | |
| VAPLACE | IP3 | yes/no | Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused |
| | BOX IP2AA | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO IP3A - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO IP3B - HMOREFER. ELSE GO TO IP4 - EVBEGMM. | |
| HMOASSOC | IP3A | yes/no | Is (HOSPITAL NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) Don't Know (-9) Refused |
| HMOREFER | IP3B | yes/no | [Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused |

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| EVBEGMM | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? Admission Date: | MM: |
| EVBEGDD | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | DD: |
| EVBEGYY | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | YY: |
| EVENDMM | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? Discharge Date: | MM: |
| EVENDDD | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | YY: |
| EVENDYY | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused |
| STILLHOSP | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (01) SP IS STILL IN HOSPITAL (-7) Empty |
| | BOX IP2A | routing | IF INPATIENT ADMISSION AND DISCHARGE DATE OVERLAP AN EXISTING IP STAY, GO TO IP4_ERR - IPOVERLP. ELSE GO TO BOX IP3. | |
| IPOVERLP | IP4_ERR | code 1 | INVALID DATE. THIS DATE OVERLAPS AN EXISTING IP STAY FROM (ADMISSION DATE) TO [(DISCHARGE DATE)/SP STILL IN HOSPITAL]. | (01) CORRECT DATES (02) CONTINUE INTERVIEW |
| IPADD | IP5 | | HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] | (01) ADD ANOTHER (02) ALL DONE |
| NAVIGATOR | IP5_IN | instance navigator | YOU HAVE ENTERED DATES FOR THE FOLLOWING EVENTS. SELECT AN EVENT TO DISCUSS WITH SP OR PRESS [PREVIOUS] TO GO BACK AND ADD MORE EVENTS. [DISPLAY ALL EVENTS ADDED AT IP4] [EVENT DATE, PROVIDER] | (01) EVENT1 (02) EVENT2 ... (N) EVENT N (N+1) CONTINUE INTERVIEW |
| | BOX IP3 | routing | IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IP4, GO TO BOX IP5. ELSE GO TO IP7 - ANYOPERS | |
| ANYOPERS | IP7 | yes/no | Were any operations performed on [you/(SP)] during the hospital stay that was (ADMISSION DATE) to (DISCHARGE DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.] | (01) YES (02) NO (-8) Don't Know (-9) Refused |
| | BOX IP4A | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE IF SP IS IN THE EXIT SAMPLE AND ROUND IS NOT 71 AND PREVIOUS ROUND INTERVIEW NOT SKIPPED, GO TO BOX IP6. ELSE GO TO IP13 - PRESMDCN. | |
| PRESMDCN | IP13 | yes/no | At the time [you were /(SP) was] discharged, were any medicines prescribed for [you/(SP)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused |
| PRESFILL | IP14 | yes/no | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused |

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| | BOX IP4B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO IP14A - IPPMMEDS. ELSE GO TO IP15 - MEDICINE_IP. | |
| IPPMMEDS | IP14A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too. | |
| MEDICINE_IP | IP15 | roster | Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE='PM' AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI) | [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"] |
| MED | IP15 | verbatim | [AT TOP OF SCREEN DISPLAY LINK TO PRESCRIBED MEDICINE LOOKUP WITH LABEL "Search Medicine"] Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE='PM' AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI) | |
| PMEDNAME | IP15 | verbatim | NAME: | |
| PMSTRUNI | IP15 | verbatim | STRENGTH: | |
| ADDP | IP15B | roster | MEDICATIONS FILLED DURING THIS VISIT [DISPLAY ALL MEDICINES ADDED AT MED] | (01) ADD ANOTHER (02) ALL DONE |
| | BOX IP5 | routing | IF ASKING ABOUT ONGOING IP STAY FROM THE PREVIOUS ROUND, GO TO BOX IP1AB. ELSE IF ASKING ABOUT AN EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN AN IP STAY, THEN IF SP HAS ANOTHER EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN AN IP STAY THAT HAS NOT BEEN ASKED ABOUT, GO TO BOX IP1AA. ELSE GO TO IP1 - IPPROBE. ELSE GO TO IP16 - IPMORE. | |

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| IPMORE | IP16 | yes/no | <p>IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK: [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you had/has (SP) had/did (SP) have] any other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.</p> <p>[ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused |
| | BOX IP6 | routing | GO TO NEXT SECTION (OPQ) | |