Hospital Stay (HS) Section

BOX_01
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| IF HOSPITAL STAY DISCHARGE DATE IS '95' (STILL IN |
| HOSPITAL), 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.)                                      |
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| IF THE MONTH OR DAY FOR THE HOSPITAL STAY ADMIT   |
| DATE OR DISCHARGE DATE IS '-7' (REFUSED) OR '-8'  |
| (DON'T KNOW), CONTINUE WITH HS01                  |
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| OTHERWISE, GO TO HS02                             |
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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 (PERSON) stay in (PROVIDER)?

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

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| SOFT RANGE CHECK:  1 TO 30.                    |
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HS02
====

{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
NO .............................................. 2
REF ........................................... -7
DK ............................................. -8

PRESS F1 FOR DEFINITION OF EMERGENCY ROOM.

HS03
====

{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 hospital stay?

YES ............................................. 1
NO .............................................. 2 {HS05}
REF ........................................... -7 {HS05}
DK ............................................. -8 {HS05}
What conditions were discovered or led (PERSON) to enter the hospital?  PROBE:  Any other condition?

IF CONDITION IS ALREADY LISTED, ASK:  Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................
OTHER SPECIFY: (__________) ........... 91
MEPS FAMES Panel 1 Round 3 Hospital Stay (HS) Section
January 31, 1997

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ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

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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 (PERSON) entered (PROVIDER) on (ADM DATE)?

IF NECESSARY, PROBE:  What was the main reason (PERSON) entered (PROVIDER)?

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

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

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| ALLOW CODE '4' (GIVE BIRTH TO A BABY) 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 HS05 IS CODED '1' (OPERATION OR SURGICAL | |
| PROCEDURE), AUTOMATICALLY CODE HS06 AS '1' (YES) | |
| BY CAPI AND GO TO HS07 | |
|------------------------------------------------|

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| OTHERWISE, CONTINUE WITH HS06 | |

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11-5
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 (PERSON) during this stay?

YES ........................................... 1
NO ............................................. 2 {HS08}
REF ............................................. -7 {HS08}
DK ............................................. -8 {HS08}

PRESS F1 FOR DEFINITION OF OPERATIONS/SURGICAL PROCEDURES.
What was the name of the main surgical procedure?

APPENDECTOMY ........................... 1
ARTHROSCOPIC (VISUALIZATION OF JOINTS) SURGERY .......................... 2
CARDIAC CATHETERIZATION .................... 3
CATARACT SURGERY .......................... 4
CIRCUMCISION ............................... 5
CORONARY BYPASS ............................ 6
D & C (DILATATION AND CURETTAGE) ........ 7
DENTAL SURGERY .............................. 8
GALLBLADDER SURGERY (CHOLECYSTECTOMY) .... 9
HERNIA REPAIR ............................... 10
HYSTERECTOMY ............................... 11
JOINT (HIP/KNEE) REPLACEMENT SURGERY .... 12
MASTECTOMY/LUMPECTOMY ...................... 13
PACEMAKER INSERTION ........................ 14
PLASTIC/RECONSTRUCTIVE SURGERY .......... 15
PROSTATE SURGERY (PROSTATECTOMY) ....... 16
SPINAL DISC SURGERY (SLIPPED DISC/ PROLAPSED DISC) ......................... 17
SURGICAL SETTING OF BROKEN BONE (FRACTURE REDUCTION) ............... 18
THYROID SURGERY (THYROIDECTOMY) ........ 19
TISSUE BIOPSY ............................... 20
TONSILLECTOMY .............................. 21
OTHER ........................................ 91
REF .......................................... -7
DK ........................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
EDITS: IF HS07 IS CODED ‘5 (CIRCUMCISION) OR CODE ‘16’ [PROSTATE SURGERY (PROSTATECTOMY)], CHECK THAT PERSON IS MALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR FEMALES. VERIFY AND RE-ENTER.

IF HS07 IS CODED ‘7’ [D & C (DILATATION AND CURETTAGE)] OR CODE ‘11’ (HYSTERECTOMY), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE NOT AVAILABLE FOR MALES. VERIFY AND RE-ENTER.

NOTE: EDITS WERE NOT AVAILABLE IN ROUND 1.

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HS08

(Person's first middle and last name)  (Name of medical care provider.....)  [ADM-DT]  [DIS-DT]

At the time (person) (were/was) discharged, were any medicines prescribed for (person)? Please do not include medications received while (person) (were/was) a patient in the hospital.

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
HS09
====

{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?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine] ..............
[2. Prescribed Medicine] ..............
[3. Prescribed Medicine] ..............
OTHER SPECIFY: (____________) ........... 91

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<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |</p>
<table>
<thead>
<tr>
<th>PRESCRIBED-MEDICINES-ROSTER.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR SPECIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY</td>
</tr>
<tr>
<td>LISTED ON THE ROSTER.</td>
</tr>
<tr>
<td>2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF</td>
</tr>
<tr>
<td>MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT</td>
</tr>
<tr>
<td>TO THE NUMBER OF MEDICINES).</td>
</tr>
<tr>
<td>3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE</td>
</tr>
<tr>
<td>THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS</td>
</tr>
<tr>
<td>USED. THAT IS, AS LONG AS THE INTERVIEWER HAS</td>
</tr>
<tr>
<td>NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO</td>
</tr>
<tr>
<td>DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS</td>
</tr>
<tr>
<td>ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E.,</td>
</tr>
<tr>
<td>AFTER THE LINK IS ESTABLISHED), DISPLAY THE</td>
</tr>
<tr>
<td>FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN</td>
</tr>
<tr>
<td>MEDICINE IS FIRST ENTERED.’</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>
Now I would like to ask about the physicians and surgeons who treated (PERSON) during this hospital stay. (Have/Has) (PERSON) seen any of these doctors or surgeons at a place of practice outside of (PROVIDER)?

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF THE QUESTION WAS WORDED, “Do any of these doctors or surgeons have a place of practice outside of (PROVIDER) where (PERSON) (was/were) seen as a patient?”

Please give me the names of the medical places or private doctor’s office where (PERSON) saw each of these doctors or surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.
LOOP_01
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FOR EACH OF THE FOLLOWING:

| PROVIDER 1 |
| PROVIDER 2 |
| PROVIDER 3 |
| PROVIDER 4 |

ASK BOX_02_END_LP01

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LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND INFORMATION ABOUT EACH SEPARATELY BILLING PROVIDER. THE RESPONSE TO HS12 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF HS12 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT SEPARATELY BILLING PROVIDER. IF HS12 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

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BOX_02
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ASK THE PROVIDER ROSTER (PV) SECTION.

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AT COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_03

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BOX_03
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FOR EACH PROVIDER ADDED OR SELECTED, ADD A PAIR TO THE PERSON’S-EVENT-PROVIDER-PAIRS ROSTER.

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FLAG EACH PROVIDER ADDED OR SELECTED AS A ‘SEPARATELY BILLING DOCTOR’ RELATED TO THE HOSPITAL STAY EVENT BEING ASKED ABOUT.
HS12
=====

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

Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated (PERSON) during the hospital stay and who (PERSON) (have/has) seen at a place of practice outside of (PROVIDER)?

YES ........................................... 1
NO ........................................... 2
REF ....................................... -7
DK ........................................ -8

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| NOTE: IN ROUNDS 1 AND 2, THE PROBE PART OF THE QUESTION WAS WORDED, “...and who have a place of practice outside of (PROVIDER) where (PERSON) (was/were) seen as a patient?” |
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END_LP01
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| IF HS12 IS CODED ’1’ (YES), CYCLE TO COLLECT NEXT PROVIDER. |
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| IF HS12 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW), END LOOP_01 AND CONTINUE WITH BOX_04 |
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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.