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 2006'], 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 MPC FOLLOW-UP.) |
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| IF THE DAY OR THE MONTH OR THE YEAR 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

{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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MEPS FAMES Panel 10 Round 5 Hospital Stay (HS) Section
November 20, 2006

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

PRESS F1 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.’ |
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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 hospital stay?

YES .................................... 1
NO ..................................... 2 (HS05)
REF ................................... -7 (HS05)
DK ................................. -8 (HS05)
HS04

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

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]

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| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- | 
| MEDICAL-CONDITIONS-ROSTER.                        | 
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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.’
SHOW CARD HS-1.

Please look at this card and tell me which category best describes the reason (PERSON) entered (PROVIDER) on (ADMIT 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
  CESAREAN SECTION (MOTHER) ............... 4
TO BE BORN (BABY) .......................... 5
OTHER ......................................... 91
REF ........................................... -7
DK ............................................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| 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). |

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

12-5
IF HS05 IS CODED ‘1’ (OPERATION OR SURGICAL PROCEDURE), AUTOMATICALLY CODE HS06 AS ‘1’ (YES) BY CAPI AND GO TO HS08

OTHERWISE, CONTINUE WITH HS06

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
REF -7
DK -8

PRESS F1 FOR DEFINITION OF OPERATIONS/SURGICAL PROCEDURES.
OMITTED.

(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 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

PRESS F1 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?

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]

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| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-
| PRESCRIBED-MEDICINES-ROSTER.  |
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| ROSTER BEHAVIOR SPECIFICATIONS |
| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY |
| LISTED ON THE ROSTER.  |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF |
| MEDICINES AT THE ROSTER QUESTIONS (I.E., NO |
| LIMIT TO THE NUMBER OF MEDICINES).  |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE |
| THAT WASRecordED 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 MEDICINE 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 MEDICINE IS FIRST ENTERED.’  |
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12-8
HS10
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OMITTED.

HS11
====
OMITTED.

LOOP_01
=======
OMITTED.

BOX_02
=======
OMITTED.

BOX_03
=======
OMITTED.

HS12
====
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. |

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