

Section D. Visits to Emergency Rooms and Urgent Care Centers

TIME THIS SECTION BEGINS RECORDED HERE

TSST06D

D1. INTERVIEWER: CHECK QUESTION A3

(Circle One)

A3 IS CODED 1 1

A3 IS CODED 2 2 → SKIP TO D15

VERSION 6 - 10

D2. You told me you went to an emergency room or urgent care center for medical care. How many different ER's did you visit during the last 6 months?

VERSION 11 - 13

D2. You told me you went to an emergency room or urgent care center for medical care. How many different ER's did you visit during the last 6 months?

PROBE IF ZERO TIMES; You told me earlier that you went to an emergency room in the last 6 months. Please include that stay in your answer.

B06D02 ER's: _____ IF '0', SKIP TO NEXT SECTION

D3a. Thinking about all the visits you made to the (NUMBER IN D2) different emergency rooms, how many total visits did you make?

PROBE IF ZERO: You told me earlier that you went to an emergency room in the last 6 months. Please include that visit in your answer

B06D03A VISITS: _____

D3b. How many of the (NUMBER IN D3A) visits led directly to a hospital stay?

B06D03B VISITS: _____

D4. Please tell me the name of the hospital ER or urgent care center where you had your most recent visit. What is the address and phone number?

ACCESS PROVIDER DIRECTORY 1

HOSPITAL / URGENT CARE CENTER NAME

ADDRESS

CITY

STATE
B06D04S

ZIP
B06D04Z

PHONE

PROVIDER ID = B06D04I

D5. What was the date of your most recent emergency room visit to (HOSPITAL/CARE CENTER NAMED IN D4)?

B06D05B a. ENTER DATE 1
DON'T REMEMBER DATE 2

OR

B06D05M b. _____ / _____ / _____
B06D05D MO DAY YR
B06D05Y

D5a. CHECK A2, MODULE 2. IF MOD 2 A2 CODED 2 (NO USUAL SOURCE OF HIV CARE) SKIP TO D7.
ALL OTHERS CONTINUE.

D6. Did you attempt to speak to your usual source of care or any other provider before this most recent emergency room visit (on DATE ENTERED IN D5)?

B06D06 (Circle One)

YES 1
NO 2
DON'T REMEMBER 8

D7. INTERVIEWER: CHECK QUESTION D2

(Circle One)

D2 = 1 ER 1 → SKIP TO D15
D3 = 2 OR MORE DIFFERENT ER's.. 2
should be D2?

ER/URGENT CARE CENTER 2

D8. What is the name of the hospital or urgent care center you visited before the one you just told me about? What is the address and phone number?

HOSPITAL/URGENT CARE CENTER NAME

ADDRESS

CITY STATE ZIP
B06D08S **B06D08Z**

PHONE

PROVIDER ID = B06D08I

D9. INTERVIEWER: CHECK QUESTION D2

(Circle One)

D2 = 2 ER's 1 → SKIP TO D15

D2 = 3 OR MORE DIFFERENT ER's 2

ER/URGENT CARE CENTER 3

D10. What is the name of the hospital or urgent care center you visited before the one you just told me about? What is the address and phone number?

HOSPITAL/URGENT CARE CENTER NAME

ADDRESS

CITY

STATE
B06D10S

ZIP
B06D10Z

PHONE

PROVIDER ID = B06D10I

D11. INTERVIEWER: CHECK QUESTION D2

(Circle One)

D2 = 2 ER's 1 → SKIP TO D15

D2 = 3 OR MORE DIFFERENT ER's 2

ER/URGENT CARE CENTER 4

D12. What is the name of the hospital or urgent care center you visited before the one you just told me about? What is the address and phone number?

HOSPITAL/URGENT CARE CENTER NAME

ADDRESS

CITY

STATE
B06D12S

ZIP
B06D12Z

PHONE

PROVIDER ID = B06D12I

D13. INTERVIEWER: CHECK QUESTION D2

(Circle One)

D2 = 2 ER's 1 → SKIP TO D15

D2 = 3 OR MORE DIFFERENT ER's 2

ER/URGENT CARE CENTER 5

D14. What is the name of the hospital or urgent care center you visited before the one you just told me about? What is the address and phone number?

_____ HOSPITAL/URGENT CARE CENTER NAME

_____ ADDRESS

CITY	STATE	ZIP
	B06D14S	B06D14Z

_____ PHONE

PROVIDER ID = B06D14I

D15. INTERVIEWER: CHECK A1, A2, A3.

(Circle One)

ALL CODED 2 (NO) 1 → SKIP TO E1

ANY CODED 1 (YES) 2

NOTE FOR CAPI: FILL THE WORDING OF D16, TO ONLY INCLUDE TYPES OF UTILIZATION CODED 1 (YES) IN A1, A2, A3.

D16. Thinking about all your (hospital, nursing home, or emergency room care) during the last 6 months, how much have you paid or will you pay for this care? Do not include payments you expect to be reimbursed by insurance. Do include payments made by family or friends that will not be reimbursed by insurance or anyone else.

B06D16 \$ _____ → SKIP TO E1

OR

DON'T KNOW -2

D17. Do you think the total is more than \$500?

B06D17

(Circle One)

YES 1

NO 2 → SKIP TO D19

D18. Is the total more than \$2,500?

B06D18

(Circle One)

YES 1 → SKIP TO E1

NO 2 → SKIP TO E1

D19. Is the total less than \$250?

B06D19

(Circle One)

YES 1

NO 2