

HCSUS 2nd Follow-up

6. Utilization

Section D: Visits to Emergency Rooms and Urgent Care Centers

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: ,,.,,A.M./P.M.

IF A3 <> 1 AND A3 = ASKED, GO TO D11

D1. You told me you went to an emergency room or urgent care center for medical care. How many different ER's did you visit since we last interviewed you on FU1DATE?

PROBE IF ZERO: You told me earlier that you had been to an emergency room since FU1DATE. Please include that visit in your answer.

”

(G06D01)

Valid Values: 1-12

Valid Values: 13-99

Soft Check: 0

IF D1 = 0 AND D1 = 0, GO TO D11

D2. Thinking about all the visits you made to the #different emergency rooms, how many total visits did you make?

PROBE IF ZERO: You told me earlier that you went to an emergency room since FU1DATE. Please include that visit in your answer.

”

(G06D02)

Valid Values: 1-12

Soft Check: 13-99

D3. How many of the # visits led directly to a hospital stay?

”

(G06D03)

Valid Values: 0-12

Soft Check: 13-99

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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?

(G06D04)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06D04I)

D5. What was the date of your most recent emergency room visit to NAME OF ER?

ENTER DATE 1 (G06D05)

DON'T REMEMBER DATE 2

IF D5 = 2, GO TO D6

(G06D05M)

Month: ,,

Day: ,,

Year: ,,

(G06D05D)

Valid Values: 1-12

Valid Values: 1-31

Valid Values: 95-98

(G06D05Y)

IF R HAS USUAL SOURCE OF HIV CARE , GO TO D7

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?

YES 1 (G06D06)

NO 2

DON'T REMEMBER 8

IF D1 < 2, GO TO D11

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D7. You told me you visited # different emergency rooms or urgent care centers since FU1DATE. You just told me about one of them. Let's talk about one of the other emergency rooms or urgent care centers you visited. What is the name of the hospital or urgent care center? What is the address and phone number?

(G06D07)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06D07I)

IF D1 < 3, GO TO D11

D8. You told me you visited # different emergency rooms or urgent care centers since FU1DATE. You just told me about two of them. Let's talk about one of the other emergency rooms or urgent care centers you visited. What is the name of the hospital or urgent care center? What is the address and phone number?

(G06D08)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06D08I)

IF D1 < 4, GO TO D11

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D9. You told me you visited # different emergency rooms or urgent care centers since we last interviewed you on FU1DATE. You just told me about three of them. Let's talk about one of the other emergency rooms or urgent care centers you visited. What is the name of the hospital or urgent care center? What is the address and phone number?

(G06D09)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06D09I)

IF D1 < 5, GO TO D11

D10. You told me you visited # different emergency rooms or urgent care centers since FU1DATE. You just told me about four of them. Let's talk about one of the other emergency rooms or urgent care centers you visited. What is the name of the hospital or urgent care center? What is the address and phone number?

(G06D10)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FLAG: _____

ID: _____ (G06D10I)

IF A1 <> 1 AND A2 <> 1 AND A3 <> 1, GO TO E1

D11. Thinking about all your (FILL IN APPROPRIATE "hospital/nursing home/emergency room") care since we last interviewed you on FU1DATE, 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.

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(G06D11)

Valid Values: 0-99999

Soft Check: 100000-999999

IF D11 <> DK, GO TO E1

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D12. Do you think the total is more than \$500?

YES..... 1 (G06D12)
NO 2

IF D12 = 2, GO TO D14
IF D12 = REF, GO TO E1

D13. Is the total is more than \$2,500?

YES..... 1 (G06D13)
NO 2

IF D13 = ASKED, GO TO CAPI CHECK ABOVE E1

D14. Is the total is less than \$250?

YES..... 1 (G06D14)
NO 2