

Non-VA Outpatient and Inpatient Care Form (Interviewer-administered)

Site:

Participant ID:

Alpha Code:

Date of Visit:
Month Day Year

Non-VA Outpatient and Inpatient Care

1. In the last 3 months (or since your last visit) when you have needed to see a doctor for outpatient care, how often did you use the VA? Select one response.

- I use the VA for all of my outpatient care
- I use the VA for most of my outpatient care
- I use VA and non-VA providers equally for my outpatient care
- I use non-VA providers for most of my outpatient care
- I use non-VA providers for all of my outpatient care

The next question asks about visits to non-VA health care clinic during the last 3 months (or since the patient's last visit).

2. During the last 3 months, how many times did you visit a non-VA emergency room to get care for yourself? DO NOT include times where you stayed in a non-VA hospital for more than a day.

Emergency Room Visits (write 0 if none)

3. During the last 3 months, how many times did you visit a non-VA clinic to get care for yourself? DO NOT include visits to the emergency room or times when you stayed in a non-VA hospital overnight. DO NOT include dental or optometry visits.

Clinic Visits (write 0 if none)

4. In the last 3 months (or since your last visit), when you needed to see a doctor for inpatient care, how often did you use the VA? Select one response.

- I use the VA for all of my inpatient care
- I use the VA for most of my inpatient care
- I use VA and non-VA providers equally for my inpatient care
- I use non-VA providers for most of my inpatient care
- I use non-VA providers for all my inpatient care

5. During the last 3 months (or since your last visit), have you stayed in a non-VA hospital overnight or longer?

- No (If no, form is complete)
- Yes (If yes, please continue to page 3 and enter information for each stay in the hospital.)

6. During the last 3 months (or since your last visit), have you stayed in a non-VA nursing home overnight or longer?
- No (If no, form is complete)
- Yes (If yes, please continue to page 3 and enter information for each stay.)
7. During the last 3 months (or since your last visit), have you stayed in a non-VA psychiatric or substance abuse facility overnight or longer?
- No (If no, form is complete)
- Yes (If yes, please continue to page 3 and enter information for each stay.)
8. During the last 3 months (or since your last visit), have you stayed in a non-VA residential rehabilitation, half-way house or domiciliary overnight or longer?
- No (If no, form is complete)
- Yes (If yes, please continue to page 3 and enter information for each stay.)

Non-VA Outpatient and Inpatient Care Form (Interviewer-administered)

SITE:

Participant ID:

Alpha Code:

Record information for each separate inpatient stay during the last 3 months or since the patient's last visit. Additional pages may be used if more than 3 inpatient admissions occurred. If so, please answer 'Yes' to question 3 below and enter the next page number to be used.

Please use the following codes for the Inpatient Type:

- 1 = General hospital for medical or surgical care
- 2 = Nursing home or convalescent center
- 3 = Psychiatric or substance abuse facility
- 4 = Other, such as residential rehabilitation, half-way house or domiciliary

Date of Facility Admission:

Month Day Year

Facility Name: _____

City: _____ State: _____

Number of nights spent in facility.....

Did the stay begin with visit to emergency department?..... No Yes

Type of Facility (Enter code):.....

If code = 4 (Other), please explain: _____

Date of Facility Admission:

Month Day Year

Facility Name: _____

City: _____ State: _____

Number of nights spent in facility

Did the stay begin with visit to emergency department?..... No Yes

Type of Facility (Enter code):.....

If code = 4 (Other), please explain: _____

Date of Facility Admission:

Month Day Year

Facility Name: _____

City: _____ State: _____

Number of nights spent in facility

Did the stay begin with visit to emergency department?..... No Yes

Type of Facility (Enter code):.....

If code = 4 (Other), please explain: _____

9. Will an additional page be used to record Non-VA Inpatient Care?..... No Yes

If Yes, record the next page number:

Form Completed By: _____ Date: _____

Investigator's Signature: _____ Date: _____