Beta

OP02

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.SEETLKPV	DID P VST OUTP PROV IN PERSON OR TELEPHN	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

Did (PERSON) visit the outpatient department at (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER	1	{OP04}
TELEPHONE CALL	2	{OP04}
Refused	RF	{OP04}
Don't Know	DK	{OP04}

```
PROGRAMMER NOTES:
IF OP02 IS CODED '1' (SAW PROVIDER) FLAG EVENT AS 'OP-IN-
PERSON'.

IF OP02 IS CODED '2' (TELEPHONE CALL), 'RF' (REFUSED), OR 'DK'
(DON'T KNOW), FLAG EVENT AS 'OP-TELEPHONE'. (FOR PURPOSES OF
QUESTION WORDING IN THIS OP SECTION OF CAPI HOWEVER, 'RF' AND
'DK' WILL USE THE WORDING FOR 'DP-IN-PERSON' EVENTS).
```

OP04

☑ Help Enabled (MEDPROVHELP)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.SEEDOC	DID P TALK TO MD THIS VISIT/PHONE CALL	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

{Did (PERSON) see a medical doctor during this particular visit?/Was this telephone call about (PERSON)'s health with a medical doctor?}

YES	1	{OP04A}
NO	2	{OP05}
Refused	RF	{OP05}
Don't Know	DK	{OP05}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Did (PERSON) see a medical doctor during this
particular visit?' IF OP02 IS CODED '1' (SAW PROVIDER), 'RF'
(REFUSED), OR 'DK' (DON'T KNOW) FOR THIS EVENT.

DISPLAY 'Was this telephone call about (PERSON)'s health with
a medical doctor?' IF OP02 IS CODED '2' (TELEPHONE CALL) FOR
THIS EVENT.
```

OP04A

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.DRSPLTY	MVIS DOCTOR'S SPECIALTY	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

What was the doctor's specialty?

IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

ALLERGY/IMMUNOLOGY	1	{BOX_01}
ANESTHESIOLOGY	2	{BOX_01}
CARDIOLOGY (HEART)	3	{BOX_01}
DERMATOLOGY (SKIN)	4	{BOX_01}
ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID)	5	{BOX_01}
FAMILY PRACTICE	6	{BOX_01}
GASTROENTEROLOGY	7	{BOX_01}
GENERAL PRACTICE	8	{BOX_01}
GENERAL SURGERY	9	{BOX_01}
GERIATRICS (ELDERLY)	10	{BOX_01}
GYNECOLOGY/OBSTETRICS	11	{BOX_01}
HEMATOLOGY (BLOOD)	12	{BOX_01}
HOSPITAL RESIDENCE	13	{BOX_01}
INTERNAL MEDICINE (INTERNIST)	14	{BOX_01}
NEPHROLOGY (KIDNEYS)	15	{BOX_01}
NEUROLOGY	16	{BOX_01}
NUCLEAR MEDICINE	17	{BOX_01}
ONCOLOGY (TUMORS, CANCER)	18	{BOX_01}
OPTHALMOLOGY (EYES)	19	{BOX_01}
ORTHOPEDICS	20	{BOX_01}
OSTEOPATHY (DO)	21	{BOX_01}
OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)	22	{BOX_01}

PATHOLOGY	23	{BOX_01}
PEDIATRICIAN	24	{BOX_01}
PHYSICAL MEDICINE/REHAB	25	{BOX_01}
PLASTIC SURGERY	26	{BOX_01}
PROCTOLOGY	27	{BOX_01}
PSYCHIATRY/PSYCHIATRIST	28	{BOX_01}
PULMONARY	29	{BOX_01}
RADIOLOGY	30	{BOX_01}
RHEUMATOLOGY (ARTHRITIS)	31	{BOX_01}
THORACIC SURGERY (CHEST)	32	{BOX_01}
UROLOGY	33	{BOX_01}
OTHER DR SPECIALTY	91	{BOX_01}

| Refused | RF | {BOX_01} |
| Don't Know | DK | {BOX_01} |

OP05

☑ Help Enabled (OP05Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.MEDPTYPE	TYPE OF MED PERSON P TALKED TO ON VST DT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

What type of medical person did (PERSON) talk to on (VISIT DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

CHIROPRACTOR	1	{BOX_01}
DENTIST/DENTAL CARE PERSON	2	{BOX_01}
MIDWIFE	3	{BOX_01}
NURSE/NURSE PRACTITIONER	4	{BOX_01}
OPTOMETRIST	5	{BOX_01}
PODIATRIST	6	{BOX_01}
PHYSICIAN'S ASSISTANT	7	{BOX_01}
PHYSICAL THERAPIST	8	{BOX_01}
OCCUPATIONAL THERAPIST	9	{BOX_01}
PSYCHOLOGIST	10	{BOX_01}
SOCIAL WORKER	11	{BOX_01}
TECHNICIAN	12	{BOX_01}
ACUPUNCTURIST	14	{BOX_01}
MASSAGE THERAPIST	15	{BOX_01}
HOMEOPATHIC/NATUROPATHIC/HERBA LIST	16	{BOX_01}
OTHER ALTERNATIVE/COMPLEMENTARY CARE PROVIDER	17	{BOX_01}
OTHER	91	{BOX_01}
Refused	RF	{BOX_01}
Don't Know	DK	{BOX_01}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

BOX 01

IF OP02 IS CODED '2' (TELEPHONE CALL), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), GO TO OP08.

IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH OP07.

OP07

☑ Help Enabled (VSTCTGRYHELP)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.VSTCTGRY	BEST CATEGORY FOR CARE P RECV ON VST DT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

SHOW CARD OP-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to the outpatient department at (PROVIDER) on (VISIT DATE)?

GENERAL CHECKUP	1	{OP08}
DIAGNOSIS OR TREATMENT	2	{OP08}
EMERGENCY (E.G., ACCIDENT OR INJURY)	3	{OP08}
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING	4	{OP08}
FOLLOW-UP OR POST-OPERATIVE VISIT	5	{OP08}
IMMUNIZATIONS OR SHOTS	6	{OP08}
VISION EXAM	7	{OP08}
PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY)	8	{OP08}
WELL CHILD EXAM	9	{OP08}
LASER EYE SURGERY	10	{OP08}
OTHER	91	{OP08}

Refused	RF	{OP08}
Don't Know	DK	{OP08}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
Hard CHECK:
IF CODED '8' (PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY)),
CHECK THAT PERSON IS FEMALE.  IF NOT, DISPLAY THE FOLLOWING MESSAGE:  'CODE
```

```
UNAVAILABLE FOR MALES.  VERIFY AND RE-ENTER.'

IF CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON IS <7 YEARS OLD (OR AGE
CATEGORIES 1 TO 3).  IF NOT, DISPLAY THE FOLLOWING MESSAGE:  'CODE
UNAVAILABLE FOR PERSONS 7 AND OLDER.  VERIFY AND RE-ENTER.'
```

OP08

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.VSTRELCN	THIS VST/PHONE CALL RELATED TO SPEC COND	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

Was this {visit/telephone call} related to any specific health condition or were any conditions discovered during this {visit/telephone call}?

YES	1	{OP09}
NO	2	{BOX_02}
Refused	RF	{BOX_02}
Don't Know	DK	{BOX_02}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), 'RF'
(REFUSED), OR 'DK' (DON'T KNOW) FOR THIS EVENT.  DISPLAY
'telephone call' IF OP02 IS CODED '2'(TELEPHONE CALL) FOR THIS
EVENT.
```

OP09

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
COND.CONDID	COND ID KEY: PERSID + COUNTER(3) + CD	12
COND.CONDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
COND.CREATEQ	QUESTION THAT CREATED COND SEGMENT	4
COND.CONDNAM	NAME OF CONDITION	30
CLNK.CLNKID	CLNK ID KEY: CONDID + EVNTID	24
CLNK.CLNKRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CLNK.CREATEQ	QUESTION THAT CREATED CLNK SEGMENT	4
CLNK.CLNKTYPE	TYPE OF EVENT CONDITION IS LINKED TO	2
CRND.CRNDID	CRND ID KEY: CONDID + ROUND NUMBER	13
CRND.CRNDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CRND.CREATEQ	CREATION STAMP	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

What conditions were discovered or led (PERSON) to make this {visit/telephone call}?

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.

[Medical Condition]

[Medical Condition]

[Medical Condition]   {BOX_02}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), 'RF'
(REFUSED), OR 'DK' (DON'T KNOW) FOR THIS EVENT.  DISPLAY
'telephone call' IF OP02 IS CODED '2'(TELEPHONE CALL) FOR THIS
EVENT.
```

```
PROGRAMMER NOTES:
DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS SCREEN.
```

Roster Details

Title: PERS_COND_1

Col #	Header	Instructions
1	MEDICAL CONDITION	Display name of medical condition COND.CONDNAM

```
Roster Definition:
Display the PERSON-MEDICAL-CONDITIONS-ROSTER for the selection
and addition of one or many medical condition(s) associated
with this event.
```

```
Roster Behavior:
1. Multiple Select allowed.
2. Multiple Add allowed.
3. Limited Delete allowed. Interviewer may delete
   a condition added on this screen as long as
   CAPI has not yet created the link between this
   condition and the event. If the interviewer
   attempts to delete a condition when delete is
   not allowed, display the following message:
   "DELETE ALLOWED ONLY WHEN CONDITION
   IS FIRST ENTERED."
4. Limited Edit allowed. Interviewer may edit a
   condition name newly added on this screen
   as long as CAPI has not yet created the link
   between this condition and the event. If the
   interviewer attempts to edit a condition when
   edit is not allowed, display the following
   message: "EDIT ALLOWED ONLY WHEN
   CONDITION IS FIRST ENTERED."
```

```
Roster Filter:
Display all conditions on person's roster; no filter.
```

BOX 02

```
IF OP02 IS CODED '2' (TELEPHONE CALL), 'RF' (REFUSED), OR 'DK' (DON'T
KNOW), GO TO OP14.

IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_03.
```

BOX 03

```
IF OP05 IS CODED '2' (DENTIST/DENTAL CARE PERSON), '3' (MIDWIFE), OR '5'
(OPTOMETRIST), GO TO OP11.

OTHERWISE, CONTINUE WITH OP10.
```

OP10

☑ Help Enabled (TREATMENTSHELP) ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.OP10BLSWVS		
OPAT.PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY	2
OPAT.OCCUPTH	THIS VST DID P HAVE OCCUPATIONAL THERAPY	2
OPAT.SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY	2
OPAT.CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY	2
OPAT.RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY	2
OPAT.KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS	2
OPAT.IVTHER	THIS VISIT DID P HAVE IV THERAPY	2
OPAT.DRUGTRT	THIS VST DID P HAVE TRT FOR DRUG OR ALCH	2
OPAT.RCVSHOT	THIS VST DID P RECEIVE AN ALLERGY SHOT	2
OPAT.PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING?	2

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER}   {EVN-DT}

SHOW CARD OP-2.

Looking at this card, which of these treatments, if any, did (PERSON) receive during this visit?

CHECK ALL THAT APPLY.

PHYSICAL THERAPY	1	{OP11}
OCCUPATIONAL THERAPY	2	{OP11}
SPEECH THERAPY	3	{OP11}
CHEMOTHERAPY	4	{OP11}
RADIATION THERAPY	5	{OP11}
KIDNEY DIALYSIS	6	{OP11}
IV THERAPY	7	{OP11}
DRUG OR ALCOHOL TREATMENT	8	{OP11}
ALLERGY SHOT	9	{OP11}
PSYCHOTHERAPY/COUNSELING	10	{OP11}
NO TREATMENTS RECEIVED	95	{OP11}

Refused	RF	{OP11}
Don't Know	DK	{OP11}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
 ┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
 │ PROGRAMMER NOTES:                                    │
 │ ALLOW CODE '95' (NO TREATMENTS), 'RF' (REFUSED),  'DK' (DON'T │
 │ KNOW) ALONE ONLY.  THESE RESPONSES MAY NOT BE SELECTED WITH │
 │ ANY OTHER RESPONSE.                                  │
 │                                                      │
 │ 'NO TREATMENTS RECEIVED' IS NOT DISPLAYED ON SHOW CARD. │
 └ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

```
Hard CHECK:
EDIT:  IF CODED '95' (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES
CAN BE CODED.  IF INTERVIEWER SELECTS ANOTHER CODE WITH 'NO TREATMENTS',
DISPLAY THE FOLLOWING  MESSAGE:  'NO TREATMENTS RECEIVED CANNOT BE SELECTED
WITH OTHER OPTIONS. VERIFY AND RE-ENTER.'
```

OP11

☑ Help Enabled (MEDSERVHELP)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.OP11BLSWVS		
OPAT.LABTEST	THIS VISIT DID P HAVE LAB TESTS	2
OPAT.SONOGRAM	THIS VST DID P HAVE SONOGRAM OR ULTRASD	2
OPAT.XRAYS	THIS VISIT DID P HAVE XRAYS	2
OPAT.MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM	2
OPAT.MRI	DID PERSON HAVE AN MRI DURING THIS VISIT	2
OPAT.EKG	DID PERSON HAVE AN EKG OR ECG THIS VISIT	2
OPAT.EEG	DID PERSON HAVE AN EEG DURING THIS VISIT	2
OPAT.RCVVAC	THIS VISIT DID P RECEIVE A VACCINATION	2
OPAT.ANESTH	DURING THIS VISIT P RECEIVE ANESTHESIA	2
OPAT.OTHSVCE	DID P HAVE OTHER DIAG TESTS THIS VISIT	2
OPAT.THRTSWAB		2

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER}   {EVN-DT}

SHOW CARD OP-3.

Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CHECK ALL THAT APPLY.

LABORATORY TESTS	1	{OP12}
THROAT SWAB	11	{OP12}
SONOGRAM OR ULTRASOUND	2	{OP12}
X-RAYS	3	{OP12}
MAMMOGRAM	4	{OP12}
MRI OR CATSCAN	5	{OP12}
EKG OR ECG	6	{OP12}
EEG	7	{OP12}
VACCINATION	8	{OP12}
ANESTHESIA	9	{OP12}
OTHER DIAGNOSTIC TEST	10	{OP12}
NO SERVICES RECEIVED	95	{OP12}
Refused	RF	{OP12}

Don't Know   DK   {OP12}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
PROGRAMMER NOTES:
ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS
> 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9).

ALLOW CODE '95' (NO SERVICES RECEIVED), 'RF' (REFUSED), 'DK'
(CON'T KNOW) AND ALONE ONLY.  THESE RESPONSES MAY NOT BE
SELECTED WITH ANY OTHER RESPONSE.

'OTHER DIAGNOSTIC TEST' AND 'NO SERVICES RECEIVED' ARE NOT
DISPLAYED ON SHOW CARD.
```

```
Hard CHECK:
EDIT:  IF CODED '95' (NO SERVICES RECEIVED), NO OTHER TREATMENT CATEGORIES
CAN BE CODED.  IF INTERVIEWER SELECTS ANOTHER CODE WITH 'NO SERVICES',
DISPLAY THE FOLLOWING  MESSAGE:  'NO SERVICES RECEIVED CANNOT BE SELECTED
WITH OTHER OPTIONS. VERIFY AND RE-ENTER.'
```

OP12

☑ Help Enabled (SURGPROCHELP)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.SURGPROC	WAS SURG PROC PERFORMED ON P THIS VISIT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

Was a surgical procedure performed on (PERSON) during this visit?

YES   1   {OP14}

NO   2   {OP14}

Refused   RF   {OP14}

Don't Know   DK   {OP14}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

OP14

☑ Help Enabled (MEDPRESHELP)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.MEDPRESC	ANY MEDICINS PRESCRIBED FOR P THIS VISIT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES	1	{OP15}
NO	2	{BOX_04}
Refused	RF	{BOX_04}
Don't Know	DK	{BOX_04}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), 'RF'
(REFUSED), OR 'DK' (DON'T KNOW) FOR THIS EVENT.  DISPLAY
'telephone call' IF OP02 IS CODED '2'(TELEPHONE CALL) FOR THIS
EVENT.
```

OP15

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PMED.PMEDID	PMED ID KEY: PERSID + COUNTER(3) + CD	12
PMED.PMEDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PMED.CREATEQ	QUESTION THAT CREATED PMED SEGMENT	4
PMED.PMEDNAME	NAME OF MEDS AND PRESCRIPTIONS FILLED	30
PMED.DRUGLINK	LINKS PMED TO DRUGID	3
PMED.STOREVAR	MATRIX TEMPORARY STORAGE VARIABLE	2
RXLK.RXLKID	RXLK ID KEY: EVENTID + PMEDID	24
RXLK.RXLKRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
RXLK.CREATEQ	QUESTION THAT CREATED RXLK RECORD	4
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.EVNTRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVNT.EVNTTYPE	EVENT TYPE	2
EVPV.EVPVID	EVPV ID KEY: EVNTID + PROVID	23
EVPV.EVPVRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVPV.CREATEQ	QUESTION THAT CREATED EVPV SEGMENT	5
EVPV.EVNTTYPE	EVENT TYPE	2
EVPV.EVPVTYPE	PROVIDER TYPE RELATED TO EVENT	2
DRUG.DRUGID	DRUG ID KEY: PERSID + COUNTER(3)	11
DRUG.DRUGRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
DRUG.CREATEQ	QUESTION THAT CREATED DRUG SEGMENT	4
DRUG.DRUGNAME	NAME OF MEDS AND PRESCRIPTIONS FILLED	30
DRUG.STOREVAR	MATRIX TEMPORARY STORAGE VARIABLE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

[Prescribed Medicine]
[Prescribed Medicine]
[Prescribed Medicine]   {BOX_04}

```
PROGRAMMER NOTES:
DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS SCREEN.
```

Roster Details

Title:　　　　PERSON'S_PRESCRIBED-MEDICINES_1

Col #	Header	Instructions
1	PRESCRIBED MEDICINE	Display name of prescribed medicine DRUG.DRUGNAME

```
Roster Definition:
This item displays the PERSON'S-PRESCRIPTION-MEDICINES-ROSTER
for selection and addition of prescribed medicines.
```

```
Roster Behavior:
1. Multiple select allowed and add allowed.
2. Limited delete allowed.  Interviewer may
   delete a PMED added on this screen as long
   as CAPI has not yet created the link between
   this PMED and the event.  If the interviewer
   attempts to delete a PMED name when delete
   is not allowed, display the following error
   message:  "DELETE ALLOWED ONLY WHEN
   MEDICINE IS FIRST ENTERED."
3. Limited edit allowed.  Interviewer may edit
   the name of a PMED added on this screen
   as long as CAPI has not yet created the link
   between this PMED and the event.  If the
   interviewer attempts to edit a PMED name
   when editing is not allowed, display the
   following message:  "EDITING ALLOWED
   ONLY WHEN MEDICINE IS FIRST ENTERED."
```

```
Roster Filter:
Display all medicines on person's roster; no filter.
```

BOX_04

```
IF OP02 IS CODED '2' (TELEPHONE CALL), 'RF' (REFUSED), OR 'DK' (DON'T
KNOW), GO TO BOX_10.

IF OP02 IS CODED '1' (SAW PROVIDER), GO TO BOX_07.
```

BOX_07

```
IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS
PERSON, GO TO BOX_10.

OTHERWISE, CONTINUE WITH BOX_08.
```

BOX 08

IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED
THE OUTPATIENT DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE WITH BOX_09.

OTHERWISE, GO TO BOX_10.

BOX 09

IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH OP19.

OTHERWISE, GO TO BOX_10.

OP19

☑ Help Enabled (REPEATVSTHELP)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.SAMECOND	ANY OTH VST FOR SAME COND, SAME SERVICES	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

Earlier I recorded that (PERSON) had some other visits to an outpatient department at (PROVIDER). Were any of these visits related to any condition associated with (PERSON)'s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive {(READ SERVICES BELOW)/the same services}?

CONDITIONS   SERVICES
{PERSON'S OP MEDICAL CONDITIONS}   {SERVICES RECEIVED}
{PERSON'S OP MEDICAL CONDITIONS}   {SERVICES RECEIVED}
{PERSON'S OP MEDICAL CONDITIONS}   {SERVICES RECEIVED}

YES   1   {OP20}

NO   2   {BOX_10}

Refused   RF   {BOX_10}

Don't Know   DK   {BOX_10}

HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.

```
DISPLAY INSTRUCTIONS:
DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT CODED '95' (NO
SERVICES RECEIVED), 'RF' (REFUSED), OR 'DK'  (DON'T KNOW).  IF
OP11 IS CODED '95' (NO SERVICES RECEIVED), 'RF' (REFUSED), OR
'DK' (DON'T KNOW), DISPLAY 'the same services'.

FOR 'PERSON'S OP MEDICAL CONDITION', DISPLAY ALL CONDITIONS
SELECTED FROM OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER
AT OP09.

FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING TEXT FOR EACH
SERVICE SELECTED AT OP11:

CODE '1' = LABORATORY TESTS
CODE '2' = SONOGRAM/ULTRASOUND
CODE '3' = X-RAYS
CODE '4' = MAMMOGRAM
CODE '5' = MRI/CATSCAN
CODE '6' = EKG/ECG
CODE '7' = EEG
CODE '8' = VACCINATION
CODE '9' = ANESTHESIA
CODE '10' = OTHER SERVICES
CODE '11' = THROAT SWAB
```

OP20

☑ Help Enabled (SAMEAMTHELP)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
OPAT.SAMEAMT	ANY SIM VISITS COST SAME AMT AS THIS VST	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

Did any of these visits or calls cost the same amount as (PERSON)'s visit on (VISIT DATE)?

YES	1	{OP21}
NO	2	{BOX_10}
Refused	RF	{BOX_10}
Don't Know	DK	{BOX_10}

HELP AVAILABLE FOR DEFINITION OF COST THE SAME AMOUNT.

```
PROGRAMMER NOTES:
THE ISSUE OF COST WHEN THE PERSON HAS A COPAY AND DOES NOT
KNOW THE TOTAL CHARGE WILL BE HANDLED IN THE HELP FILE
DEFINITION.
```

OP21

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.RVTYPE	REPEAT VISIT TYPE - STEM/LEAF	2
EVNT.RVSTEM	4-DIGIT EVENT NUMBER OF STEM RV	4
EVNT.PROCFLAG	EVNT UTILIZATION PROCESS FLAG	2
CLNK.CLNKID	CLNK ID KEY: CONDID + EVNTID	24
CLNK.CLNKRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CLNK.CREATEQ	QUESTION THAT CREATED CLNK SEGMENT	4
CLNK.CLNKTYPE	TYPE OF EVENT CONDITION IS LINKED TO	2
EVPV.RVTYPE	REPEAT VISIT TYPE - STEM/LEAF	2
EVPV.RVSTEM	4-DIGIT EVENT NUMBER OF STEM RV	4
EVPV.CPFLAG	CHARGE PAYMENT PROCESS FLAG	2
OPAT.OPATID	OPAT ID KEY: PERSID + COUNTER(3) + CD	12
OPAT.OPATRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
OPAT.CREATEQ	CREATION STAMP	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

Which of the following visits were related to the (READ CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services} and cost the same amount as the (VISIT DATE) visit we've just talked about?

PROBE: Any other visits related to this condition and cost the same amount?

CONDITIONS   SERVICES
{PERSON'S OP MEDICAL CONDITIONS}   {SERVICES RECEIVED}
{PERSON'S OP MEDICAL CONDITIONS}   {SERVICES RECEIVED}
{PERSON'S OP MEDICAL CONDITIONS}   {SERVICES RECEIVED}

[Month,Day,Year]
[Month,Day,Year]
[Month,Day,Year]   {OP22}

```
DISPLAY INSTRUCTIONS:
DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT CODED '95' (NO
SERVICES RECEIVED), 'RF' (REFUSED), OR 'DK' (DON'T KNOW).  IF
OP11 IS CODED '95' (NO SERVICES RECEIVED), 'RF' (REFUSED), OR
'DK' (DON'T KNOW), DISPLAY 'the same services'.

FOR 'PERSON'S OP MEDICAL CONDITIONS', DISPLAY ALL CONDITIONS
SELECTED FROM OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER
AT OP09.

FOR 'SERVICES RECEIVED', DISPLAY THE FOLLOWING TEXT FOR EACH
SERVICE SELECTED AT OP11:

CODE '1' = LABORATORY TESTS
CODE '2' = SONOGRAM/ULTRASOUND
CODE '3' = X-RAY
CODE '4' = MAMMOGRAM
CODE '5' = MRI/CATSCAN
CODE '6' = EKG/ECG
CODE '7' = EEG
CODE '8' = VACCINATION
CODE '9' = ANESTHESIA
CODE '10' = OTHER SERVICES
CODE '11' = THROAT SWAB
```

```
PROGRAMMER NOTES:
FLAG EACH VISIT SELECTED AT OP21 AS A REPEAT VISIT RELATED TO
THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS
'PROCESSED'.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH THE EVENT
BEING ASKED ABOUT WITH EACH REPEAT VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE OP
SECTION.
```

Roster Details

Title: PERS_EVNT_1

Col #	Header	Instructions
1	MONTH/DAY/YEAR	Display Event Begin Date EVNT.EVNTBEGM EVNT.EVNTBEGD EVNT.EVNTBEGY

```
Roster Definition:
This item displays all medical events (dates) on person's-
medical-events-roster for selection.
```

```
Roster Behavior:
1. Multiple select allowed.
```

```
| 2. Add, delete, and edit disallowed.
|
|- - = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =
|- = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = = =
|
| Roster Filter:
|     Display only those events with the following
| characteristics:
| 1. Event was created this round.
| 2. Event has not been processed in utilization.
| 3. Event has event type 'OP'.
| 4. Event is associated with the same provider
|     as the event being asked about.
L _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
```

OP22

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EVNT.RVNAME	NAME OF REPEAT VISIT GROUP	30
EVPV.RVNAME	NAME OF REPEAT VISIT GROUP	30

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

NAME: _____   {BOX_10}

BOX 10

IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION.

OTHERWISE, GO TO EVENT DRIVER (ED) SECTION.