

MV01

- Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.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 (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER	1	{MV02A}
TELEPHONE CALL	2	{MV03}

Refused	RF	{MV03}
Don't Know	DK	{MV03}

PROGRAMMER NOTES:
 IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS 'MV-IN-PERSON'.
 IF MV01 IS CODED '2' (TELEPHONE CALL), 'RF', (REFUSED), OR 'DK' (DON'T KNOW), FLAG EVENT AS 'MV-TELEPHONE'. (FOR PURPOSES OF QUESTION WORDING IN THIS MV SECTION OF CAPI HOWEVER 'RF' AND 'DK' WILL USE THE WORDING FOR 'MV-IN-PERSON' EVENTS.)

MV02A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.MVPLACE	KIND OF PLACE PATIENT SAW MV PROVIDER	2

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

What kind of place is that -- a managed care plan center or HMO, a clinic, a doctor's office, or some other place?

DOCTOR'S OFFICE OR GROUP PRACTICE	1	{MV03}
MEDICAL CLINIC	2	{MV03}
MANAGED CARE PLAN CENTER/HMO	3	{MV03}
NEIGHBORHOOD/FAMILY HEALTH CENTER	4	{MV03}
LASER EYE SURGERY CENTER	5	{MV03}
OTHER FREESTANDING SURGICAL CENTER	6	{MV03}
RURAL HEALTH CLINIC	7	{MV03}
COMPANY CLINIC	8	{MV03}
SCHOOL CLINIC	9	{MV03}
OTHER CLINIC	10	{MV03}
WALK-IN URGENT CARE	11	{MV03}
VA FACILITY	12	{MV03}
COMMUNITY HEALTH CENTER	13	{MV03}
LABORATORY/X-RAY FACILITY	14	{MV03}
BIRTHING CENTER	15	{MV03}
SOME OTHER PLACE	91	{MV03}

Refused	RF	{MV03}
Don't Know	DK	{MV03}

Hard CHECK:
 EDIT: IF CODED '15' BIRTHING CENTER, AND PERSON NOT FEMALE, DISPLAY THE FOLLOWING MESSAGE 'BIRTHING CENTER' CAN BE SELECTED ONLY IF PERSON IS FEMALE. VERIFY AND RE-ENTER.

MV03

- Help Enabled (MEDPROVHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.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	{MV03A}
NO	2	{MV04}

Refused	RF	{MV04}
Don't Know	DK	{MV04}

[HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.](#)

DISPLAY INSTRUCTIONS:
 DISPLAY 'Did (PERSON) see a medical doctor during this particular visit?' IF MV01 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 MV01 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

MV03A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.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} |
| OPHTHALMOLOGY (EYES) | 19 | {BOX_01} |
| ORTHOPEDICS | 20 | {BOX_01} |
| OSTEOPATHY (DO) | 21 | {BOX_01} |
| OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) | 22 | {BOX_01} |

Medical Visit (MV) Section
Beta

PATHOLOGY	23	{BOX_01}
PEDIATRICIAN	24	{BOX_01}
PHYSICAL MEDICINE/REHAB	25	{BOX_01}
PLASTIC SURGERY	26	{BOX_01}
PROCTOLOGY	27	{BOX_01}
PSYCHIATRY	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}

MV04

Help Enabled ([MV04Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.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}
RECEPTIONIST, CLERK, SECRETARY	13	{BOX_01}
ACUPUNCTURIST	14	{BOX_01}
MASSAGE THERAPIST	15	{BOX_01}
HOMEOPATHIC/NATUROPATHIC/HERBAL 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 MV01 IS CODED '1' (SAW PROVIDER) AND MV03 IS CODED '1' (YES), GO TO MV07.

IF MV01 IS CODED '2' (TELEPHONE CALL), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) AND MV03 IS CODED '1' (YES), GO TO MV08.

OTHERWISE, CONTINUE WITH MV06.

MV06

Help Enabled (MEDPROVHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.DOCATLOC	ANY MDS WORK AT LOC WHERE P SAW PROV	2

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

TYPE OF PERSON HAD CONTACT: {MEDICAL PERSON TYPE FROM MV04}

CODE WITHOUT ASKING IF OBVIOUS. OTHERWISE, ASK:

Do any medical doctors work at {the same location as (PROVIDER)/ (PROVIDER)}?

YES	1
NO	2

Refused	RF
Don't Know	DK

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

DISPLAY INSTRUCTIONS:
DISPLAY 'the same location as (PROVIDER)' IF PROVIDER IS
FLAGGED AS 'PERSON-TYPE-PROVIDER'. DISPLAY '(PROVIDER)' IF
PROVIDER IS FLAGGED AS 'FACILITY-PROVIDER'.

FOR 'MEDICAL PERSON TYPE FROM MV04', DISPLAY THE FOLLOWING
TEXT FOR EACH CODE SELECTED AT MV04:

CODE '1' = CHIROPRACTOR
CODE '2' = DENTIST/DENTAL CARE PERSON
CODE '3' = MIDWIFE
CODE '4' = NURSE/NURSE PRACTITIONER
CODE '5' = OPTOMETRIST
CODE '6' = PODIATRIST
CODE '7' = PHYSICIAN'S ASSISTANT
CODE '8' = PHYSICAL THERAPIST
CODE '9' = OCCUPATIONAL THERAPIST
CODE '10' = PSYCHOLOGIST
CODE '11' = SOCIAL WORKER
CODE '12' = TECHNICIAN
CODE '13' = RECEPTIONIST/CLERK/SECRETARY
CODE '14' = ACUPUNCTURIST
CODE '15' = MASSAGE THERAPIST
CODE '16' = HOMEOPATHIC/NATUROPATHIC/HERBALIST
CODE '17' = OTHER ALTERNATIVE/COMPLEMENTARY CARE PROVIDER
CODE '91' = OTHER
CODE 'RF' = REFUSED PROVIDER TYPE
CODE 'DK' = DON'T KNOW PROVIDER TYPE

ROUTING INSTRUCTION:
IF MV01 IS CODED '2' (TELEPHONE CALL), 'RF' (REFUSED), OR 'DK'
(DON'T KNOW), GO TO MV08.

OTHERWISE, CONTINUE WITH MV07.

MV07

Help Enabled (VSTCTGRYHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.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 MV-1.](#)

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

GENERAL CHECKUP	1	{MV08}
DIAGNOSIS OR TREATMENT	2	{MV08}
EMERGENCY (E.G., ACCIDENT OR INJURY)	3	{MV08}
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING	4	{MV08}
FOLLOW-UP OR POST-OPERATIVE VISIT	5	{MV08}
IMMUNIZATIONS OR SHOTS	6	{MV08}
VISION EXAM	7	{MV08}
PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY)	8	{MV08}
WELL CHILD EXAM	9	{MV08}
LASER EYE SURGERY	10	{MV08}
OTHER	91	{MV08}

Refused	RF	{MV08}
Don't Know	DK	{MV08}

[HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.](#)

Hard CHECK:

EDITS: IF MV07 IS 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 MV07 IS CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON IS < 7 YEARS OLD (OR AGE CATEGORIES 1 THROUGH 3). IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND RE-ENTER.

MV08

- Help Enabled
 Comment Enabled
 Jump Back Enabled

Variable Name	Label	Size
MVIS.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 | {MV09} |
| NO | 2 | {BOX_02} |
| | | |
| Refused | RF | {BOX_02} |
| Don't Know | DK | {BOX_02} |

DISPLAY INSTRUCTIONS:
 DISPLAY 'visit' IF MV01 IS CODED '1' (SAW PROVIDER), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

MV09

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
COND.STOREVAR	MATRIX TEMPORARY STORAGE VARIABLE	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
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 MV01 IS CODED '1' (SAW PROVIDER), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.

PROGRAMMER NOTES:
DISPLAY 'ADD CONDITION' AS AN OPTION FOR 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 MV01 IS CODED '2' (TELEPHONE CALL), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), GO TO MV14.

IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_03.

BOX 03

IF MV04 IS CODED '2' (DENTIST/DENTAL CARE PERSON), '3' (MIDWIFE), '5' (OPTOMETRIST), OR '13' (RECEPTIONIST, CLERK, SECRETARY), GO TO MV11.

OTHERWISE, CONTINUE WITH MV10.

MV10

Help Enabled (TREATMENTSHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.MV10BLSWVS		
MVIS.PHYSTH	THIS VISIT DID P HAVE PHYSICAL THERAPY	2
MVIS.OCCUPTH	THIS VST DID P HAVE OCCUPATIONAL THERAPY	2
MVIS.SPEECHTH	THIS VISIT DID P HAVE SPEECH THERAPY	2
MVIS.CHEMOTH	THIS VISIT DID P HAVE CHEMOTHERAPY	2
MVIS.RADIATTH	THIS VISIT DID P HAVE RADIATION THERAPY	2
MVIS.KIDNEYD	THIS VISIT DID P HAVE KIDNEY DIALYSIS	2
MVIS.IVTHER	THIS VISIT DID P HAVE IV THERAPY	2
MVIS.DRUGTRT	THIS VST DID P HAVE TRT FOR DRUG OR ALCH	2
MVIS.RCVSHOT	THIS VST DID P RECEIVE AN ALLERGY SHOT	2
MVIS.PSYCHOTH	DID P HAVE PSYCHOTHERAPY/COUNSELING?	2

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

SHOW CARD MV-2.

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

CHECK ALL THAT APPLY.

PHYSICAL THERAPY	1	{MV11}
OCCUPATIONAL THERAPY	2	{MV11}
SPEECH THERAPY	3	{MV11}
CHEMOTHERAPY	4	{MV11}
RADIATION THERAPY	5	{MV11}
KIDNEY DIALYSIS	6	{MV11}
IV THERAPY	7	{MV11}
DRUG OR ALCOHOL TREATMENT	8	{MV11}
ALLERGY SHOT	9	{MV11}
PSYCHOTHERAPY/COUNSELING	10	{MV11}
NO TREATMENTS RECEIVED	95	{MV11}

Refused	RF	{MV11}
Don't Know	DK	{MV11}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

PROGRAMMER NOTES:

ALLOW CODE '95' (NOT TREATMENTS RECEIVED), 'RF' (REFUSED),
'DK' (DON'T KNOW) AND ALONE ONLY. THESE RESPONSES MAY NOT BE
SELECTED WITH ANY OTHER RESPONSE.

'NO TREATMENT 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'.

MV11

Help Enabled (MEDSERVHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.MV11BLSWVS		
MVIS.LABTEST	THIS VISIT DID P HAVE LAB TESTS	2
MVIS.SONOGRAM	THIS VST DID P HAVE SONOGRAM OR ULTRSD	2
MVIS.XRAYS	THIS VISIT DID P HAVE XRAYS	2
MVIS.MAMMOG	THIS VISIT DID P HAVE A MAMMOGRAM	2
MVIS.MRI	THIS VISIT DID P HAVE AN MRI/CATSCAN	2
MVIS.EKG	THIS VISIT DID P HAVE AN EKG OR ECG	2
MVIS.EEG	THIS VISIT DID P HAVE A EEG	2
MVIS.RCVVAC	THIS VISIT DID P RECEIVE A VACCINATION	2
MVIS.ANESTH	DURING THIS VISIT P RECEIVE ANESTHESIA	2
MVIS.OTHSVCE	THIS VST DID P HAVE OTH DIAG TSTS/EXAMS	2
MVIS.THRTSWAB		2

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

SHOW CARD MV-3.

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

CHECK ALL THAT APPLY.

LABORATORY TESTS	1	{MV12}
THROAT SWAB	11	{MV12}
SONOGRAM OR ULTRASOUND	2	{MV12}
X-RAYS	3	{MV12}
MAMMOGRAM	4	{MV12}
MRI OR CATSCAN	5	{MV12}
EKG OR ECG	6	{MV12}
EEG	7	{MV12}
VACCINATION	8	{MV12}
ANESTHESIA	9	{MV12}
OTHER DIAGNOSTIC TEST	10	{MV12}
NO SERVICES RECEIVED	95	{MV12}

Refused	RF	{MV12}

Don't Know DK {MV12}

[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' (DON'T KNOW) AND ALONE ONLY. THESE RESPONSES MAY NOT BE SELECTED WITH ANY OTHER RESPONSE.
 'NO SERVICES RECEIVED' IS 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'.

MV12

Help Enabled (SURGPROCHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.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	{MV14}
NO	2	{MV14}

Refused	RF	{MV14}
Don't Know	DK	{MV14}

[HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.](#)

MV14

Help Enabled (MEDPRESHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.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	{MV15}
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 MV01 IS CODED '1' (SAW PROVIDER), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.

MV15

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

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Roster Definition:
This item displays the PERSON'S-PRESCRIPTION-MEDICINES-ROSTER
for selection.

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Roster Behavior:
1. Multiple Select 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 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."

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Roster Filter:
Display all medicines in person's roster; no filter.
    
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BOX 04

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IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_05.

IF MV01 IS CODED '2' (TELEPHONE CALL), 'RF' (REFUSED), OR 'DK' (DON'T
KNOW), GO TO BOX_07.
    
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BOX 05

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IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS
PERSON, GO TO BOX_07.

OTHERWISE, CONTINUE WITH BOX_06.
    
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BOX 06

IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE MEDICAL PROVIDER VISITS UTILIZATION MODULE AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH MV16.

OTHERWISE, GO TO BOX_07.

MV16

Help Enabled (REPEATVSTHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.SAMECOND	ANY VST FOR COND WHICH P RECVD 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 (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

{PERSON'S MV CONDITION}
{PERSON'S MV CONDITION}
{PERSON'S MV CONDITION}

SERVICES

{SERVICES RECEIVED}
{SERVICES RECEIVED}
{SERVICES RECEIVED}

YES	1	{MV17}
NO	2	{BOX_07}

Refused	RF	{BOX_07}
Don't Know	DK	{BOX_07}

[HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.](#)

DISPLAY INSTRUCTIONS:

DISPLAY '(READ SERVICES BELOW)' IF MV11 IS NOT CODED '95' (NO SERVICES RECEIVED), 'RF' (REFUSED), OR 'DK' (DON'T KNOW). IF MV11 IS CODED '95' (NO SERVICES RECEIVED), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), DISPLAY 'the same services'.

FOR 'PERSON'S MV MEDICAL CONDITION' , DISPLAY ALL CONDITIONS SELECTED FROM OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER AT MV09.

FOR 'SERVICES RECEIVED' , DISPLAY THE FOLLOWING TEXT FOR EACH SERVICE SELECTED AT MV11:

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

MV17

Help Enabled (SAMEAMTHELP) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
MVIS.SAMEAMT	ANY VISIT COST THE SAME AMOUNT AS STEM	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	{MV18}
NO	2	{BOX_07}

Refused	RF	{BOX_07}
Don't Know	DK	{BOX_07}

[HELP AVAILABLE FOR DEFINITION OF COST THE SAME AMOUNT.](#)

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

MV18

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
EVNT.STOREVAR	MATRIX TEMPORARY STORAGE VARIABLE	2
CLNK.CLNKID	CLNK ID KEY: CONDIC + 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
MVIS.MVISID	MVIS ID KEY: PERSID + COUNTER(3) + CD	12
MVIS.CREATEQ	CREATION STAMP	2
MVIS.MVISRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	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

{PERSON'S MV CONDITION}
{PERSON'S MV CONDITION}
{PERSON'S MV CONDITION}

SERVICES

{SERVICES RECEIVED}
{SERVICES RECEIVED}
{SERVICES RECEIVED}

[Month, Day, Year]

[Month, Day, Year]

[Month, Day, Year]

{MV19}

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DISPLAY INSTRUCTIONS:
DISPLAY '(READ SERVICES BELOW)' IF MV11 IS NOT CODED '95' (NO
SERVICES RECEIVED), 'RF' (REFUSED), OR 'DK' (DON'T KNOW). IF
MV11 IS CODED '95' (NO SERVICES RECEIVED), 'RF' (REFUSED), OR
'DK' (DON'T KNOW), DISPLAY 'the same services'.

FOR 'PERSON'S MV MEDICAL CONDITION' , DISPLAY ALL CONDITIONS
SELECTED OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER AT
MV09.

FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING TEXT FOR EACH
SERVICE SELECTED AT MV11:

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
=====

PROGRAMMER NOTES:
FLAG EACH VISIT SELECTED AT MV18 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 MV
SECTION.
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Roster Details		
Title:	PERS_EVNT_1	
Col #	Header	Instructions
1	MONTH/DAY/YEAR	Display Event Begin Date EVNT.EVNTBEGM EVNT.EVNTBEGD EVNT.EVNTBEGY

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Roster Definition:
This item displays all medical events (dates) on person's-
medical-events-roster for selection.
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Roster Behavior:
1. Multiple select allowed.
    
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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 'MV'.
4. Event is associated with the same provider as the event being asked about.

MV19

- Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.RVTYPE	REPEAT VISIT TYPE - STEM/LEAF	2
EVNT.RVTYPE	REPEAT VISIT TYPE - STEM/LEAF	2
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_07}

BOX 07

IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV) EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION.

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