DN03

☑ Help Enabled (DN03Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
DVIS.DENTPERSBLSWVS		8
DVIS.GENDENT	GENERAL DENTIST SEEN	2
DVIS.DENTHYG	DENTAL HYGIENIST SEEN	2
DVIS.DENTTECH	DENTAL TECHNICIAN SEEN	2
DVIS.DENTSURG	DENTAL SURGEON SEEN	2
DVIS.ORTHODNT	ORTHODONTIS SEEN	2
DVIS.ENDODENT	ENDODONTIST SEEN	2
DVIS.PERIODNT	PERIODONTIST SEEN	2
DVIS.DENTYPE	OTHER SPECIFY SEEN	2

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

What type of dental care provider did (PERSON) see during this visit?

PROBE: Any other type of dental care person?

CHECK ALL THAT APPLY.

GENERAL DENTIST	1	{DN04}
DENTAL HYGIENIST	2	{DN04}
DENTAL TECHNICIAN	3	{DN04}
DENTAL SURGEON	4	{DN04}
ORTHODONTIST	5	{DN04}
ENDODONTIST	6	{DN04}
PERIODONTIST	7	{DN04}
OTHER	91	{DN04}

Refused	RF	{DN04}
Don't Know	DK	{DN04}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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PROGRAMMER NOTES:
FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY)
: CAPI DOES NOT ALLOW 'RF' OR 'DK' IN COMBINATION WITH ANY
OTHER CODE.
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DN04

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

Variable Name	Label	Size
DVIS.DENTALSVCS		
DVIS.EXAMINE	GENERAL EXAM OR CONSULTATION	2
DVIS.CLENTETH	CLEANING,PROPHYLAXIS, OR POLISHING	2
DVIS.JUSTXRAY	X-RAYS, RADIOGRAPHS OR BITEWINGS	2
DVIS.FLUORIDE	FLUORIDE TREATMENT	2
DVIS.SEALANT	SEALANT APPLICATION	2
DVIS.FILLING	FILLINGS	2
DVIS.INLAY	INLAYS	2
DVIS.CROWNS	CROWNS OR CAPS	2
DVIS.ROOTCANL	ROOT CANAL	2
DVIS.GUMSURG	PERIODONTAL SCALING,ROOT PLANING OR GUM	2
DVIS.RECLVIS	PERIODONTAL RECALL VISIT	2
DVIS.EXTRACT	EXTRACTION, TOOTH PULLED	2
DVIS.IMPLANT	IMPLANTS	2
DVIS.ABSCESS	ABCESS OR INFECTION TREATMENT	2
DVIS.ORALSURG	ORAL SURGERY	2
DVIS.BRIDGES	BRIDGES	2
DVIS.DENTURES	DENTURES OR PARTIAL DENTURES	2
DVIS.REPAIR	REPAIR OF BRIDGES/DENTURES OR RELINING	2
DVIS.ORTHDONT	ORTHODONTIA, BRACES OR RETAINERS	2
DVIS.WHITEN	BONDING, WHITENING OR BLEACHING	2
DVIS.TMDTMJ	TREATMENT FOR TMD OR TMJ	2
DVIS.DENTSPEC	OTHER SPECIFY	2

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

SHOW CARD DN-1.

What did (PERSON) have done during this visit?

PROBE: What else was done?

CHECK ALL THAT APPLY.

GENERAL EXAM, CHECKUP, OR CONSULTATION	1
CLEANING, PROPHYLAXIS, OR POLISHING	2
X-RAYS, RADIOGRAPHS, OR BITEWINGS	3
FLUORIDE TREATMENT	4

SEALANT (PLASTIC COATINGS ON BACK TEETH)	5	
FILLINGS	6	
INLAYS	7	
CROWNS OR CAPS	8	
ROOT CANAL	9	
PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY	10	
PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR)	11	
EXTRACTION, TOOTH PULLED	12	
IMPLANTS	13	
ABSCESS OR INFECTION TREATMENT	14	
OTHER ORAL SURGERY	15	
FIXED BRIDGES	16	
DENTURES OR REMOVABLE PARTIAL DENTURES	17	
RELINING OR REPAIR OF BRIDGES OR DENTURES	18	
ORTHODONTIA, BRACES, OR RETAINERS	19	
BOND, WHITEN, OR BLEACH	20	
TREATMENT FOR TMD OR TMJ	21	
OTHER	91	{DN04OV}

Refused	RF
Don't Know	DK

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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┌─────────────────────────────────────────────────────────────────┐
│ PROGRAMMER NOTES:                                                 │
│ HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE SCREEN.          │
│ THEREFORE, HEADINGS WILL APPEAR ONLY ON THE HELP SCREEN AND       │
│ SHOW CARD DN-1.  HEADINGS SHOULD BE ASSOCIATED WITH CODES AS      │
│ FOLLOWS:                                                          │
│ *DIAGNOSTIC OR PREVENTATIVE = CODES 1-5                           │
│ *RESTORATIVE OR ENDODONTIC = CODES 6-9                            │
│ *PERIODONTIC (GUM TREATMENT) = CODES 10-11                        │
│ *ORAL SURGERY = CODES 12-15                                       │
│ *PROSTHETICS = CODES 16-18                                        │
│ *ORTHODONTICS = CODE 19                                           │
│ *ADDITIONAL PROCEDURES = CODES 20-21 AND 91                       │
│                                                                   │
│ FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY):    │
│ CAPI DOES NOT ALLOW 'RF' OR 'DK' IN COMBINATION WITH ANY OTHER    │
│ CODE.                                                             │
└─────────────────────────────────────────────────────────────────┘
┌─────────────────────────────────────────────────────────────────┐
│ ROUTING INSTRUCTION:                                              │
│ IF CODE '91' (OTHER) ENTERED ALONE OR IN COMBINATION WITH ANY     │
│ OTHER CODE, CONTINUE WITH DN04OV.                                 │
│                                                                   │
│ OTHERWISE, GO TO DN05.                                            │
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DN04OV

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

Variable Name	Label	Size
DVIS.DENTOTHR	DENTAL WORK DONE OTHER SPECIFY	25

OTHER TYPE OF _____ {DN05}
DENTAL CARE:

Refused	RF	{DN05}
Don't Know	DK	{DN05}

DN05

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

Variable Name	Label	Size
DVIS.DENTMED	RECEIVE MEDICINE INCLUDING FREE SAMPLES	2

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

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

YES	1	{DN06}
NO	2	{BOX_01}
Refused	RF	{BOX_01}
Don't Know	DK	{BOX_01}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
DRUG.DN06BLSWVS		
DVIS.DN06BLSWVS		
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
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

{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 prescriptions from this visit filled?

[Prescribed Medicine]
[Prescribed Medicine]
[Prescribed Medicine]   {BOX_01}

Roster Details
Title: Person's-Prescribed-Medicines_1.

Col #	Header	Instructions
1	Prescribed Medicine	Display PMED name PMED.PMEDNAME

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┌──────────────────────────────────────────────────────────┐
│ Roster Definition:                                       │
│ This item displays PERSON'S-PRESCRIBED-MEDICINES-ROSTER for │
│ selection and addition of prescribed medicines.          │
├──────────────────────────────────────────────────────────┤
│ 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."                                    │
├──────────────────────────────────────────────────────────┤
│ Roster Filter:                                           │
│ NONE, DISPLAY ALL.                                       │
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BOX 01

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IF THE CHARGE/PAYMENT MODULE HAS NOT BEEN ASKED FOR THE EVENT-PROVIDER
PAIR BEING ASKED ABOUT, GO TO THE CHARGE/PAYMENT (CP) SECTION.

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