BOX_00
======

```
--------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:                |
|  DISPLAY PERS.FULLNAME, PROV.LORPNAME,               |
|  EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY         |
--------------------------------------------------------
```

ER01
====

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

Did (PERSON) see a medical doctor during this particular visit?

```
YES .................................... 1 {ER02}
NO ..................................... 2 {ER02}
REF .................................... -7 {ER02}
DK ..................................... -8 {ER02}
```

   HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

ER02
====

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

SHOW CARD ER-1.

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

```
        DIAGNOSIS OR TREATMENT .................. 1 {ER03}
        EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2 {ER03}
        PSYCHOTHERAPY OR MENTAL HEALTH
        COUNSELING ............................. 3 {ER03}
        FOLLOW-UP OR POST-OPERATIVE VISIT ...... 4 {ER03}
        IMMUNIZATIONS OR SHOTS ................. 5 {ER03}
        PREGNANCY-RELATED (INCLUDING
        PRENATAL CARE AND DELIVERY) ............ 6 {ER03}
        OTHER ................................. 91 {ER03}
        REF .................................. -7 {ER03}
        DK ................................... -8 {ER03}
```

                    [Code One]

     HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

        | IF CODED '6' (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.'|

ER03
====

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

          Was this visit related to any specific health condition or
          were any conditions discovered during this visit?

               YES .... 1 {ER04}
               NO .... 2 {ER05}
               REF .... -7 {ER05}
               DK .... -8 {ER05}

ER04
====

          {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?

          PROBE: Any other condition?

          IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

               [1. Medical Condition]
               [2. Medical Condition]
               [3. Medical Condition]

           | DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS |
           | SCREEN. |

           | GO TO ER05 |

           | ROSTER DETAILS: |
           | Title: PERS_COND_1 |
           | |
           | COL #1 HEADER: MEDICAL CONDITION |
           | INSTRUCTIONS: 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. SELECTION SHOULD NOT      |
|    IMPACT THE ROUND FLAG OF THE CONDITION.            |
|                                                       |
| 2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD|
|    THE CONDITION NAME.                                |
|                                                       |
| 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.                                               |
---------------------------------------------------------
```

ER05
====

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

SHOW CARD ER-2.

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

CHECK ALL THAT APPLY.

```
LABORATORY TESTS ....................... 1 {ER06}
SONOGRAM OR ULTRASOUND ................. 2 {ER06}
X-RAYS ................................. 3 {ER06}
MAMMOGRAM .............................. 4 {ER06}
MRI OR CATSCAN ......................... 5 {ER06}
EKG OR ECG ............................. 6 {ER06}
EEG .................................... 7 {ER06}
VACCINATION ............................ 8 {ER06}
ANESTHESIA ............................. 9 {ER06}
OTHER DIAGNOSTIC TEST ................. 10 {ER06}
THROAT SWAB ........................... 11 {ER06}
NO SERVICES RECEIVED .................. 95 {ER06}
REF ................................... -7 {ER06}
DK .................................... -8 {ER06}
```

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

```
 -------------------------------------------------------
|  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), '-7'       |
|  (REFUSED), AND '-8' (DON'T KNOW) ALONE ONLY; THESE |
|  RESPONSES MAY NOT BE SELECTED WITH ANY OTHER       |
|  RESPONSE.                                          |
 -------------------------------------------------------


 -------------------------------------------------------
|  NOTE:  'OTHER DIAGNOSTIC TESTS' AND 'NO SERVICES   |
|  RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.          |
 -------------------------------------------------------
```

```
-------------------------------------------------------
| HARD CHECK:                                         |
| EDIT:  IF CODED '95' (NO SERVICES RECEIVED),        |
| NO OTHER SERVICE 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."                      |
-------------------------------------------------------
```

ER06
====

{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 {ER08}
        NO .... 2 {ER08}
        REF .... -7 {ER08}
        DK .... -8 {ER08}

      HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

ER07
====
        OMITTED.

ER08
====

{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 {ER09}
        NO .... 2 {BOX_03}
        REF .... -7 {BOX_03}
        DK .... -8 {BOX_03}

      HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

ER09
====

            {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?

                 [1. Prescribed Medicine]
                 [2. Prescribed Medicine]
                 [3. Prescribed Medicine]

             | DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS |
             | SCREEN. |

             | GO TO BOX_03 |

             | ROSTER DETAILS: |
             | TITLE: PERSON'S_PRESCRIBED_MEDICINES_1 |
             | |
             | COL # 1 HEADER: PRESCRIBED MEDICINE |
             | INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE |
             | (DRUG.DRUGNAME) |

             | ROSTER DEFINITION: |
             | THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION- |
             | MEDICINES-ROSTER FOR SELECTION. |

```
      -------------------------------------------------------
      |   ROSTER BEHAVIOR:                                   |
      |   1. MULTIPLE SELECT ALLOWED.                        |
      |                                                      |
      |   2. MULTIPLE ADD ALLOWED.                           |
      |                                                      |
      |   3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE  |
      |      A MEDICINE ADDED ON THIS SCREEN AS LONG AS      |
      |      CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS  |
      |      MEDICINE AND THE EVENT.                         |
      |                                                      |
      |   4. EDIT DISALLOWED.                                |
      -------------------------------------------------------


      -------------------------------------------------------
      |   ROSTER FILTER:                                     |
      |   DISPLAY ALL MEDICINES ON PERSON'S ROSTER; NO       |
      |   FILTER.                                            |
      -------------------------------------------------------
```

ER10
====

          OMITTED.

ER11
====

          OMITTED.

LOOP_01
=======

          OMITTED.

BOX_01
======

          OMITTED.

BOX_02
======

          OMITTED.

ER12
====

          OMITTED.

END_LP01
========

          OMITTED.

BOX_03
======

```
--------------------------------------------------------
|  IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS         |
|  EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE      |
|  CHARGE/PAYMENT (CP) SECTION                         |
--------------------------------------------------------


--------------------------------------------------------
|  OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION      |
--------------------------------------------------------
```