

Dental Care (DN) Section

DN01

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

Was this visit because of an accident or injury?

YES ..... 1  
NO ..... 2 {DN03}  
REF ..... -7 {DN03}  
DK ..... -8 {DN03}

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY.

DN02

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

What kind of dental injury did (PERSON) have?

PROBE: Any other injury?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME  
OF CONDITION) that we have talked about before?

IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.

IF NEW EPISODE OF CONDITION, ADD TO THE CONDITION ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.

TO LEAVE, PRESS ESC.

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

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| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |  
MEDICAL-CONDITIONS-ROSTER.

**ROSTER BEHAVIOR SPECIFICATIONS:**

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'

EACH CONDITION SELECTED OR ADDED AT DN02 SHOULD BE FLAGGED AS 'DUE TO ACCIDENT/INJURY'. THIS WILL BE USED TO PRECODE THE RESPONSE TO CN02\_02 ('Was this due to an accident/injury?') AS '1' (YES).

DN03  
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{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?

CODE ALL THAT APPLY.

GENERAL DENTIST .....	1
DENTAL HYGIENIST .....	2
DENTAL TECHNICIAN .....	3
DENTAL SURGEON .....	4
ORTHODONTIST .....	5
ENDODONTIST .....	6
PERIODONTIST .....	7
OTHER .....	91
REF .....	-7
DK .....	-8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

DN04  
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{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? CODE ALL THAT APPLY.

FOR DEFINITIONS OF ANSWER CATEGORIES, PRESS F1.

- \*DIAGNOSTIC OR PREVENTATIVE
  - 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
- \*RESTORATIVE OR ENDODONTIC
  - FILLINGS ..... 6
  - INLAYS ..... 7
  - CROWNS OR CAPS ..... 8
  - ROOT CANAL ..... 9
- \*PERIODONTIC (GUM TREATMENT)
  - PERIODONTAL SCALING, ROOT PLANING, OR  
GUM SURGERY ..... 10
  - PERIODONTAL RECALL VISIT (PERIODIC OR  
REGULAR) ..... 11
- \*ORAL SURGERY
  - EXTRACTION, TOOTH PULLED ..... 12
  - IMPLANTS ..... 13
  - ABSCESS OR INFECTION TREATMENT ..... 14
  - OTHER ORAL SURGERY ..... 15
- \*PROSTHETICS
  - FIXED BRIDGES ..... 16
  - DENTURES OR REMOVABLE PARTIAL DENTURES . 17
  - RELINING OR REPAIR OF BRIDGES OR  
DENTURES ..... 18
- \*ORTHODONTICS
  - ORTHODONTIA, BRACES, OR RETAINERS ..... 19
- \*ADDITIONAL PROCEDURES
  - BOND, WHITEN, OR BLEACH ..... 20
  - TREATMENT FOR TMD OR TMJ ..... 21
  - OTHER ..... 91
  - REF ..... -7
  - DK ..... -8

[Code All That Apply]

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| IF CODE '91' (OTHER) ENTERED ALONE OR IN |  
| COMBINATION WITH ANY OTHER CODE, CONTINUE WITH |  
DN04OV

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OTHERWISE, GO TO DN05

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| HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE |  
| SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON |  
| F1 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

DN04OV  
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ENTER OTHER TYPE OF DENTAL CARE:

[Enter Other Specify].....  
REF ..... -7  
DK ..... -8

DN05  
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{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  
NO ..... 2 {BOX\_01}  
REF ..... -7 {BOX\_01}  
DK ..... -8 {BOX\_01}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06  
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{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?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.  
TO LEAVE, PRESS ESC.

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

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| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |  
PRESCRIBED-MEDICINES-ROSTER.

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**ROSTER BEHAVIOR SPECIFICATIONS**

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.'

BOX\_01

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

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