

Dental Care (DN) Section

DN01

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OMITTED.

DN02

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OMITTED.

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.'
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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.